Senate Select Committee on COVID-19

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About UnitingCare Australia

UnitingCare Australia is the national body for the Uniting Church's community services network and is an agency of the Assembly of the Uniting Church in Australia.

We give voice to the Uniting Church's commitment to social justice through advocacy and by strengthening community service provision.

We are the largest network of social service providers in Australia, supporting 1.4 million people every year across urban, rural and remote communities.

We focus on articulating and meeting the needs of people at all stages of life and those that are most vulnerable.

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Overview

The implications of the COVID-19 pandemic have been far reaching, affecting all corners of society. We commend the Australian Government for decisive interventions that have helped to stabilise infection rates, prevent health systems being overwhelmed, and save lives. We also acknowledge that a range of bold measures have helped to buffer the economic effects of the pandemic and alleviate some of the social and financial harms.

Yet the effects have been uneven, and the pandemic and government response has brought into sharp focus pre-existing social inequalities, economic disparities and gaps and vulnerabilities in our social infrastructure. Despite the success to date in reducing infection rates and 'flattening the curve', significant gaps and exclusions have characterised the policy response. As the pandemic and its effects continue to ramify across communities, the decisions governments are making now have the potential to mitigate or, alternatively, amplify these inequalities and exclusions.

The pandemic has also had a profound effect on our network of frontline services. Our networks provide vital personal care and social, financial and family support services, ranging from early childhood services, aged care services in the home, disability support services, homelessness services, relationship and financial counselling, mental health support, alcohol and other drug services, emergency relief and other vital social services.

In response to the manifold challenges presented by the pandemic, our network of services has innovated and developed contingency plans and creative adjustments to their service models. Their commitment to serving vulnerable individuals and communities has been paramount and, as most of our services provide front-line support to vulnerable people, the priority has been how to protect those we serve and our staff.

However, the social services sector is facing compounding risks from the impact of the COVID-19 pandemic which in turn threaten the capacity of our organisations to care for those who need support. During the period of lockdown, key issues have included the continuity of service delivery, staffing challenges, disruptions to volunteering, increased operational costs and financial sustainability, and the challenge of reaching those most vulnerable while adhering to social distancing protocols and restrictions on movement. As communities and service systems continue to grapple with the pandemic and its economic and social effects, the need for properly resourced and responsive community services will only intensify.

Given this backdrop and the high stakes of government policy responses, UnitingCare Australia welcomes this opportunity to contribute to the Senate Select Committee Inquiry into COVID-19. This submission begins by outlining some overarching principles and priorities that we believe should underly policy responses. This provides a framework to both analyse and consider the response to date, as well as a framework to inform future policy responses and economic recovery measures. Our submission also details some areas of particular concern and population groups who have been unevenly affected by the pandemic response, drawing on feedback from our network of services. This is not an exhaustive analysis of the full range of issues and does not comprehensively capture the various effects and implications for all groups in the population. Rather, it focuses on some specific examples that illustrate the uneven effects of the pandemic and policy responses, and the imperative of factoring an equity lens into subsequent policy development.

While our submission considers various aspects of the policy response to date, it underscores two fundamental and cross-cutting policy concerns that need to inform the ongoing response from government.

First, it is imperative an equity lens is adopted in developing and implementing policies, including economic stimulus measures. This includes developing policy processes and governance arrangements that ensure the inclusion of diverse community perspectives, including input from the community services sector. Without this, policies risk compounding or creating new inequalities and exclusions, with far reaching and long-term consequences for economic recovery, social cohesion, and the extent and distribution of hardship across communities.

A further issue of critical concern is the planned withdrawal of financial and social support measures that have been put in place to mitigate the damaging social and economic effects of the pandemic. The Commonwealth and state and territory governments have implemented a host of measures, including increases to income support payments, the JobKeeper wage subsidy scheme, moratoriums on rental evictions and deferrals on debt repayments. While these measures have had flaws and gaps, they have undoubtedly had a significant impact on alleviating financial hardship for many and reducing the burden on social support services and systems. Rapidly unwinding these measures in September and October will have a devastating effect, risking a rapid escalation in economic hardship, housing insecurity and homelessness, and heightened demand on a social service system that is already under-resourced and overstretched. Pulling support measures away abruptly also risks tipping the economy off another cliff, deepening and prolonging economic recession, with devastating consequences for individuals, families and communities. Avoiding this scenario is vital if Australia’s economic recovery is to provide a more equitable, just and sustainable future for our nation.

Overarching policy principles and considerations

UnitingCare Australia believes a range of overarching principles and considerations should guide the development, implementation and assessment of policy responses to COVID-19.

- ***Inclusion and equity to ensure no one is left behind.***

  An equity lens is vital to ensure policy measures are effective and inclusive and avoid adverse social outcomes. The COVID-19 pandemic, and the wider governmental and societal response, has brought social, economic and health inequalities into sharp focus. These inequalities shape who is most at risk of the health and economic effects, the severity of that impact, and our efforts at recovery. Policy responses that fail to take into account these considerations are less likely to be effective and risk creating or exacerbating existing problems and deepening inequities and exclusions. Social and cultural assumptions and omissions built into policy processes and outcomes can lead to unintended consequences and less effective responses.

- ***Sharing economic costs fairly across the community.***

  While the economic costs of the pandemic are significant and widespread, some will bear a greater burden than others. Policy development and implementation must be informed by consideration of the distributional effects and the potential to create, entrench and deepen economic disparities. Fiscal and monetary responses should ensure that the burden does not fall on those who can least bear it. Funding allocation decisions should aim to reduce inequities rather than exacerbate them. It is also important the distributional effects of policy response are monitored and reported to ensure poverty and inequality are not increased.

- ***Renewal and recovery to enhance wellbeing and focus on those most affected.***

  Multiple prevention and intervention strategies are needed, including some that address the needs of the overall population and others that target the unique needs of marginalised groups or particular contexts and situations. The circumstances affecting vulnerable populations are multilayered, and the strategies needed in these populations may warrant greater initial investment than measures applied to more advantaged communities. In addition to direct support to households, responses need to ensure the community sector is equipped to support those most affected.

- ***Fostering inclusion, social cohesion and solidarity.***

  While not inevitable, periods of economic insecurity and heightened social anxiety can be a fertile ground for social division, scapegoating, xenophobia, intergenerational conflict, and political upheaval and instability. In this context, it is more important than ever that policies are non-discriminatory and foster inclusion and social solidarity. Political rhetoric and policies that set up distinctions between the ‘deserving’ and ‘undeserving’, or exclude categories of people from essential social support, risk inflaming social tensions and feeding into divisions.

- ***Building for a sustainable future and communities that are resilient into the long term.***

  The choices governments make now will have consequences for communities for years to come. Every decision should take us to the future we want: a fair, just and environmentally sustainable society. It is important policy responses do not do long-term harm while the focus is on the immediate crisis and, accordingly, it is critical to consider the long term while planning and implementing our short-term responses. Both COVID-19 and the recent bushfire crisis have underscored our fragility to shocks, and how pre-existing social vulnerabilities and gaps in infrastructure can affect our capacity to recover. In the longer term, an approach that

addresses the systemic vulnerabilities and impacts of major shocks is needed if policies are to be effective.

- ***Inclusive, transparent, and accountable decision-making processes.***

  Communities must be at the centre of responses to COVID-19. This in turn requires decision-making processes that are inclusive, transparent and accountable to the communities they are designed to support. Opaque decision-making processes and the absence of public scrutiny and deliberation can lead to poor decisions and a failure to pre-empt or rectify the unintended consequences of policies. Inconsistent or tokenistic processes can also create confusion and disempowerment and erode trust, ultimately leading to poorer outcomes. Incorporating the diverse voices of different groups, as well as input from frontline services and wider civil society groups, is important to anticipate the uneven effects of different measures, identify areas of unmet need, and ensure policy responses are responsive, flexible and effective. In addition to ensuring decision-making processes and governance arrangements are representative, transparency and accountability are also needed regarding who is appointed to decision-making or advisory bodies, and who these bodies are consulting with as a basis for decisions.

Key issues and concerns

Financial relief and economic assistance packages

In response to the economic effects of the response to the pandemic, the government has implemented a range of welcome financial relief and economic assistance measures. This includes top-up payments to social security, the JobKeeper wage subsidy scheme, and a range of financial assistance measures to support businesses and small not-for-profits who have been hit hard by the public health measures. Overall, these relief measures have had a positive effect, helping to ameliorate some of the worst economic impacts and reducing the number of households falling into deep poverty. However, significant gaps and exclusions have limited the comprehensiveness and effectiveness of these measures.

Social security measures

UnitingCare Australia commends the targeting of additional financial assistance provided to people via the social security system. This has included:

- the introduction of a $550 per fortnight Coronavirus Supplement for new and existing recipients of the JobSeeker Payment, Parenting Payment, Youth Allowance for jobseekers, Farm Household Allowance and Special Benefit;
- waiving assets tests for JobSeeker Payment, Parenting Payment, and Youth Allowance;
- waiving a number of waiting periods, including
    - the one-week ordinary waiting period
    - the liquid assets waiting period
    - the newly arrived resident's waiting period for new migrants (currently four years; affected claimants will need to serve the remainder of this waiting period at the end of the period the Coronavirus Supplement is paid for)
    - the Seasonal Work Preclusion Period.
- simplifying the claims process and introducing intent to claim provisions;
- suspension of mutual obligation requirements;
- two $750 lump sum payments for recipients of certain social security and veterans' payments and certain concession card holders (the first paid from 31 March 2020, which is available to all social security recipients; the second payment, to be paid from 13 July 2020, is only available to those social security recipients who are ineligible for the Coronavirus Supplement).

In addition, the Minister for Families and Social Services has been given broad powers to change any qualification criteria and payment rate for any social security payment via a legislative instrument. These powers will expire on 31 December 2020.

JobKeeper Payments

In addition to a number of social security payments, the JobKeeper scheme has played a role in saving jobs and keeping many people out of poverty. It has also helped many, but not all, not-for-profits to weather the economic effects and remain viable financially. The JobKeeper scheme has three key features:

- eligible businesses and not-for-profits get $1,500 per fortnight per worker (for workers who were employed on 1 March 2020, excluding short-term casuals and most temporary visa holders);

- the employer must keep these workers on the books and pay them at least $1,500 per fortnight;
- businesses are eligible if their turnover has collapsed by at least 30% (or 15% for charities and not-for-profits, 50% for the largest businesses).

Gaps and omissions for individuals and households

These measures have made a significant difference in mitigating poverty and keeping businesses afloat. As indicated above, a key goal in the economic response to the coronavirus pandemic must be sharing the economic costs fairly and preventing an escalation in poverty and inequality. The introduction of social security support measures and the JobKeeper payment have been welcome steps in this direction. However, a key concern is the temporary nature of these measures, and the exclusion of certain groups from financial assistance.

The exclusion of people on temporary visas and bridging visas has contributed to severe hardship and increased demand on emergency relief services. As at 31 March 2020, there were more than 2.2 million temporary visa holders in Australia.[1] Of these, more than 1.5 million are longer-term temporary residents, including people on various forms of skilled, temporary graduate, student, and bridging visas.

As the table below indicates, the majority of temporary visa holders and those on bridging visas are excluded from JobSeeker payments, the Coronavirus Supplement and JobKeeper payments. This includes asylum seekers and refugees on temporary humanitarian visas. There are a limited group of visa subclasses that may be eligible for Special Benefit, which is a discretionary payment only paid in cases of demonstrated financial hardship and subject to a dollar-for-dollar income test. While some New Zealand citizens on Special Category Visas (subclass 444) visas are eligible for the JobKeeper payment, the vast majority of temporary visa holders in Australia have little or no access to income support, nor do they have access to the JobKeeper wage subsidy, despite many having the right to work or study. Many of these people cannot return to their 'home' country, for reasons ranging from being unable to get a flight, through to it being unsafe to do so. Many have established their lives here, working and raising families, and Australia is their home.

Visa type	Number	Access to income support?	Access to JobKeeper?	Access to Medicare?
Bridging visas [there are a variety of types; Bridging Visa E (BVE) is commonly held by asylum seekers who arrived by boat and are awaiting a decision on their application for protection]	281,000 [nearly 13,000 are asylum seekers on a BVE]	Generally no, although some may be eligible for Special Benefit in limited circumstances.	No	Generally ineligible, unless initial substantive visa had such entitlements, or are on Bridging Visa E in some instances.
Temporary Protection Visa (TPV) and Safe Haven Enterprise Visa (SHEV)	17,220	Yes, but limited and with a range of conditions (e.g., some must have less than $5,000 to access Special Benefit; cannot be enrolled in a full-time course; and	No	Yes

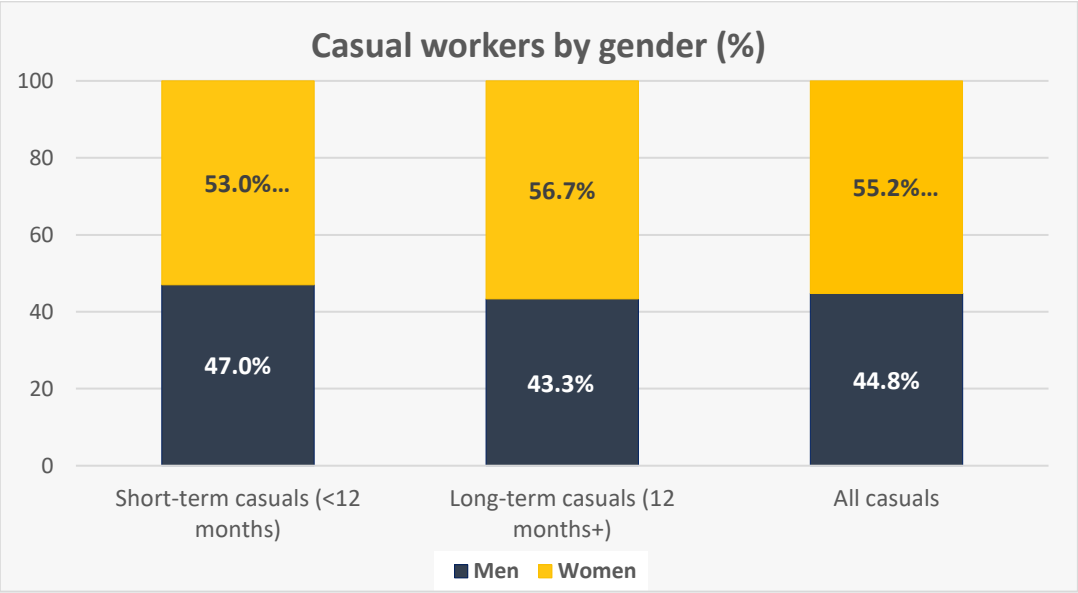
Visa type	Number	Access to income support?	Access to JobKeeper?	Access to Medicare?
		penalties for SHEV holders which can exclude them from applying for permanent visas down the track)		
International students	568,000	No. Some universities and state/territory governments have offered assistance, but this is ad hoc. Many international students are studying at institutions that are not providing assistance (particularly in the VET sector).	No	No. Must have health insurance. Some students may have access to Medicare under reciprocal arrangements, but this may not cover pandemic-related treatment (United Kingdom, Sweden, Netherlands, Finland, Norway, Malta, Italy, Belgium, the Republic of Ireland and New Zealand).
Working holiday maker	119,000	No	No	Some may have access, including by reciprocal agreement as above.
Pacific and Seasonal Worker Visas	8,000	No	No	No. Must have health insurance, which may not cover pandemic treatment.
Temporary Resident (Other Employed)	40,800	No	No	Depends on subclass visa, otherwise need health insurance.
Temporary Resident (Skilled Employed)	139,000	No	No	Possibly - depends on subclass of visa.
Temporary Graduate	97,000	No	No	No. Must have health insurance.
New Zealand citizens who are on a Special Category Visa (SCV)	672,000	Depends. They can access income support if they arrived prior to 26 February 2001 (i.e. 'protected SCV holders'). Access to income support for those who arrived after 26 February 2001 ('non-protected SCV holders') is very limited. They can only access JobSeeker for a maximum continuous period of 6 months *if* they have lived in Australia without a break for at least 10 years.	Yes, for protected SCV holders (arrived before 26 Feb 2001). Non-protected SCV holders (arrived after 26 Feb 2001) can only access JobKeeper if they have been residing continually in Australia for 10 years or more.	Generally, yes, provided they have been in Australia for six or more months and have applied within six months of arriving in Australia.
People without current visa	At least 60,000	No	No	No

Source: Department of Home Affairs 2020[1]; Australian Council of Social Service 2020[2]; Australian Red Cross 2020[3].

For many asylum seekers and people on temporary visas, exclusion from social security payments and JobKeeper has resulted in significant financial hardship, increasing the demands on frontline services including emergency relief and homelessness services. Without support, these people are at risk of extreme poverty and, due to their precarious financial and living situations, their health and safety are also at risk. Of particular concern are women on temporary visas subject to domestic violence and abuse. Without access to a basic income, women on temporary visas and their children experiencing violence are often left with no choice other than to flee into homelessness and destitution or stay with their abuser and put up with the violence. In addition, many temporary visa holders who were in employment prior to the pandemic were working in industries that have been hit hard, and their inability to access JobKeeper has increased their financial vulnerability and disadvantaged their employers.

It is therefore imperative that the government extends JobKeeper and the social security safety net to people on temporary visas. The COVID-19 virus does not discriminate on the basis of visa or citizenship status, and neither should access to a safety net that protects people from destitution.

In addition to excluding temporary visa holders, UnitingCare Australia is concerned about the adverse employment and financial consequences for casual workers excluded from the JobKeeper payment. The decision to exclude casual workers employed for less than 12 months has disproportionately affected certain groups who already experience economic and labour market disadvantages, including young people and women. Analysis of labour market trends shows young people and women are not only more likely to be employed in occupations and industries most affected by the response to COVID-19, but they are also more likely to be excluded from JobKeeper payments.[4] Short-term casual workers (casuals employed in their current job for less than 12 months) constitute around one million workers and make up 40 per cent of Australia's casual workforce.[5] A disproportionate number of the short-term casuals who are ineligible for JobKeeper are women (see diagram below). Compared with women who qualify for JobKeeper, women who are ineligible are also more likely to be single parents or in couples with dependent children.[5]



Source: Bankwest Curtin Economics Centre[5]

Young people are also over-represented among those excluded from the JobKeeper payments. They are more likely to work casually (54 per cent) compared with any other age group (18 per cent), and more than a quarter of young people working on casual basis have been employed for less than 12 months.[4,5] This is particularly concerning, given economic recessions tend to have the most detrimental long-term employment effects for young people.[6,7] Exclusion from JobKeeper will negatively affect the financial situation of excluded workers and curtail their ability to swiftly return to employment. Young people were already over-represented in unemployment and under-employment statistics prior to the pandemic, and it is vital support measures and recovery policies ensure this crisis does not exacerbate existing labour market disadvantages for younger workers.

Another group who has missed out on the most significant income support measures enacted since the outbreak are carers and people receiving the Disability Support Pension (DSP) and Age Pension. While these cohorts are able to receive the two $750 lump sum payments, they are not eligible for the additional Coronavirus Supplement of $550 per fortnight. The government's justification for this approach was that, whereas the $750 lump sum payments are essentially designed to be an economic stimulus measure, the rationale for the Coronavirus Supplement is different and based on a recognition that the coronavirus pandemic would directly impede people's ability to find and retain paid employment over coming months. Unlike JobSeeker, which the government says is designed to be a "short-term payment", the DSP and Carer Payment are ostensibly "long term payments which are paid at the highest rate of support in the system at $930 a fortnight – significantly higher than the regular JobSeeker base rate – because recipients are not expected to work to support themselves due to their disability or caring responsibilities".[8]

The government's rationale for excluding carers and DSP recipients overlooks the additional costs that many carers and people with disability are incurring due to the pandemic and the lockdown, with many facing additional and unforeseen costs, such as higher costs for transport and medical supplies, extra carer supports and grocery delivery charges, as well as personal protective equipment to stay safe. The government's justification also neglects those carers and DSP recipients who may have lost income from work for up to 25 hours per week. Carers in this category may have lost their casual or part-time jobs, or have had to give up their jobs because the person they care for is in a vulnerable category. Unlike parents receiving Parenting Payment, carers in this situation are ineligible for the Coronavirus Supplement. They may also face additional costs of care as the person they support has lost access to services, replacement care or respite care (for example, because of disruptions to face-to-face service delivery or the need to limit contact with others as they are in a vulnerable category). For these reasons, we urge the government to consider additional financial support through the social security system for people receiving DSP and Carer Payments.

In short, we urge the government to expand JobKeeper and eligibility for income support payments to ensure all people experiencing financial hardship – including people with disability, carers, and people on temporary visas – are given an adequate income so they can live with dignity and meet their everyday needs.

Gaps in JobKeeper coverage for charities and not-for-profit services

While certain groups of individuals and households have been excluded from financial support measures, many charities and not-for-profits have also been unable to access the JobKeeper scheme despite experiencing additional financial pressures due to the pandemic.

We acknowledge and welcome the significant changes the government made to the JobKeeper scheme, which partially accommodate the unique characteristics of not-for-profit organisations. Under the initial arrangements, registered entities with a turnover of less than $1 billion needed to

demonstrate a drop in revenue of at least 30 per cent, and charities with a turnover larger than $1 billion were only able to claim the JobKeeper payment if their revenue had halved. Subsequent changes to eligibility for registered charities reduced the decline in turnover threshold to 15 per cent, as well as enabling charities to exclude government revenue from the JobKeeper turnover test.

UnitingCare Australia and other charities had also recommended that charitable services be allowed to access JobKeeper for discrete service areas where they could demonstrate they had experienced a 15 per cent decline in turnover. Without this additional adjustment, many of our larger organisations with multiple areas of service delivery have been unable to access JobKeeper. Some of these larger entities may have sustained substantial financial losses in particular areas of service delivery, with flow-on consequences for service viability and the retention of staff. However, the relative size of these discrete service areas, compared with the scale of the combined services across an organisation, has meant that overall revenue losses fall below the 15 per cent threshold. As Uniting NSW.ACT observe in their submission to this Inquiry, the typical business model for not-for-profit services place them at a disadvantage compared to for-profit entities when applying for JobKeeper. While the business model of for-profit corporates is to have related entities set up as separate businesses for tax purposes, the not-for-profit sector is much less likely to do this, and this in turn serves to exclude some charitable services from the JobKeeper scheme.

The exclusion of temporary visa holders from JobKeeper (with the exception of New Zealand citizens) has also disadvantaged services that employ temporary residents. From an economic perspective, we should be ensuring employers are able to retain the staff they need to remain viable and to ensure the continuity of their services.

The risks of rapidly withdrawing support measures and the need to permanently strengthen the social security safety net

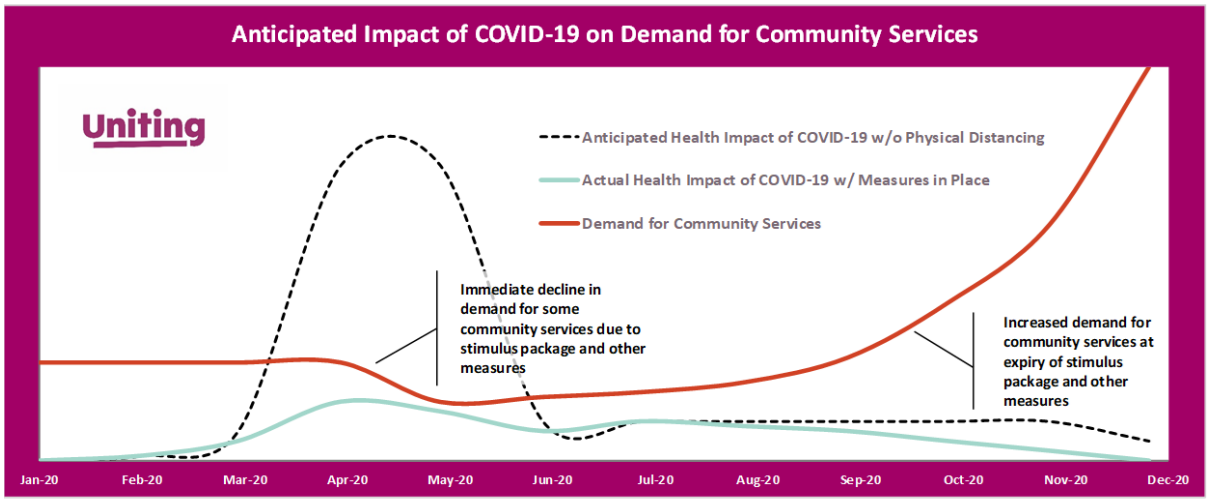
In addition to plugging gaps in the financial support measures, it is vital adequate social security payments rates are made permanent and there is a carefully planned phase-out of the JobKeeper wage subsidy scheme. The economic response to the pandemic must have a key goal of sharing the economic costs and preventing an increase in poverty and inequality. While the introduction of the Coronavirus Supplement and JobKeeper are welcome steps in this direction – despite gaps and omissions – Australia will face the prospect of deepening inequality and an increase in poverty and hardship unless there is a permanent increase to income support payments.

A strong social safety net is key to a just and inclusive society, and it must be an integral part of our economic recovery post-COVID. The Coronavirus Supplement, however, has only been put in place for less than six months. Removing this Supplement, without any increase in the base rate of JobSeeker, will see a return to the woefully inadequate pre-COVID payment rates of Newstart Allowance and Youth Allowance. The consequences of this will be devastating. As the recent Report from the Senate Inquiry into the Adequacy of Newstart demonstrated, prior to the pandemic people were being pushed into deep poverty, food insecurity, housing stress, homelessness, and poor health and mental anguish because of insufficient payments from the income support system.[9] The inadequacy of payment rates has also contributed to persistently high rates of child poverty. The meagre level of Newstart Allowance was well below the poverty line, and this not only compromised people's health and wellbeing, but also undermined their ability to look for and retain work, as well as placing additional pressure on an already overstretched social services system.[9]

Returning income support payments to these pre-COVID levels will hurt communities and hamper economic and social recovery. With unemployment rates projected to increase and remain high for

some time, there will be a significant increase in the numbers of people relying on income support to meet their everyday needs. The withdrawal of the Coronavirus Supplement, at the same time as JobKeeper Payments end, will further contract the economy, increasing job losses and pushing many more people into severe financial hardship. At the same time as these measures are scheduled to end, a range of other interventions are set to be lifted, including moratoriums on rental evictions and the deferral of repayments on loans for individuals and businesses.* The combined effect of withdrawing these various support measures will be immense.

For frontline services, the demand for social support and assistance will rapidly escalate if income support is cut and additional support measures rapidly withdrawn. Prior to the pandemic, many community services were already under-resourced and over-stretched, reflecting the existing level and complexity of need among those living in poverty in Australia. With the looming September support 'cliff', many services within our networks have voiced deep concern about the risks of rapidly escalating homelessness, increased financial hardship, and additional social, emotional and mental health issues that will likely arise as more households are plunged into severe financial hardship. As the diagram below illustrates, if current measures end as scheduled the anticipated increase in demand risks overwhelming community service systems.



Source: Uniting WA (2020).

In addition to the detrimental social effects, a rapid withdrawal of support measures risks pushing the economy into a deeper and more prolonged economic recession. The government's support measures have played an important role in cushioning the economic blow of the community restrictions and social distancing. However, the economy is in a fragile state, aggregate demand is low and household debt is high. A sudden withdrawal of government support measures will further reduce household spending and business activity, potentially tipping the economy into a negative spiral that will destroy more jobs and damage public finances. As the Grattan Institute has pointed out, a sudden stop to JobKeeper and cutting income support will be "a recipe for a second downturn".[10]

* Also due to end in September are a suite of measures which broadly fall into the category of helping businesses manage sharp declines in cash flow. This includes cash flow subsidies paid via the tax office by way of a waiver on their pay-as-you go-tax-payments, and a loan guarantee scheme for small and medium business, whereby the government guarantees 50 per cent of business loans and banks agree to let businesses put off regular payments.

A permanent increase to income support is, therefore, both a social and economic imperative. We must permanently lift social security payments (including supplements) to above the poverty line to shield people from poverty when they cannot secure employment. Providing adequate income support and cash stimulus to people who need it is also one of the best ways to support economic recovery. A permanent increase to income support will have a positive economic effect, contributing to job creation, helping to raise wages and boosting regional economies. These positive economic effects will arise largely because every spare dollar received by someone on a low income tends go back into the economy through increased consumer spending. At the same time, a carefully planned and phased transition of additional support measures, including JobKeeper, will be important to support economic recovery and prevent a deeper and more protracted economic recession.

First Peoples

Since the outbreak of the pandemic, we have been deeply concerned about the implications for First Peoples and gaps in policy responses from governments of all levels. Informing our concerns has been feedback from the Uniting First Peoples Network, which comprises Aboriginal and Torres Strait Islander leaders from the Uniting Aboriginal and Islander Christian Congress (UAICC) and from the Uniting Church and its service agencies across Australia. Ongoing issues have also been raised by our network of services working directly with First Peoples in the areas of aged care (particularly in remote areas), housing and homelessness, alcohol and drug services, pastoral care, education, financial wellbeing, and services working with young people and adults engaged with the criminal justice system.

While the issues and needs have varied, reflecting the diversity of First Peoples and differing jurisdictional responses, the response to the pandemic has highlighted a number of recurrent themes and issues.

First, the pandemic response has provided a clear demonstration of the importance self-determination and the need for strengths-based, community-led approaches. While the government were initially slow to respond, the low infection rate to date among First Peoples is a testament to the decisive and early action of First Peoples' peak bodies and leadership. In the early days of the COVID-19 outbreak, it appeared governments were struggling to step up to the challenge of supporting First Peoples and organisations with clear and consistent communications and a coordinated response. However, as soon as the potential risks of COVID-19 became evident in January – and well in advance of the Commonwealth response – community-controlled health organisations, Land Councils and several local community organisations initiated awareness campaigns for communities and began planning for prevention and response.

First Peoples organisations and leaders across communities and regions were quick to independently propose and implement solutions; several acted to close their communities to access before any government directive to do so was initiated. At a national level, the leadership of National Aboriginal Community Controlled Health Organisation (NACCHO), together with their state and territory peak organisations and affiliate member services, has been instrumental in driving the health response, including through the establishment of the National Aboriginal and Torres Strait Islander Advisory Group on COVID-19 that reports to the Australian Health Protection Principle Committee.[11]

While the leadership of NACCHO and the National Coalition of Peaks has played a key role in preventing widespread transmission of COVID-19 among First Peoples, the lack of clear communication from governments and major gaps in the policy response have generated significant fear, confusion and frustration among some First Peoples, particularly in remote communities and homelands. The following feedback, received in late March from one of our network members in a remote Queensland community, exemplifies the underlying concerns and the fear and confusion created in the absence of coherent government messaging:

> There is a feeling of apprehension and vulnerability amongst many who have a heightened awareness of the variety of chronic ailments of many community members regardless of age and gender (reminds me of waiting for a pending cyclone and hoping it will miss the region and blow out to sea). While ever reliant on the usual news processes, the lack of coherent messaging since the start has allowed space for rumours and mischief making via social media… Mistrust of Government is an undercurrent amongst some generally. That sentiment breaks out or is heightened at times.

As heartland communities went into lockdown, there was a palpable sense of fear and frustration and a concern that wider community needs were being overlooked. Among some of our networks,

there was uncertainty around how the lockdowns would work in practice and frustration around the lack of information and clear messaging from government. For those in remote areas, the inability to access food and other essentials, including cleaning products, medical supplies and specialist healthcare for chronic conditions, was a pressing concern. In the initial phase of the pandemic, our services operating in remote areas struggled to source essential supplies, including food, cleaning products and personal protective equipment. News stories and video clips of body bags being dropped into communities played into fears, at the same time as communities were cut off from food supplies and other essentials. This prompted distress and alarm among many community members, as the following comments from one of our network members attests:

> A concern for our People in WA is around the Community. We hear the cries of our Elders wanting the Communities to be heard and looked after. We've been told to go to our communities but we cannot get food, cleaning essentials, fresh water, clothing, housing and hospital needs… As the lockdown had taken part people were told to go back to their home Communities and stay there, not knowing what was going on and being left in isolation with no essentials at all. Travel from our Communities is limited, and we have no access to and from the towns around.

At times, there also appeared to be limited interagency coordination and cross-jurisdictional consistency in government responses. For example, there was a lack of coordination between state and territory governments when setting up border closures and biosecurity measures. On the ground, this contributed to confusion and meant some First Peoples were stranded at jurisdictional borders, unable to cross into their home state or territory and return to their community.

Some within in our network noted the irony of the government urging them to return to their communities and homelands, even though government policy over the past decade has been to systematically underinvest in these communities. The experiences of those returning to heartland communities has varied, and these communities differ in terms of the level of critical infrastructure and access to services. In some instances, people have moved back to homelands where housing is limited and in poor condition, and water and electricity has been cut off.

First Peoples leadership has been vital in ensuring a prompt health response, a number of people within our network have articulated concerns that the voices of local communities are not always being heard, and that the range of cultural, social and emotional effects of the pandemic and lockdown are being overlooked:

> The spiritual, psychological and cultural impacts of social distancing effect our people and how we can be together - it's a whole of person crisis not just direct health that is of great concern…
>
> We are already seeing a huge impact: reduced access to services and support, isolation from community and kin… the beginnings of increased mental health issues, family violence. Increased isolation because of being unable to connect via limited internet services. Stress and pressure increasing the need for pastoral support and support from local community organisations… Custody and shared care issues within families…
>
> Aboriginal ways of knowing, being and connecting are totally compromised. Already under-resourced services and under-resourced Communities are now more stretched and under-resourced in our existing vulnerability. If ever there was a time when we are compromised in our affirmation for self determination it is NOW.

Across the country, First Peoples organisations have been proactive in filling information gaps, launching information campaigns and translating health information into First Peoples languages and culturally relevant formats and scripts (through videos, posters, artwork, Facebook and other social media). Peak organisations (land, arts, housing, children and young people, health) have also been important conduits for sending out regular information updates to their member bodies.

These community responses, combined with the leadership of community-controlled health organisations, have been instrumental in the low infection rates to date among First Peoples.[†]

In addition to demonstrating the important role of First Peoples leadership and self-determination, the pandemic has brought into sharp relief deep-seated health, social and economic inequalities and, associated with this, persistent gaps in infrastructure and the consequences of decades of policy neglect. The fault lines of disadvantage endured by many First Peoples, from health and education to overcrowded housing, poverty and other social determinants, are the root cause of First Peoples being at heightened risk from pandemics such as COVID-19. Although the focus of government has been on remote communities, inequities in health, housing, education and other economic and social determinants continue to place First Peoples at heightened risk across urban, regional, rural and remote areas. Pre-existing inequities and ongoing and systemic policy failures also mean First Peoples may bear a disproportionate burden of the adverse social and economic effects of the pandemic – such as unemployment and a decline in educational outcomes and mental health.

Although community lockdown restrictions are being eased, the pandemic is not over and the early success in preventing infection should not lead to complacency. Also looming on the horizon are the multiple economic, social and emotional implications from the fallout of the lockdown and the inevitable economic recession. To continue to guard against COVID-19 and its wider effects, services need to be properly resourced and communities supported to protect physical and mental health, but also importantly cultural, social and spiritual wellbeing. There needs to be an ongoing commitment from governments at all levels to work with First Peoples and support measures to act on the social determinants of health and overcome the inequities heightening COVID-19 risk – including reducing overcrowded housing, improving educational outcomes, releasing from prison those on minor charges, and ensuring unemployment benefits remain at a level that enables families to live above the poverty line. We urge the Commonwealth Government to work with First Peoples to set in place a strategy to minimise the likelihood that existing inequalities and exclusions, in all forms, are exacerbated as the crisis recedes.

The discussion below further elaborates on some key areas of concern affecting First Peoples.

Security of food and essentials

As noted above, food security and access to essential supplies in remote communities and homelands has been an ongoing concern since the outbreak of the pandemic. This issue has been particularly pronounced in remote and very remote satellite communities that have been unable to access stores in nearby towns due to travel restrictions. Some of our network providers operating services in remote areas, including aged care, also reported limited access to food, cleaning products and personal protective equipment (PPE), with services that operate on a purchase-order system unable to have their purchases filled due to limits on items. In recent weeks, the shortages experienced by these remote services have eased, although adequate access to PPE remains an ongoing concern among a number of providers.[‡]

While First Peoples within our network reported difficulties accessing food and essentials early in the pandemic, it has been difficult to gain an accurate and complete picture of the situation in remote communities. Ascertaining what steps and measures the government has put in place has

[†] As of 3 May 2020, only fifty-five cases (0.8% of all cases tested) have been people identifying as Aboriginal or Torres Strait Islander. None of these cases has required intensive care admission. There have been no confirmed cases of COVID-19 among First Peoples in remote or very remote communities.

[‡] Aged care providers in remote areas have been advised that PPE from the National Medical Stockpile would be made available in the event of an outbreak however, given the remoteness of some of these facilities, there is concern regarding the delay between the detection of an outbreak and the transport and delivery of PPE. The need for sufficient supplies of PPE to *prevent* transmission of the virus also remains an ongoing concern.

also proven to be challenging, despite efforts to reach out to Ministerial offices and relevant government agencies and departments. In early April, the Uniting First Peoples Network, UnitingCare Australia and the Uniting Church of Australia jointly wrote letter to the Minister for Indigenous Australians, conveying the concerns articulated by our networks and requesting information on measures that were planned or in place, which we could in turn relay back to our networks and our communities on-the-ground. We received no response to this letter.

After a number of requests for information, we were eventually reassured by departmental officials that the Food Security Working Group established by the Commonwealth had resolved food supply issues in remote communities. However, we continued to get reports from our networks that people were struggling to access food and essentials (including medicines). In particular, while supply issues to most remote stores were alleviated, homelands and remote communities that lacked a local store still faced difficulties accessing supplies due to travel restrictions.

Even in communities with local stores, the affordability of food and other essential goods has remained a widespread problem. The affordability of food is a long-standing issue in remote communities, with one in three adult Aboriginal people reporting running out of food and being unable to afford more prior to the pandemic.[12] Because of food costing up to sixty per cent more in remote community stores, many First Peoples prefer to travel to regional towns to do their shopping. This is no longer possible with biosecurity lockdowns. Since the outbreak of the pandemic, the pricing of food and other goods in remote stores has reportedly varied substantially, with some community stores dropping prices on essential items, while others inflated prices. Based on feedback from our networks, we understand that some people who were cut off from food supplies were able to arrange for deliveries to drop-off points on the border of biosecurity zones. However, in many instances this was not an option, and people reportedly ended up breaking quarantine restrictions and travelling via backroads to access stores in nearby towns. We are aware emergency relief packages are being delivered to some communities, however within our networks most of those we have been able to communicate with have been unaware of such packages being delivered and it appears there has continued to be pockets of unmet need.

UnitingCare Australia appreciates the supply of food and other essentials was an issue across Australia in the early phase of the pandemic, and we recognise the immense challenge of coordinating and delivering supplies of food and other goods across diverse and geographically dispersed areas. We also acknowledge the concerted efforts of governments who worked with stores and distributors to improve supplies into remote areas. Nevertheless, the response on the ground has ultimately been patchy and often uncoordinated, and the lack of clear communication from government has been a source of ongoing frustration and concern. While the situation in a number of communities has improved due to the response of government and industry, food security has remained an ongoing problem in many homelands and some remote communities, and the reported frequency with which people have been forced to travel outside their community to get affordable supplies has ultimately exposed communities to an increased and unacceptable risk of infection.

Social security and unemployment

First Peoples are more likely to rely on income support due to a range of historical, social and economic factors, including inequitable access to educational opportunities and discrimination in the labour market. In this context, the income support boost provided by the Coronavirus Supplement, together with the $750 bonus payments to certain groups of social security recipients, has been beneficial to some of the neediest First Peoples' households during this pandemic. In addition to supporting these measures, we strongly welcomed the government's decision to suspend mutual obligations and, in particular, the suspension of the onerous compliance conditions and sanctions accompanying the Community Development Program (CDP). The

suspension of mutual obligations has not only supported social distancing measures and public health goals, but has also ensured First Peoples have secure and ongoing income during the period of crisis.

In terms of economic impacts, First Peoples will likely remain highly exposed and be disproportionately affected by the looming recession. Although the employment effects will be uneven across regions and industries, First Peoples are more likely to be in casual or insecure employment and are also concentrated in some of the industries hardest hit by the pandemic.[13] Remote Australia had already experienced an economic downturn prior to the pandemic and local industries, such as tourism and art, have been disproportionately affected since the outbreak.[14] There is also some evidence that many businesses and local community enterprises owned and operated by First Peoples have been hit particularly hard across metropolitan, regional and remote Australia.[15] Prior to the pandemic, these small and medium enterprises provided important employment opportunities for First Peoples, with more than 10,000 Indigenous businesses and enterprises operating across Australia.[16]

Given the widespread unemployment and financial hardship that is likely to disproportionately affect First Peoples and endure for some time, we urge the government to maintain income support above the poverty level. We also call on the government to place an indefinite suspension on mutual obligations, particularly in remote areas where job opportunities are limited and the application of compliance penalties deprives people of income. Prior to the pandemic, more than half of First Peoples in very remote Australia were living below the poverty line – a situation that is due in part to limited labour market opportunities, woefully inadequate income support, and the payment penalties and disengagement accompanying CDP.[17] In these areas, where employment rates were already low before the outbreak, a return to 'policy as usual' will be disastrous, pushing poverty levels back to pre-crisis levels and perpetuating widespread deprivation and reduced life expectancies. In remote areas, the meagre level of social security payments acts as a brake on local economies and the viability of local enterprises, entrenching low levels of economic activity and household spending. In a challenging economic climate, there is an urgent need for an income safety net for First Peoples unable to secure employment that does not relegate them to deep structural poverty.

In addition, we urge the government to use this opportunity to abandon the onerous work-for-the-dole requirements and financial penalties associated with CDP. Since its inception, the CDP has caused unnecessary financial hardship, exacerbated poverty, fostered disengagement and ultimately resulted in more harm than good in remote Australia. It has also failed to provide unemployed First Peoples with meaningful activities and pathways to work, and has been ineffective in stimulating local economies and creating jobs. CDP is also discriminatory against First Peoples because of its conditions and harsh penalties, which are significantly different to the requirements for jobseekers in other parts of Australia.

We believe the suspension of the CDP during the pandemic, and the urgent need to generate real employment opportunities in a time of recession, provides an ideal opportunity to recast the policy agenda, shifting the focus from penalising people to investing in job creation and long-term employment. The conditions and harsh penalties attached to the program have reduced the level and stability of income support. In the context of an economic recession and additional job losses, a continuation of the CDP conditions and penalties will only further entrench poverty and depress remote economies.

Direct employment models, such as that proposed by the Aboriginal Peak Organisations Northern Territory (APONT), provide an alternative approach that is more likely to support employment opportunities and alleviate poverty.[18] The key elements of the APONT proposal include investing in the creation of paid employment at award wages, local community control, flexibility and fairness in

mutual obligation, and First Peoples leadership and management through oversight by an independent body with a board led by First Peoples. The emphasis is on incentives, not punishments. Rather than managing compliance, the APONT model takes a long-term investment approach to case management and economic and community development. The bottom-up, community-led approach also aligns with the government's stated intention to work with, not do things to, First Peoples. In the current context, the value of such an approach is clear.

In addition to replacing the CDP, government investment in communities and community-led initiatives to build employment opportunities will be critical in reducing the economic effects of the pandemic. We welcome measures the Commonwealth has put in place to support businesses and enterprises owned by First Peoples, including $50 million to support loans/grants and specialist advice to Indigenous businesses. It is unclear, however, that such funding has reached enterprises in greatest need, and there is some evidence that the administrative burden and delays in processing applications has been a barrier for small enterprises and businesses owned and operated by First Peoples, particularly sole traders and contractors.[14,15] In addition to strengthening processes and transparency, we believe expansion of existing commitments for First Peoples enterprises and businesses should be considered to boost employment and help revitalise local economies.

In April, the government also announced $25 million will be available via the Indigenous Advancement Strategy to "targeted regions and industries facing labour shortfalls to provide incentives to employers, support to Indigenous job seekers and greater flexibility to access employment initiatives in a way that suits their short term needs".[19] While this modest investment is in principle a welcome measure, further details and oversight of the allocation of funding is needed to ensure these funds reach communities in need and deliver meaningful benefits to First Peoples.

Finally, investment in supporting community organisations affected by the pandemic and building local workforces is vital in supporting employment and economic recovery. Many community-controlled organisations, pastoral workers, and local social support services have experienced heightened demand and financial pressures operating under the difficult conditions of lockdown. Most of these community organisations were already under-resourced and overstretched prior to the pandemic. The need to invest in local workforces and skills and training has also been highlighted throughout the pandemic, which exposed the heavy reliance on locums and a fly-in fly-out workforce for essential services in remote communities. In the past two months, several sources in our network voiced concern about the steady stream of health and other essential workers entering biosecurity areas from interstate without quarantining, a few of whom subsequently tested positive for COVID-19. This situation also gave rise to a sense of double standards, with essential workers permitted to enter and leave communities freely while residents in remote communities have not been permitted to travel.

Housing and homelessness

The pandemic has reinforced the urgent need to tackle high rates of homelessness and address the lack of affordable and adequate housing for First Peoples.

At a population level, First Peoples experience disproportionately high levels of housing stress, overcrowding and homelessness.[20] In the context of the COVID-19 pandemic, overcrowding and the lack of affordable and adequate housing has placed First Peoples at a heightened risk from the virus, making it difficult for people to self-isolate and comply with social distancing protocols, as well as exacerbating interrelated issues such as child and family safety. The scarcity of affordable housing and the level of overcrowding has meant that many First Peoples who are extremely vulnerable to COVID-19 have had limited ability to implement infection-control, including the inability to isolate and quarantine suspected or confirmed cases. The critical lack of emergency,

transitional and long-term housing has also posed a problem, particularly for women and children trying to escape domestic and family violence.

During the pandemic, the additional risks posed by overcrowded and run-down housing has been exacerbated by the rapid influx of people returning to heartland communities. In the Northern Territory, the government supported people living in metropolitan or regional areas to return to Country, including those who had been sleeping rough and those grappling with significant substance use issues. While the return to heartland communities has been a positive experience for many, members of the Uniting First Peoples Network noted it has compounded already severe housing shortages and overcrowding issues. One of our network members described a situation in one remote community where more than 20 people were living in a three-bedroom house that lacked a functioning bathroom and toilet.

Following the declaration of a Biosecurity Emergency, some of our services expressed concern about First Peoples who have been stranded and homeless due to the closure of state/territory borders and/or restrictions on returning to their community. Returning to their communities is not feasible when they cannot cross state borders or are unable to quarantine and self-isolate for the mandated 14 days. The lack of culturally safe temporary housing in which people can self-isolate has also posed a problem where homeless people have exhibited symptoms of COVID-19.

For First Peoples who are homeless, there has not been a consistent national policy response. There are, however, instances where homelessness services, drug and alcohol services, community-controlled health organisations and government departments have collaborated effectively to deliver positive outcomes. For example, in South Australia, the South Australian Housing Authority has worked closely with a range of frontline services (including Uniting Communities) and other government departments to house First Peoples who were sleeping rough across metropolitan Adelaide in motels. Prior to the pandemic, there had been an upsurge in First Peoples sleeping rough in Adelaide, with First Peoples comprising more than 40 per cent of rough sleepers despite only making up 2.6 per cent of South Australia's population. In April, more than 300 rough sleepers in Adelaide were housed in motels. A range of organisations worked together to provide wrap-around care, including education and a coordinated health response (such as drug and alcohol services, flu vaccinations, and mental health support). Ongoing consultation and collaboration between partner organisations, and with government departments, has been central to ensure a holistic response that recognises the cultural, emotional and spiritual needs of First Peoples who have been homeless and may be experiencing a range of complex social and health issues.

Despite some positive instances where governments have mobilised resources to assist First Peoples experiencing homelessness, this pandemic has highlighted in stark terms the longstanding disconnect between the levels of government investment in First Peoples housing and homelessness services and the identified housing needs of First Peoples. In 2018, a review of the National Partnership Agreement on Remote Indigenous Housing found that an additional 5,500 homes was required by 2028 to reduce levels of overcrowding in remote areas to acceptable levels; the review also maintained that a planned cyclic maintenance program, with a focus on health-related hardware and houses functioning, was urgently required.[21] Since this time, Commonwealth funding to remote Indigenous housing has reduced. Outside of remote areas, there has been no dedicated Commonwealth funding for housing for First Peoples since 2009, despite the stark housing inequities that exist across rural, regional and metropolitan areas.[22,23]

It is imperative this policy neglect and inertia is overcome. With the ongoing risks posed by COVID-19, an immediate supply of alternative housing is needed in local communities to alleviate the pressure on overcrowded households and enable effective disease suppression. In the medium-term, an urgent supply of permanent housing infrastructure, repair of dilapidated housing stock,

and sustainable supply of utilities is required. We have previously called on the Commonwealth Government to make specific policy commitments, dedicated resources and appropriate governance arrangements to improve housing outcomes for First Peoples. This includes the development of a new National Aboriginal and Torres Strait Islander housing strategy for urban, regional, rural and remote areas. Under the strategy, funding should be boosted under the National Housing and Homelessness Agreement to build the capacity of Indigenous Community Housing Organisations. In addition, a new inter-governmental remote housing agreement should be negotiated between the Commonwealth and state and territory governments.

Mental health and social, cultural and spiritual wellbeing

As communities have grappled with strict restrictions on movement and contact, our networks have voiced concern about the deterioration in social, cultural and emotional wellbeing. In the early phase of the pandemic, members of our network reported that restrictions on movement and widespread fear and uncertainty had placed social support services, ministry and pastoral care services under considerable strain. While some have reported benefits from returning to Country, we have also heard concerns expressed about the spiritual, psychological and cultural impacts of social distancing, community lockdowns and disconnection from community and kin, with a reported increase in people requiring support for mental health and family violence issues.

Responses to the effects of the COVID-19 pandemic for First Peoples need to incorporate a holistic understanding of health, including recognition of the social and cultural determinants of wellbeing. As the recent report on Close the Gap from the Lowitja Institute emphasised, “Culture is a protective factor for health and wellbeing, and cultural expression is healing and has health benefits”.[24] Restrictions on movements and gatherings, however, have disrupted cultural practices and Sorry Business and, as one of our network members commented, this has “cut people off from family and culture and the points of resilience and strength that sustain us”.

A further concern is the effect that restrictions on movement and social distancing have had on families at risk and children in out-of-home care. First Peoples children are significantly over-represented in the out-of-home care system and are nearly 11 times more likely to be removed from their families than non-Indigenous children.[25] The connection of First Peoples children to family, culture and community is critical to their wellbeing, however one of the consequences of policy responses to COVID-19 is that First Peoples parents who have children in out-of-home care have had access to their children restricted. Video calls are not always appropriate or possible, and access to the technology needed to support social connection and remote education is limited for some children and young people in care. Although Community Services Ministers met in March via video conference to discuss priorities to improve the safety of children and young people, we are not aware of any specific policy response from this cross-jurisdictional group regarding First Peoples families and children at risk during the pandemic.

As the effects of the pandemic continue to unfold, it is vital there are more resources for essential social services, pastoral support and culturally appropriate mental health services. It is also critical interagency coordination and communication is strengthened, with services better resourced to work in partnership with healthcare and other providers. While we welcome grants provided by government to support remote communities, more resources are urgently needed for overstretched services delivering pastoral care and social, cultural and psychosocial support.

Policing, prisons and youth detention

Since the outbreak of the pandemic, UnitingCare Australia has been concerned about the heightened risks posed to First Peoples in prisons and youth detention, as well as the disproportionate policing of First Peoples who fail to comply with social distancing protocols. While these issues fall within the jurisdiction of state and territory governments, COVID-19 is a national

public health emergency and the Federal Government has an important role to play in proactively ensuring that governments across Australia take a consistent approach to protecting the health and human rights of some of the most vulnerable First Peoples.

First Peoples are vastly overrepresented in prisons and juvenile detention, where they are also more vulnerable to COVID-19 due to confined conditions and overcrowding, lack of adequate hygiene and sanitation, poorly ventilated facilities, and high levels of respiratory conditions, chronic health issues and compromised immunity.[26] Many First Peoples in prisons and juvenile detention also have significant mental health and trauma issues, which risk being compounded by the isolation measures and visitation restrictions implemented to reduce the risks of infection.

In many instances, youth detention facilities and prison authorities have adopted 'protective quarantine' measures, which effectively equate to solitary confinement. For example, Queensland Corrective Services' isolation protocols have required all new people entering high security centres to be placed into isolation for 14 days with no time out of cell. Suspension of visits, group activities and therapeutic programs has also been implemented across jurisdictions. Restrictions put in place in youth detention centres have meant that children are separated and isolated, unable to have face-to-face visits, have limited access to face-to-face education and limited access to culturally appropriate and trauma-informed support services.

While it is important measures are implemented to try to prevent the spread of infection, the reliance on solitary confinement and the suspension of therapeutic supports is likely to further exacerbate the damaging effects of imprisonment. At the same time, there has been inconsistent access to telephones, audio-visual equipment, mail services, and other measures to mitigate the effects of isolation and confinement.[27] Given the clear evidence of the harm caused by extended periods of isolation in prison, the risks of this approach are clear. As the Royal Commission into Aboriginal Deaths in Custody noted, "it is undesirable in the highest degree that an Aboriginal prisoner should be placed in segregation or isolated detention" given its particularly detrimental impact and the "extreme anxiety suffered by Aboriginal prisoners committed to solitary confinement".[28]

In this context, we support calls to prohibit solitary confinement and to release low-risk and highly vulnerable prisoners from prisons and youth detention centres to keep people safe. Steps should also be taken to reduce the admission of low-risk prisoners or new remandees. While we acknowledge some jurisdictions, such as NSW and ACT, have passed legislation that would enable the early release of prisoners should emergency conditions arise, we believe a preventive and proactive approach is needed to both reduce the risks of infection and safeguard the wellbeing and mental health of First Peoples who are disproportionately incarcerated.

At the same time, it is imperative prisoners and youth detainees have access to support services upon release. Some of our services working with released prisoners have raised concerns that services to support recently released prisoners have been scaled back since the outbreak of the pandemic, while at the same time transitional programs and pre-release support within prisons has been disrupted. This has heightened the risk that people are being released into homelessness and unsupported environments, without adequate access to Centrelink and to health, mental health, housing and drug and alcohol services. With many services transitioning to online platforms and mediums, many people have lacked digital devices and access to affordable data. Some First Peoples released from prisons have also been stranded and unable to return to their families and communities given the restrictions on entering biosecurity zones.

Housing and homelessness

The pandemic has presented a number of urgent housing and homelessness challenges. These challenges have emerged in the context of a long-term housing crisis, including high levels of rental stress among low and moderate income households, severe shortages of social and affordable housing, and increasing levels of homelessness. Prior to the pandemic, the specialist homelessness services sector was already operating well beyond capacity, with homelessness services forced to turn away an average of 254 people seeking assistance every day.[29] The number of people needing assistance is only likely to increase as the economic repercussions of the pandemic response continue to be felt.

While there are common issues across jurisdictions, there is considerable variation in terms of the policy responses to date and the nature and extent of unmet housing need. This variation is not only evident across different state/territory jurisdictions, but also within jurisdictions (e.g. metropolitan, regional, remote) and between different population groups (such as First Peoples, people with alcohol and other drug issues, temporary residents, asylum seekers, people fleeing domestic violence, and children and young people).

To date, the Commonwealth Government has not provided specific funding to state and territory governments to support the homelessness sector or provide for immediate accommodation requirements. However, some additional Federal funding has been provided for emergency relief and family violence services, and most states and territories have delivered packages of assistance to their homelessness and crisis accommodation sectors. While the National Cabinet agreed to a moratorium on rental evictions across Australia, the implementation and interpretation of the moratorium has varied in different states and territories.

Those services that have continued to operate though the pandemic are generally overstretched and struggling with the increase in demand, particularly in regard to crisis accommodation. However, the demand for crisis accommodation has been alleviated in jurisdictions that have supported programs to rehouse significant numbers of people experiencing homelessness in temporary accommodation, such as hotels. In addition, the introduction of the Coronavirus Supplement and JobKeeper payment, together with the moratorium on rental evictions and deferrals on mortgage repayments, has gone some way toward mitigating the increase in new people becoming homeless.

Women on temporary visas experiencing violence and their children have been particularly vulnerable, and in metropolitan areas there has been a reported increase in the overall number of temporary residents experiencing homelessness. In many jurisdictions, people on temporary visas have limited eligibility for temporary accommodation, crisis accommodation, rental assistance and social housing, however some jurisdictions have put in place crisis accommodation measures specifically for this group.

Several of our services have also reported an urgent, unmet need for wraparound support for people with multiple complex needs, including rough sleepers who are being housed in temporary accommodation. While some providers are continuing to provide case management and wraparound support, the increase in demand, coupled with the implementation of hygiene and social distancing protocols, has added to the pressures on frontline services.

As lockdown restrictions continue to ease, there is a risk of a rapid escalation in housing stress and homelessness once JobKeeper and additional income support measures are lifted, together with the end of the moratorium on rental evictions and deferrals on debt and mortgage repayments. Housing-related debt was exceptionally high in Australia prior to the pandemic, and over half of low-income households in private rental were in rental stress and with little or no savings buffer.[30] Financial counsellors from our network services have expressed concern that temporary measures

such as the eviction moratorium and debt deferrals mask a growing problem, with many renters and mortgage holders receiving apparent payments 'reductions' that are really deferrals, accruing substantial debt that they will be unable to repay. As unemployment increases and incomes reduce, levels of rental stress and mortgage foreclosures will likely skyrocket, placing additional pressure on an already overstretched homelessness services system.

If this scenario of rapidly escalating homelessness and housing stress is to be averted, the Commonwealth Government needs to act promptly and in coordination with state and territory governments. The economic and social impact of COVID-19 and responses to it place an enormous number of people at risk of housing stress and poverty, paving the way for a vicious cycle of increased homelessness and protracted economic recession if policy levers across a broad range of domains are not fully utilised.

One of the policy levers that the government must use to prevent increases in homelessness and housing stress is a permanent increase to income support payments and a carefully planned transition strategy for JobKeeper and other time-limited support measures. In additional, income support and JobKeeper should be extended to people on temporary and bridging visas, including international students and asylum seekers. Consideration should also be given to increasing and properly indexing Commonwealth Rent Assistance. The real value of rent assistance has declined over time as spiralling rents have risen faster than inflation, leaving 41 per cent of recipients in rental stress and severe financial hardship.[31,32,33] In addition to an immediate increase, Commonwealth Rent Assistance should be reviewed to remove inequities in the current payment structure and to ensure it meets the needs of people on low incomes.

The pandemic has also underscored the need for an urgent and substantial investment in social and affordable housing. This investment could be in the form of the Social Housing Acceleration and Renovation Program (SHARP) recently proposed by housing and homelessness sector peaks.[34] This is crucial to not only overcome the dire shortage of social housing, but to also kickstart economic recovery by boosting construction activity and creating jobs.

The funding boost for social housing cannot be left to state and territory government alone. Over the past three decades, Commonwealth investment in social housing has declined substantially, and this has contributed to a backlog of maintenance needs, lengthy waiting lists, shrinking public housing stock, and rolling financial losses among state housing authorities.[35] A legacy of this underinvestment is the decline in social housing as a share of all households, which has shrunk from 5.6 per cent to 4.7 per cent of all housing over the past decade and a half.[36] Relative to the population, the number of properties let by public housing agencies and community housing providers has halved since 1991.[37]

In addition, funding to state and territory governments should be boosted to scale up support for frontline housing and homelessness services, ensuing funding is allocated commensurate with the level of need. In the short term, it is critical governments plan for and find longer-term and positive housing outcomes for those who have been supported into temporary accommodation during the course of the pandemic. This could include, for example, an expansion of existing private sector leasing schemes. Additional investment in wrap-around support for those with complex and multiple needs is also vital to help people transition from short-term accommodation, maintain tenancies and improve their medium- and longer-term social, health and housing outcomes. Greater support for outreach and early intervention services is urgently needed to prevent people becoming homeless, or to prevent them becoming homeless long term (especially children and young people). This will be important as unemployment levels rise and result in some people facing homelessness for the first time.

People with disability

The initial government responses to COVID-19 overlooked people with disability and did not ensure the universal inclusion of people with disability on an equal basis with others during the COVID-19 pandemic. Successive announcements seemed to lack the urgency necessary to properly protect people with disability from the risk of contracting COVID-19 or its indirect impacts such as the risk of vital support services being cancelled. The disability services sector was also overlooked in policy responses when compared with other frontline services such as health and aged care.

When initial announcements were made, they often focused on NDIS participants and overlooked people with disability who access supports outside of the NDIS,[§] and on occasion, announcements lacked the detail necessary to enable their implementation (see the discussion on *employment and financial supports* below).

People with disability are diverse, however many are at heightened risk of contracting the virus and are more likely to experience poorer health outcomes if infected. People with disability are at greater risk of experiencing healthcare discrimination and barriers to essential services. At the same time, the conditions of the community lockdown and social distancing protocols threaten to disrupt the essential supports and services that people with disability may rely upon. Given these range of issues, priority should have been on providing all people with disability and the disability services sector with the information, supports and resources needed to withstand the crisis.

In the early stages of the pandemic, there was a clear failure to adequately engage and co-design policy measures with people with disability and their representative organisations. UnitingCare Australia was, however, very pleased to see the announcement in early April of an Advisory Committee to provide input on the development and implementation of the *Management and Operation Plan for People with Disability*, which was part of the wider Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19).[38] This Advisory Committee included people with disability, disability sector representatives and academics with relevant expertise. The announcement came in response to ongoing calls from disability advocates, disability organisations, academics and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

UnitingCare Australia urged the government to listen to the joint call of over 70 disability organisations and implement the actions they had outlined in their Open Letter to the National Cabinet (released on 3 April). We advocated for:

- people with disability and peak disability organisations to have input into the planning and responses to COVID-19
- the inclusion of people with disability in all government responses to the pandemic
- people with disability to have access to supplementary income support
- clear and accessible information to be made available and effectively disseminated
- people with disability to have equal access to health care
- access to personal protective equipment (PPE) for people with disability and the disability services sector
- the inclusion of disability support services as essential services
- flexibility in NDIS participants' plans and additional funding, where needed

[§] See for example the Ministerial statements at **https://ministers.dss.gov.au/media-releases/5661** and **https://ministers.dss.gov.au/media-releases/5711**

- an emergency plan for foreseeable workforce shortages, including the removal of temporary visa restrictions, to ensure people with disability continue to receive essential supports and services that are safe and of high quality
- mental health support for people with disability and disability support workers
- financial support for disability service providers to ensure the disability services sector can continue to provide supports and services to people with disability now and into the future
- the fast-tracking of outstanding government payments.

Disability supports

On 20 March 2020, UnitingCare Australia wrote to Minister Ruston and Minister Robert on behalf of the Uniting Church in Australia's network of disability service providers outlining our concern about the disproportionate impact COVID-19 would likely have on people with disability and the need for a comprehensive response from government.

The government's key disability response was announced the following day on 21 March 2020 and focused on NDIS participants and providers. One of the measures specified was a temporary 10 per cent increase to pricing limits for some Core and Capacity Building NDIS supports. Initially, there was no detail provided on whether NDIS participants would receive additional funds in their plans to cover this 10 per cent or whether this 10 per cent would come from existing funds in participants' plans. Over time, it became clear that the NDIA would not be indexing participants' plans to accommodate for the price increase and that participants would simply be expected to cover the additional costs from their current funding. UnitingCare Australia continues to be of the view that participants' plans should be indexed to cover the 10 per cent price increase.

In the letter dated 20 March 2020, UnitingCare Australia indicated that, among other things, we would like to see providers being able to offer additional hours to international students (above the then 40-hour per fortnight limit) to increase the capacity of their workforce, in line with the announcement two days earlier from Minister Tudge and Minister Colbeck for aged care. We raised this again in further communications, as did other organisations as well. Nevertheless, it took until 23 April for this very welcome measures to be announced.

We are also concerned that people with disability have reported having their vital supports cancelled during the pandemic. The NDIA should be ensuring people with disability continue to receive the vital supports they require to maintain their health and wellbeing.

Employment and financial supports

UnitingCare Australia is concerned that people with disability will face additional barriers accessing employment due to the economic downturn and a growing number of people looking for work during the recovery. We are also concerned that very little additional financial support has been provided to Disability Support Pension (DSP) and Carer Payment recipients.

Neither the DSP nor Carer Payment were included in the list of payments that would receive the Coronavirus Supplement for six months from 27 April 2020, leaving recipients of these payments to meet the increased costs for goods and services during the pandemic from their existing payments.

A recent survey of 471 unpaid carers conducted by the Caring Fairly coalition saw 71 per cent of respondents indicate they had experienced increased living costs during the pandemic and 81 per cent indicate their mental health had deteriorated, with financial concerns among the reasons given for this deterioration.[39]

It is concerning that the government has been unwilling to acknowledge the hardship its decision has caused and provide additional financial support to recipients of these payments. For example,

providing a top-up payment to these payments so recipients are receiving the same fortnightly amount as those on the increased rate of Jobseeker Payment.

UnitingCare Australia was, however, encouraged to see eligible DSP recipients could receive the JobKeeper Payment. Initially, we were concerned, along with many others, that DSP recipients in receipt of JobKeeper may have had their pensions cancelled. The Department of Social Services clarified that DSP recipients would only have their pension suspended if they earnt over the income limit and that their pension would be reinstated when JobKeeper Payment ceased.

We also acknowledge the government's announcement on 9 April 2020, which included funding for advance payments for Disability Employment Service (DES) providers and additional funding for Australian Disability Enterprises (ADEs). However, it has taken until mid-May for details to be announced on how ADEs can apply for the additional funding through the Temporary Viability Support program and the timeframe to apply is very short.

Health supports

UnitingCare Australia has been advocating for people with disability to have equal access to health care and for priority PPE for people with disability and their support workers on the same basis as health and aged care workers.

Excluding people with disability and the disability services sector from announcements about access to PPE and testing saw people with disability and disability support workers increasingly exposed to heightened risk, forcing them to compete with others in the market for private PPE supplies during a global shortage. We understand that some people with disability, disability support workers and providers cancelled support services due to a lack of PPE. Where services ceased, participants may have faced a situation where they had no support or where they are solely reliant on support from their immediate networks.

In the Caring Fairly survey, mentioned above, 60 per cent indicated that the care recipient had lost supports and 44 per cent indicated that the time they spent providing unpaid care had increased.

CASE STUDY

Physical distancing requirements and an inability to access various disability, social and educational supports have had a profound impact on many families with children with disability. As the following case study from one of our network services illustrates, there is significant strain on carers who can no longer rely on informal supports, have limited opportunities for respite with the closure of schools and disruption to face-to-face services, and who have to grapple with the escalation of challenging behaviours when routines are disrupted and supports cannot be accessed.

The challenges of supporting three children with multiple and complex disabilities, at the same as disability support services and educational supports have been withdrawn, has placed enormous stress and pressure on this family, who sought assistance from our service.

The household comprises two adults and three children aged 14, 6 and 3½. All three children have disabilities and were home 24 hours a day during the coronavirus lockdown. The mother, who is the main carer for her children, has physical health issues and is unable to leave the home during community restrictions due to her own health risks.

The 3½-year-old child has autism and very challenging behaviours; he had been attending the local day care centre but this shutdown following the outbreak of the pandemic. He is still in nappies.

The 6-year-old has autism and delayed learning and also requires nappies. He began school in March at a specialist autism school, however this closed down due to the pandemic. His NDIS-funded supports also stopped attending the home due to social distancing, leaving the parents with no educational/behavioural support and no respite. During the period of panic buying, the family could not access nappies and toilet paper.

The 14-year-old child has learning difficulties and Asperger's, as well as low emotional regulation and challenging behaviours. Getting out to school & other community activities is important for his wellbeing. Home schooling is not really working due to home environment challenges.

The parents have been under immense stress. The reopening of schools and early childhood centres offers the prospect of some respite, but they remain worried about the ongoing health risks for all family members as lockdown restrictions ease.

On 24 March 2020, the NDIS Quality and Safeguards Commission sent out a Provider Alert relating to PPE. We understand that there were providers who were unable to access PPE when they contacted the National Medical Stockpile in line with the criteria set out in the Provider Alert. The email address for contacting the National Medical Stockpile in the Provider Alert was subsequently updated in a Fact Sheet issued on 31 March 2020.

However, access to PPE remained difficult for people with disability and the disability services sector and until recently, supply concerns for PPE remained. Media articles continued to indicate that people with disability and disability support workers were struggling to access PPE. Additionally, a recent survey by the Summer Foundation of 350 NDIS participants found that only 7 per cent had access to all the PPE they required.

UnitingCare Australia strongly supports the government's expansion of Medicare-subsidised telehealth services, and the fast-tracking of electronic prescribing during the pandemic. People with disability have been requesting affordable digital health services for years, and we would strongly encourage the government to seek input from people with disability, their families and carers when reviewing and scrutinising these COVID-19 measures and determining what will be maintained.

We understand that telehealth can present challenges for some people with disability and that there is a data cost for telehealth, where done via video consultation. However, there has also been reports of positive feedback from the disability community on being able to access bulk billed healthcare without needing to leave their homes, which can be a challenge for many. Accordingly, it is clear that a return to pre-COVID service offerings will not suffice.

While the focus within Australia generally seems to have shifted to our post-COVID recovery, for many people with disability the pandemic still presents significant risk, and many will need to continue to take extra precautions for some time to come. The government must also ensure that this sudden post-COVID focus does not hinder efforts to remedy outstanding gaps in the pandemic response. For example, the Disability Reform Council is yet to publicly release its agreed NDIS workforce plan in response to COVID-19, and the Management and Operational Plan for People with Disability is still being implemented.

During recovery and into the future, people with disability should be included in all measures and responses, supplemented with targeted measures for any additional requirements. People with disability cannot continue to be an afterthought for this government.

Aged care

UnitingCare Australia works with a network of 15 organisations that provide services specifically for older people. These services encompass the continuum of aged care services, including engagement at a local community level, home care, retirement living villages and residential aged care homes. Our organisations range in size, locality, and the significance of aged care services relative to the total range of community services they provide. Given this diversity, impacts of the COVID-19 pandemic have been various and responses to the challenges thrown up by the pandemic have been tailored to the relevant circumstances of each organisation.

The progression of the COVID-19 pandemic has created a range of issues for our providers, our dedicated staff, and the people who use our services. These issues are considered below in terms of 'phases' of the pandemic.

First phase – January to April 2020

The initial phase was characterised by uncertainty about the extent to which COVID-19 was present in Australia and how COVID-19 would spread in the community. Clear indicators very early on were that aged care services would be significantly affected due to several factors including

- heightened susceptibility of older people and those with existing illnesses to the most severe symptoms of COVID 19, and ultimately the greatest risk of death;
- that COVID-19 was characterised by its lack of obvious symptoms in a large proportion of infectious carriers, and a lengthy period in which an individual is contagious
- route of infection: COVID-19 was spread via droplets, therefor individuals living in close proximity to one another were at great risk, as were those in need of personal services and care.

In particular, it was clear from experience overseas that residential care communities were highly vulnerable to catastrophic outbreaks. The scale of the aged care sector in Australia is significant, with around 250,000 individuals residing in aged care facilities, and 1.1 million older people receiving some kind of aged care service in the community.

On 11 March 2020, as part of the Australian Government's $2.4 billion first phase package, $101.2 million was allocated to "educate and train aged care workers" and $30 million for "infection control training and programs for health and aged care workers". There was, however, no direct funding for additional preventive measures put in place by aged care providers. The Australian Health Protection Principal Committee (AHPPC) statement of 13 March 2020 (approximately seven weeks after the first case in Australia was publicised in late January) advised that "the time has come to put in place social distancing measures to mitigate spread, rather than a strategy based primarily on case finding". The Statement suggested "initiating measures to protect vulnerable populations, such as reducing visitors to all residential care facilities and remote Aboriginal and Torres Strait Islander communities".

It is significant that there was no specific official advice regarding transmission prevention in relation to aged care up to this point. This led to a diversity of responses as, by this time, services had already put in place management responses focused on minimising community transmission to older people (both those in the community and residing in aged care facilities) and preparing facilities to be able to be contain cases in facilities if they were to occur. In other words, aged care providers considered their responses a critical element of public health strategies to 'flatten the curve'.

In the first weeks evidence from overseas indicated that strategies should be implemented quickly and should address the worst case scenario, which would involve rapid spread of the infection, in

the context of health systems unable to manage the number of admissions due to the virus, and significant numbers of aged care workers either unable to work due to infection or choosing to self-isolate to protect their own or their families' health.

Access to personal protective equipment (PPE) for aged care (like disability services) was an issue, with very limited supplies on hand, and access to the National Stockpile restricted to situations in which an outbreak had occurred, rather than extending to preventive use. As a result, services invested considerable effort went into sourcing basic PPE (masks, hand sanitiser) however this continued to be an issue well into April and impacted significantly on the capacity for safe provision of services in the community in particular. Within our network, concerns were also expressed around the manner in which the National Stockpile operated, given there was little transparency as to the levels of stock that were available and how stock might be allocated in the event of an outbreak.

Although the National Cabinet 'agreed to restrictions on visits and arrangements at aged care facilities in line with AHPPC guidelines, enforced through state and territory directions', there were no prescribed arrangements. As a result, each jurisdiction created distinct health regulations, generally stricter than the national guideline and with different descriptions of the circumstances in which visits were to be permitted. This led to considerable legal and financial uncertainty for providers, many of whom had already put in place visitor arrangements aligned to their capacity to manage the risks of exposure in individual facilities.

On 20 March, the Australian Government announced a funding package to support the aged care sector. Of the $444.6 million allocated to the sector, only about a quarter – $26.9 million in 'viability' funding for residential aged care, and $92.2 million for Commonwealth Home Support Program services – related directly to aged care service provision. While the initiatives were welcome, when delivered the viability supplement amounted to around $2 per bed per day – an amount that was in no way adequate to cover the additional costs of delivering services safely.

At this point providers were increasingly concerned about the additional financial challenges and unknowns, many linked to the existing funding deficits but exacerbated by uncertainties about how service use – particularly home care but including residential admissions and departures – would be affected.

UnitingCare Australia along with several other major not for profit providers and the sector peak organisations have presented a number of submissions to government, seeking additional resources to ensure the financial sustainability of the sector through the pandemic. An urgent request for a package of direct funding, amounting to approximately $1.3 billion, was put to the Australian Government in April.

An additional $201 million for the sector was announced on 1 May, in the form of a $900 per bed supplement ($1350 per bed in regional localities) to cover additional costs. Again, while this funding was welcome it was less than what had been requested to cover the costs of preventive measures in residential aged care facilities, and the announcement did not address the additional costs incurred to ensure ongoing delivery of safe Community Aged Care services. The proposal for a fund to increase capacity for communication between individuals in residential care and their families, and outreach to isolated older people in the community, was also ignored.

A further critical issue that has not been addressed is that of exposure to a 'run' on Refundable Accommodation Deposits (RADs) caused by rapidly declining occupancy levels in Residential Aged Care services. While the Reserve Bank has created a 'funding facility' in recognition of potential issues for 'approved deposit-taking institutions', there has to date been no recognition that providers are highly exposed in this area. While prudential regulation of the sector has received some attention as part of government reviews of the sector in recent years, the current pandemic

has exposed the extent of risk to external shocks. UnitingCare Australia believes that these arrangements should be examined by the Royal Commission in the context of financial sector sustainability.

It is not possible to assess what contribution the highly risk-averse approach taken by aged care providers has made to the success of controlling COVID-19 in Australia. There have been positive and negative impacts of the restrictions on visits – some facilities have reported reductions in infections generally and other positive outcomes related to the reduction in the number of visitors. Services have seen some negative behaviours from family members and other visitors, creating situations where facilities were at times forced to strengthen restrictions as some visitors chose not to respect limitations, resulting in impacts on both the staff in those facilities and other visitors. The importance of contact with family, friends and volunteers has been profoundly reinforced and a code developed by consumer and provider stakeholders, to ensure that access is reasonable, is being implemented.

Overall, Australian Aged Care providers and their staff have managed the risk of COVID-19 outbreaks extremely well to this point in time, particularly when compared to the horrific outcomes we have seen in other countries. We must continue to acknowledge that Aged Care staff are indeed heroes of the “frontline” and that they have gone “above and beyond” to keep our aged care residents and clients safe at this very challenging time.

Second phase – May 2020 onwards

Going into the next phase, the risk scenarios for aged care providers are quite distinct from those of other organisations.

Risk management in the first phase occurred in the context of multiple, layered uncertainties and an absence of public health preparedness. The current phase, with relaxation of restrictions on general public movement and uptake of ‘social distancing’ and infection control practices in the community, is represented by a shift in the government’s focus from containment of COVID-19, to containment of the economic fallout. It accepts that there is likely to be a ‘background’ level of infection.

For the population in general, this relaxation reflects a level of confidence that there is balance between the likely spread of COVID-19 in the community and the capacity of the health system to treat affected individuals. For aged care providers however, particularly those organisations with residential care facilities, this shift is associated with the likelihood of increased exposure to the virus and outbreaks in facilities.

The most critical emerging issue for providers is their capacity to mitigate risks of catastrophic outcomes as a result of outbreaks. While there are examples of successfully contained outbreaks, the COVID-19 outbreak at Newmarch has thrown into sharp relief the difficulty of preventing and containing an outbreak, and ambiguity in advice and guidelines relating to response in the event of an outbreak.

As we move to a situation where, potentially for a year or longer, there is ongoing risk with potentially catastrophic outcomes, providers need assurances that they are recognised as a part of the public health response and can prepare appropriately. In the interests of public health, we believe that providers of aged care need the following actions by governments.

Firstly, financial assistance must be available for preventive actions as well as when outbreaks occur. To have the greatest range of risk mitigation options available, the sector needs ongoing access to the resources to implement readiness strategies, such as:

- building capacity by increasing staffing numbers or levels of qualification to the point needed to manage an emerging outbreak situation, in addition to business-as-usual care responsibilities;
- accommodating regional and remote site staff in order to reduce staff risk of infection;
- implementing initiatives similar to telehealth, that enable older people – including those living in the community – to meet the range of health and social needs they may experience while limiting potential exposure.

Second, national protocols need to be developed and implemented to regularise responses across jurisdictions where appropriate. For example:

- health directions relating to aged care should be developed, including who is considered an 'essential visitor';
- the Communicable Diseases Network Australia (CDNA) guidelines on outbreaks in residential aged care must be revised to remove inferences that residents of an aged care facility would have a lesser right to access hospital services or be safely quarantined than other individuals in the community.

Thirdly, the aged care regulatory system must enable decisions made in good faith so that managers can take the actions necessary to meet the needs of their communities without risking non-compliance.

Aged care providers need the same level of access to accurate and relevant information, wherever possible in real time, as health service managers. Managers need information not only about cases 'in their local area', but also in areas where visitors or staff live.

Providers also need advice on the best evidence-based strategies to mitigate the risks they are dealing with, with such advice tailored to the specific context of aged care. Advice needs to be regularly reviewed and updated to incorporate the latest evidence and learnings from outbreaks. For example, even though there have been several outbreaks in facilities for older people, there has been no formal process of reviewing information about responses, the circumstances and the rationales, and the outcomes of decisions made.

Processes that result in guidelines and other advice must incorporate the special clinical and care needs of older individuals as well as the knowledge of the sector that is discrete from the health care sector. For example, the Infection Control Expert Group should include a specialist geriatrician of the Australian and New Zealand Society for Geriatric Medicine (ANZSGM) with relevant practical experience, and a representative with practical knowledge of aged care should be appointed as an observer to the group.

People on temporary visas and asylum seekers in detention

In responding to the COVID-19 crisis, the Australian Government has prioritised citizens and permanent residents but failed to support and temporary migrants and asylum seekers on bridging visas. Most people on temporary visas, bridging visas, or living in the community without a valid visa lack access to safety nets – whether Centrelink, Medicare, or the time-limited JobKeeper payments or Coronavirus Supplement. Many are also unable to access emergency housing and government-funded social services due to their visa status.

As of 31 March 2020, there were more nearly 2.2 million temporary visa holders in Australia. Of these, more than 1.5 million are longer-term temporary residents, including people on various forms of skilled, temporary graduate, student, and bridging visas. While some New Zealanders on Special Category (subclass 444) visas are eligible for the JobKeeper payment, the vast majority of temporary visa holders in Australia have little or no access to any form of safety net in the context of the COVID-19 pandemic. Many also lack access to Medicare.

The consequences of excluding temporary visa holders from safety nets and financial support measures is profound and wide-ranging. This situation is growing worse by the day as people seeking asylum and other temporary visa holders lose their only form of income. Many charities, which could not cope with the demand for emergency assistance before the pandemic, are now overwhelmed at a time when they already must work even harder to maintain frontline services because of the effects of COVID-19 responses. A number of our Uniting Church congregations, for example, have stepped in to provide support to surging numbers of international students experiencing food insecurity and severe financial hardship.

We believe the suggestion that temporary migrants should draw on their superannuation to see themselves through the crisis is highly impractical for a group of people who suffer a high instance of underpayment of wages and entitlements. In the absence of Federal Government support, states and territories have offered a patchwork of support measures, however significant gaps remain. Many temporary visa holders continue to fall into destitution and hardship due to rental arrears and the absence of income support.

As recommended in the discussion above on Financial relief and economic assistance packages, UnitingCare Australia calls on the Commonwealth Government to extend income support measures and the JobKeeper payment to people on temporary visas.

For asylum seekers living in the community, we also call on the government to revise eligibility criteria for the Status Resolution Support Service (SRSS) Program. People seeking protection without a job or an alternative form of income have not been entitled to any form of social security under the *Social Security Act* since 1991. Instead, they may be entitled to the SRSS, a discretionary government-funded program that provides a small fortnightly payment (89% of the Newstart allowance), limited case work, and torture and trauma counselling to eligible people seeking protection in Australia.

Only a fraction of asylum seekers are ultimately eligible for SRSS. Since August 2017, the Australian government has been progressively restricting eligibility for the program. People who are excluded include those deemed ‘work ready’, those studying full time (16 hours per week or more), people on substantive visas (e.g. partner or student visas) who have subsequently applied for protection, and people who have transferred more than $1000 to or from a domestic or overseas bank account in a 12-month period.

There is currently no indication as to whether eligibility criteria for the SRSS program will be eased or whether the SRSS payment rate – currently 89% of the lowest JobSeeker payment amount – will be amended to reflect the fortnightly $550 increase in financial support under the Coronavirus

Supplement. The consequences of COVID-19 for livelihoods will worsen a situation in which the majority of people seeking protection, living and paying tax in the Australian community already do not have access to any form of safety net. Many are reliant on limited financial support for rental payments, pharmaceutical costs, food and other essential needs from charities and, in some jurisdictions, financial supports offered by state or territory governments.

We therefore recommend that eligibility criteria for the SRSS program be amended to ensure all people seeking protection in financial hardship can obtain government-funded temporary financial support, torture and trauma counselling, and casework. We also call on the government to provide SRSS financial support rate at 89% of the new JobSeeker fortnightly payment amount, whilst also providing access to an additional $550 per fortnight Coronavirus Supplement.

Given the increasing levels of demand placed on services supporting asylum seekers, we urge the Federal Government to consider specific financial and/or in kind support to specialist agencies working with temporary visa holders, including people seeking protection, and refugees on temporary visas.

We also recommend that the government grant temporary bridging visas and valid Medicare cards to all people seeking protection residing in the Australian community, regardless of their status or position in the refugee status determination process. Affordable medicines should also be made available to people seeking protection in financial hardship, and who are currently ineligible for the Pharmaceutical Benefits Scheme (PBS). This could be achieved via a supplement to the SRSS payment.

In addition to extending eligibility for SRSS and financial safety nets, we recommend that:

- penalties be removed for Safe Haven Enterprise Visa (SHEV) holders accessing Special Benefit, with SHEV pathway criteria relaxed for the duration of the Australian Government's Pandemic Declaration;
- Special Benefit criteria are amened to enable TPV and SHEV holders to receive support while studying full time;
- visa grants and renewals are simplified and prompt, ensuring people retain access to a valid visa;
- access to free legal advice and representation is extended to all temporary residents, as well as access to free interpreting services so that people, including women on temporary visas, can understand their rights and responsibilities and how to stay well during the COVID-19 pandemic; and,
- ensure Medicare and PBS access, or equivalent subsidised health services and pharmaceuticals, are extended for all people seeking asylum, refugees and those on temporary visas.

Finally, we hold grave concerns about the situation for asylum seekers and refugees in immigration detention. The close quarters and difficult conditions make it impossible for people in immigration detention to comply with social distancing protocols. The potential for the virus to wreak havoc is too significant to justify keeping low-risk asylum seeker and refugees in detention, and we therefore urge the government to urgently remove low-risk refugees and people seeking asylum from immigration detention facilities.

Transparency, accountability, and oversight of decision making

As the pandemic and its effects have continued to unfold, the Commonwealth Government has been making decisions that will fundamentally shape the nation that emerges from this crisis and determine who benefits and who is ultimately left shouldering the burden. In this context, inclusive decision-making processes, government transparency and parliamentary accountability are crucial to ensuring sound decision-making and preserving public trust.

Given the pace and urgency of many decisions, many of which have been made with imperfect information, it is inevitable mistakes will happen. In this context, scrutiny is crucial so that, where those mistakes happen, they can be picked up and promptly remedied. In this time of crisis, when major spending programs are announced frequently, parliamentary scrutiny is more important than ever. This is a time when governments need to be open and transparent, responsive and accountable to the people they are seeking to support.

We therefore urge the government to guarantee meaningful participation of all sectors of society and diverse civil society actors in decision-making processes on COVID-19 response. Democratic oversight of the pandemic response, including the use of emergency powers and the expansion of executive decision making, must be maintained.

For the epidemic response and economic recovery to be effective and equitable, the perspectives of diverse groups and vulnerable communities is critical. Now more than ever, the voices of those who are at risk of getting left behind need to be heard. In addition to representation from those groups who disproportionately shoulder the burden of the pandemic and its effects, decision-making processes need to incorporate the perspectives of frontline services who can help identify and remedy problems. Transparent, accountable and accessible mechanisms for all groups of society, including frontline services and marginalised groups, are critical in supporting feedback on the uneven effects of different policy measures. The absence of such mechanisms can result in unintended consequences, including a deepening of inequalities, and systematic discrimination against certain groups.

While the government has proven responsive and open to input from charities at certain points in this pandemic, we hold concerns about the lack of diversity and community sector representation on the National COVID-19 Coordination Commission. While we welcome the establishment of the not-for-profit working group, we believe more needs to be done to systematically embed diverse community perspectives into the work of the Commission, and with clearer lines of communication and accountability. The Commission is not established under statute, has unclear lines of accountability, and lacks independent appointment processes. We believe it is important the appointment process to entities such as the National COVID Commission is transparent and accountable, with clear criteria for membership.

The COVID-19 crisis has also seen extraordinary powers conferred upon individual Federal Ministers. We recognise this is important and sometimes necessary to deal with a crisis, but care needs to be taken in the curtailment of accountability and transparency. For example, the Treasurer has been granted broad powers to allocate multibillion-dollar discretionary funds and set rules for large relief packages. Broad powers have also been conferred on the Minister for Families and Social Services, allowing her to change any social security law relating to the qualification for, or rate of, payments. As a result, the Minister has announced she will use the temporary COVID-19 powers to extend Cashless Debit Card trials until 31 December 2020 – despite Parliament reconvening and the Minister having the opportunity to put a Bill to Parliament.

Conclusion

The COVID-19 pandemic will have profound and long-lasting impacts on how we all live, work and relate to each other. To date, the government has taken swift and bold actions that have helped to curb the rate of infections and save lives, while at the same time buffering communities from some of the worst economic effects. There have been instances where the government has demonstrated its capacity to act decisively and mobilise resources to protect the most vulnerable. Yet, as this submission has indicated, the effects of these policy responses have been uneven. The government has put in place significant social security measures and unparalleled fiscal packages that have helped to ease some vulnerabilities, while at the same time deepening others. Despite the successes in reducing infection rates, significant gaps and exclusions have characterised the policy response. Patterns of vulnerability, inequality, and policy neglect have been thrown into sharp focus – including housing inequities, the health and social disparities endured by First Peoples, the inadequacy of income support, the exclusion of people seeking asylum and temporary migrants, high levels of job insecurity and underemployment, and the inequities experienced by people with disability.

As we start to move out of the immediate health crisis, it is important we not only reflect on strengths and omissions in the government's response, but also clarify the underlying values and principles that will guide us as we work toward economic recovery. This submission has outlined some of the principles that we believe would contribute to more equitable, inclusive and resilient communities. The challenges are formidable, and UnitingCare Australia recognises that the pathway out of this crisis will not be easy. Yet there is an opportunity to 'build back better' – to put in place policies that lay the foundation for a more just and sustainable society that is better prepared for future shocks. While the pandemic is a time of stark risks and immense challenges, it is also a time when informed policy bravery could create new foundations for a better future.

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