

**PARLIAMENT OF VICTORIA**

**Public Accounts and Estimates Committee**



# **Inquiry into the Victorian Government's response to the COVID-19 pandemic**

Parliament of Victoria  
Public Accounts and Estimates Committee

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# About the Committee

## Functions

The Public Accounts and Estimates Committee is a joint parliamentary committee constituted under the *Parliamentary Committees Act 2003* (the Act).

The Committee comprises ten members of Parliament drawn from both Houses of Parliament.

The Committee carries out investigations and reports to Parliament on matters associated with the financial management of the State. Its functions under the Act are to inquire into, consider and report to the Parliament on:

- any proposal, matter or thing concerned with public administration or public sector finances
- the annual estimates or receipts and payments and other Budget papers and any supplementary estimates of receipts or payments presented to the Assembly and the Council
- audit priorities for the purposes of the *Audit Act 1994*.

The Committee also has a number of statutory responsibilities in relation to the Office of the Auditor-General and Parliamentary Budget Office.

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This report is available on the Committee's website.

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# Terms of reference

## **Inquiry into the Victorian Government's response to the COVID-19 pandemic**

On Wednesday 29 April 2020, the Public Accounts and Estimates Committee agreed to:

Review and report to the Parliament on:

- a. the responses taken by the Victorian Government, including as part of the National Cabinet, to manage the COVID-19 pandemic and
- b. any other matter related to the COVID-19 pandemic

up to each reporting date of the Committee.

The Committee is to report to Parliament:

- a. on or before 31 July 2020 and 31 October 2020
- b. or such other date/s as the Committee decides.



# Chair's foreword

We all made plans for 2020—plans for our families, our education, our work.

No one could have foreseen the onset of a global pandemic that has changed the way we live, learn, work, socialise, exercise and worship.

We have sacrificed the things we love. And the sacrifice for many has been immense. For some this has meant the loss of loved ones and the opportunity to mourn. For others the opportunity to celebrate new lives and other special occasions.

Victorians have witnessed the invaluable contribution made by frontline workers—those working in health, care, emergency services, education and retail, as well as the collective efforts of our community.

As Chair of the Public Accounts and Estimates Committee, I have been privileged to lead the Committee's inquiry into the Victorian Government's response to the COVID-19 pandemic. As was the case with its Interim Report in August 2020, the Committee examined the Victorian Government's response to the pandemic across various sectors including health, justice, education, the economy and industry.

As part of its work, the Committee gathered evidence through three rounds of public hearings. The Committee heard from Ministers and government departments, health workers and experts, Victoria Police, economists, education providers and many more. The Committee also considered the 228 written submissions received from individuals, industry groups, peak community organisations, CALD agencies, Aboriginal organisations and trade unions.

Those who gave evidence to the Inquiry generously shared their time and expertise in relation to the virus and its impacts on our society and economy. Those who gave evidence provided a view regarding the Victorian Government's response to the pandemic. All of this evidence informed the Committee and by extension, the Victorian Parliament.

The Committee has found that the Victorian Government's response to managing the virus and the consequences of the pandemic has been comprehensive. It has been relatively successful due to the crucial partnership between government and the community.

The Committee made findings across a number of issues—pandemic preparedness, infection rates, contact tracing, economic consequences and increased pressure on the Victorian community services sector. The report also contains recommendations to the Victorian Government.

## Chair's foreword

I would like to acknowledge the extensive work of my Committee colleagues throughout this inquiry including Mr Richard Riordan MP, Deputy Chair of the Committee.

I also thank the Committee Secretariat led by Executive Officer Dr Caroline Williams, and Lead Analyst, Iain Gately, for the research and support they dedicated to the Inquiry in challenging circumstances.

I commend this report for your consideration.

A handwritten signature in black ink, appearing to read 'L. Blandthorn', followed by a horizontal line.

**Lizzie Blandthorn MP**  
**Chair**

# Executive summary

## Chapter 1: Introduction

Since the announcement of COVID-19 as a pandemic by the World Health Organisation on 11 March 2020, and the subsequent declaration of a state of emergency by the Victorian Government, the economic, health and social impacts of the disease have been significant. Following the outbreak of COVID-19 in Victoria, the Public Accounts and Estimates Committee ('the Committee') resolved on 29 April 2020 to undertake an inquiry into the Victorian Government's response to the pandemic. This is the Committee's second report.

The pandemic and the Victorian Government's response have rapidly evolved over the course of the inquiry. The Committee's second report reflects the impact of the second wave of the pandemic, as well as the subsequent actions taken by the Government to manage it up until the end of December 2020. It is based on the evidence received from 228 written submissions and three rounds of public hearings.

## Chapter 2: Managing the health pandemic

Following some early success in containing the virus by the Victorian Government, Victoria experienced a second wave of COVID-19 infections in July and August 2020. This resulted in the declaration of a state of disaster on 2 August 2020, and the introduction of Stage 4 restrictions across the state. Although the state of disaster ended on 8 November 2020, the state of emergency remains in place. As at 16 December 2020 there have been 20,351 cases of COVID 19 and 820 deaths in Victoria, representing 74% of the cases and 90% of the deaths from COVID-19 in Australia.

The Victorian Government pursued an aggressive suppression strategy, consistent with the decisions of the National Cabinet and informed by modelling of the virus' spread. However, the governance arrangements to manage the pandemic in Victoria resulted in complex lines of accountability and responsibility across different government agencies, at all levels. The Victorian Government's contact tracing efforts were hampered by limited information technology capability and the use of paper-based systems at the outset of the second wave. These have improved following digital and automation upgrades and the establishment in mid-August 2020 of regional response testing teams.

## Chapter 3: Health system, aged care and mental health

Since the beginning of the pandemic, the Victorian Government has invested more than \$1.9 billion in the Victorian health system, with a further \$2.9 billion allocated to the COVID-19 health response in the 2020–21 Victorian State Budget.

Healthcare workers in Victoria have played a critical role in the response to the COVID-19 pandemic. However, as at 30 November 2020, infections among healthcare workers have made up 18% of all of the cases recorded in Victoria. Sixty-nine per cent of these were most likely acquired in the workplace. Healthcare workers in Victoria experienced disparate outcomes trying to access personal protective equipment in high risk health settings.

There have been 1,962 cases of COVID-19 among aged care residents in Victoria and 648 deaths, as at 9 December 2020. This represents 10% of the total number of cases of COVID-19 and 79% of the total number of deaths associated with the pandemic in Victoria. Whilst the Commonwealth Government is responsible for setting standards for the Commonwealth and private aged care facilities in Victoria, under the *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)*, the Victorian Government is required to establish systems to promote the safety and security of people in aged care and support outbreak investigation and management in residential aged care facilities. The establishment of the Victorian Aged Care Response Centre has improved coordination of the response to the pandemic in aged care.

In addition, to the broader health impacts of the pandemic, the associated health restrictions have negatively impacted the mental health of many Victorians. The mental health support provided by the Victorian Government has been welcomed by the sector, however significant long-term support will be necessary.

## Chapter 4: Victoria's economic response

The implementation of restrictions aimed at containing the virus resulted in a substantial drop in economic activity across Victoria. However, the economic impact of the virus is complex. There are broader economic impacts of the pandemic beyond those associated with restrictions, such as increased morbidity and reductions in consumer and businesses confidence.

The Victorian Government has sought to limit the economic impacts of restrictions through taxation relief, fiscal stimulus and targeted support measures. It is estimated that these measures will result in a \$43.9 billion increase to Gross State Product over the budget and forward estimates period.

However, Victoria's economy continues to record negative results as a result of the various restrictions experienced by the state combined with the broader impacts of the pandemic. Victoria recorded an 8.5% Gross State Product fall in the June quarter of



2020, and was the only Australian state to experience a further economic contraction in the September quarter. Gross State Product is expected to fall 9% overall in Victoria in 2020–21.

Unemployment for the state was 7.1% in October 2020, up from 6.8% in July. The unemployment rate is forecast to rise to an average of 7.8% in 2020–21, with a quarterly peak of 8.3% in the December quarter of 2020. Younger workers, older workers and part-time female employees have been affected more substantially than other groups. Total underemployment in Victoria has increased by 33.9% since March 2020.

Total revenue is expected to decrease throughout 2020–21, while the latest data indicates that total outstanding debt for the State is expected to increase to \$86.7 billion by the end of 2020–21.

## Chapter 5: Victoria’s economic response— a jurisdictional comparison

The Committee considered economic pandemic responses in other Australian states and territories along with some international jurisdictions. The Committee observed that worldwide there is a negative relationship between the stringency of containment policies by governments and quarterly growth in Gross Domestic Product figures. The restrictions implemented in Australia in the June quarter of 2020 resulted in an average Oxford stringency index<sup>1</sup> of 64, an increase from the average of 19 in the March quarter. The stringency index fell to 47 as at 30 November 2020, in line with the easing of restrictions in Victoria.

The Committee found that the Victorian Government’s response in combination with Commonwealth fiscal support has resulted in an above average economic outcome in the June quarter of 2020. This was illustrated by Victoria’s and Australia’s low falls in Gross State Product and Gross Domestic Product compared to peer international jurisdictions.<sup>2</sup> The Committee notes however, that a direct comparison is difficult, owing to the different stages of COVID-19 spread and policy measures implemented.

Most Australian Governments have relied on borrowing to fund their economic response to the pandemic. Additional borrowings will limit the fiscal capacity of governments going forward and the Commonwealth Government will have limited capacity to remedy any revenue gaps states and territories experience.

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1 Oxford University maintains a Coronavirus Government Response Tracker which compares the stringency of policy responses around the world.

2 Peer jurisdictions were selected for comparison based on similar forms of government, methods of governance, economic size and/or economic structure.

## Chapter 6: Jobs and industry

Victoria is the only state in Australia that has introduced lockdowns with Stage 4 restrictions. By the end of June 2020 there were signs of a job recovery in Victoria, however restrictions weighed down the recovery with almost all industries across Victoria recording job losses. Hospitality and accommodation, and the arts and recreation industries were amongst the hardest hit. Between March and November 2020, the declines in Victorian payroll jobs have been greater than the national figures in all 19 sectors except for manufacturing, healthcare and social assistance.

The Victorian Government's Business Support Fund was established to support small businesses that were subject to closure or highly impacted by the shutdown restrictions in response to the pandemic. Overall 129,000 businesses have been supported through three rounds of the Business Support Fund, sharing in over \$2.6 billion worth of grants. These initiatives have been positively received by the Victorian business community.

The COVID-19 pandemic has also highlighted the issues faced by casual and insecure workers who are not entitled to formal leave arrangements. The five councils that had the most active COVID-19 cases in September were amongst the 10 most disadvantaged councils in Victoria with a higher percentage of insecure workers than most other parts of Victoria. Since 20 June 2020, the Commonwealth and Victorian governments have paid over 13,500 claims worth more than \$20 million of Pandemic Leave and Worker Support Payments for workers affected by the pandemic. The Victorian Government is also developing a transition to secure work scheme to provide sick and carers leave at the national minimum wage for casual or insecure workers in priority industries.

## Chapter 7: Transport and infrastructure

Infrastructure investment will play a key role in Victoria's economic recovery from the pandemic. As part of its response to the pandemic, the Victorian Government announced a \$2.7 billion Building Works package, including \$1.18 billion for the repair and upgrade of schools and \$438.6 million for the construction of 10 new schools.

Whilst some major transport infrastructure projects continued at a reduced capacity under the Stage 3 and 4 restrictions, others were able to progress more quickly than anticipated. The Department of Transport employed 70 safety specialists to ensure COVID-safe rules were followed on construction sites.

Public transport patronage dropped to 9% of pre-pandemic numbers across the network during the Stage 4 restrictions and steadily increased as restrictions eased, reaching 46% of pre-pandemic numbers as at 16 December 2020. In contrast, road usage has nearly completely recovered. The Victorian Government has taken steps to improve usage of public transport. This has included increased metropolitan network train services outside of peak times to enable Victorians to stagger travel and physically distance on services.

## Chapter 8: Response to the social impacts of the pandemic and associated restrictions

Although the pandemic continues to have an unprecedented impact on all Victorians, some groups have been disproportionately affected by the COVID-19 pandemic including: the homeless, people with a low socio-economic background, insecure workers, Aboriginal Victorians, those who are culturally and linguistically diverse, women and young people.

Consequently the demand on community services has increased. Historic and continued underfunding has exacerbated pressure on community organisations and contributed to the financial strain, workforce shortages and gaps across the sector. In November 2020, the Victorian Government created 500 new jobs across mental health, family violence, health and child protection services.

In recognition of the significant risk to homeless Victorians, the Victorian Government provided emergency accommodation in hotels to rough sleepers. Notably, there has been minimal transmission of COVID-19 in Victoria's homeless population.

The pandemic exacerbated the lack of safe, accessible housing for women escaping family violence. A number of funding initiatives to combat family violence were announced alongside the introduction of a significant pro-active family violence compliance campaign. However, the prevalence, severity and complexity of family violence increased during the pandemic.

The Victorian Government's response to the COVID-19 pandemic included initiatives to support Victorian multicultural and multi-faith communities. Support centred on the provision of emergency relief and the implementation of communications and engagement activities.

Significant spread of COVID-19 in the Victorian Aboriginal community was successfully prevented. The demand for Aboriginal-led services increased during the COVID-19 pandemic and is expected to continue to increase post-pandemic. In March 2020 the Victorian Government created the *Joint COVID-19 Aboriginal Community Taskforce* to drive a comprehensive, coordinated and culturally safe response to COVID-19 impacts.

In order to protect the vulnerable populations living in nine of Melbourne's high-density public housing towers, the Victorian Government responded to an outbreak of COVID-19 through a lockdown. The lack of a pre-existing plan to manage an outbreak of COVID-19 in high density state-managed public housing led to confusion and a lack of communication in the initial stages of the lockdown. Community organisations provided support to residents in instances where their immediate needs were not met by government agencies.

## Chapter 9: Education

In response to the second wave of the pandemic the Victorian Government limited onsite attendance at schools and other education settings to reduce movement across the State and minimise community transmission of COVID-19. Some access to onsite learning was provided for vulnerable and specialist students, as well higher degree students for permitted occupations. Based on expert health advice, primary and secondary school students returned to onsite learning as restrictions eased.

COVID-19 preventative measures implemented in early childhood education and schools centred on enhanced cleaning, temperature checks, improved hygiene practices, face coverings and infection control training for staff. As at 30 November 2020, there had been 88 outbreaks of COVID-19 in school settings, that were linked to 977 cases.

The Victorian Government implemented a range of supports to manage the impact of COVID-19 restrictions on education. This includes free sessional kindergarten, additional access to remote learning technology, professional development for teachers, student mental health services and learning catch up programs.

However, the negative effects of the pandemic on Victorian students have been significant. As at 2 December 2020, it is estimated that 20% of students will require support to catch up, and half of Victorian Year 12 students have applied for special entry to university due to the impacts of remote learning during the pandemic.

Disruptions caused by remote and flexible learning also continue to have a significant impact on student mental health and students with a disability. On 20 November 2020 the Victorian Government announced the roll out of a new \$1.6 billion Disability Inclusion Package for students with disability.

International student enrolment levels in higher education fell markedly during the pandemic, causing reductions in the revenue of higher education institutions. This has impacted research capacity and teaching and learning programs. International students are not expected to return to Victoria until 2022.

## Chapter 10: Justice response—Police, emergency management, courts, corrections and the Hotel Quarantine Program

The Victorian Government's response to the COVID-19 pandemic has had wide-ranging impacts on the justice system. Victoria Police has been the primary enforcement agency for COVID-19 related restrictions within the state, issuing fines and infringements for breaches of restrictions.

Courts are now hearing a greater number of matters by videolink and have modified their internal procedures to provide alternatives to physically accessing court rooms. Yet access to appropriate technology was a barrier for some Victorians at the height of

the COVID-19 pandemic. Courts are expected to face a large backlog in cases which will impact the broader legal sectors and family violence and child protection systems.

As at 15 December 2020, there have been 62 COVID-19 cases in Victorian prisons and youth detention facilities. Some rehabilitation programs continued to be delivered in prisons during the COVID-19 pandemic. In light of the suspension of personal visits, allowances were granted to prisoners to maintain family connections, including the use of iPads for virtual visits with children. Concerns have been raised with the Committee regarding powers to isolate children in youth justice facilities in Victoria under recent changes to the *Children, Youth and Families Act 2005*.

The Hotel Quarantine Program was established to minimise the spread of the COVID-19 virus from returning international travellers to the Victorian community. Initially the program was a multi-agency response with the Department of Health and Human Services responsible for infection control in quarantine hotels. However, a breach in the program led to a number of cases linked to the second wave of COVID-19 infections in Victoria.

A revised Hotel Quarantine Program has since been implemented. The new program includes improved infection control and testing, staffing, security and enforcement and governance accountability mechanisms.



# Findings and recommendations

## 2 Managing the health pandemic

**FINDING 1:** The *Victorian Action Plan for Influenza Pandemic* was not reviewed in 2018 as set out in the original plan. 9

**RECOMMENDATION 1:** The *Victorian Health Management Plan for Pandemic Influenza* and the *Victorian Action Plan for Influenza Pandemic* be reviewed. 9

**FINDING 2:** The governance arrangements for managing the COVID-19 health pandemic are complex with multiple lines of accountability and responsibility across different agencies at all levels. 12

**RECOMMENDATION 2:** The Victorian Government clearly define and make public the roles and responsibilities of officials during any state of emergency and state of disaster, to ensure clarity, accountability and transparency. 12

**FINDING 3:** A state of emergency has been required to provide the legal framework to respond to the pandemic including maintaining the Victorian Government's hotel quarantine arrangements and specifically the ability to detain people on public health grounds. 14

**FINDING 4:** The Victorian Government is pursuing an aggressive suppression strategy to minimise transmission of the virus, consistent with the decision made by the National Cabinet announced on 16 April 2020 in the absence of a vaccine. 15

**FINDING 5:** Revised modelling of the pandemic's impact suggested that at the height of the pandemic had there been no restrictions in place, there would have been 18,500 infections per day. 18

**FINDING 6:** Stage 4 restrictions commenced in Melbourne and Mitchell Shire on 2 August 2020. As at 11 August 2020 no modelling had been undertaken that incorporated Stage 4 restrictions. 18

**RECOMMENDATION 3:** For future pandemics, the Government consider the early release of modelling scenarios and underlying assumptions to provide the community with insight, and promote confidence in the Government’s response. 19

**FINDING 7:** The Victorian Government has not modelled the broader health and mental health impacts of the pandemic and associated non-pharmaceutical interventions, such as social distancing restrictions. 21

**RECOMMENDATION 4:** The Victorian Government commission modelling of the broader health and mental health impacts of the pandemic and associated non-pharmaceutical interventions, if such modelling has not already been commissioned. 21

**FINDING 8:** As a result of the COVID-19 pandemic, and associated restrictions, some Victorians are not accessing appropriate healthcare for non-COVID-19 health issues when they require it. 22

**FINDING 9:** At the end of September 2020, the waiting list for elective surgery in Victoria had grown to 66,242 individuals. The Victorian Government has invested \$75 million in additional funding to provide an additional 10,000 elective surgery procedures to reduce the size of the waiting list. 22

**FINDING 10:** The Victorian Government provided \$6 million in funding to facilitate a broad expansion in testing for COVID-19 in Victoria, led by the Doherty and Burnet Institutes. 24

**FINDING 11:** There are opportunities for streamlining the processing of COVID-19 tests by private and public pathology laboratories, particularly during outbreaks to ensure a 24 hour turnaround can be achieved. 24

**FINDING 12:** Victoria has conducted approximately 3.7 million tests for COVID-19 as at 7 December 2020. This represents 555 tests per 1,000 population, which is the highest proportion by state or territory in Australia. 25

**FINDING 13:** Victoria’s daily testing rate per 1,000 population has varied considerably across the duration of the pandemic. Following an initial high of 2.73 tests per 1,000 population in May, this dropped to 0.92 in June, before rising to 4.33 in mid-July. As at 30 November 2020 Victoria was conducting 1.4 tests per 1,000 individuals. 26



**FINDING 14:** The Committee was provided with limited contact tracing performance data by the Department of Health and Human Services. Data for the period before 15 August 2020 was not supplied including the peak of the second wave of infections. **28**

**FINDING 15:** Of the data supplied:

- All new cases of COVID-19 were contacted within 24 hours of the Department of Health and Human Services being notified of a positive result after 15 August 2020.
- Three-quarters of new positive cases were interviewed within 24 hours of the Department of Health and Human Services being notified of a positive result between mid and late August 2020.
- Most known cases were identified within 48 hours of the Department of Health and Human Services being notified of a positive result.

**28**

**FINDING 16:** Victoria's contact tracing was initially hampered by limited information technology capacity and the use of paper-based systems. These systems were improved in September 2020 following digital and automation upgrades. **29**

**FINDING 17:** The National Cabinet established a series of national contact tracing benchmarks in early August 2020. **30**

**FINDING 18:** The Chief Scientist's review of contact tracing found that the agreed national benchmark of 48 hours from reporting a positive test result to directing close contacts to quarantine was inadequate to suppress community transmission. **30**

**RECOMMENDATION 5:** The third contact tracing benchmark being used in Victoria be amended from 'Percentage of known contacts notified within 48 hours of the Department of Health and Human Services being notified of positive result' to 'Percentage of known contacts notified within 24 hours of the Department of Health and Human Services being notified of positive result' in line with the Chief Scientist's recommendation. **30**

**FINDING 19:** The establishment in mid-August 2020 of regional response testing teams in Victoria has facilitated the input of local health services in testing and contact tracing. This is consistent with guidance provided by the World Health Organisation, which emphasises the value of engaging contact tracers from within local communities. **35**

**FINDING 20:** Cedar Meats were responsive to all requests for information by the Department of Health and Human Services regarding the COVID-19 outbreak that took place at the Brooklyn Cedar Meats facility. 38

**FINDING 21:** The Department of Health and Human Services did not request information that would allow comprehensive contact tracing of all staff and visitors to the Cedar Meats facility until 11:53pm on 7 May 2020, 13 days after the first case was identified. 38

### 3 Health system, aged care and mental health

**FINDING 22:** The Victorian Government has delivered 407 additional hospital beds since the commencement of the pandemic in March 2020. This has increased the number of beds available in the Victorian public health system by 2.7% (on 2018–19 levels). 40

**FINDING 23:** As at 4 December 2020, there were approximately 500 intensive care unit beds staffed and open in Victoria. The number of intensive care unit beds has remained steady across the duration of the pandemic. The surge capacity of Victoria’s intensive care beds has increased from 515 in June 2020, to 1,590 in December 2020. 41

**FINDING 24:** The Victorian Government has invested \$16.4 million in funding to multicultural communities to improve communication and the availability of information about COVID-19. This has included translation of COVID-19 information into 57 different languages spoken in Victoria. 43

**FINDING 25:** Department of Health and Human Services’ outreach to some multicultural communities regarding COVID-19 and minimising its spread during the pandemic, particularly in the early stages, was considered by some communities to be inadequate. 44

**RECOMMENDATION 6:** The Department of Health and Human Services review the effectiveness of its COVID-19 pandemic communications plan and operations in relation to multicultural communities and primary health networks, including General Practitioners. 44

**FINDING 26:** During the height of the pandemic, there were communication difficulties between the Department of Health and Human Services and primary health networks including General Practitioners. The Government established the COVID-19 Positive Care Pathways Program in mid-October to help mitigate these issues. 45

**FINDING 27:** The Department of Health and Human Services has established an online dashboard consistent with the National Cabinet agreed common data and metrics. This does not include data on the rates of infection amongst healthcare workers or in aged care settings however this data has been publicly reported in Victoria in other ways. 46

**RECOMMENDATION 7:** The Department of Health and Human Services review the effectiveness of its communication of COVID-19 data across the public health system and primary care networks. 46

**FINDING 28:** Victoria is the only Australian jurisdiction that reports daily on the levels of COVID-19 infections in its healthcare workforce. 49

**FINDING 29:** The daily number of cases of COVID-19 among healthcare workers as a proportion of the total daily number of cases increased during the second wave in Victoria, peaking at over 25% in September 2020. Healthcare workers account for 18% of all COVID-19 cases in Victoria. 49

**FINDING 30:** The Minister for Health, Hon. Jenny Mikakos MLC, advised the Committee on 11 August 2020 that approximately 10–15% of COVID-19 cases in the healthcare workforce were acquired at work. Data released on 25 August 2020 showed that at least 69% of all healthcare worker cases had been or were likely to have been acquired in the workplace in Victoria. 52

**FINDING 31:** There have been 92 outbreaks of COVID-19 in healthcare settings in Victoria, linked to 1,203 cases. The largest outbreak in a healthcare setting in Victoria was at Melbourne Health Royal Park Campus with 107 workers and 56 patients infected. 52

**FINDING 32:** There were disparate outcomes for healthcare workers in different settings trying to access personal protective equipment in Victoria from State and Commonwealth stockpiles. This reflected poor communication and coordination between Victorian Government health agencies, primary health networks and the Commonwealth Government. 54

**FINDING 33:** In some instances, the Victorian Government has been able to support health services that could not access personal protective equipment from Commonwealth sources. 54

**FINDING 34:** Aboriginal Controlled Community Organisations experienced difficulties accessing sufficient personal protective equipment in the first months of the COVID-19 pandemic, which threatened the continuation of services. This issue was addressed and resolved by advocacy to government departments. 55

**FINDING 35:** The Victorian Government updated its guidance in late July 2020 to expand the use of P2/N95 respirator masks in healthcare settings. However, the Committee received reports that not all healthcare workers have been able to access P2/N95 respirator masks in high risk settings. 56

**FINDING 36:** According to the Australian Commission on Safety and Quality in Health Care, fit testing is a requirement for the effective use of P2/N95 respirator masks in Australia. Whilst P2/N95 respirator masks were made available in July 2020, the Victorian Government only commenced a limited trial on 25 August 2020. 57

**FINDING 37:** The Victorian Government provided fit testing of P2/N95 masks for 25% of priority staff to protect them from respiratory hazards, including COVID-19, in high risk health settings as at 4 December 2020. 57

**RECOMMENDATION 8:** The Department of Health and Human Services ensure the timely supply of P2/N95 respirator masks and associated fit testing across all high risk Victorian health settings, and consider publishing the results of the fit-testing trial. 58

**FINDING 38:** As at the end of July 2020 an additional 800 healthcare workers had been contracted through the Working for Victoria healthcare portal to work in health services and other healthcare settings across the state. 58

**FINDING 39:** There have been 1,962 cases of COVID-19 among aged care residents in Victoria, and 648 deaths. This represents 10% of the total number of cases of COVID-19 and 79% of the total number of deaths associated with the pandemic in Victoria. 60

**FINDING 40:** Under the *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)* the Victorian Government is required to establish systems to promote the safety and security of people in aged care and support outbreak investigation and management in residential aged care facilities. 61

**FINDING 41:** The Victorian Aged Care Response Centre has improved coordination of the response to the pandemic in aged care. In Victoria, as at 9 December 2020, there had been no new cases in an aged care resident since 26 September 2020. **62**

**FINDING 42:** The Victorian Government announced new measures to minimise the spread of COVID-19 in the aged care sector on 19 July 2020. This followed an increase of infections in aged care from 13 to 118 cases over eight days. **63**

**FINDING 43:** As of 30 November 2020, there had been 1,632 cases of COVID-19 among healthcare workers in aged care. This represents 46% of the total number of cases among healthcare workers, as defined by the Department of Health and Human Services. **66**

**FINDING 44:** The impact of the pandemic increased the strain on the aged care workforce in Victoria, with staff shortages representing a risk to effective care. **66**

**FINDING 45:** The health restrictions associated with the pandemic have negatively impacted the mental health of many Victorians. **71**

**FINDING 46:** The mental health support provided by the Victorian Government has been welcomed but it is anticipated that greater support will be necessary in the future, due to the ongoing mental health impacts of the pandemic and associated lockdowns. **71**

**RECOMMENDATION 9:** The Victorian Government develop a long-term mental health support program to assist the community's recovery from the pandemic **71**

## 4 Victoria's economic response

**FINDING 47:** Key economic indicators show that Victoria's economy continues to record negative results, recording an 8.5% Gross State Product fall in the June 2020 quarter and a further 1% in the September 2020 quarter. In addition, Victoria had a 7.4% unemployment rate in October. Melbourne's consumer price index rose by 0.9% in the September quarter. **78**

**FINDING 48:** Inner Melbourne experienced the largest decrease in payroll jobs across Australia (8.5%) for the period between 14 March 2020 and 31 October 2020. **84**

**FINDING 49:** Not all Victorian industries have been equally hit by COVID-19 related restrictions, with accommodation and food services experiencing the most substantial drops in economic activity by August. 85

**FINDING 50:** Victorian industries have been more greatly impacted because of more extensive restrictions across the State compared to other Australian states and territories. 86

**FINDING 51:** Total underemployment in Victoria has increased by 33.9% since March 2020. 88

**FINDING 52:** Payroll data in Victoria for March 2020 to October 2020 indicates that underemployment has increased for both full-time and part-time workers. Full-time workers saw larger increases in underemployment compared to part-time workers, with total underemployment in Victoria rising by 60.4% between March 2020 and May 2020, before decreasing slightly by October 2020. 90

**FINDING 53:** Younger workers, older workers and part-time female employees have been affected by COVID-19 restrictions on economic activity more substantially compared to other groups. 91

**FINDING 54:** Of the \$10 billion in Treasurer’s Advances to fund the Victorian Government’s COVID-19 response in 2019–20, \$2.4 billion was expended. 96

**FINDING 55:** The response to the COVID-19 pandemic has necessitated higher levels of expenditure by the Victorian Government and other Australian jurisdictions. 97

**FINDING 56:** The Victorian Government’s expenditure and revenue decisions in response to the pandemic are expected to reduce the impact of the health restrictions on Victoria’s Gross State Product. 98

**FINDING 57:** Revenue levels dropped substantially in the 2020–21 Victorian State Budget. Total revenue is expected to decrease by \$7.8 billion in 2020–21, and \$6.9 billion in 2021–22. Goods and Services Tax revenue is forecast to fall by 0.7% from the 2019–20 result to be \$15.3 billion in 2020–21. 99

**FINDING 58:** Net debt in 2020–21 is expected to be \$86.7 billion and is projected to increase to \$154.8 billion by June 2024. As a proportion of Gross State Product, net debt is projected to increase to 28.9% by June 2024.

99

**FINDING 59:** Cohorts that often experience socio-economic hardship continue to experience a disproportionate share of the economic impacts of the COVID-19 pandemic. **101**

**RECOMMENDATION 10:** The Government develop a future employment strategy for vulnerable cohorts of the workforce in response to the COVID-19 pandemic not limited to, but including young people, women working part-time, Aboriginal people and older workers.

101

## 5 Victoria's economic response: a jurisdictional comparison

**FINDING 60:** The Commonwealth Government will have limited capacity to cover revenue gaps states and territories experience arising from expenditure on the response to the COVID-19 pandemic, due to borrowings to fund large-scale federal economic stimulus packages and short to medium-term net operating deficits.

110

## 6 Jobs and industry

**FINDING 61:** The Stage 4 restrictions limited the movement of around one million workers by closing additional businesses including in retail, manufacturing and administration industries. The restrictions also ensured that high risk industries were able to meet the physical distancing requirements at worksites. These restrictions were eased as rates of COVID-19 infection and associated risks declined.

117

**FINDING 62:** WorkSafe Victoria has been active during the COVID-19 pandemic undertaking inspections of high risk industries, issuing compliance notices and handling COVID-19 related compensation claims.

119

**FINDING 63:** WorkSafe Victoria has 24 active investigations underway into COVID-19 and breaches of the *Occupational Health and Safety Act 2004* including the Hotel Quarantine Program.

120

**FINDING 64:** By the end of June there were signs of a job recovery in Victoria, however stricter restrictions weighed down the recovery in the State. The hospitality and arts and recreation industries were the hardest hit industries. The declines in Victorian payroll jobs have been greater than the national figures in all 19 sectors except for manufacturing and healthcare and social assistance. 124

**FINDING 65:** Freelance and self employed artists have had access to limited direct support from governments. Self employed artists are experiencing significant personal hardships during the pandemic. 126

**FINDING 66:** The Victorian Government established the Victorian Agriculture Industry Reference Group to communicate COVID-19 information and assist the industry during the pandemic. The Reference Group was formed three weeks after the Stage 3 restrictions were announced. 127

**FINDING 67:** A key challenge for the inner Melbourne businesses is the significant decrease in pedestrians. The City of Melbourne forecasts the daily visitation will not return to pre-COVID levels in 2020–21, even after the restrictions ease. 134

**RECOMMENDATION 11:** The Victorian Government consider developing a comprehensive manufacturing plan to identify ways to protect and strengthen local supply chains, particularly for essential medical and health equipment. 136

## 7 Transport and infrastructure

**FINDING 68:** As at 24 October 2020, \$7.5 billion in projects had been approved by the Victorian Government across metropolitan, rural and regional Victoria. The 13 projects fast-tracked by the Building Victoria’s Recovery Taskforce are mostly private investments. 140

**FINDING 69:** The Department of Transport employed 70 safety specialists to check COVIDSafe rules are complied with on construction sites. As at 17 December 2020, over 6,000 inspections of infrastructure construction worksites had been conducted across Victoria. 141

**FINDING 70:** The Department of Transport put in place a range of measures such as extra transport services, hand sanitiser stations across the public transport network, and the distribution of resources as part of a public education campaign in response to the COVID-19 pandemic. 146



**FINDING 71:** In Victoria the construction and upgrade of walking and cycling paths are to be delivered as part of other major transport infrastructure projects. Two hundred kilometres of new bike paths will be delivered alongside Big Build infrastructure projects. 148

**RECOMMENDATION 12:** The Department of Transport prioritise investment in safe cycling infrastructure to address the increase in demand. 149

**FINDING 72:** The reintroduction of Stage 3 and Stage 4 restrictions in July 2020 suspended licence testing in metropolitan Melbourne. As at 16 November 2020, the reported demand for services was approximately 125,000 licence tests and 255,000 computer-based tests. The Victorian Government has committed to setting up additional licence testing centres to address the demand. 151

**FINDING 73:** The Department of Transport is actively investigating ways to move licence testing to an online platform for learner tests. 151

## 8 Response to the social impacts of the pandemic and associated restrictions

**FINDING 74:** The Victorian Government has extended rental tenancy protections and supports until 28 March 2021. 154

**FINDING 75:** Consumer Affairs Victoria had registered over 28,000 rent reduction agreements, representing approximately 4.6% of the total number of households renting in Victoria as at 26 August 2020. 155

**FINDING 76:** Disputes referred to Consumer Affairs Victoria regarding residential tenancies took an average of three days to resolve while the average weekly rental decrease was 27%. Consumer Affairs Victoria had closed over 10,000 matters as at 26 August 2020. 155

**FINDING 77:** In comparison to similar Australian states, the Victorian Government has instituted a wide range of policies to support residential tenants and property owners during the COVID-19 pandemic. 156

**FINDING 78:** There are some barriers to tenants negotiating rent reductions with property owners during the COVID-19 pandemic. However, the Department of Justice and Community Safety is aware of some of these barriers and has provided some funding to community services organisations to support tenants in the process. **157**

**FINDING 79:** The COVID-19 pandemic has impacted the community services workforce by creating and exacerbating workforce shortages. **160**

**RECOMMENDATION 13:** The Department of Health and Human Services work with the Victorian community services sector to identify existing and future workforce shortages and formulate a strategy to create attractive community services jobs in the recovery phase of the pandemic. **160**

**FINDING 80:** The Working for Victoria Scheme has created jobs in the community services sector. These positions are for six-month placements and are entry level roles. **161**

**RECOMMENDATION 14:** The Victorian Government consider extending Working for Victoria placements in the community services sector beyond six months to assist in the post pandemic recovery period when demand for community services is expected to increase. **161**

**FINDING 81:** Historic and continued underfunding of the community services sector has exacerbated pressure on community organisations during the COVID-19 pandemic and has contributed to financial strain and workforce shortages and gaps across the sector. **162**

**FINDING 82:** Demand for assistance from the community services sector has grown during the COVID-19 pandemic and many of those seeking help have not previously needed support. **162**

**FINDING 83:** The Committee found that during the COVID-19 pandemic a significant pro-active compliance campaign in family violence had been established. **165**

**FINDING 84:** According to family violence services, family violence has increased in prevalence, severity and complexity during the COVID-19 pandemic. Crime statistics show an increase of 7.5% in family violence incidents in the year ending September 2019 to September 2020. **166**

**RECOMMENDATION 15:** Comparative data on family violence incidences—including number of people remanded, bailed and charged on summons due to family violence incidences—by month be published in Victoria Police’s annual report to gauge the achievements of Operation Ribbon during the pandemic. 167

**FINDING 85:** While the Victorian Government announced a number of funding initiatives to combat family violence during the COVID-19 pandemic in March and April 2020, practitioners reported funding directed to their services was distributed some time after official announcements. 168

**RECOMMENDATION 16:** The Department of Health and Human Services ensure additional funding for the specialist family violence service sector is distributed in a timely manner. 168

**FINDING 86:** There is a lack of safe, accessible housing for women escaping family violence, exacerbated by the COVID-19 pandemic. Due to their visa status and inability to access Government supports, migrant women are often unable to access long-term housing when escaping family violence. 169

**FINDING 87:** Family violence service providers surveyed by Monash Gender and Family Violence Prevention Centre have reported increased service accessibility and client visibility due to the adjustments made to service delivery during the COVID-19 pandemic. 169

**RECOMMENDATION 17:** Opportunities for family violence services to further develop and implement discreet alert systems that have been used during the pandemic be explored. 169

**RECOMMENDATION 18:** The Department of Health and Human Services, as well as service providers, assess the efficacy of remote service delivery for victim survivors and perpetrators during and beyond the COVID-19 pandemic. 169

**FINDING 88:** The Victorian Government responded to calls from the sector and announced \$20 million in funding for perpetrator services. 172

**FINDING 89:** As of 12 July 2020, the Department of Health and Human Services recorded 11,700 instances of households being assisted with emergency accommodation in hotels and private rentals during the COVID-19 pandemic, including over 4,000 instances of people sleeping rough. 173

**FINDING 90:** Between 16 March and 12 July 2020, 3,500 people received assistance through the Private Rental Assistance Program to maintain tenancies or obtain private rentals. 173

**FINDING 91:** At the beginning of Stage 3 restrictions in July 2020, the Department of Health and Human Services implemented the *Homelessness Hotels Emergency Response*, which included the provision of a community support worker to hotels accommodating 20 or more people. Some homeless Victorians accommodated in emergency hotel accommodation may not have received adequate support during the pandemic. 174

**FINDING 92:** The Department of Health and Human Services requested co-payments for extended emergency hotel accommodation stays from people experiencing homelessness. Department of Health and Human Services' guidelines advise requests for co-payments must be applied with discretion. 174

**FINDING 93:** From 7 July to 3 September 2020 there were seven Victorians identified as experiencing homelessness that had tested positive for COVID-19. 175

**FINDING 94:** There has been limited use of the COVID Isolation and Recovery Facilities, due to the low levels of COVID-19 in Victoria's homeless population. 176

**FINDING 95:** The Victorian Government's *From Homelessness to a Home* package will support 2,000 homeless Victorians with hotel accommodation and longer-term housing options. The Department of Health and Human Services estimates there are 25,000 homeless Victorians on any given day. 177

**FINDING 96:** Increased funding for homelessness services is often not distributed to Aboriginal Controlled Community Organisations, while specific funding announced for Aboriginal homelessness has taken over five months to be distributed. During the COVID-19 pandemic, Aboriginal services had to refer individuals seeking homelessness support to mainstream services for assistance. 178

**RECOMMENDATION 19:** The Victorian Government ensures the timely distribution of announced funding for Aboriginal homelessness infrastructure and services. 178

**FINDING 97:** Victoria's second wave of the COVID-19 pandemic disproportionately impacted areas with a high proportion of culturally and linguistically diverse and migrant residents. 180

**FINDING 98:** The CALD Communities Taskforce partnered with community organisations and local governments to develop community specific, locally delivered solutions to slow the spread of COVID-19. 180

**FINDING 99:** The Victorian Government has announced funding to support individuals on different classes of visa despite this being a Commonwealth responsibility. There are currently over 47,000 individuals living in Victoria on different classes of humanitarian visa. 181

**FINDING 100:** The Victorian Government's response to the COVID-19 pandemic included initiatives to support Victorian multicultural and multi-faith communities. Support centred on the provision of emergency relief and the implementation of communications and engagement activities targeting culturally and linguistically diverse Victorians. 182

**FINDING 101:** Temporary migrants, refugees and asylum seekers residing in Victoria are at a high risk of financial stress during the COVID-19 pandemic due to a lack of eligibility for Commonwealth Government support. 183

**FINDING 102:** Multicultural stakeholders welcomed Victorian Government support for job development in the 2020–21 Budget, noting that many migrant and refugee community members were not able to access the social safety net on an equitable level to other Victorians during the pandemic 183

**FINDING 103:** From 4 July to 9 July 2,515 residents were tested from the nine public housing buildings and 158 cases of COVID-19 were identified. 185

**FINDING 104:** The Victorian Government was required to provide residents of the locked down public housing towers with services that would satisfy their essential needs including appropriate food, and to ensure access to medical treatment and access to therapeutic drugs. 186

**FINDING 105:** The Victorian Government did not have a pre-existing plan to manage an outbreak of COVID-19 in high density state-managed public housing. Consequently, the initial stages of the public housing lockdown were characterised by confusion and a lack of communication. 188

**FINDING 106:** The lockdown of nine public housing towers was designed to contain the spread of the virus within and beyond the public housing towers noting that these are particularly vulnerable communities. However, the use of police to enforce the public housing lockdown on 4 July 2020 concerned many residents with some saying they felt scared, powerless and criminalised. 190

**FINDING 107:** There was no prior communication of the lockdown with public housing tower residents on health grounds. Delays in communicating with residents, particularly in languages other than English, led to confusion amongst residents during the lockdown. 191

**FINDING 108:** The Victorian government delivered medical attention, financial support and essential food supplies to public housing tower residents over the first three days of the lockdown. 191

**FINDING 109:** During the initial stages of the public housing lockdown community organisations provided support to residents including food, medication and other essential supplies in instances where their needs were not being met by government agencies. It took up to three days after the lockdown commenced for a distribution centre to be created and the supply lines of food, goods and essentials to be established. 193

**FINDING 110:** Engagement by government departments with community leaders and community organisations in the locked down public housing towers as part of the COVID-19 pandemic response was deficient. 194

**FINDING 111:** The specialised work of Aboriginal Controlled Community Organisations has resulted in low infection rates among Aboriginal Victorians. Compared to international jurisdictions, COVID-19 infections among Victoria’s Aboriginal population have been minimised. 197

**FINDING 112:** Demand for Aboriginal Controlled Community Organisation services is expected to increase both during the COVID-19 pandemic and post-pandemic. Organisations expressed concerns they may not have the funding or resources to meet increased demand. 197

**FINDING 113:** Delays in receipt of some of the announced funding was problematic for Aboriginal Community Controlled Organisations, particularly in relation to testing. 199

**FINDING 114:** Additional government reporting requirements during the pandemic diverted resources away from responding to the immediate health related concerns of Aboriginal communities. 200

**FINDING 115:** A lack of disaster or pandemic plan for the Victorian Aboriginal community hampered the response to the COVID-19 pandemic. 201

**RECOMMENDATION 20:** The Victorian Government in partnership with Aboriginal Controlled Community Organisations develop a disaster management plan with the Victorian Aboriginal community. 201

**RECOMMENDATION 21:** The Victorian Government in partnership with Aboriginal Controlled Community Organisations develop a COVID-19 recovery plan with the Victorian Aboriginal community to underpin the Coronavirus Aboriginal Community Response and Recovery Fund. 201

**FINDING 116:** The Victorian Government did not utilise pre-existing governance structures to partner with, or facilitate communication with, Aboriginal Controlled Community Organisations, which delayed the response to the COVID-19 pandemic. 203

**FINDING 117:** The Victorian Government established the *Joint COVID-19 Aboriginal Community Taskforce* without consulting pre-existing joint governance structures on the best way to respond to the COVID-19 pandemic. The Taskforce facilitated communication and joint problem solving between the Government and Aboriginal Controlled Community Organisations but is not a decision making body therefore its contribution to self-determination has been questioned. 203

## 9 Education

**FINDING 118:** Remote and flexible learning during the pandemic was designed to limit the movement of students and families across the State and reduce community transmission of COVID-19. 208

**FINDING 119:** The Victorian Government revised its timeline and approach for the return to onsite learning of primary and secondary school students. All primary school students returned to onsite schooling from 12 October 2020, with all grades returning concurrently. All secondary school students commenced a staggered return to onsite schooling, with students undertaking Year 7 and Year 11 and 12 subjects returning on 12 October 2020, and students in Years 8 to 10 returning from 26 October 2020. 210

**FINDING 120:** Average Victorian school student attendance rates in Term 2 to Term 4 2020 during the COVID-19 pandemic were higher in comparison to the same time last year. 213

**FINDING 121:** COVID-19 preventative measures the Victorian Government implemented in schools in 2020 centred on enhanced cleaning, temperature checks, improved hygiene practices, face coverings, infection control training for staff and the development of the COVIDSafe Assurance Program for Principals. 214

**FINDING 122:** As at 30 November 2020, there had been 88 outbreaks of COVID-19 in school settings, that were linked to 977 cases. This represents 4.8% of the total number of cases of COVID-19 in Victoria. 214

**FINDING 123:** As at 18 August 2020, 210 cases of COVID-19 had been linked to the outbreak at Al-Taqwa College. The number of cases is reflective of the high levels of community transmission of COVID-19 in the Melbourne’s western suburbs in June and July 2020. The next largest outbreak in a Victorian Government school was of just 15 cases. 215

**FINDING 124:** The establishment of the Department of Education and Training Contact Tracing Taskforce by the end of July 2020 reduced the timeframes for the completion of contact tracing and reopening of schools following a confirmed case of COVID-19. Prior to the Taskforce’s establishment, the Department of Health and Human Services made decisions on school closures and openings and conducted contact tracing. 216

**FINDING 125:** The digital divide during remote learning particularly affected low income students, Aboriginal students and students with special needs. Eleven percent of all children needed to borrow computers from their school. The 2020–21 Victorian State Budget allocates funding for government school students to permanently retain the school-owned computer devices loaned to students during the COVID-19 pandemic to ensure they are not educationally disadvantaged. 219

**RECOMMENDATION 22:** The Department of Education and Training in conjunction with schools develop and implement a strategy to ensure equitable access to technology for all Victorian students including low income students, Aboriginal students and specialist school students during and beyond the COVID-19 pandemic. 219



**FINDING 126:** The cancellation of the National Assessment Program-Literacy and Numeracy in 2020 due to the COVID-19 pandemic has limited the identification of the impacts of remote and flexible learning on the education outcomes of Victorian primary and secondary students and will limit the comparison of education outcomes across Australian jurisdictions. One quarter of Victorian school principals have indicated that the majority of students made less than expected progress in Term 2. As at 2 December 2020, an estimated 20% of students will require support to catch up. **221**

**RECOMMENDATION 23:** The Department of Education and Training implement a study to assess the long-term effects of remote and flexible learning on the education outcomes of primary and secondary students. **221**

**FINDING 127:** The Victorian Government has allocated \$250 million in the 2020–21 Budget for students to access tutoring sessions in 2021. **222**

**FINDING 128:** Victorian Certificate of Applied Learning students were at risk of not completing their certificate in 2020 due to interruptions to face-to-face teaching and the postponement of Vocational Education and Training courses. The Victorian Government allocated \$4.6 million in catch up funding to cover additional costs schools may face in helping Victorian Certificate of Applied Learning students complete applied Vocational Education and Training studies in Term 4. **224**

**RECOMMENDATION 24:** The Department of Education and Training evaluate the assessment process for the 2020 Victorian Certificate of Education and Certificate of Applied Learning to better understand the impact of the COVID-19 pandemic and associated restrictions on this cohort. **225**

**FINDING 129:** Victorian Government support for student mental health in response to the COVID-19 pandemic encompasses services provided in primary, secondary and specialist schools to assist with the identification of mental health concerns, and those of disengagement from education. **226**

**FINDING 130:** To facilitate the remote delivery of the school curriculum, the Department of Education and Training offered a range of online professional learning courses for teachers. Support for the professional development of teachers was welcomed by the sector, but specialist schools noted a lack of learning opportunities for teachers that cater to students with special needs. **228**

**FINDING 131:** Teachers focussed on essential learning, increased interactive and activity-based lessons and collaboration with teachers across the state in the second round of remote and flexible learning in Term 3, 2020. **228**

**FINDING 132:** Schools in metropolitan Melbourne were given five pupil-free days to prepare for the second round of remote and flexible learning, while schools in regional Victoria were only given one pupil-free day. **229**

**RECOMMENDATION 25:** When preparing for periods of remote and flexible learning in response to a pandemic, the Department of Education and Training consider providing the same number of pupil-free days in metropolitan Melbourne and regional Victoria if any further periods of remote learning are required, as well as greater learning opportunities for teachers working with children with additional needs. **229**

**RECOMMENDATION 26:** The Department of Education and Training establish clear, objective, publicly available guidelines on access to on-site schooling for students with a disability for any future periods of remote and flexible learning. **230**

**FINDING 133:** The increased stresses associated with remote and flexible learning and heightened health risks saw a number of students with a disability disengage with school. **230**

**RECOMMENDATION 27:** Through the new tutoring program announced on 13 October 2020, the Department of Education and Training provide targeted and tailored outreach to students with a disability that disengaged from school during the pandemic. **231**

**RECOMMENDATION 28:** The Department of Education and Training facilitate work experience and vocational opportunities for specialist school students graduating from their final year of schooling. **231**

**RECOMMENDATION 29:** Specialist school students graduating from their final year of schooling be provided with the opportunity of repeating their final year if appropriate. **231**

**FINDING 134:** Insufficient modifications to the curriculum, instances of inaccessible learning materials, variable access to education aides and for some the inability to use devices without support, have been significant hurdles to students with a disability trying to learn from home during the COVID-19 pandemic. **232**

**RECOMMENDATION 30:** The Victorian Government establish a standard of support for students with a disability learning remotely including minimum requirements regarding access to education support staff and personalised learning adjustments. **233**

**FINDING 135:** Victorian Government support for the mental health of specialist school students, provided in response to the COVID-19 pandemic, focuses on the provision of mental health expertise in schools. **233**

**RECOMMENDATION 31:** The Victorian Government ensure support for the mental health of specialist school students to assist students, and the families of students, with a disability through any future periods of remote and flexible learning. **234**

**FINDING 136:** The Victorian Government's support for kindergarten programs during the COVID-19 pandemic has been welcomed by the sector. **237**

**FINDING 137:** Measures implemented by the Victorian Government to prevent the transmission of COVID-19 in kindergartens included funding for cleaning and information provided through the Department of Education and Training's Early Childhood Advice Line. Masks and thermometers were also distributed to some kindergarten services. **239**

**RECOMMENDATION 32:** Updates on Victorian early childhood education infection rates (children and workers) and care service closures due to the COVID-19 pandemic be contained in the next Quality Assessment and Regulation Division's annual report. **239**

**FINDING 138:** The Victorian early childhood education and care sector has a predominantly female workforce that has been impacted by the pandemic, with people being stood down or having their hours reduced. This has been exacerbated by the removal of Commonwealth Government support. **240**

**FINDING 139:** Childcare Permits were not verified by the Victorian Government. Child care centres and kindergartens determined on face-value whether permits were accepted allowing access to services during Stage 4 restrictions in metropolitan Melbourne and Mitchell Shire. **242**

**FINDING 140:** National Quality Standard assessment and rating visits were suspended across Australia in response to the COVID-19 pandemic. This will limit reporting on the educational outcomes of early childhood learning. **243**

**FINDING 141:** The Victorian Government announced the \$350 million Victorian Higher Education State Investment Fund in May 2020 to support universities to retain staff and create high-value jobs. 244

**FINDING 142:** Half of Victorian Year 12 students applied for special entry to university due to the impacts of remote learning during the COVID-19 pandemic. 245

**FINDING 143:** As a result of the COVID-19 pandemic, international students' enrolment levels in higher education have reduced, causing reductions in the revenue of higher education institutions, impacting research capacity and teaching and learning programs. International students are not expected to return to Victoria until 2022. 246

**FINDING 144:** Victorian Government messaging on education restrictions focused on schools. The Technical and Further Education sector would have benefitted from further guidance on how restrictions applied to the delivery of courses reliant on face-to-face learning such as nursing, aged care and trades. 248

**RECOMMENDATION 33:** Future messaging on education restrictions cover all parts of the sector including Vocational Education and Training to ensure there is clarity regarding the implementation of any pandemic related restrictions. 248

**FINDING 145:** The most significant impact of remote learning on the Technical and Further Education sector was on the completion of courses for non-permitted occupations that consisted of practical hands-on and mandatory work placement components. 249

## 10 Justice response: Police, emergency management, courts, corrections and the Hotel Quarantine Program

**FINDING 146:** The most disadvantaged Local Government Areas in Victoria received double the number of COVID-19 fines per capita from April to September 2020 than Local Government Areas with the highest levels of socioeconomic advantage 265

**RECOMMENDATION 34:** Fines Victoria consider publishing its review of the COVID-19 infringement process. 268

**RECOMMENDATION 35:** Victoria Police consider the release of deidentified demographic data related to all COVID-19 enforcement activities. **270**

**FINDING 147:** Emergency Management Victoria has not made the *Victorian Action Plan for COVID-19 Pandemic* available on its website. **275**

**RECOMMENDATION 36:** Emergency Management Victoria publish the *Victorian Action Plan for COVID-19 Pandemic* on its website. **275**

**FINDING 148:** The *State Health Emergency Response Plan* is to be reviewed every three years, unless reviewed earlier. The current *State Health Emergency Response Plan* was due to be reviewed and updated by September 2020. **275**

**RECOMMENDATION 37:** The Department of Health and Human Services update the *State Health Emergency Response Plan*. **275**

**FINDING 149:** Access to appropriate technology was a barrier to some Victorians participating in remote court proceedings at the height of the COVID-19 pandemic. **278**

**RECOMMENDATION 38:** The Department of Justice and Community Safety work with Victorian Courts to ensure equitable access to technology for individuals required to attend remote hearings in the future. **278**

**FINDING 150:** The Victorian Courts are expected to face a large backlog in cases as a result of the pandemic and associated restrictions. This will impact on the courts, as well as the broader legal sector including the community legal sector. **280**

**FINDING 151:** Delays in court hearings, as well as limited judicial discretion to intervene in family violence and child protection cases during the pandemic, may result in some unnecessary removals and inappropriate placements for children. **283**

**RECOMMENDATION 39:** The Department of Justice and Community Safety, in conjunction with Victorian Courts, explore options to amend the *Children, Youth and Families Amendment (Out of Home Care Age) Act 2020* to enable judicial consideration of children's placements through the Children's Court. **283**

**FINDING 152:** The Victorian Government has not suspended the *Victorian Charter of Human Rights and Responsibilities* during the pandemic. Consequently, Victorians are able to challenge the Victorian Government in the courts if they feel that their rights have been unduly impacted. 284

**FINDING 153:** Some rehabilitations programs have continued to be delivered in prisons during the COVID-19 pandemic. However some prisoners were unable to access adequate mental health programs, anger management counselling, alcohol and drug counselling and other courses. 292

**RECOMMENDATION 40:** The Department of Justice and Community Safety report on access and completion rates of rehabilitation programs in prisons and youth justice facilities during the pandemic in its next annual report. 292

**FINDING 154:** Despite the discontinuation of personal visitors in Victorian prisons from March 2020, drugs continued to enter prisons throughout the pandemic. In response, the Victorian Government instituted a new drone system protection program and X-ray scanning machines. 293

**RECOMMENDATION 41:** The Attorney-General review:

- a. the changes to the *Children, Youth and Families Act 2005* that allow for children in youth justice facilities to be isolated for health purposes during the pandemic
- b. the use of isolation in youth detention facilities during the pandemic and set out the findings in the next Department of Justice and Community Safety’s annual report. 295

**RECOMMENDATION 42:** A scheme comparable to the Emergency Management Days available to incarcerated adults under the *Corrections Act 1986*, be developed for children and young people. 295

**RECOMMENDATION 43:** People in protective quarantine should be provided supports and services (including mental health services and cultural supports and services provided by Aboriginal Controlled Community Organisations) and means by which to contact family, lawyers, independent oversight bodies and Aboriginal Community Controlled Organisations, including the Victorian Aboriginal Legal Service. 297

**RECOMMENDATION 44:** Enhanced options for communication via technology between Aboriginal people in the justice system, and their families and legal representation, be maintained after the COVID-19 pandemic. 298

**RECOMMENDATION 45:** Corrections Victoria undertake a comprehensive long-term review of the health risks, including mental health and long terms risks, associated with imprisonment of vulnerable and adults and children during pandemics, including the COVID-19 pandemic. 299

**FINDING 155:** The Victorian Office of the Public Advocate’s Prison Visitor Program was suspended during the COVID-19 pandemic. The capacity for prisoners with a disability to raise concerns with the Victorian Office of the Public Advocate were limited during the pandemic. 300

**FINDING 156:** The Hotel Quarantine Program was established to keep the Victorian community safe - minimising the risk of the COVID-19 virus spreading from returning international travellers to the wider community. 302

**FINDING 157:** The Hotel Quarantine Program was a ‘multi-agency response.’ The Department of Health and Human Services was responsible for infection control in quarantine hotels. 304

**FINDING 158:** While private security was initially the primary security force for the original Hotel Quarantine Program, Victoria Police did assist from the beginning and were available to provide ongoing support. 307

**RECOMMENDATION 46:** The Department of Jobs, Precincts and Regions consider publicly releasing the results of the review of security services used in the Hotel Quarantine Program. 310

**RECOMMENDATION 47:** The Government consider making public the results of the forensic audit relating to contracts for the Hotel Quarantine Program. 311

**FINDING 159:** Victoria Police, including Protective Services Officers, are responsible for the majority of security and enforcement for COVID-19 Quarantine Victoria, with senior officers providing oversight at each hotel. Australian Defence Force and Resident Support Officers provide support with travellers entering and exiting quarantine. 316

# Acronyms

ABS	Australian Bureau of Statistics
ACCO	Aboriginal Community Controlled Organisation
ACD	Association for Children with a Disability
ADF	Australian Defence Force
AEC	Aboriginal Executive Council
AHHA	Australian Healthcare and Hospitals Association
AHPPC	Australian Health Protection Principal Committee
AHV	Aboriginal Housing Victoria
AICV	Arts Industry Council Victoria
AIG	Australian Industry Group
AMA	Australian Medical Association
AMSSA	Australian Muslim Social Services Agency
ANMF	Australian Nursing and Midwifery Federation
ATAR	Australian Tertiary Admissions Ranking
CALD	Culturally and linguistically diverse
CAV	Consumer Affairs Victoria
CBD	Central Business District
CDNA	Communicable Diseases Network Australia
CEO	Chief Executive Officer
CFFR	Council on Federal Financial Relations
CHP	Council to Homeless Persons
CIRF	COVID Isolation and Recovery Facility
CPI	Consumer price index
CPRC	Consumer Policy Research Centre
CQV	COVID-19 Quarantine Victoria
CSA	Crime Statistics Agency
CSIRO	Commonwealth Scientific and Industrial Research Organisation
DELWP	Department of Environment, Land, Water and Planning
DET	Department of Education and Training
DFP	Development Facilitation Program
DHHS	Department of Health and Human Services
DIMT	Departmental Incident Management Team
DJCS	Department of Justice and Community Safety
DJPR	Department of Jobs, Precincts and Regions



DOT	Department of Transport
DPC	Department of Premier and Cabinet
DTF	Department of Treasury and Finance
ECCV	Ethnic Communities Council of Victoria
ECEC	Early Childhood Education and Care
ED	Emergency Department
EMD	Emergency Management Days
EMMV	Emergency Management Manual Victoria
EMV	Emergency Management Victoria
EU	European Union
FCLC	Federation of Community Legal Centres
FLS	Fitzroy Legal Service
GAT	General Achievement Test
GDP	Gross Domestic Product
GP	General Practitioner
GSP	Gross State Product
GST	Goods and Services Tax
HEF	Housing Establishment Fund
HOPE	Hospital Outreach Post Suicidal Engagement
ICU	Intensive care unit
LGA	Local Government Area
LV	Liberty Victoria
MERS	Middle East Respiratory Syndrome
MGFVPC	Monash Gender and Family Violence Prevention Centre
MTIA	Major Transport Infrastructure Authority
NAB	National Australia Bank
NAPLAN	National Assessment Program Literacy and Numeracy
NDIA	National Disability Insurance Agency
NQF	National Quality Framework
NQS	National Quality Standard
NSW	New South Wales
OECD	Organisation for Economic Cooperation and Development
OMC	Online Magistrates' Court
OPA	Office of the Public Advocate
PMI	Performance of Manufacturing Index
PPA	Public Pathology Australia
PPE	Personal protective equipment

## Acronyms

PRAP	Private Rental Assistance Program
PSA	Pharmaceutical Society of Australia
PSO	Protective Services Officer
PTUA	Public Transport Users Association
PTV	Public Transport Victoria
PV	Parents Victoria
RAHU	Renters and Housing Union
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RCA	Refugee Council of Australia
RSO	Resident Support Officer
RVAHJ	Royal Victorian Association of Honorary Justices
SA4	Statistical Area Level 4
SARS	Severe Acute Respiratory Syndrome
SEAS	Special Entry Access Scheme
SEIFA	Socio Economic Indexes for Areas
SEMP	State Emergency Management Plan
SHERP	State Health Emergency Response Plan
SHM	Sacred Heart Mission
SRO	State Revenue Office
SRS	Supported Residential Services
TAFE	Technical and Further Education
UN	United Nations
VACCA	Victorian Aboriginal Child Care Agency
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
VACRC	Victorian Aged Care Response Centre
VAHI	Victorian Agency for Health Information
VALS	Victorian Aboriginal Legal Service
VCAA	Victorian Curriculum and Assessment Authority
VCAL	Victorian Certificate of Applied Learning
VCAT	Victorian Civil and Administrative Tribunal
VCE	Victorian Certificate of Education
VCOSS	Victorian Council of Social Service
VEOHRC	Victorian Equal Opportunity and Human Rights Commission
VET	Vocational Education and Training
VFF	Victorian Farmers Federation
VPA	Victorian Principals Association
VRPP	Victorian Respiratory Protection Program

VTAC	Victorian Tertiary Admissions Centre
WHO	World Health Organisation
WLSV	Women's Legal Service Victoria
YACVic	Youth Affairs Council Victoria



## 1.1 Background

On 9 January 2020 the World Health Organisation (WHO) identified a cluster of pneumonia cases in the city of Wuhan, linked to a novel coronavirus.<sup>1</sup> On 11 February 2020 the WHO announced that the disease caused by the novel coronavirus would be named COVID-19, and on 11 March 2020 the WHO declared that COVID-19 would be characterised as a pandemic.<sup>2</sup> The first case of COVID-19 appeared in Victoria on 25 January 2020.<sup>3</sup> In response to the threat posed by the pandemic, a state of emergency was declared in Victoria on 16 March 2020. A state of disaster was declared on 2 August 2020 and was in place until 8 November 2020. The state of emergency remains in place.

Since then, the COVID-19 pandemic has continued to progress across the state of Victoria, Australia, and throughout the world. The COVID-19 pandemic has had an unprecedented impact on the world. The impacts of the disease from an economic, health and social perspective have caused significant challenges for governments at a federal, state, and local level.<sup>4</sup> As at 21 December 2020, there have been approximately 77 million cases recorded, and over 1.6 million deaths from the pandemic worldwide.<sup>5</sup>

As outlined in the interim report of this inquiry, the Victorian Government had some early success in containing the spread of the virus. The first wave of infections was primarily driven by international transmissions, and the imposition of health-related restrictions and mandatory quarantine for returned travellers reduced the spread of COVID-19 within the community. Consequently, restrictions introduced by the Victorian Government were gradually wound back in May and June 2020.

However, July and August 2020 saw a 'second wave' of infections occur in Victoria. The source of these new cases was determined to be a breach in the Victorian Government's Hotel Quarantine Program, which occurred in May 2020.<sup>6</sup> The second wave of infections led to the reintroduction of increased restrictions across the state, and the declaration of a state of disaster on 2 August 2020. As daily case numbers decreased in Victoria, these restrictions have been wound back.

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1 World Health Organisation, *WHO Statement regarding cluster of pneumonia cases in Wuhan, China*, media release, World Health Organisation, China, 9 January 2020.

2 World Health Organisation, *Timeline: WHO's COVID-19 response*, 9 September 2020, <<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline>> accessed 9 October 2020.

3 Department of Health and Human Services, *First novel coronavirus case in Victoria*, media release, Department of Health and Human Services, Melbourne, 25 January 2020.

4 City of Melbourne, *Economic impacts of COVID-19 on the City of Melbourne*, 20 August 2020, City of Melbourne, Melbourne, p. 8.

5 Johns Hopkins University, *COVID-19 Data in Motion: Monday, December 21, 2020*, video, 21 December 2020, <<https://coronavirus.jhu.edu/covid-19-daily-video>>, accessed 21 December 2020.

6 Department of Health and Human Services, *Tracking coronavirus in Victoria*, 2 September 2020, <<https://www.dhhs.vic.gov.au/tracking-coronavirus-victoria>>, accessed 9 October 2020.

## 1.2 Scope of the inquiry

Following the outbreak of COVID-19 in Victoria, and in response to a request from the Premier, the Public Accounts and Estimates Committee (the Committee) resolved on 29 April 2020 to undertake an inquiry into the Victorian Government's response to the pandemic.

The Committee has 'own motion' powers. These allow it to undertake inquiries and report to Parliament on any document that is relevant to the functions of the Committee. The Committee also has the mandate to examine any matter relating to public administration or public sector finances.

The legislative basis for the Committee's reference was provided through two reports relating to the COVID-19 pandemic, that had been tabled in the Parliament prior to 29 April 2020. These were the *Report to the Parliament on the Declaration of a State of Emergency* (17 March 2020) and the *Report to Parliament on the Extension of the Declaration of State of Emergency* (23 April 2020). Both of these reports were required under Section 198 of the *Public Health and Wellbeing Act 2008*.

Both the COVID-19 pandemic and the Victorian Government's response to it have required significant public expenditure, a restructure of the public sector, and the rollout of a range of new programs and policies. Given the Committee's previous experience in examining public sector administration and finance the Committee is well placed to undertake this inquiry into the Victorian Government's response to the COVID-19 pandemic.

The terms of reference require the Committee to review and report to the Parliament on:

- a. the responses taken by the Victorian Government, including as part of the National Cabinet, to manage the COVID-19 pandemic and
- b. any other matter related to the COVID-19 pandemic up to each reporting date of the Committee.

The Committee is to report to Parliament on or before 31 July 2020 and on or before 31 October 2020; or such other date/s as the Committee decides.

On 12 October 2020 the Committee agreed that the tabling date of the second COVID-19 report be extended to 29 January 2021 and that supplementary COVID-19 hearings with all Ministers, government agencies and authorities would be held concurrently with the 2020–21 Budget Estimates hearings.

This report is the Committee's second report to the Parliament. The interim report of this inquiry was tabled in the Legislative Council on 4 August 2020, and in the Legislative Assembly on 3 September 2020.

The pandemic and the Victorian Government's response have rapidly evolved over the course of the inquiry. The Committee's second report represents a snapshot in time,

and reflects the impact of the second wave of the pandemic throughout July and August, as well as the subsequent actions taken by the Government to manage it until December 2020.

The Committee also notes that since the interim report of this inquiry was tabled, a number of other reviews and inquiries have been published. These include:

- a board of inquiry into the Victorian Hotel Quarantine Program
- an Ombudsman Victoria review into the lockdown of public housing towers in north Melbourne suburbs
- a national review of systems and operations in all jurisdictions to track, trace and isolate COVID-19
- Auditor-General audits of the management of spending measures and business continuity during the COVID-19 pandemic
- an inquiry by the Victorian Legislative Council's Legal and Social Issues Committee into the Victorian Government's contact tracing system and testing regime.

The Committee remains of the view that these reviews make a valuable contribution towards better informing the community, future decision making and expenditure.

## **1.3 Significant developments since the interim report of the inquiry**

As noted above, the Committee's reports as part of this inquiry represent a snapshot in time. The pandemic and the Victorian Government's response have continued to evolve as the year has progressed. Consequently, there are a number of issues and events that were first noted in the interim report of this inquiry, but that the Committee was unable to address comprehensively at the time. These issues have also continued to develop and have been considered further by the Committee in its preparation of this report.

### **1.3.1 Progression of the pandemic**

The impact of the pandemic increased following the tabling of the Committee's interim report. When the interim report was tabled on 4 August 2020 there had been 12,335 cases of COVID-19 and 147 deaths. As at 16 December 2020 these numbers had increased to 20,351 cases of COVID-19 and 820 deaths.

During the course of the pandemic, both the public health advice regarding COVID-19 and the understanding of the disease have also developed. This has led to changes in the management of COVID-19 and its impact, including risk mitigation strategies, personal protective equipment requirements, and public health directives. These elements are addressed throughout the report, but in particular in Chapters 2 and 3.

### 1.3.2 State of disaster

In response to a rising number of cases of COVID-19 in Victoria, on 2 August 2020, the Premier declared a state of disaster across Victoria. This occurred two days before the interim report of this inquiry was tabled. The declaration of a state of disaster provided additional powers to Victoria Police, affected the governance of the Victorian Government's response to the pandemic, and a curfew across metropolitan Melbourne to further restrict movement of people.<sup>7</sup> On 8 November 2020 the state of disaster expired and was not renewed.

The impact of the declaration of the state of disaster on the state, as well as the Victorian Government's response, were considered as part of the public hearings. The Committee also considered the responses to the declaration provided through submissions to the inquiry.

The state of disaster and the resulting outcomes from its declaration will be discussed throughout this report in Chapters 2, 8 and 10.

## 1.4 The inquiry process

As part of the inquiry, the Committee considered evidence from the Premier and seven Victorian Government Ministers that formed the Crisis Council of Cabinet, at public hearings that were held between 11 and 13 August 2020 and 25 and 27 August 2020. Additional hearings for the COVID-19 inquiry also took place on 27 November 2020, and between 1 and 4 December 2020 and 15 and 18 December 2020. Other witnesses who appeared before the Committee included the Victorian Chief Health Officer, the Victorian Emergency Management Commissioner, representatives from the medical industry and healthcare sector, economists, peak bodies representing the education sector, industries particularly affected by the pandemic, and representatives of Victoria's Aboriginal and multicultural communities.

In addition, for written submissions the original closing date of 31 July 2020 was extended to 1 October 2020. After the Committee agreed to move the tabling date for this report to 29 January 2021, the closing date for submissions to the inquiry was extended until 30 November 2020. As at 21 December 2020, the Committee had received and accepted 227 submissions to the inquiry. A list of the submissions received and witnesses who appeared at the public hearings is set out in Appendix 1.

This report is primarily based on an analysis of the evidence provided at the public hearings and public submissions. The Committee thanks all witnesses for their contribution to the inquiry. Both sets of hearings were broadcast live on the Victorian Parliament's website with Auslan signing.

<sup>7</sup> Hon. Daniel Andrews MP, *Statement On Changes To Melbourne's Restrictions*, media release, Melbourne, Victorian Government, 3 August 2020.



## 1.5 Report structure

The Committee's inquiry into the Victorian Government's response to the COVID-19 pandemic examines the Government's response to the challenges and key issues managed by departments and agencies, the impact of these responses and the outcomes delivered to the Victorian community.

In a similar manner to the interim report of this inquiry, the Committee has structured this report so that its chapters align with themes that were identified as relevant to the Government's response during the course of the pandemic.



## 2.1 Introduction

This chapter reviews the Victorian Government's response to managing the health impacts of the COVID-19 pandemic. This includes the governance arrangements under the *Emergency Management Act 2013*, the *Emergency Management Manual Victoria*, the *State Health Emergency Response Plan*, *State Operational Arrangements for COVID-19*, and powers exercised by the Minister for Health and the Chief Health Officer under the *Public Health and Wellbeing Act 2008*.

The chapter examines the Government's aggressive suppression strategy, application of restrictions, modelling and impacts of the restrictions. The State's testing, contact tracing, and isolation systems are discussed with regard to international benchmarks. The funding decisions made by the Victorian Government and programs implemented to support the health response are also set out.

Chapter 3 examines the Victorian Government's response to support the State's health system, aged care sector and the mental health of Victorians in more detail.

## 2.2 Victoria's second wave

Victoria reported the first case of COVID-19 in Australia on 25 January 2020. The first wave of new cases occurred in late March 2020.

As outlined in the Committee's Interim Report of 4 August 2020, two outbreaks of COVID-19 occurred linked to the Hotel Quarantine Program in the Rydges on Swanston and Stamford Plaza hotels. Further genomic sequencing has shown that most of the COVID-19 cases that made up the second wave of infection in Victoria were linked to the Hotel Quarantine Program.<sup>1</sup>

The second wave that began in late June 2020 saw a significant rise in cases of COVID-19 and deaths in Victoria (Figure 2.1). As at 16 December 2020 there have been 20,351 cases of COVID-19 and 820 deaths.<sup>2</sup> Victoria accounts for 74% of the cases and 90% of the deaths from COVID-19 in Australia.<sup>3</sup>

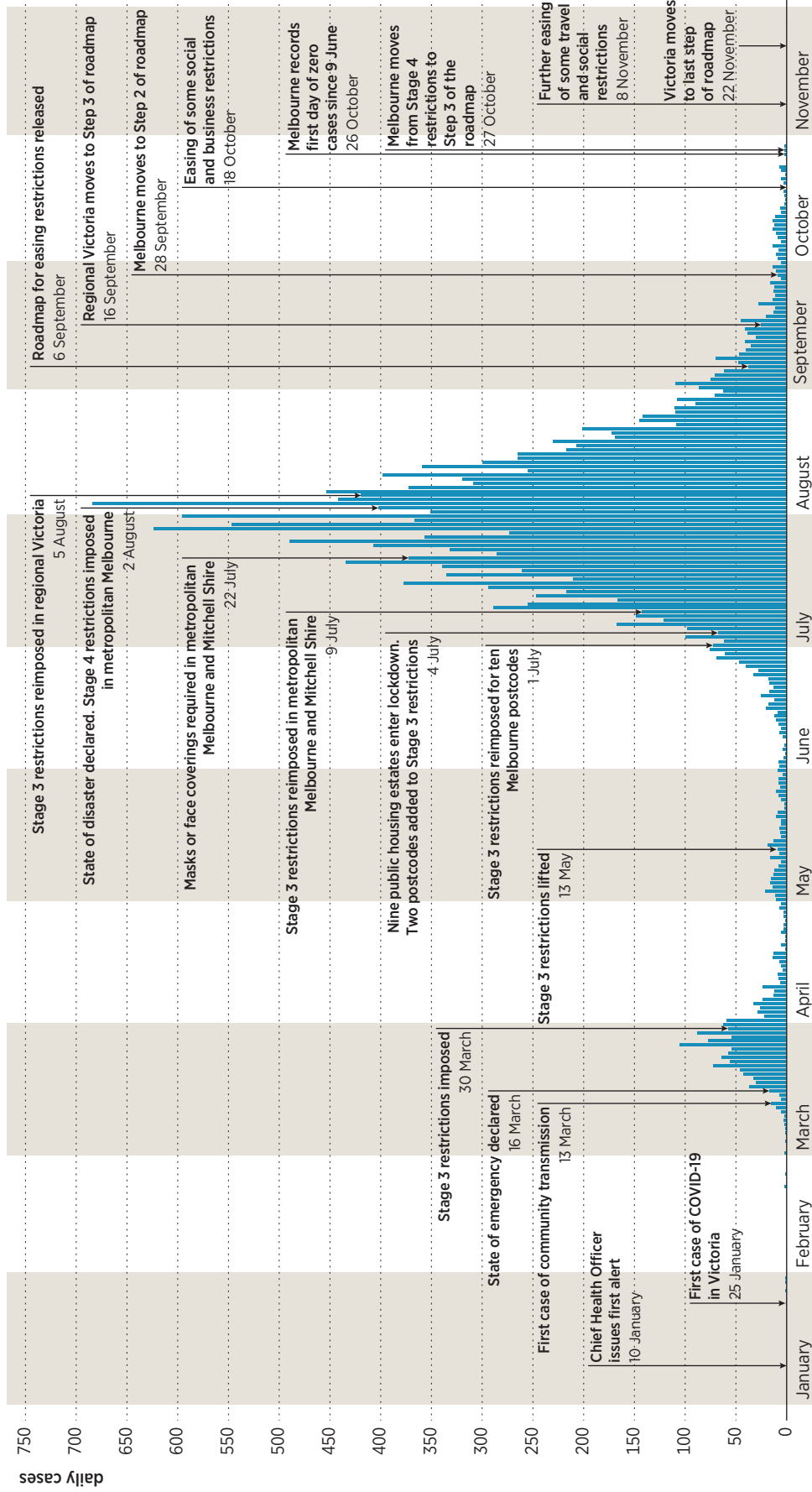
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1 Hon. Daniel Andrews MP, Premier, Department of Premier and Cabinet, public hearing, Melbourne, 11 August 2020, *Transcript of evidence*, p. 4.

2 Department of Health and Human Services, *Victorian coronavirus (COVID-19) data*, 2020, <<https://www.dhhs.vic.gov.au/victorian-coronavirus-covid-19-data>> accessed 17 December 2020.

3 Department of Health, *Coronavirus (COVID-19) at a glance - 16 December 2020*, 16 December 2020, <<https://www.health.gov.au/resources/publications/coronavirus-covid-19-at-a-glance-16-december-2020>> accessed 17 December 2020.

**Figure 2.1** Daily cases of COVID-19 in Victoria as at 30 November 2020



Source: Department of Health and Human Services, *DHHS Data Request 3*, supplementary evidence received 4 December 2020.

## 2.3 Pandemic preparedness

Over the past two centuries, there have been a number of epidemics that have affected Victoria. In the twenty-first century these have included Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS) and Ebola.<sup>4</sup> The most significant outbreak in recent years was the H1N1 ‘swine flu’ pandemic in 2009.<sup>5</sup> Swine flu caused 3,089 cases in Victoria and 26 deaths.<sup>6</sup>

The swine flu pandemic highlighted the need for flexibility to respond to a high probability threat in an often unpredictable environment. To guide responses to future pandemic influenza, the Victorian Government developed the *Victorian Health Management Plan for Pandemic Influenza* in 2014, followed by the *Victorian Action Plan for Influenza Pandemic* in 2015.

Both documents were to be updated over their lifecycle, to reflect new developments, identify operational challenges and promote effective implementation. The *Victorian Health Management Plan for Pandemic Influenza* stated that it was to be reviewed periodically, although a review date was not set.<sup>7</sup> The *Victorian Action Plan for Influenza Pandemic* was due to be reviewed in 2018.<sup>8</sup> As at 16 December 2020, the *Victorian Action Plan for Influenza Pandemic* had not been reviewed or updated.

**FINDING 1:** The *Victorian Action Plan for Influenza Pandemic* was not reviewed in 2018 as set out in the original plan.

**RECOMMENDATION 1:** The *Victorian Health Management Plan for Pandemic Influenza* and the *Victorian Action Plan for Influenza Pandemic* be reviewed.

To guide the response to the COVID-19 pandemic across the Victorian health sector, the Department of Health and Human Services (DHHS) published the *COVID-19 Pandemic Plan for the Victorian Health Sector* (the COVID-19 pandemic plan) on 10 March 2020.<sup>9</sup> The COVID-19 pandemic plan is based on the principles and proposed actions outlined in the *Victorian Health Management Plan for Pandemic Influenza*, set out in Box 2.1.<sup>10</sup>

4 World Health Organisation, *How the 4 biggest outbreaks since the start of this century shattered some long-standing myths*, 1 September 2015, <<https://www.who.int/csr/disease/ebola/ebola-6-months/myths/en/>> accessed 16 September 2020.

5 Parliament of Victoria Parliamentary Library, *Epidemics and pandemics in Victoria: Historical perspectives*, Department of Parliamentary Services, Melbourne, 2020, p. 23.

6 Clare Looker, et al., ‘Influenza A (H1N1) in Victoria, Australia: A Community Case Series and Analysis of Household Transmission’, *PLoS One*, vol. 5, no. 10, 2010, p. 1.

7 Department of Health and Human Services, *Victorian Health Management Plan for Pandemic Influenza*, Melbourne, October 2014, p. 5.

8 Emergency Management Victoria, *Victorian Action Plan for Influenza Pandemic*, Melbourne, August 2015, p. 8.

9 Department of Health and Human Services, *COVID-19 Pandemic Plan for the Victorian Health Sector*, Melbourne, March 2020.

10 *Ibid.*, p. 29.

**BOX 2.1: Objectives and principles of the COVID-19 Pandemic Plan for the Victorian Health Sector**

Overall objectives

1. Reduce the morbidity and mortality associated with COVID-19.
2. Slow the spread of COVID-19 in Victoria through rapid identification, isolation and cohorting of risk groups.
3. Empower the Victorian community and health professionals to ensure a proportionate and equitable response.
4. Support containment strategies through accurate, timely and coordinated communication and community support.
5. Mitigate and minimise impacts of the pandemic on the health system and broader community.

Important principles

- Flexible and proportionate, and can be scaled up or down as required.
- Reliant on existing health systems and health system governance where possible.
- Inclusive of all Victorians and acts to reduce any form of xenophobia in the response.
- Focused on protecting vulnerable Victorians, including those with underlying health conditions, compromised immune systems, the elderly, Aboriginal and Torres Strait Islanders, and those from culturally and linguistically diverse communities.
- Integrated with the efforts of the Commonwealth, other states and territories and relevant public agencies and sectors to make best use of common systems, plans and processes.

According to the *COVID-19 Pandemic Plan for the Victorian Health Sector*:

Victoria is well prepared for dealing with COVID-19. Victorian health services, hospitals, primary care and emergency services have existing pandemic influenza preparedness arrangements. The health system undertakes pandemic response exercises and is prepared for the COVID-19 public health emergency. However, all health systems will be challenged in the event of a pandemic, so it is important we plan for all possible scenarios.<sup>11</sup>

<sup>11</sup> Ibid., p. 3.

## 2.4 Governance

On 16 March 2020 a state of emergency was declared in Victoria under the *Public Health and Wellbeing Act 2008*. The state of emergency gives the Victorian Chief Health Officer powers and responsibilities for managing risks to public health arising from outbreaks of infectious disease. The *Public Health and Wellbeing Act 2008* also empowers the Victorian Minister for Health, on the advice of the Chief Health Officer—and after consultation with the Minister for Police and Emergency Services and the Emergency Management Commissioner—to activate emergency powers when there is a serious risk to public health.

Victoria's governance and emergency management arrangements are outlined in the COVID-19 pandemic plan, the *Emergency Management Act 2013*, the *Emergency Management Manual Victoria*, the *State Health Emergency Response Plan* and the *State Operational Arrangements for COVID-19*.<sup>12</sup>

The COVID-19 pandemic is classified as a Class 2 public health emergency (human disease epidemic).<sup>13</sup> The Emergency Management Commissioner is responsible for the coordination of the activities in response to the Class 2 emergency and manages the state control centre, which was activated on 10 March 2020.<sup>14</sup> The Emergency Management Commissioner reports to the Minister for Police and Emergency Services.<sup>15</sup>

Under the emergency management arrangements, DHHS was appointed as the nominated control agency in February 2020.<sup>16</sup> As the control agency, DHHS is primarily responsible for responding to the emergency.<sup>17</sup>

Under the COVID-19 pandemic plan, the DHHS response is coordinated through a single Departmental Incident Management Team (DIMIT) chaired by the Chief Health Officer. The DIMIT reports to the Class 2 state controller and operates under the principles of the *State Health Emergency Response Plan*, *State Health Emergency Response Arrangements* and *Concept of Operations for Health Emergencies*.<sup>18</sup>

The Secretary of DHHS appoints a Class 2 state controller.<sup>19</sup> The Class 2 state controller is responsible for managing and leading the operational response to the Class 2 emergency. There have been 10 Class 2 state controllers appointed since the commencement of the pandemic. As at 10 January 2021, Professor Euan Wallace was

<sup>12</sup> Victorian Government, *Victorian Government Submission to the Senate Select Committee on COVID-19*, submission to Parliament of Australia, Select Committee on COVID-19, 2020, p. 9.

<sup>13</sup> Emergency Management Victoria, *Emergency Management Manual Victoria*, Emergency Management Victoria, Melbourne, 2020, p. 7-3.

<sup>14</sup> Hon. Daniel Andrews MP, *State Control Centre Activated To Oversee COVID-19 Response*, media release, Victorian Government, Melbourne, 10 March 2020.

<sup>15</sup> Emergency Management Victoria, *Emergency Management Manual Victoria*, p. 3-31.

<sup>16</sup> Victorian Government, *Victorian Government Submission to the Senate Select Committee on COVID-19*, p. 9.

<sup>17</sup> Emergency Management Victoria, *Emergency Management Manual Victoria*, p. 3-10.

<sup>18</sup> Department of Health and Human Services, *COVID-19 Pandemic Plan for the Victorian Health Sector*, p. 29.

<sup>19</sup> Emergency Management Victoria, *Emergency Management Manual Victoria*, p. 3-10.

the Class 2 state controller.<sup>20</sup> The Class 2 state controller reports to the Emergency Management Commissioner and is appointed by the Secretary of DHHS.<sup>21</sup>

Under Victoria's *Action Plan for Influenza Pandemic* and the *State Health Emergency Response Plan*, the Chief Health Officer assumes the role of state controller and has overall responsibility for emergency response operations during a pandemic.<sup>22</sup> This is in contrast to the *COVID-19 Pandemic Plan for the Victorian Health Sector*, which does not clearly outline the role that is played by the Chief Health Officer during the pandemic.<sup>23</sup>

On 3 April 2020, the Premier announced the establishment of the Crisis Council of Cabinet as the core decision making forum for the Victorian Government on all matters related to the coronavirus emergency, including implementing the outcomes of the National Cabinet. The Premier also established seven special Ministries for the coordination of the response to COVID-19.<sup>24</sup> As outlined in the interim report for this inquiry, the Crisis Council of Cabinet was originally supported by eight core public sector missions and two enabling programs of work, created to guide the State's response to the pandemic. From June 2020 the core public sector missions were consolidated into six.

The Crisis Council of Cabinet was disbanded on 9 November 2020, and the Commissions of the seven Ministers for the coordination of the COVID-19 response were withdrawn.<sup>25</sup>

**FINDING 2:** The governance arrangements for managing the COVID-19 health pandemic are complex with multiple lines of accountability and responsibility across different agencies at all levels.

**RECOMMENDATION 2:** The Victorian Government clearly define and make public the roles and responsibilities of officials during any state of emergency and state of disaster, to ensure clarity, accountability and transparency.

A state of emergency was declared throughout Victoria on 16 March 2020. The state of emergency has been extended 11 times, with the most recent extension occurring on 3 January 2021 to last until 29 January 2021. The Minister for Health has tabled six reports in Parliament on the state of emergency and the public health risk powers and emergency powers exercised. The report that is tabled in the Parliament comprises

<sup>20</sup> Department of Health and Human Services, *Information Request - State Controllers*, supplementary evidence received 8 January 2021.

<sup>21</sup> Emergency Management Victoria, *Emergency Management Manual Victoria*, p. 3-35.

<sup>22</sup> Emergency Management Victoria, *Victorian Action Plan for Influenza Pandemic*, p. 14.

<sup>23</sup> Department of Health and Human Services, *COVID-19 Pandemic Plan for the Victorian Health Sector*, pp. 29-30.

<sup>24</sup> Hon. Daniel Andrews MP, *Crisis Council Of Cabinet Set Up To Combat Coronavirus*, media release, Victorian Government, Melbourne, 3 April 2020.

<sup>25</sup> Victoria, *Victoria Government Gazette*, No. S572, 9 November 2020.



of a synopsis of the state of emergency, as well as a collation of all the directions issued by the Chief Health Officer, including the declarations and extensions of the state of emergency.

Following the passage of the *Public Health and Wellbeing Amendment (State of Emergency Extension and Other Matters) Act 2020*, the Minister for Health's report must also contain the reasons for the extension, the public health risk powers and emergency powers exercised, and include a copy of the advice of the Chief Health Officer in respect to the extension. The most recent report on the extension of the state of emergency was tabled on 9 December 2020.<sup>26</sup>

The interim report of this inquiry stated that under Section 198 of the *Public Health and Wellbeing Act 2008*, the total period that the declaration continues in force could not exceed six months. However, legislation to lengthen the total period for which the state of emergency declaration can remain in place—from six to 12 months—passed on 4 September 2020.

Section 23 of the *Emergency Management Act 1986* allows for the declaration of a state of disaster by the Premier. It states that:

If there is an emergency which the Premier of Victoria after considering the advice of the Minister and the Emergency Management Commissioner is satisfied constitutes or is likely to constitute a significant and widespread danger to life or property in Victoria, the Premier may declare a state of disaster to exist in the whole or in any part or parts of Victoria.<sup>27</sup>

On 2 August 2020, a state of disaster was declared.<sup>28</sup> Under a state of disaster, the Minister for Police and Emergency Services is responsible for directing and co-ordinating the activities of all government agencies, and the allocation of all available resources of the Government, which the Minister for Police and Emergency Services considers necessary or desirable for responding to the disaster. On 8 November 2020 the state of disaster expired and was not renewed.

Under Section 199 of the *Public Health and Wellbeing Act 2008*, if a state of emergency exists in an area, the Chief Health Officer may detain any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to public health.

At the public hearings on 4 December 2020, the Minister for Health, Hon. Martin Foley MP, advised the Committee that the Victorian Government's hotel quarantine powers, including the ability to detain people on public health grounds, are based on the declaration of the state of emergency. The Minister for Health, Hon. Martin Foley MP,

<sup>26</sup> Hon. Martin Foley MP, *Report to Parliament on the Extension of the Declaration of a State of Emergency: Report under section 198(8A) of the Public Health and Wellbeing Act 2008*, Department of Health and Human Services, Melbourne, 9 December 2020.

<sup>27</sup> *Emergency Management Act 1986 (Vic) s 23*.

<sup>28</sup> Hon. Daniel Andrews MP, *Statement On Changes To Melbourne's Restrictions*, media release, Victorian Government, Melbourne, 2 August 2020.

advised that the state of emergency would continue to be required in order to ensure that hotel quarantine arrangements could remain in place.<sup>29</sup> The Minister for Health, Hon. Martin Foley MP, stated:

We will require the hotel quarantine process for as long as needed. I can certainly predict that come Monday [7 December] the strong recommendation that I expect I will have in the very near future from the public health team, and to therefore be expressed through the work of the newly established COVID-19 Quarantine Victoria, will require special powers as envisaged by the *Public Health and Wellbeing Act* to deliver that power.<sup>30</sup>

At the public hearing on 16 December 2020, the Minister for Police and Emergency Services advised the Committee that the state of emergency was also needed for other restrictions, such as the requirement for COVIDSafe plans, and to provide the legal framework for the Chief Health Officer's directions.<sup>31</sup>

**FINDING 3:** A state of emergency has been required to provide the legal framework to respond to the pandemic including maintaining the Victorian Government's hotel quarantine arrangements and specifically the ability to detain people on public health grounds.

The Committee notes that the Minister for Police and Emergency Services did not rule out future legislative options, stating:

Well, firstly I would say I think I mentioned before that the state of emergency at the moment is for more than hotel quarantine, so just to do COVID-safe plans required for businesses, limits on restaurants, that is not changing yet. So we need the state of emergency powers to enforce around those directions. Look, I would not rule it out either, but let us see what happens.<sup>32</sup>

Under Section 23(7) of the *Emergency Management Act 1986* the Premier must report on the state of disaster and the powers exercised under Section 24 to both Houses of Parliament as soon as practicable after the declaration if Parliament is then sitting and if Parliament is not then sitting as soon as practicable after the next meeting of Parliament. The Premier tabled the *Report to Parliament on the declaration of the State of Disaster - Coronavirus (COVID-19) pandemic - Report 1* on 3 September 2020.

A further three reports on the state of disaster were tabled by the Premier, with the final report tabled on 10 November 2020, which contains a summary of key decisions taken in support of the declaration of the state of disaster.<sup>33</sup>

<sup>29</sup> Hon. Martin Foley MP, Minister for Health, Department of Health and Human Services, public hearing, Melbourne, 4 December 2020, *Transcript of evidence*, p. 14.

<sup>30</sup> *Ibid.*, p. 15.

<sup>31</sup> Hon. Lisa Neville MP, Minister for Police and Emergency Services, Department of Justice and Community Safety, public hearing, Melbourne, 16 December 2020, *Transcript of evidence*, p. 19.

<sup>32</sup> *Ibid.*

<sup>33</sup> Hon. Daniel Andrews MP, *Report to Parliament on declaration of State of Disaster - Coronavirus (COVID-19) pandemic - Report 4: Report under section 23(7) of the Emergency Management Act 1986*, Department of Premier and Cabinet, Melbourne, 10 November 2020.

## 2.5 The Victorian Government's aggressive suppression strategy and modelling

### 2.5.1 Aggressive suppression strategy

In the absence of a COVID-19 vaccine, non-pharmaceutical interventions are required to reduce transmission of the virus, based on two fundamental strategies—suppression and mitigation. Suppression aims to reverse epidemic growth, reduce case numbers to low levels, and maintain that situation indefinitely through measures such as social distancing and closing venues.<sup>34</sup> Following a meeting of the National Cabinet on 16 April 2020, the Australian Chief Medical Officer stated that Australia was pursuing an aggressive suppression strategy.<sup>35</sup> The Premier advised the Committee:

We are not pursuing a strategy where we eliminate this virus. That is not the National Cabinet's decision. We are about suppressing it.<sup>36</sup>

The Chief Health Officer also advised the Committee that:

The reason it is not called elimination is that there is a recognition that the virus is always there globally and the virus will always be there in international travellers and in maritime crew who might arrive on our shores, so it is a recognition that we cannot get rid of the virus entirely from Australia's shores but that we can and should aim for no community transmission if it is feasible.<sup>37</sup>

**FINDING 4:** The Victorian Government is pursuing an aggressive suppression strategy to minimise transmission of the virus, consistent with the decision made by the National Cabinet announced on 16 April 2020 in the absence of a vaccine.

### COVID-19 vaccine

On 23 September 2020, the Commonwealth Government joined the international COVAX facility, which enables the purchase of COVID-19 vaccine doses as they become available and provides access to a large portfolio of COVID-19 vaccine candidates and manufacturers across the world.<sup>38</sup> The Commonwealth Government has also entered into five separate agreements for the supply of COVID-19 vaccines, if they are proved to be safe and effective.<sup>39</sup> As part of these agreements, the Australian Government

<sup>34</sup> Imperial College COVID-19 Response Team, *Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand*, Imperial College, London, 2020, p. 3.

<sup>35</sup> Hon. Scott Morrison MP, *Press Conference - Australian Parliament House, ACT*, media release, Australian Government, Canberra, 16 April 2020.

<sup>36</sup> Hon. Daniel Andrews MP, *Transcript of evidence*, p. 18.

<sup>37</sup> Professor Brett Sutton, Chief Health Officer, Department of Health and Human Services, public hearing, Melbourne, 11 August 2020, *Transcript of evidence*, p. 10.

<sup>38</sup> Hon. Greg Hunt MP, *Australia Now Eligible to Purchase COVID-19 Vaccine Doses Through COVAX*, media release, Department of Health, Canberra, 23 September 2020.

<sup>39</sup> Department of Health, *Australia's vaccine agreements*, 8 December 2020, <<https://www.health.gov.au/australias-vaccine-agreements>> accessed 8 December 2020.

supported the University of Queensland's research into a possible COVID-19 vaccine. This vaccine underwent phase 1 clinical trials, however on 11 December 2020 it was announced that it would not be proceeding to phase 3.<sup>40</sup>

The Deputy Chief Health Officer advised the Committee that the vaccine could be expected around March 2021.<sup>41</sup>

At the public hearings on 4 December 2020, the Chief Health Officer advised the Committee that the rollout of the vaccine would target priority populations based on advice to the Commonwealth Government from the Australian Technical Advisory Group on Immunisation. Victoria would follow the national vaccination program for COVID-19. Priority was expected to be given to the most vulnerable populations, including aged care residents, but also those most likely to come into contact with a potentially infected individual, such as healthcare workers and aged care workers.<sup>42</sup>

## 2.5.2 Modelling and restrictions

The use of modelling has been an important tool throughout the pandemic to inform policy decisions. It allows health authorities to anticipate the course of an epidemic and effectively implement non-pharmaceutical interventions such as strengthening the health system's capacity to respond or applying social distancing measures to limit spread.<sup>43</sup>

The initial modelling used by the Victorian Government was described in the inquiry's interim report. The Committee was provided with revised modelling by both the Premier and the Minister for Health, Hon. Jenny Mikakos MLC, on 11 August 2020. This modelling outlined how the pandemic would have progressed from late June, and the expected daily infection rate had Stage 3 restrictions not been imposed.

The modelling developed by DHHS, Monash University and the Peter Doherty Institute for Infection and Immunity was the same transmission model used by the Commonwealth Government.<sup>44</sup> The modelling assumed growth in case numbers over a seven day period, based on case information from the previous 14 days, and compared a scenario with unmitigated spread of the virus, against one where quarantine and isolation restrictions were imposed.

<sup>40</sup> Hon. Greg Hunt MP, *Australia secures 20 million extra Astra Zeneca vaccines*, media release, Department of Health, Canberra, 11 December 2020.

<sup>41</sup> Professor Allen Cheng, Deputy Chief Health Officer, Department of Health and Human Services, public hearing, Melbourne, 4 December 2020, *Transcript of evidence*, p. 15.

<sup>42</sup> Professor Brett Sutton, Chief Health Officer, Department of Health and Human Services, public hearing, Melbourne, 4 December 2020, *Transcript of evidence*, p. 15.

<sup>43</sup> University of Melbourne, *Preparing For and Managing Pandemics Using Mathematical Modelling*, 2020, <<https://research.unimelb.edu.au/research-at-melbourne/impact/pandemic-modelling>> accessed 12 June 2020.

<sup>44</sup> Professor Brett Sutton, Chief Health Officer, Department of Health and Human Services, Inquiry into the Victorian Government's response to the COVID-19 Pandemic hearing, response to questions on notice received 3 September 2020, p. 1.

However, the model does not incorporate changes in behaviour, testing patterns, case definitions or other nuances of how these numbers are calculated and as such, according to the Chief Health Officer, should be recognised as a simplistic projection of forward numbers.<sup>45</sup>

No further modelling has been provided to the Committee.

Under the modelling, Victoria would have faced 20,000 new cases of COVID-19 per day, with over 8,000 people being admitted to hospital daily at the peak of the pandemic with no corrective action taken.<sup>46</sup> The Committee notes that the number of daily infections at the peak of the second wave was lower than predicted in the modelling.

The Chief Health Officer advised that as at 11 August 2020, no modelling had yet been undertaken that incorporated Stage 4 restrictions.<sup>47</sup> Stage 4 restrictions commenced on 2 August 2020.<sup>48</sup> The parameters of Stage 3 and Stage 4 restrictions are set out in Box 2.2.

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<sup>45</sup> Professor Brett Sutton, Chief Health Officer, Department of Health and Human Services, *COVID-19 Short Term Forecast 10 August 2020*, supplementary evidence received 3 September 2020, p. 1.

<sup>46</sup> Hon. Jenny Mikakos MLC, Minister for the Coordination of Health and Human Services: COVID-19, Department of Health and Human Services, public hearing, Melbourne, 11 August 2020, *Transcript of evidence*, p. 1.

<sup>47</sup> Professor Brett Sutton, *Transcript of evidence*, p. 5.

<sup>48</sup> Department of Health and Human Services, *Stage 4 Restrictions*, 21 August 2020, <<https://www.dhhs.vic.gov.au/stage-4-restrictions-covid-19>> accessed 8 September 2020.

**BOX 2.2: Outline of Stage 3 and Stage 4 restrictions****Stage 3 restrictions (from 8 July 2020)**

- Victorians can only leave their house for one of the following reasons:
  - To purchase food and necessary supplies.
  - Exercise and recreation.
  - Medical care and caregiving.
  - Study and work—if it can't be done from home.
- Victorians must wear a face covering when they leave home (from 23 July 2020).

**Stage 4 restrictions (from 2 August 2020)**

As for Stage 3 restrictions, with the additions listed below.

- Curfew in place from 8:00pm to 5:00am every evening.
- Outside of curfew, Victorians can only leave their house for one of the following reasons:
  - To purchase food and necessary supplies. This must be done within a 5km radius of where they live, and only one person, per household, per day, can leave.
  - Exercise once a day for up to 1 hour, within a 5km radius of where they live. Gathering sizes limited to two.
  - For care and health care including accompanying someone for essential medical care if you are a carer, guardian or necessary support person. The 5km limit does not apply to care or caregiving.
  - Work. Study at TAFE and university must be done remotely. The 5km limit does not apply to work.

**FINDING 5:** Revised modelling of the pandemic's impact suggested that at the height of the pandemic had there been no restrictions in place, there would have been 18,500 infections per day.

**FINDING 6:** Stage 4 restrictions commenced in Melbourne and Mitchell Shire on 2 August 2020. As at 11 August 2020 no modelling had been undertaken that incorporated Stage 4 restrictions.

**RECOMMENDATION 3:** For future pandemics, the Government consider the early release of modelling scenarios and underlying assumptions to provide the community with insight, and promote confidence in the Government's response.

Globally, as at 4 December 2020, 71 countries have imposed curfews on their citizens to minimise community transmission.<sup>49</sup> A full list is provided in Appendix 2. In a media interview on 8 September 2020, the Chief Health Officer advised that while the curfew was not inconsistent with public health advice, it was not the subject of his advice prior to its implementation. The Chief Health Officer also stated in that interview that the evening curfew would probably have been a measure he would have recommended.<sup>50</sup> On 27 September 2020 the Chief Health Officer advised the Victorian Government that the curfew could be lifted.<sup>51</sup> The curfew was removed as of 11:59pm 27 September 2020.

On 13 September 2020 the Premier announced that metropolitan Melbourne would move to the first step of recovery. Under the first step, playgrounds and outdoor fitness equipment reopened, libraries opened for contactless click and collect, and the beginning of the curfew was moved to 9:00pm. People living alone and single parents were allowed to have one other person in their home. Exercise was extended to two hours split over a maximum of two sessions.<sup>52</sup>

At the same time, on 13 September 2020 regional Victoria moved to the second step of recovery. Under the second step, up to five people were able to gather together in outdoor public places from a maximum of two households. Outdoor pools and playgrounds were also opened, and religious services were allowed to be conducted outside with a maximum of five people, plus a faith leader.<sup>53</sup>

Key dates are listed below:

- 16 September 2020—Regional Victoria moved to the third step of recovery.
- 27 September 2020—Metropolitan Melbourne moved to the second step of recovery.
- 18 October 2020—Five-kilometre limit on movement within metropolitan Melbourne replaced with a 25-kilometre limit.
- 27 October 2020—Metropolitan Melbourne moved to the third step of recovery.
- 8 November 2020—Further easing of restrictions in metropolitan Melbourne and the rules that were in place for regional Victoria were applied across the state.
- 22 November 2020—Victoria moved to the last step of recovery.

<sup>49</sup> International Monetary Fund, *Policy Responses to COVID-19*, 4 December 2020, <<https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19>> accessed 8 December 2020.

<sup>50</sup> Contained in the judgment for the case *Loiello V Giles* (2020) VSC 722, 79 [229].

<sup>51</sup> Hon. Daniel Andrews MP, *Statement from the Premier*, media release, Victorian Government, Melbourne, 27 September 2020.

<sup>52</sup> Hon. Daniel Andrews MP, *On the Road towards COVID Normal*, media release, Victorian Government, Melbourne, 13 September 2020.

<sup>53</sup> *Ibid.*

On 6 December 2020, the Premier announced the *COVIDSafe Summer*. Under the new restrictions density limits in pubs, restaurants and cafes were increased to one person per 2 square metres for both indoors and outdoors, with the mandatory use of QR codes. The use of masks was no longer required, except on public transport, in rideshare vehicles and taxis, and in some retail settings including indoor shopping centres, supermarkets, department stores and indoor markets. In addition, Victorians could have up to 30 visitors at home, while outdoor gatherings could increase to 100.<sup>54</sup>

The Premier announced a move to a 50% return for office workers in the private sector by 11 January 2021. For the Victorian public service, up to 25% of staff were able to return to the office from 11 January, increasing to 50% on 8 February 2021.<sup>55</sup>

However, on 31 December 2020 some changes were made to these restrictions following a number of new cases occurring in Victoria, linked to an outbreak in New South Wales. The number of people Victorians could have at home was reduced to 15 and masks were made mandatory again in public indoor spaces. The Government also reviewed the return to work schedule for office workers and paused its implementation.<sup>56</sup>

### **Wider health impacts of the aggressive suppression strategy and restrictions**

Lockdowns which force people to stay within their homes are likely to increase mental stress and damage immunity. A study from the Commonwealth Scientific and Industrial Research Organisation found that peoples' weight and emotional wellbeing has suffered throughout the COVID-19 lockdown, with Australians also showing concern about how long it will take for life to return to normal.<sup>57</sup> Ongoing health problems, especially related to mental health and weight gain, are likely to cost the public healthcare system and slow down economic activity by reducing the number of hours worked and thus labour productivity.

The Government has not undertaken additional modelling to anticipate the broader health impacts of the pandemic and associated non-pharmaceutical interventions, such as social distancing restrictions. In response to questioning from the Committee on 11 August 2020, the Chief Health Officer advised that they had not been involved in the specific review of the data related to psychological wellbeing and other harms from reduced access to medical care.<sup>58</sup> This data is collated by the Victorian Agency for

54 Hon. Daniel Andrews MP, *Statement from the Premier*, media release, Victorian Government, Melbourne, 6 December 2020.

55 Ibid.

56 Department of Health and Human Services, *How we live - Information for all Victorians*, 9 January 2021, <<https://www.coronavirus.vic.gov.au/how-we-live>> accessed 11 January 2021.

57 Commonwealth Scientific and Industrial Research Organisation, *CSIRO study reveals COVID-19's impact on weight and emotional wellbeing*, 16 June 2020, <<https://www.csiro.au/en/News/News-releases/2020/CSIRO-study-reveals-COVID-19s-impact-on-weight-and-emotional-wellbeing>> accessed 8 December 2020.

58 Professor Brett Sutton, *Transcript of evidence*, p. 11.



Health Information.<sup>59</sup> At the public hearings on 4 December 2020, the Committee was not advised of any additional modelling.

**FINDING 7:** The Victorian Government has not modelled the broader health and mental health impacts of the pandemic and associated non-pharmaceutical interventions, such as social distancing restrictions.

**RECOMMENDATION 4:** The Victorian Government commission modelling of the broader health and mental health impacts of the pandemic and associated non-pharmaceutical interventions, if such modelling has not already been commissioned.

Globally hospitals have reported reductions in presentations during the pandemic for conditions such as stroke and heart attacks, which will lead to long-term increases in morbidity and mortality.<sup>60</sup> The Australian Medical Association (AMA) Victoria Branch advised the Committee that the pandemic was causing a situation that discouraged doctors and patients from interacting.<sup>61</sup> This was further supported by the AMA's written submission to the inquiry, which stated that the secondary health consequences of the pandemic were likely to be devastating:

As a result of widespread avoidance of care and underutilization of healthcare, a high number of non-COVID-19 related illnesses will result in time and we need to prepare the system for this.<sup>62</sup>

This was reiterated by the Royal Australian College of General Practitioners, which has reported that there have been declines in presentations of up to 50% in new cancer patients and 30% in cardiac emergencies in Victoria, reflecting a 50% drop in patient attendances at hospitals and general practices across Australia.<sup>63</sup> Professor Gigi Foster advised the Committee that the health related costs of the aggressive suppression strategy include:

... crowded-out or delayed care for problems other than COVID both now and in the future. This includes deaths due to delayed screenings or other care because of lockdowns.<sup>64</sup>

<sup>59</sup> Victorian Agency for Health Information, *Mental Health*, 2020, <<https://vahi.vic.gov.au/reports/victorian-health-services-performance/mental-health>> accessed 18 November 2020.

<sup>60</sup> Nabil Braiteh, et al., 'Decrease in acute coronary syndrome presentations during the COVID-19 pandemic in upstate New York', *American Heart Journal*, vol. 226, 2020, p. 150.

<sup>61</sup> Associate Professor Julian Rait, President, Australian Medical Association (Victoria), public hearing, Melbourne, 11 August 2020, *Transcript of evidence*, p. 4.

<sup>62</sup> Australian Medical Association, *Submission 55*, received 31 July 2020, p. 1.

<sup>63</sup> Royal Australian College of General Practitioners, *Drastic drop in cancer and heart attack patients linked to COVID-19*, 14 April 2020, <<https://www1.racgp.org.au/newsgp/clinical/drastic-drops-in-cancer-and-heart-attack-patients>> accessed 14 September 2020.

<sup>64</sup> Professor Gigi Foster, Director of Education, University of New South Wales Business School, public hearing, Melbourne, 12 August 2020, *Transcript of evidence*, p. 2.

In evidence provided to the Committee, Safer Care Victoria advised that it had been tracking the unintended consequences of the pandemic and associated restrictions. Safer Care Victoria advised the Committee that significant decreases in presentations for heart attack and stroke had occurred in the first wave of the pandemic, along with reductions in acute cancer presentations.<sup>65</sup>

Analyses undertaken by Cancer Australia show that national reductions in total monthly services for diagnostic and therapeutic procedures occurred during the initial COVID-19 period between March and May 2020, including procedures related to skin, breast and colorectal cancers.<sup>66</sup> Similar results were reported for total monthly services for diagnostic and therapeutic procedures related to lung and prostate cancers.<sup>67</sup> Monthly services started to return to 2019 levels in June 2020, however this analysis does not account for the impact of the second wave in Victoria.

At the public hearings for the 2020–21 Budget Estimates on 4 December 2020, the Minister for Health, Hon. Martin Foley MP, advised the Committee that due to restrictions associated with the pandemic, the backlog in elective surgeries had increased, in particular for Category 2<sup>68</sup> surgeries. The Minister for Health, Hon. Martin Foley MP, advised that at the end of September 2020, the waiting list for surgery had grown to 66,242 individuals.<sup>69</sup> The Secretary of DHHS, Professor Euan Wallace, advised that \$75 million in additional funding had been invested to provide an additional 10,000 elective surgery procedures to reduce the size of the waiting list.<sup>70</sup>

**FINDING 8:** As a result of the COVID-19 pandemic, and associated restrictions, some Victorians are not accessing appropriate healthcare for non-COVID-19 health issues when they require it.

**FINDING 9:** At the end of September 2020, the waiting list for elective surgery in Victoria had grown to 66,242 individuals. The Victorian Government has invested \$75 million in additional funding to provide an additional 10,000 elective surgery procedures to reduce the size of the waiting list.

<sup>65</sup> Professor Euan Wallace, Chief Executive Officer, Safer Care Victoria, public hearing, Melbourne, 11 August 2020, *Transcript of evidence*, pp. 11–12.

<sup>66</sup> Cancer Australia, *Review of the impact of COVID-19 on medical services and procedures in Australia utilising MBS data: Skin, breast and colorectal cancers, and telehealth services*, Cancer Australia, Sydney, September 2020.

<sup>67</sup> Cancer Australia, *Review of the impact of COVID-19 on medical services and procedures in Australia utilising MBS data: Lung and prostate cancers*, Cancer Australia, Sydney, November 2020.

<sup>68</sup> When a patient in Victoria is assessed by a surgeon as requiring elective surgery, they are categorised as urgent (Category 1: treatment within 30 days), semi-urgent (Category 2: treatment within 90 days) or non-urgent (Category 3: treatment within 12 months).

<sup>69</sup> Hon. Martin Foley MP, Minister for Health, Department of Health and Human Services, Public Accounts and Estimates Committee, Inquiry into the 2020–21 Budget Estimates, public hearing, Melbourne, 4 December 2020, *Transcript of evidence*, pp. 8–9.

<sup>70</sup> Professor Euan Wallace, Secretary, Department of Health and Human Services, Public Accounts and Estimates Committee, Inquiry into the 2020–21 Budget Estimates, public hearing, Melbourne, 4 December 2020, *Transcript of evidence*, p. 26.

## 2.6 Testing, tracing and isolating

To effectively stop the spread of COVID-19, health authorities must find and test all suspected cases and ensure that confirmed cases are promptly and effectively isolated and receive appropriate care.<sup>71</sup> DHHS has been reporting a daily cumulative count of COVID-19 tests since 17 March 2020.<sup>72</sup> At 16 December 2020, there had been 3,711,165 tests for COVID-19 conducted in Victoria.<sup>73</sup>

The Victorian Government initially invested \$37 million to increase COVID-19 surveillance, allowing for more targeted case identification, contact tracing, isolation advice and confirmation of individuals who are no longer infectious.<sup>74</sup> The Minister for Health, Hon. Jenny Mikakos MLC, outlined that the actions taken by the Victorian Government include:

- establishing a network of 188 testing sites across Victoria
- adaptation of the testing strategy to reflect emerging needs and priorities
- targeted engagement and testing in high risk settings
- rapid response testing squads
- implementing call to test capability
- utilising Australian Defence Force (ADF) personnel for doorknocking
- establishing a contact tracing outbreak unit and rapid response squads
- establishing regional public health teams to support contact tracing.<sup>75</sup>

On 8 September 2020, the Victorian Government announced that it would establish suburban response units across metropolitan Melbourne to lead localised responses to future outbreaks. Weekly contact tracing metrics have been published online from 11 September 2020.<sup>76</sup>

### 2.6.1 Enhancing Victoria's testing capability

At the outset of the pandemic, to support testing for COVID-19, the Government announced \$6 million in funding to the Doherty Institute to work in collaboration with

71 World Health Organisation, *COVID-19 Strategy Update*, Geneva, 14 April 2020, p. 8.

72 There have been eight instances where inconsistent data has been reported by DHHS. DHHS did not report a testing total on 2 August, 7 and 6 June, and 16 April 2020. DHHS reported a total of 1,759,900 tests on 8 August 2020, which was less than the 1,771,900 tests reported on 7 August 2020. On 8, 9 and 10 May 2020, DHHS reported three totals that were less than the total of 176,500 tests that was reported on 7 May 2020.

73 Department of Health and Human Services, *Coronavirus (COVID-19) daily update – 16 December 2020*, 16 December 2020, <<https://www.dhhs.vic.gov.au/coronavirus-covid-19-daily-update>> accessed 17 December 2020.

74 Hon. Jenny Mikakos MLC, *More Disease Detectives To Help Fight Coronavirus*, media release, Victorian Government, Melbourne, 4 April 2020.

75 Hon. Jenny Mikakos MLC, *COVID-19 public hearing presentation*, supplementary evidence received 11 August 2020, p. 6.

76 Hon. Daniel Andrews MP, *Local Response Units And Boosted Reporting For Safe Next Steps*, media release, Victorian Government, Melbourne, 8 September 2020.

the Burnet Institute.<sup>77</sup> The Doherty Institute informed the Committee that the funding provided by the Victorian Government had provided significant support. The \$2 million provided to the Victorian Infectious Diseases Reference Laboratory had facilitated a rapid expansion in testing from 100 tests a day to approximately 3,500. The \$4 million had been used in collaboration with the Burnet Institute to provide better diagnostics, better antivirals and a better public health response.<sup>78</sup>

**FINDING 10:** The Victorian Government provided \$6 million in funding to facilitate a broad expansion in testing for COVID-19 in Victoria, led by the Doherty and Burnet Institutes.

In a submission provided to the inquiry, Public Pathology Australia (PPA) noted that unlike other jurisdictions, Victoria was heavily reliant on the use of private pathology labs to conduct COVID-19 laboratory tests.<sup>79</sup> PPA advised that with high volumes of testing there was confusion about which laboratories were to receive which specimens. It was particularly unclear when multiple pathology providers were involved in responding to a localised outbreak or testing blitz. This led to collection specimen handling issues and difficulty in finding the correct results for members of the community. PPA recommended:

As a rule, outbreak testing should be done by the public laboratory in the geographic area of the outbreak and overflow directed to the nearest public pathology laboratory rather than directed to a range of pathology providers. Where laboratories are teamed up for the purpose of overflow management, joint oversight between laboratories would assist in managing specimens. Electronic specimen tracking should be implemented rather than a paper referral from the originating laboratory or tracking sheets provided at a clinic site to the testing laboratory. This would reduce the need for time consuming duplicate specimen data entry from each laboratory involved.<sup>80</sup>

**FINDING 11:** There are opportunities for streamlining the processing of COVID-19 tests by private and public pathology laboratories, particularly during outbreaks to ensure a 24 hour turnaround can be achieved.

## 2.6.2 Benchmarks and outcomes—testing

Using the daily testing totals reported by DHHS since 17 March 2020, Victoria has maintained a median daily testing rate of 1.59 per 1,000 population at 30 November 2020.<sup>81</sup> If Victoria was a country, this would be the fourth highest daily

<sup>77</sup> Professor Sharon Lewin, Director, Peter Doherty Institute for Infection and Immunity, public hearing, Melbourne, 11 August 2020, *Transcript of evidence*, p. 2.

<sup>78</sup> *Ibid.*, pp. 2–3.

<sup>79</sup> Public Pathology Australia, *Submission 224*, received 30 November 2020, p. 7.

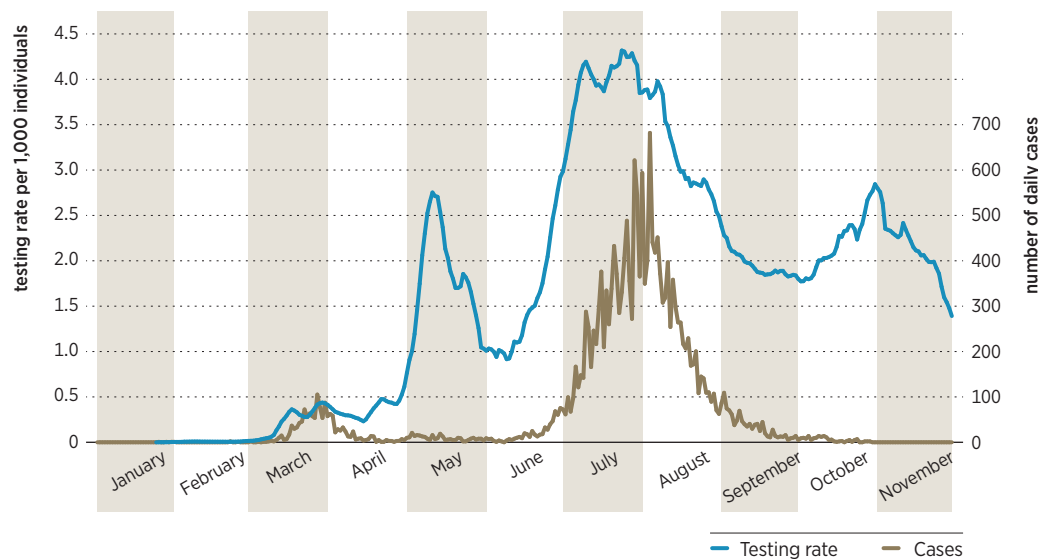
<sup>80</sup> *Ibid.*, p. 9.

<sup>81</sup> Department of Health and Human Services, *Coronavirus (COVID-19) daily update – 1 December 2020*, 1 December 2020, <<https://www.dhhs.vic.gov.au/coronavirus-covid-19-daily-update>> accessed 2 December 2020.

testing rate in the world.<sup>82</sup> Since the beginning of the pandemic, and as at 16 December 2020, Victoria has conducted approximately 3.7 million tests for COVID-19. This represents 555 tests conducted per 1,000 population, which is the highest proportion in Australia.

**FINDING 12:** Victoria has conducted approximately 3.7 million tests for COVID-19 as at 7 December 2020. This represents 555 tests per 1,000 population, which is the highest proportion by state or territory in Australia.

**Figure 2.2** Victorian COVID-19 testing rate per 1,000 population (7-day average)



Note: Testing numbers can be retrospectively adjusted by DHHS for various reasons, which can result in negative testing numbers in some instances. A 7-day average has been used to partially compensate for these discrepancies.

Source: Department of Health and Human Services, *DHHS Data Request 3*, supplementary evidence received 4 December 2020.

Although Victoria has conducted a large number of tests for COVID-19 overall, the daily number of tests that the state has conducted has varied considerably (Figure 2.2). Using a 7-day average, Victoria reached an initial peak of 2.73 tests per 1,000 individuals on 15 May 2020, which then declined to 0.92 tests per 1,000 individuals by 10 June 2020. Testing increased through June and July to reach a peak of 4.33 tests per 1,000 individuals on 25 July 2020.<sup>83</sup> As at 30 November 2020 Victoria was conducting 1.4 tests per 1,000 individuals.<sup>84</sup>

On 18 June 2020, 102 cases were reported over two incubation periods. Professor Mary-Louise McLaws, Epidemiologist, University of New South Wales, advised the Committee that pre-emptive action should have started occurring from this date.<sup>85</sup>

<sup>82</sup> John Hopkins University, *How does testing in the US compare to other countries?*, 7 December 2020, <<https://coronavirus.jhu.edu/testing/international-comparison>> accessed 8 December 2020.

<sup>83</sup> Department of Health and Human Services, *DHHS Data Request 3*, supplementary evidence received 4 December 2020.

<sup>84</sup> Ibid.

<sup>85</sup> Professor Mary-Louise McLaws, Epidemiologist, University of New South Wales, public hearing, Melbourne, 11 August 2020, *Transcript of evidence*, p. 6.

The increase in cases identified by Professor McLaws between 4 June 2020 and 18 June 2020 occurred during a period identified above, where the daily testing rate was decreasing in Victoria. On 20 June 2020, the Victorian Premier announced the highest number of COVID-19 cases in over two months.<sup>86</sup>

**FINDING 13:** Victoria's daily testing rate per 1,000 population has varied considerably across the duration of the pandemic. Following an initial high of 2.73 tests per 1,000 population in May, this dropped to 0.92 in June, before rising to 4.33 in mid-July. As at 30 November 2020 Victoria was conducting 1.4 tests per 1,000 individuals.

The Committee notes that from 4 September 2020 the daily testing rate included individuals working in high risk industries that were required to be tested (see Section 2.6.5). The Committee was not provided with information that would enable the disaggregation of tests between community members and those individuals in high risk industries.

### 2.6.3 Genomic sequencing

When an individual tests positive for COVID-19 in Victoria, a sample of the virus from that person is sent to the Victorian genomics public health laboratory at the Doherty Institute. The laboratory uses the sample to identify the code of the virus from that person and which samples have the same, or very similar, strains of the virus. This allows the spread of the virus to be tracked through the community.<sup>87</sup>

There are three main transmission networks that have been identified in Victoria, linked to strains that originated from Cedar Meats (transmission network 1), Rydges Hotel (transmission network 2) and Stamford Hotel (transmission network 3). The Victorian Government has stated that is likely that 99% of the cases of COVID-19 in Victoria's second wave arose from the Rydges or Stamford Plaza hotels.<sup>88</sup>

### 2.6.4 Contact tracing benchmarks

A study of the serial interval<sup>89</sup> of COVID-19 determined that the median serial interval of the disease is four days, which is shorter than the incubation period of the virus.<sup>90</sup> This leads to rapid cycles of transmission and increases in contacts, which can soon exceed the capacity of healthcare and public health workers.<sup>91</sup>

<sup>86</sup> Hon. Daniel Andrews MP, *Statement from the Premier*, media release, Victorian Government Melbourne, 20 June 2020.

<sup>87</sup> Department of Health and Human Services, *Tracking coronavirus in Victoria*, 2 September 2020, <<https://www.dhhs.vic.gov.au/tracking-coronavirus-victoria>> accessed 4 September 2020.

<sup>88</sup> Ibid.

<sup>89</sup> The serial interval of an infectious disease represents the duration between symptom onset of a primary case and symptom onset of its secondary cases.

<sup>90</sup> Hiroshi Nishiura, Natalie M. Linton and Andrei R. Akhmetzhanov, 'Serial interval of novel coronavirus (COVID-19) infections', *International Journal of Infectious Diseases*, vol. 93, 2020, p. 286.

<sup>91</sup> Ibid., p. 285.

A study by the Julius Centre of Infectious Diseases at Utrecht University found that in order to keep the effective reproduction number below one:

- Individuals must be tested and receive a positive result within a day of displaying symptoms (the testing delay); **and**
- Contact tracing must:
  - occur within one day; **or**
  - ensure that over 80% of contacts are identified.

If the testing delay is three days or more, even the most efficient contact tracing strategy cannot reduce the reproduction number below one.<sup>92</sup>

The Premier advised the Committee on 11 August 2020 that the volume of cases originally presented challenges to the contact tracing team, stating that the average positive case can have anywhere between five or 10 close contacts. In terms of outbreaks, particularly workplace-driven outbreaks, this could increase to many hundreds of close contacts.<sup>93</sup> This was supported by the Chief Health Officer, who stated:

... we have seen that even with very robust contact tracing, even with a very large team and even with the stage 2 restrictions that were in place the nature of the virus and the extent of transmission that was occurring from June especially made it enormously challenging.<sup>94</sup>

DHHS advised the Committee that most test results in Victoria are released by laboratories to the requesting clinician within 24–48 hours of receipt of the sample by the laboratories, including those laboratories servicing regional areas.<sup>95</sup>

To better understand the performance of Victoria's contact tracing system, on 1 October 2020 the Committee requested that DHHS provide:

- The daily numbers of test results received.
- For positive cases, the weekly average of:
  - Percentage of new positive cases contacted within 24 hours of DHHS being notified of positive result (metric 1).
  - Percentage of new positive cases interviewed within 24 hours of DHHS being notified of positive result (metric 2).
  - Percentage of known contacts notified within 48 hours of DHHS being notified of positive result (metric 3).

<sup>92</sup> Mirjam Kretzschmar, et al., 'Impact of delays on effectiveness of contact tracing strategies for COVID-19: a modelling study', *The Lancet*, vol. 5, no. 8, 2020.

<sup>93</sup> Hon. Daniel Andrews MP, *Transcript of evidence*, p. 6.

<sup>94</sup> Professor Brett Sutton, *Transcript of evidence*, p. 31.

<sup>95</sup> Hon. Jenny Mikakos MLC, Inquiry into the Victorian Government's Response to the COVID-19 Pandemic hearing, response to questions on notice received 2 September 2020.

DHHS provided the Committee with this information for the period from 15 August 2020 to 2 October 2020 (Table 2.1). DHHS advised that it was unable to provide contact tracing performance metrics for the period before 15 August 2020 due to a change in measurement methodology. To provide some context, the peak of the second wave in Victoria was on 4 August 2020.

**Table 2.1** Contact tracing performance metrics from 15 August 2020 to 2 October 2020

Date	Metric 1: % of new positive cases contacted within 24 hours of DHHS being notified of positive result	Metric 2: % of new positive cases interviewed within 24 hours of DHHS being notified of positive result	Metric 3: % of known contacts notified within 48 hours of DHHS being notified of positive result
15 August 2020 to 21 August 2020	100.00	75.44	99.26
22 August 2020 to 28 August 2020	100.00	74.81	98.81
29 August 2020 to 4 September 2020	100.00	88.49	99.28
5 September 2020 to 11 September 2020	100.00	95.36	98.22
12 September 2020 to 18 September 2020	100.00	98.82	99.46
19 September 2020 to 25 September 2020	100.00	99.06	99.05
26 September 2020 to 2 October 2020	100.00	98.65	99.41

Source: Department of Health and Human Services, *DHHS Data Request 2*, supplementary evidence received 30 November 2020.

**FINDING 14:** The Committee was provided with limited contact tracing performance data by the Department of Health and Human Services. Data for the period before 15 August 2020 was not supplied including the peak of the second wave of infections.

**FINDING 15:** Of the data supplied:

- All new cases of COVID-19 were contacted within 24 hours of the Department of Health and Human Services being notified of a positive result after 15 August 2020.
- Three-quarters of new positive cases were interviewed within 24 hours of the Department of Health and Human Services being notified of a positive result between mid and late August 2020.
- Most known cases were identified within 48 hours of the Department of Health and Human Services being notified of a positive result.

The capability and capacity of Victoria's contact tracing to deal with large numbers of COVID-19 cases has been criticised during the pandemic. In their submission to the inquiry, the Grattan Institute stated that underinvestment in public health, public health

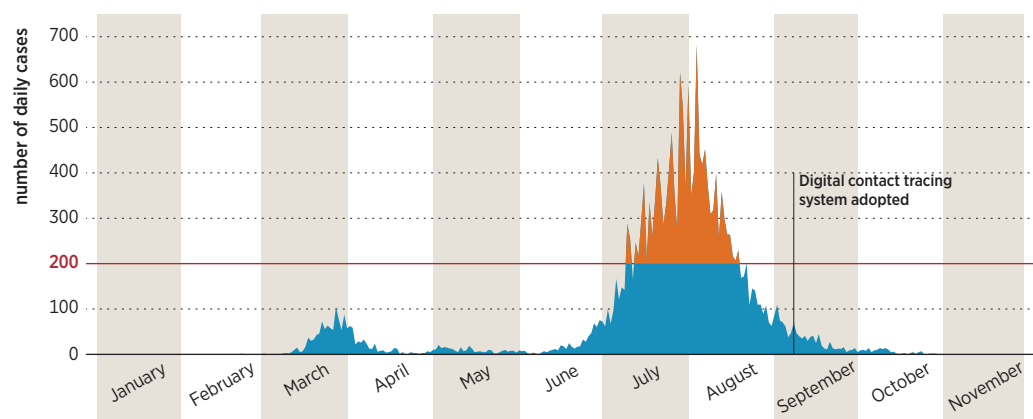


IT, and the use of paper-based contact tracing methods resulted in contact tracing failures in Victoria.<sup>96</sup> The Commonwealth Government has also stated that the use of paper-based systems limited the effectiveness of contact tracing in Victoria.<sup>97</sup> The AMA's submission to the inquiry highlighted delays in notifying people of positive cases and issues with contact tracing, noting that the system appeared overrun in July.<sup>98</sup>

On 8 September 2020, the Victorian Government announced it was adopting an automated system for contact tracing, to be delivered by Salesforce.<sup>99</sup> The contract with Salesforce is in addition to a \$4.2 million contract that the Victorian Government has signed with IBM for software and services for Enhanced Health Tracing, intended to deliver automated data analytics capability to DHHS for its contact tracing data.<sup>100</sup>

Victoria experienced a consecutive run of over 200 cases of COVID-19 per day from 10 July 2020 until 19 August 2020. However, the implementation of a digital contact tracing system was not announced until 8 September 2020, when the daily number of COVID-19 cases was 70 (Figure 2.3).

**Figure 2.3** Contact tracing at the peak of Victoria's second wave



Note: The red area of the graph represents days when more than 200 cases of COVID-19 were reported.

Source: Department of Health and Human Services, *DHHS Data Request 3*, supplementary evidence received 4 December 2020.

**FINDING 16:** Victoria's contact tracing was initially hampered by limited information technology capacity and the use of paper-based systems. These systems were improved in September 2020 following digital and automation upgrades.

<sup>96</sup> Grattan Institute, *Submission 91*, received 25 September 2020, p. 2.

<sup>97</sup> Hon. Scott Morrison MP, *Press Conference Australian Parliament House, ACT*, media release, Australian Government, Canberra, 29 September 2020.

<sup>98</sup> Australian Medical Association, *Submission 55*, p. 1.

<sup>99</sup> Hon. Daniel Andrews MP, *Local Response Units And Boosted Reporting For Safe Next Steps*, media release.

<sup>100</sup> Department of Health and Human Services, *Contract - C9466A*, 29 August 2020, <<https://www.tenders.vic.gov.au/contract/view?id=187636>> accessed 14 September 2020.

In evidence provided to the Committee at the public hearings on 11 August 2020, the Premier stated that the National Cabinet had established a national dashboard in the first week of August 2020 to provide clarity on the performance of contact tracing in Australia. The Premier stated that Victoria was achieving its metrics, and regularly updated its inputs to the National Cabinet's dashboard.<sup>101</sup> On 8 September 2020, the Victorian Government announced that it would start publishing weekly contact tracing metrics online.<sup>102</sup>

**FINDING 17:** The National Cabinet established a series of national contact tracing benchmarks in early August 2020.

In early September 2020 the Australian Chief Scientist led a group of Commonwealth and Victorian health officials to New South Wales to review the contact tracing systems in place in both states and share knowledge and experience. Following this, National Cabinet agreed to a review of systems and operations in all jurisdictions to strengthen capacity and capability to effectively track, trace and isolate COVID-19.<sup>103</sup>

The Chief Scientist's National Contact Tracing Review was presented to the National Cabinet on 13 November 2020. The National Cabinet accepted all of the review's 54 recommendations.<sup>104</sup> In particular, the Chief Scientist's review stated that the currently agreed national target of 48 hours from reporting a positive test result to directing close contacts to quarantine—the third metric being used in Victoria—was inadequate to suppress community transmission. The report recommended that test results should be available within 24 hours of a sample being taken.<sup>105</sup> In addition, the review highlighted the importance of a fully digital contact tracing system, which was found to dramatically improve the efficiency of contact tracing.<sup>106</sup> The key findings from the Chief Scientist's review are set out in Box 2.3.

**FINDING 18:** The Chief Scientist's review of contact tracing found that the agreed national benchmark of 48 hours from reporting a positive test result to directing close contacts to quarantine was inadequate to suppress community transmission.

**RECOMMENDATION 5:** The third contact tracing benchmark being used in Victoria be amended from 'Percentage of known contacts notified within 48 hours of the Department of Health and Human Services being notified of positive result' to 'Percentage of known contacts notified within 24 hours of the Department of Health and Human Services being notified of positive result' in line with the Chief Scientist's recommendation.

<sup>101</sup> Hon. Daniel Andrews MP, *Transcript of evidence*, p. 2.

<sup>102</sup> Hon. Daniel Andrews MP, *Local Response Units And Boosted Reporting For Safe Next Steps*, media release.

<sup>103</sup> Hon. Scott Morrison MP, *National Cabinet*, media release, Australian Government, Canberra, 18 September 2020.

<sup>104</sup> Hon. Scott Morrison MP, *National Cabinet*, media release, Australian Government, Canberra, 13 November 2020.

<sup>105</sup> Dr Alan Finkel AO, *National Contact Tracing Review*, report for Australian National Cabinet, Department of Health, Canberra, 13 November 2020.

<sup>106</sup> *Ibid.*, p. 54.

At the public hearings on 4 December 2020, the Committee was told that Victoria's contact tracing system had improved significantly since the outset of the pandemic. The Deputy Secretary, COVID-19 Case Management, Contact and Outbreak, DHHS, advised the Committee that Victoria's contact tracing system had seen capacity improvements in its workforce and technology, along with increased speed and effectiveness.<sup>107</sup> This included the use of specialist Aboriginal-controlled clinics that work with Aboriginal populations to test and trace, as well as local public health units that enable contact-tracing abilities to be locally spread across Victoria.<sup>108</sup>

### **BOX 2.3: Key findings from the Chief Scientist's National Contact Tracing Review**

- Clear, measurable and transparent metrics should be published by each state and territory to allow the public to track performance.
- The currently agreed national target of 48 hours from reporting a positive test result to directing close contacts to quarantine is inadequate from the point of view of suppressing community transmission.
- States and territories should share information about new and emerging technologies, such as electronic venue and workplace attendance registration systems, smartphone apps to monitor self-quarantine, new diagnostic tests and wastewater surveillance.
- Patient testing, contact tracing and case management should be fully digital end to end, starting at the point of testing. This includes collection of information, reporting of results, contact tracing, case management and outbreak management.
- All states and territories should employ a permanent workforce for tracing and outbreak management, with senior public health leadership, and should have an additional surge workforce trained and at the ready.
- Desktop exercises and field rehearsals should be run regularly to ensure the system can deal with a sustained surge of around four new cases per day per million population and be able to rapidly scale up should there be a further escalation.

Source: Dr Alan Finkel AO, National Contact Tracing Review, *Report for Australian National Cabinet*, Department of Health, Canberra, 13 November 2020.

In order to facilitate the reopening of businesses across Victoria as restrictions eased, on 30 November 2020 the Victorian Government announced the Victorian Government QR Code Service. The QR Code Service allows businesses to register for a QR code that will enable its patrons to register their details through the Government's contact tracing

<sup>107</sup> Ms Sandy Pitcher, Deputy Secretary, COVID-19 Case Management, Contact and Outbreak, Department of Health and Human Services, public hearing, Melbourne, 4 December 2020, *Transcript of evidence*, p. 23.

<sup>108</sup> Ibid.

system.<sup>109</sup> To support this system, as part of the 2020–21 Victorian State Budget, the Victorian Government allocated \$4.5 million over three years to develop and operate free-to-use digital solutions to help businesses comply with COVID-19 record keeping requirements.<sup>110</sup> The Committee was unable to determine what proportion of Victorian businesses had registered for a QR code with the Victorian Government.

### 2.6.5 Recent developments—High Risk Industry testing

On 11 October 2020, the Victorian Government announced that all individuals identified as close contacts of people with COVID-19 would be required to be tested for COVID-19 on day 11 or thereafter of their quarantine period. If the test is negative, the individual will receive a notice of clearance from DHHS. If the test is positive, DHHS will contact the individual with further advice. In the circumstances where a close contact does not agree to take the coronavirus test, they are required to remain in quarantine for a total of 24 days from their last exposure to the virus.<sup>111</sup>

High Risk Industry testing was also implemented by the Victorian Government from 4 September 2020 for the health care sector, with other industries following throughout October (Table 2.2).

**Table 2.2 High Risk Industry testing**

Industry type	Mandated testing commenced	Tests (at 8 November 2020)
Meat, poultry and seafood processing	5 October 2020	10,284
Supermarket distribution centres	5 October 2020	3,253
Temperature controlled perishable food distribution centres	5 October 2020	1,477
Aged Care Workers <sup>a</sup>	19 October 2020	3,903
Health Care Sector	4 September 2020	3,372

a. Excludes Commonwealth led testing in private residential aged care facilities

Source: Department of Health and Human Services, *T3 and 4 - testing*, submission to Legislative Council, Legal and Social Issues Committee, Inquiry into the Victorian Government's COVID-19 contact tracing system and testing regime, 23 November 2020.

### 2.6.6 Contact tracing workforce

Contact tracing is a key component of controlling the transmission of COVID-19. Successful contact tracing depends on a robust and well-trained workforce, with staff who have excellent and tactful interpersonal skills, cultural sensitivity, and language and interviewing skills that help them to build and maintain trust with clients and contacts.<sup>112</sup>

<sup>109</sup> Hon. Danny Pearson MP, *New Check-In System For Businesses Across Victoria*, media release, Victorian Government, Melbourne, 30 November 2020.

<sup>110</sup> Department of Treasury and Finance, *Budget Paper No. 3: Service Delivery*, Melbourne, 2020–21, p. 115.

<sup>111</sup> Hon. Daniel Andrews MP, *Extra Testing Requirements As We Move To COVID Normal*, media release, Victorian Government, Melbourne, 11 October 2020.

<sup>112</sup> Centres for Disease Control and Prevention, *CDC-Funded Training for the COVID-19 Contact Tracing Workforce*, United States Department of Health and Human Services, Washington DC, 2020, p. 1.

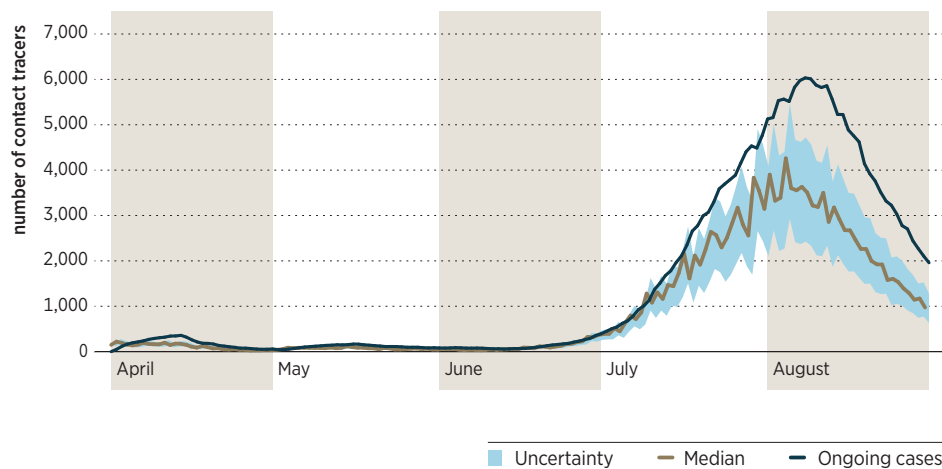
However, the international experience has shown that the number of cases and contacts that occur related to the disease can rapidly outpace the capacity of the public health system to quickly notify and quarantine all contacts and isolate all cases.<sup>113</sup> This was the case during Victoria's second wave.

### Staffing levels

The World Health Organisation has developed a health workforce planning tool that estimates the number of contact tracers needed over an eight-week period to identify and trace a specified number of COVID-19 cases. The health workforce planning tool is an Excel-driven tool that can be used to estimate the required contact tracing staffing levels for a defined reporting rate and a number of scenarios including follow up strategy and period, social distancing rules and the use of any digital tools.<sup>114</sup>

Using this tool, it was calculated that the minimum recommended number of contact tracers required at the peak of Victoria's second wave on 4 August 2020 would have been 2,963 (Figure 2.4).<sup>115</sup> At 20 June 2020, when the highest number of cases in two months was announced, the minimum recommended number of contact tracers required would have been 84.<sup>116</sup>

**Figure 2.4** Estimation of required contact tracing workforce, April to September 2020



Source: Adapted from World Health Organisation, *Health Workforce Estimator (HWE)*, 1 July 2020, <<https://euro.sharefile.com/share/view/s1df028894aa49abb/fob92ed8-23cb-4b24-a746-524bb6a27843>> accessed 20 August 2020.

<sup>113</sup> Centres for Disease Control and Prevention, *Operational Considerations for Adapting a Contact Tracing Program to Respond to the COVID-19 Pandemic*, 5 August 2020, <<https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/operational-considerations-contact-tracing.html>> accessed 20 August 2020.

<sup>114</sup> World Health Organisation, *COVID-19 Workforce Surge Planning Tools - A Rapid and Remote COVID Workforce Assessment A User Guide*, World Health Organisation, Geneva, June 2020.

<sup>115</sup> Committee calculation.

<sup>116</sup> Committee calculation.

At the outset of the pandemic, the contact tracing team employed by DHHS had 57 staff, which was expanded to 230 individuals on 19 March 2020.<sup>117</sup> On 11 August 2020 the Minister for Health, Hon. Jenny Mikakos MLC, advised the Committee that the contact tracing team had expanded to 1,891 staff in June 2020,<sup>118</sup> and at 10 August 2020 was made up of 2,600 individuals.<sup>119</sup> This workforce included a range of staff from a number of different public and private sector organisations, which will be discussed below.

### Workforce composition

At the public hearings on 11 August 2020, the Premier advised the Committee that the contact tracing team was composed of public health officers, authorised officers from DHHS, ADF personnel, and 'a significant number of people from Helloworld, Stellar and a number of health services.'<sup>120</sup> Helloworld is an Australian-based travel company with 2,000 independent franchised travel agents,<sup>121</sup> and Stellar Asia Pacific is a customer experience management organisation.<sup>122</sup>

The Victorian Government currently holds two contracts with Helloworld and Stellar Asia Pacific to provide contact tracing call centre services, including outbound calling activities. This supports DHHS' contact tracing requirements. The two contracts are valued at \$7.62 million<sup>123</sup> and \$9.02 million<sup>124</sup> respectively and run from 20 July 2020 to 21 January 2021. A public tender was not issued for these contracts. Professor Euan Wallace as Chief Executive Officer of Safer Care Victoria advised the Coate inquiry that Helloworld employees have been used to undertake welfare checks on people in the Hotel Quarantine Program.<sup>125</sup>

In response to questions on notice, DHHS and the Minister for Health, Hon. Jenny Mikakos MLC, advised the Committee of the breakdown of staff across the contact tracing team as at 10 August 2020 (Table 2.3).

117 Hon. Daniel Andrews MP, *Extra Funding Boost For Health System COVID-19 Response*, media release, Victorian Government, Melbourne, 19 March 2020.

118 Hon. Jenny Mikakos MLC, *Transcript of evidence*, p. 16.

119 *Ibid.*, p. 8.

120 Hon. Daniel Andrews MP, *Transcript of evidence*, p. 7.

121 Helloworld Travel, *Welcome to Helloworld Travel*, 2020, <<https://www.helloworld.com.au/about-us>> accessed 8 September 2020.

122 Stellar, *About Us*, 2020, <<https://www.stellarxm.com/about/>> accessed 8 September 2020.

123 Department of Health and Human Services, *Contract - C9460*, 20 July 2020, <<https://www.tenders.vic.gov.au/contract/view?id=187146>> accessed 20 August 2020.

124 Department of Health and Human Services, *Contract - C9448*, 20 July 2020, <<https://www.tenders.vic.gov.au/contract/view?id=187152>> accessed 20 August 2020.

125 Professor Euan Wallace, Chief Executive Officer, Safer Care Victoria, Inquiry into the COVID-19 Hotel Quarantine Program, public hearing, Melbourne, 10 September 2020, *Transcript of evidence*, pp. 1167-1168.

**Table 2.3** Contact tracing team staff breakdown as at 10 August 2020

Staff	Proportion of workforce (%)	Number of staff
Victorian Public Sector staff	27	702
Health sector staff, including Ambulance Victoria	12	312
Agency staff, including agency nursing	26	676
Commonwealth staff, including ADF personnel	17	442
Interjurisdictional (other states) staff	14	364
Other staff	4	104
<b>Total</b>	<b>100</b>	<b>2,600</b>

Source: Department of Health and Human Services, *DHHS Data Request 2*, supplementary evidence received 30 November 2020; Committee calculations.

DHHS did not provide a breakdown of how many of the contact tracing team were full-time, stating that staff are engaged on a full-time, part-time or casual basis and surge based on need.<sup>126</sup>

To support contract tracing in regional Victoria, the Victorian Government has more recently established rapid response testing teams, utilising regional providers, aligned with the five new regional public health teams in Barwon, Ballarat, Bendigo, Latrobe and Goulburn Valley. Each of these have their own team and work closely with local health services to provide onsite testing capacity.<sup>127</sup> These teams were established on 17 August 2020.<sup>128</sup> This is consistent with the guidance from the World Health Organisation, which states that ideally contact tracers should be recruited from within their own community.<sup>129</sup> This engagement with communities and their leaders will help identify potential challenges for contact tracing including language and literacy, access to food, medical care for other illnesses, education, as well as stigma and marginalization.<sup>130</sup>

**FINDING 19:** The establishment in mid-August 2020 of regional response testing teams in Victoria has facilitated the input of local health services in testing and contact tracing. This is consistent with guidance provided by the World Health Organisation, which emphasises the value of engaging contact tracers from within local communities.

<sup>126</sup> Department of Health and Human Services, *DHHS Data Request 2*, supplementary evidence received 30 November 2020.

<sup>127</sup> Hon. Jenny Mikakos MLC, *Transcript of evidence*, p. 32.

<sup>128</sup> Hon. Jenny Mikakos MLC, *Regional Victorians Urged To Get Tested*, media release, Victorian Government, Melbourne, 17 August 2020.

<sup>129</sup> World Health Organisation, *Contact tracing in the context of COVID-19*, World Health Organisation, Geneva, 2020, p. 6.

<sup>130</sup> *Ibid.*, p. 1.

## 2.6.7 Outbreaks

DHHS defines an outbreak of COVID-19 as:

- a single confirmed case of COVID-19 in a resident, staff member or frequent attendee of residential and aged care facilities, or
- two or more epidemiologically linked cases outside of a household with symptom onset within 14 days.<sup>131</sup>

From 11 July 2020, DHHS started listing cases linked to known workplace outbreaks in its daily COVID-19 updates.<sup>132</sup> As at 30 November 2020, DHHS had identified 698 outbreak sites, linked to a total of 11,328 cases (Table 2.4). A full list is provided in Appendix 4.

**Table 2.4 Victorian outbreaks by site type**

Site type	Outbreaks	Cases
Workplace/Industry	168	1,411
Aged/Residential care	124	4,738
Education	104	1,070
Hospital/Health care	92	1,203
Other	59	750
Disability Services	38	284
Food Industry	34	1,129
Childcare	27	253
Hospitality and Entertainment	22	224
Justice and Emergency	15	127
Accommodation and Housing	12	122
Laboratory	2	12
Work Logistics	1	5
<b>Total</b>	<b>698</b>	<b>11,328</b>

Note: The 'Other' category includes the following site types: cruise ships, family and social gatherings, sports and recreation venues, places of worship, and other mass transport.

Source: Department of Health and Human Services, *DHHS Data Request 3*, supplementary evidence received 4 December 2020.

The Minister for Health, Hon. Jenny Mikakos MLC, advised the Committee on 11 August 2020 that at the start of the second wave, data had indicated that household transmission was occurring more frequently, which then shifted to a greater concentration of cases and outbreaks in a workplace setting.<sup>133</sup> This included

<sup>131</sup> Department of Health and Human Services, *Coronavirus disease 2019 (COVID-19) Case and contact management guidelines for health services and general practitioners*, Department of Health and Human Services, Melbourne, 2020, p. 15.

<sup>132</sup> Note that these are distinct from the outbreaks identified in aged care residences, which are also reported by DHHS as part of the COVID-19 daily update.

<sup>133</sup> Hon. Jenny Mikakos MLC, *Transcript of evidence*, p. 7.



14 outbreaks at abattoirs across Victoria, and concentrations of cases in food processing sites, in food and other distribution centres, in call centres.<sup>134</sup> The Committee notes that health care settings including hospitals and aged care residencies have also been sources of major outbreaks, along with some schools and public housing towers.

At the public hearings on 4 December 2020 the Minister for Health, Hon. Martin Foley MP, advised the Committee of some of the Victorian Government's responses to recent outbreaks. The Committee heard that in response to an outbreak in Kilmore the Barwon local public health unit were able to apply lessons learned from an outbreak at a Colac abattoir to assist the Goulburn Valley public health team in their management of the outbreak. The use of local teams enabled substantial development in how the community provided critical information, with the response limiting the outbreak to five cases.<sup>135</sup>

The Minister for Health, Hon. Martin Foley MP, also highlighted the success of the Goulburn Valley local public health unit in managing the outbreak that occurred in Shepparton in mid-October 2020. The team led a response that included medical local primary health leadership, other local public health units, and support from the ADF. Although the virus had been circulating in Shepparton for almost two weeks prior to its first diagnosis, the outbreak was limited to three cases.<sup>136</sup>

## 2.7 Cedar Meats

Cedar Meats is a livestock and meat processing company based in Brooklyn, Victoria. In April and May 2020, the Cedar Meats processing facility in Brooklyn was the site of an outbreak of COVID-19, with 111 cases recorded.<sup>137</sup>

As outlined in the interim report to this inquiry, on 12 May 2020 the Minister for Health, Hon. Jenny Mikakos MLC, advised the Committee that the information that would allow comprehensive contact tracing of all staff and visitors to the Cedar Meats facility was not provided to DHHS until 4 May 2020. In line with the evidence provided by the Minister for Health, Hon. Jenny Mikakos MLC, the Committee found that DHHS did not have access to data on the total number of individuals that may have been exposed to COVID-19 at the Cedar Meats facility until nine days after the first case had been identified on 24 April 2020.<sup>138</sup> DHHS' initial response focused on quarantining and testing close contacts, as the first few cases worked in the same area, which was followed by further contact tracing to identify any other visitors or contractors that may have been on-site.<sup>139</sup>

<sup>134</sup> Ibid.

<sup>135</sup> Hon. Martin Foley MP, *Transcript of evidence*, p. 9.

<sup>136</sup> Ibid.

<sup>137</sup> Department of Health and Human Services, *Coronavirus update for Victoria - 23 May 2020*, media release, Department of Health and Human Services, Melbourne, 23 May 2020.

<sup>138</sup> Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the Victorian Government's response to the COVID-19 Pandemic: Interim Report*, August 2020, p. 22.

<sup>139</sup> Hon. Jenny Mikakos MLC, Minister for the Coordination of Health and Human Services: COVID-19, Department of Health and Human Services, public hearing, Melbourne, 12 May 2020, *Transcript of evidence*, p. 9.

Cedar Meats subsequently made a submission to the inquiry on 29 September 2020. The submission sets out in detail the email communication between Cedar Meats and DHHS Public Health Operations staff in the course of managing the outbreak at the site. The detailed email communication demonstrates that:

- DHHS did not request a list of all truck drivers that had been on-site at Cedar Meats Brooklyn facility for more than 30 minutes since 1 April 2020 until 3 May 2020.<sup>140</sup> Cedar Meats provided this information on 4 May 2020.<sup>141</sup>
- DHHS did not request the contact details of four Commonwealth meat inspectors that had attended Cedar Meats in April 2020 until 5 May 2020.<sup>142</sup> This information was provided by the company to DHHS verbally on 5 May 2020.<sup>143</sup>
- DHHS did not request a visitor log for the March to April period at the site until 11:53pm on 7 May 2020.<sup>144</sup> This information was provided by Cedar Meats to the Department on 8 May 2020.<sup>145</sup>

In the submission, Cedar Meats state that:

At no time did DHHS complain to Cedar Meats about a lack of cooperation, or for any other reason. Rather, to the contrary, DHHS was highly complimentary of Cedar Meats' responsible and cooperative approach to what was (and remains) a very serious public health issue.<sup>146</sup>

**FINDING 20:** Cedar Meats were responsive to all requests for information by the Department of Health and Human Services regarding the COVID-19 outbreak that took place at the Brooklyn Cedar Meats facility.

**FINDING 21:** The Department of Health and Human Services did not request information that would allow comprehensive contact tracing of all staff and visitors to the Cedar Meats facility until 11:53pm on 7 May 2020, 13 days after the first case was identified.

The Minister for Health, Hon. Jenny Mikakos MLC, was invited by the Committee on 10 August 2020<sup>147</sup> to make further comment on the case but did not provide a response.

At the public hearings on 15 December 2020, the Chief Executive of WorkSafe Victoria advised the Committee that an investigation of Cedar Meats had not found evidence of any breaches of the *Occupational Health and Safety Act 2004*.<sup>148</sup>

<sup>140</sup> Cedar Meats, *Submission 98*, received 29 September 2020, pp. 9–10.

<sup>141</sup> *Ibid.*, p. 10.

<sup>142</sup> *Ibid.*, p. 3.

<sup>143</sup> *Ibid.*

<sup>144</sup> *Ibid.*

<sup>145</sup> *Ibid.*

<sup>146</sup> *Ibid.*, p. 4.

<sup>147</sup> Ms Lizzie Blandthorn MP, Chair, Public Accounts and Estimates Committee, correspondence, 10 August 2020.

<sup>148</sup> Mr Colin Radford, Chief Executive, Worksafe, public hearing, Melbourne, 15 December 2020, *Transcript of evidence*, p. 11.

# 3 Health system, aged care and mental health

## 3.1 Introduction

This chapter reviews the Victorian Government's response to managing the impact of the COVID-19 pandemic on the Victorian health system, the aged care sector, and the mental health of Victorians. This includes the investment in public health infrastructure to accommodate the increased demand caused by the pandemic, as well as the impact on workers in the health system. There is a focus on infection rates among healthcare workers and the steps taken to mitigate this. In addition, the aged care sector is examined, focusing on the rates of infection across staff and residents, and the actions taken to prepare the sector in light of major outbreaks internationally and in other Australian jurisdictions. The mental health impacts, in particular as they affect young Victorians, are also discussed.

## 3.2 Health system

Since the beginning of the pandemic, the Victorian Government has invested more than \$1.9 billion into the Victorian health system.<sup>1</sup> As part of the 2020–21 Victorian State Budget, an additional \$2.9 billion was allocated to the Coronavirus (COVID-19) health response.<sup>2</sup> This funding is to support the public health response to the pandemic, including additional investment in public health capabilities to respond to the spread of COVID-19. The funding is to meet the cost of additional demands on the health system, and ongoing capacity required to enable the safe easing of restrictions and management of any future spread of COVID-19.<sup>3</sup>

### 3.2.1 Hospital infrastructure

In Australia, hospital services are provided by public and private hospitals and funded in a range of ways. Public hospitals are largely owned and managed by state and territory governments, and private hospitals are owned and managed by private for-profit and not-for-profit organisations.<sup>4</sup> There are 57 metropolitan Melbourne hospitals and health

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1 Hon. Jenny Mikakos MLC, Minister for the Coordination of Health and Human Services: COVID-19, Department of Health and Human Services, public hearing, Melbourne, 11 August 2020, *Transcript of evidence*, pp. 1–2; Hon. Jenny Mikakos MLC, *COVID-19 public hearing presentation*, supplementary evidence received 11 August 2020, pp. 4–5.

2 Department of Treasury and Finance, *Budget Paper No. 3: Service Delivery*, Melbourne, 2020–21, p. 64.

3 *Ibid.*, p. 77.

4 Australian Institute of Health and Welfare, *Hospitals*, 9 July 2020, <<https://www.aihw.gov.au/reports-data/myhospitals>> accessed 2 September 2020.

services in the public sector in Victoria, with a further 69 rural hospitals and health services.<sup>5</sup> Victoria has 40 public emergency departments.<sup>6</sup> In 2018–19, Victoria had 15,084 beds available in the public health system.<sup>7</sup>

In the interim report of this inquiry, it was noted that the Victorian Government had delivered 305 additional hospital beds since the outset of the pandemic.

At the public hearing on 11 August 2020, the Minister for the Coordination of Health and Human Services: COVID-19 (the Minister for Health), Hon. Jenny Mikakos MLC, advised the Committee that the Victorian Government had delivered an additional 102 beds since 12 May 2020, which increased the number of beds available in Victoria by 2.7% (on 2018–19 numbers). As outlined in the interim report to this inquiry, the Victorian Government provided access to an additional 8,500 acute care beds in Victoria through an agreement with the private sector.<sup>8</sup>

**FINDING 22:** The Victorian Government has delivered 407 additional hospital beds since the commencement of the pandemic in March 2020. This has increased the number of beds available in the Victorian public health system by 2.7% (on 2018–19 levels).

Based on the total number of intensive care unit (ICU) admissions across a year, the average occupancy of ICU beds in Victoria is 115 patients per day.<sup>9</sup> The Minister for Health, Hon. Jenny Mikakos MLC, informed the Committee that at the outset of the pandemic there were 450 ICU beds<sup>10</sup> available in Victoria, and that as at 11 August 2020 there were a total of 1,556 ICU and critical care spaces<sup>11</sup> that had been prepared across public and private hospitals.<sup>12</sup>

5 Department of Health and Human Services, *Public Hospitals in Victoria*, 2020, <<https://www2.health.vic.gov.au/hospitals-and-health-services/public-hospitals-victoria>> accessed 2 September 2020.

6 Australian Institute of Health and Welfare, *Table Emergency Department Care 2018–19: Australian Hospital Statistics*, 11 December 2019, <<https://www.aihw.gov.au/getmedia/6f15c095-e669-428c-9cef-a887cb65f3b0/Emergency-departmentcare-2018-19.xlsx.aspx>> accessed 2 September 2020.

7 Australian Institute of Health and Welfare, *Hospital Resources 2018–19 tables*, 18 June 2020, <<https://www.aihw.gov.au/getmedia/0f041ca3-081d-4f90-913b-4ddde10a5eec/Hospital-resources-2018-19-Tables.xlsx.aspx>> accessed 2 September 2020.

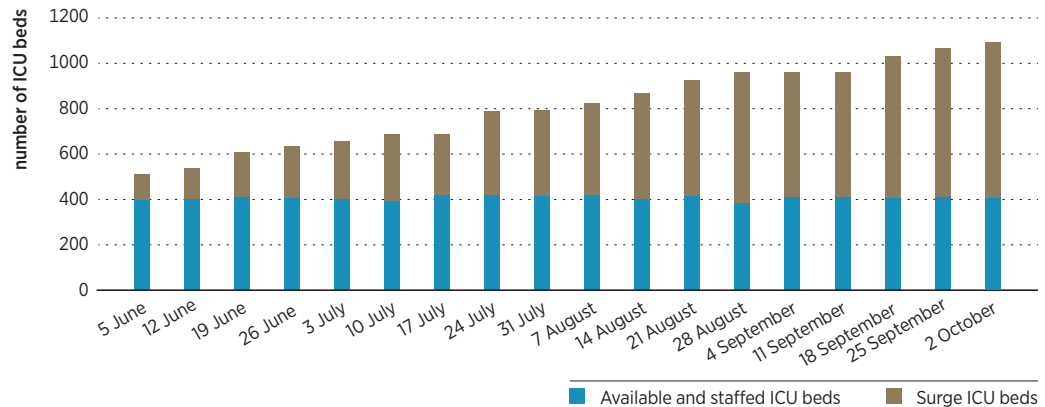
8 Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the Victorian Government's response to the COVID-19 Pandemic: Interim Report*, August 2020, p. 25.

9 Australian and New Zealand Intensive Care Society, *Centre for Outcome and Resource Evaluation 2018 Report*, 2019, <<https://www.anzics.com.au/wp-content/uploads/2019/10/2018-ANZICS-CORE-Report.pdf>> accessed 15 September 2020.

10 An ICU is a specially staffed and equipped, separate and self-contained area of a hospital dedicated to the management of patients with life-threatening illnesses, injuries and complications, and monitoring of potentially life-threatening conditions. An ICU bed is also dependent on having highly trained medical and nursing staff who can care for a critically ill patient in this environment under the direction of an Intensive Care Specialist (Intensivist), supported by a large team of pharmacists, physiotherapists, dietitians, social workers and other staff.

11 A critical care space is a bed in a hospital that has particular requirements for infection control, heating, ventilation and air conditioning, fire risk, electrical supply, waste management, medical service panels and oxygen supply.

12 Hon. Jenny Mikakos MLC, *Transcript of evidence*, p. 18.

**Figure 3.1** Victorian intensive care unit capacity

Source: Department of Health and Human Services, *DHHS Data Request 2*, supplementary evidence received 30 November 2020.

At the public hearings on 4 December 2020, the Secretary of DHHS, Professor Euan Wallace, advised the Committee that Victoria had approximately 500 ICU beds operating, with additional equipment and staff provisioning available for a surge total of 1,590 ICU spaces. The Committee was advised that there is equipment and staff that can be drawn on to deliver an extra 2,000 ICU spaces if required.<sup>13</sup>

**FINDING 23:** As at 4 December 2020, there were approximately 500 intensive care unit beds staffed and open in Victoria. The number of intensive care unit beds has remained steady across the duration of the pandemic. The surge capacity of Victoria’s intensive care beds has increased from 515 in June 2020, to 1,590 in December 2020.

### 3.2.2 Communication and messaging

Effective communication ensures responders are provided with timely, accurate and comprehensive clinical information and advice. This informs the management of patients, implementation of COVID-19 control measures and minimises their own risk of exposure.<sup>14</sup> The Victorian Government’s *COVID-19 Pandemic Plan for the Victorian Health Sector* (the COVID-19 pandemic plan) states that it is critical to communicate to the public what is known about COVID-19, what is unknown, and what is being done.<sup>15</sup>

Throughout the pandemic, DHHS has released daily updates on COVID-19 in Victoria. These are communicated through its Coronavirus home page, which includes announcements, updates on restriction levels, and links to sector and

<sup>13</sup> Professor Euan Wallace, Chief Executive Officer, Safer Care Victoria, Department of Health and Human Services, public hearing, Melbourne, 4 December 2020, *Transcript of evidence*, p. 16.

<sup>14</sup> Department of Health, *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-2019)*, Department of Health, Canberra, 2020, p. 7.

<sup>15</sup> Department of Health and Human Services, *COVID-19 Pandemic Plan for the Victorian Health Sector*, Melbourne, March 2020, p. 12.

community-specific information.<sup>16</sup> Additional information is also available from the Victorian Government's *Coronavirus (COVID-19): Important information for Victorians* website including how to access support programs.<sup>17</sup>

The Victorian Government has implemented a range of advertising campaigns to promote awareness of COVID-19. On 22 August 2020, the Victorian Government implemented the 'Staying Safe is in Our Hands' campaign, which used a range of high-profile Victorians to encourage mask wearing, hand washing and maintaining social distance.<sup>18</sup> An earlier campaign focused on sharing the stories of Victorians who had been diagnosed with the virus and healthcare workers.<sup>19</sup> Both campaigns were distributed across a range of media channels.

The Victorian Government's latest advertising campaign encourages Victorians to remain COVIDSafe and facilitate the State's effective and safe reopening. Posters and social media packs to help support the campaign are available from the DHHS website.<sup>20</sup>

Population groups already known to be at increased risk of severe influenza infections are also at increased risk during COVID-19. These include Aboriginal and Torres Strait Islanders or those from culturally and linguistically diverse (CALD) communities.<sup>21</sup> Consequently, according to Victoria's COVID-19 pandemic plan, communications to these groups should be delivered via the optimal channels and be culturally appropriate.<sup>22</sup>

As stated in the interim report of this inquiry, DHHS released a translated resource page on its website for COVID-19 on 16 March 2020. The page originally provided information in 15 languages.<sup>23</sup> A full list of these languages, including the dates they were uploaded, is provided in Appendix 6.

On 6 May 2020, as part of an overall \$11.3 million package, the Victorian Government provided \$1 million to boost translated messaging across government departments, to assist Victorians with English as a second language.<sup>24</sup>

16 Department of Health and Human Services, *Coronavirus (COVID-19)*, 2 September 2020, <<https://www.dhhs.vic.gov.au/coronavirus>> accessed 3 September 2020.

17 Victorian Government, *Coronavirus (COVID-19): Important information for Victorians*, 31 August 2020, <<https://www.vic.gov.au/coronavirus>> accessed 3 September 2020.

18 Hon. Daniel Andrews MP, *Staying Safe is in Our Hands*, media release, Victorian Government, Melbourne, 22 August 2020.

19 Hon. Daniel Andrews MP, *Stories From Coronavirus Survivors*, media release, Victorian Government, Melbourne, 10 August 2020.

20 Department of Health and Human Services, *Promotional material - coronavirus (COVID-19)*, 28 October 2020, <<https://www.dhhs.vic.gov.au/promotional-material-coronavirus-covid-19>> accessed 18 November 2020.

21 Department of Health and Human Services, *COVID-19 Pandemic Plan for the Victorian Health Sector*, p. 20.

22 Ibid., p. 12.

23 Department of Health and Human Services, *Translated resources - Coronavirus (COVID-19)*, 2 September 2020, <<https://www.dhhs.vic.gov.au/translated-resources-coronavirus-disease-covid-19>> accessed 3 September 2020.

24 Hon. Ros Spence MP, *Helping Multicultural Victorians Through Coronavirus*, media release, Victorian Government, Melbourne, 6 May 2020.

This funding was later expanded on 13 August 2020, when the Victorian Government announced \$14.3 million to reach out to culturally and linguistically diverse Victorians. This funding included \$6.9 million for expanded health messaging and support for multicultural organisations to deliver emergency relief, \$5.5 million to expand the distribution of vital health advice and a further \$2 million to translation and interpreter services.<sup>25</sup>

On 20 October 2020 the Government announced that \$2.1 million would be made available to multicultural seniors groups in Victoria. The funding provides up to \$2,000 for groups to purchase IT equipment, run programs to support multicultural seniors and provide the timely distribution of COVID-19 information.<sup>26</sup>

The COVID-19 pandemic plan notes that DHHS has developed a communications plan to encourage Victorians to take proactive measures to minimise disease transmission and ‘provide transparent, consistent, responsive and empathetic messaging in local languages through trusted channels of communication’.<sup>27</sup>

Chapter 8 of this report discusses the public housing tower lockdown, and communication surrounding this, including the impact of poor communication at the outset of the lockdown. However, Australian Muslim Social Services Agency (AMSSA) advised the Committee on 27 August 2020 that after the public housing tower lockdowns, DHHS had engaged with community leaders, and provided the organisation with support to ensure that residents from CALD backgrounds had information and services interpreted in their own language.<sup>28</sup> The Ethnic Communities Council of Victoria (ECCV) advised the Committee that translations in up to 67 languages had been made available and that a range of digital technologies were being used to deliver COVID-19 messaging.<sup>29</sup>

**FINDING 24:** The Victorian Government has invested \$16.4 million in funding to multicultural communities to improve communication and the availability of information about COVID-19. This has included translation of COVID-19 information into 57 different languages spoken in Victoria.

However, some evidence provided to the Committee at the public hearings on 27 August 2020 noted that the communication between the Victorian Government and multicultural communities had not been entirely effective. The ECCV advised the Committee that they felt the Victorian Government could have engaged with Victorian

25 Hon. Daniel Andrews MP, *Working Together With Multicultural Communities*, media release, Victorian Government, Melbourne, 13 August 2020.

26 Hon. Ros Spence MP, *Safely Connecting Multicultural Seniors During Coronavirus*, media release, Victorian Government, Melbourne, 20 October 2020.

27 Department of Health and Human Services, *COVID-19 Pandemic Plan for the Victorian Health Sector*, p. 12.

28 Ms Adna Abdikadir, Deputy Director, Australian Muslim Social Services, public hearing, Melbourne, 27 August 2020, *Transcript of evidence*, p. 6.

29 Mr Eddie Micallef, Chairperson, Ethnic Communities Council of Victoria, public hearing, Melbourne, 27 August 2020, *Transcript of evidence*, p. 2.

multicultural communities sooner.<sup>30</sup> For example the Multicultural CEO Network recommended on 20 April 2020 that a CALD Taskforce be established in Victoria to support community planning and service implementation as part of the State's response and recovery from COVID-19.<sup>31</sup>

At the public hearings on 11 August 2020 the Australian Healthcare and Hospitals Association (AHHA) also highlighted concerns with the effectiveness of DHHS' engagement with multicultural groups, stating:

We have been advised that there have been community groups, particularly where there have been groups with high-risk populations, that have made some offers of assistance to DHHS around communications and communication strategies to those groups and that there was not a particular interest in taking up those offers. And I highlight that because one of the weaknesses we have seen is the capacity to communicate directly with groups for whom English may not be a first language, whose health literacy may be low and who may not have access to IT services and particularly groups where there may be a highly casualised workforce.<sup>32</sup>

**FINDING 25:** Department of Health and Human Services' outreach to some multicultural communities regarding COVID-19 and minimising its spread during the pandemic, particularly in the early stages, was considered by some communities to be inadequate.

**RECOMMENDATION 6:** The Department of Health and Human Services review the effectiveness of its COVID-19 pandemic communications plan and operations in relation to multicultural communities and primary health networks, including General Practitioners.

During the inquiry the Committee heard evidence that communication between the DHHS and healthcare professionals had also been lacking in some instances. The Society of Hospital Pharmacists of Australia advised the Committee that there had been limited communication with Directors of Pharmacy in hospitals, which limited their capacity to ensure appropriate access to medicines.<sup>33</sup> In their submission to the inquiry, the Australian Medical Association (AMA) stated:

There is no meaningful engagement and integration of General Practitioners into the Victorian public health system and there remain constant communication issues between government departments, public hospital management, general practice, primary care and aged care.<sup>34</sup>

<sup>30</sup> Ibid.

<sup>31</sup> Victorian Multicultural CEO Network, *Open Letter from the Victorian Multicultural CEO Network – COVID-19* 20 April 2020, <<https://eccv.org.au/wp-content/uploads/2020/04/Open-Letter-to-the-Crisis-Council-of-Cabinet-from-Multicultural-CEO-Network.pdf>> accessed 23 September 2020.

<sup>32</sup> Ms Alison Verhoeven, Chief Executive, Australian Healthcare and Hospitals Association, public hearing, Melbourne, 11 August 2020, *Transcript of evidence*, p. 7.

<sup>33</sup> The Society of Hospital Pharmacists of Australia, *Submission 59*, Attachment b, received 31 July 2020, p. 8.

<sup>34</sup> Australian Medical Association, *Submission 55*, received 31 July 2020, p. 4.



On 12 October 2020 DHHS announced the commencement of the COVID-19 Positive Care Pathways Program. The program will be delivered by metropolitan health services, community health providers and regional health services and provides clinical care, monitoring and support for all people who test positive for COVID-19.<sup>35</sup> Under the program, clinicians make initial contact with the patient, explain the program and obtain the necessary consent for them to participate. They then allocate the patient into the low, medium or high risk pathway based upon a standardised assessment. Low risk patients are eligible for management by the patients' nominated or preferred General Practitioner (GP), or a GP within community health services.<sup>36</sup>

The Minister for Health, Hon. Martin Foley MP, advised the Committee that the 12 metropolitan and regional public health units established on 19 October 2020 had been effectively partnering with local GPs to manage communication and the delivery of services to communities.<sup>37</sup>

**FINDING 26:** During the height of the pandemic, there were communication difficulties between the Department of Health and Human Services and primary health networks including General Practitioners. The Government established the COVID-19 Positive Care Pathways Program in mid-October to help mitigate these issues.

### 3.2.3 Data

The *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-2019)* emphasises the importance of clear strategic approaches to the collection of national surveillance data to contribute to the national picture and to inform the jurisdictional public health response.<sup>38</sup> On 24 July 2020, the Australian National Cabinet agreed to a common set of data and metrics that would provide transparent up-to-date jurisdictional data on contact tracing, tracking and other metrics to ensure health system capacity.<sup>39</sup> The National Contact Tracing Review undertaken by the Chief Scientist recommended that the Commonwealth, states and territories should agree and publicly report on weekly national performance metrics for contact tracing.<sup>40</sup>

DHHS hosts an online dashboard that presents daily numbers and overall numbers for new COVID-19 cases, active COVID-19 cases, lives lost, recovered COVID-19 cases and tests. With the resumption of international flights to Melbourne from 7 December 2020,

<sup>35</sup> Department of Health and Human Services, *COVID-19 Positive Care Pathways program Fact sheet for referrers*, Department of Health and Human Services, Melbourne, 12 October 2020.

<sup>36</sup> North Western Melbourne Primary Health Network, *COVID-19: Care pathways: Primary care management of COVID-19 patients in Melbourne's north west*, 19 October 2020, <<https://nwmphn.org.au/health-systems-capacity-building/covid-19/care-pathways>> accessed 11 November 2020.

<sup>37</sup> Hon. Martin Foley MP, Minister for Health, Department of Health and Human Services, public hearing, Melbourne, 4 December 2020, *Transcript of evidence*, p. 8.

<sup>38</sup> Department of Health, *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-2019)*, p. 16.

<sup>39</sup> Hon. Scott Morrison MP, *National Cabinet*, media release, Australian Government, Canberra, 24 July 2020.

<sup>40</sup> Dr Alan Finkel AO, *National Contact Tracing Review*, report for Australian National Cabinet, Department of Health, Canberra, 13 November 2020, p. 17.

the dashboard also includes internationally acquired and in quarantine cases. The dashboard provides disaggregated information on cases by age group, Local Government Area (LGA), and mode of transmission.<sup>41</sup> Additionally, a daily media release by DHHS includes a breakdown of cases across aged care facilities, locations of outbreaks, and the number of healthcare workers infected. This additional data is not required to be reported through the online dashboard. From 8 September 2020 the Victorian Government published weekly contact tracing metrics online.<sup>42</sup>

At the public hearings on 11 August 2020, Professor Marylousie McLaws from the University of New South Wales was supportive of the amount of data available through the DHHS website. Professor McLaws noted that this could have been improved through the use of a mobile phone application to target the information provided and improve the public's understanding of COVID-19.<sup>43</sup> The AHHA also stated that coordination of data between the Commonwealth and Victorian Government had been good, especially through the development of a national intensive bed capacity database.<sup>44</sup>

The AHHA also stated that although the Victorian Government had taken some steps to address it, there had been a lack of information about infection location beyond LGA data and there had also been a lack of discharge information provided to GPs.<sup>45</sup>

Other jurisdictions have taken different approaches to reporting data related to the pandemic. In addition to daily updates, the New South Wales Department of Health releases a weekly review of epidemiological data for COVID-19 in the State. This includes detailed information on COVID-19 transmission across the State, broken down by local health district. COVID-19 clusters are also analysed and disaggregated across primary, secondary and tertiary exposure sites, their settings, and number of linked cases over time.<sup>46</sup>

**FINDING 27:** The Department of Health and Human Services has established an online dashboard consistent with the National Cabinet agreed common data and metrics. This does not include data on the rates of infection amongst healthcare workers or in aged care settings however this data has been publicly reported in Victoria in other ways.

**RECOMMENDATION 7:** The Department of Health and Human Services review the effectiveness of its communication of COVID-19 data across the public health system and primary care networks.

41 Department of Health and Human Services, *Victorian coronavirus (COVID-19) data*, 2020, <<https://www.dhhs.vic.gov.au/victorian-coronavirus-covid-19-data>> accessed 16 September 2020.

42 Hon. Daniel Andrews MP, *Local Response Units And Boosted Reporting For Safe Next Steps*, media release, Victorian Government, Melbourne, 8 September 2020.

43 Professor Mary-Louise McLaws, Epidemiologist, University of New South Wales, public hearing, Melbourne, 11 August 2020, *Transcript of evidence*, pp. 6-7.

44 Ms Alison Verhoeven, *Transcript of evidence*, p. 3.

45 *Ibid.*, p. 2.

46 Department of Health, *COVID-19 Weekly Surveillance in NSW Epidemiological Week 38*, Department of Health, Sydney, 23 September 2020.

In the 2020–21 Victorian State Budget, the Government allocated \$4.6 million to the Department of Premier and Cabinet<sup>47</sup> and \$5.2 million to DHHS<sup>48</sup> to create a single digital solution for COVID-19 reporting. The program is designed to increase the Government’s responsiveness during the pandemic.<sup>49</sup>

### 3.3 Healthcare workforce

Healthcare workers have a critical role in the response to COVID-19 and represent the backbone of a country’s efforts to limit and contain the spread of disease. In order to provide the necessary care to patients with suspected or confirmed cases of COVID-19, healthcare workers place themselves at risk.<sup>50</sup> As at 30 September 2020, there were 118,776 registered nurses and midwives working in Victoria, as well as 31,315 registered medical practitioners.<sup>51</sup> At the public hearings on 11 August 2020, the Minister for Health, Hon. Jenny Mikakos MLC, advised the Committee that to assist the healthcare workforce, the Victorian Government had:

- Centralised personal protective equipment (PPE) procurement and distribution.
- Ordered more than 805 million gloves, 154 million masks and 26 million gowns.
- Launched the Working for Victoria – Health Portal.
- Provided training to help prepare and protect frontline workers.
- Undertaken planning for backfill for healthcare workforce.
- Provided accommodation for frontline health workers who need to self-isolate.<sup>52</sup>

At the public hearings on 4 December 2020, the Minister for Health, Hon. Martin Foley MP, advised the Committee of further steps taken by the Victorian Government to assist healthcare workers, which included releasing a \$9.8 million worker wellbeing package developed in consultation with hospitals, clinicians, peak bodies, unions and researchers to reduce healthcare worker infections and to increase support to those workers.<sup>53</sup>

The Committee notes that Victoria has also greatly benefitted from healthcare workers coming from interstate and overseas to work in hospitals and aged care facilities.

<sup>47</sup> Department of Treasury and Finance, *Budget Paper No. 3*, p. 115.

<sup>48</sup> *Ibid.*, p. 64.

<sup>49</sup> *Ibid.*, p. 118.

<sup>50</sup> World Health Organisation Western Pacific Region, *The COVID-19 Risk Communication Package For Healthcare Facilities*, World Health Organisation, Manila, 2020, p. 2.

<sup>51</sup> Nursing and Midwifery Board of Australia, *Registrant Data*, Australian Health Practitioner Regulation Agency, Canberra, 2020; Medical Board of Australia, *Registrant Data*, Australian Health Practitioner Regulation Agency, Canberra, 2020.

<sup>52</sup> Hon. Jenny Mikakos MLC, *COVID-19 public hearing presentation*, p. 7.

<sup>53</sup> Hon. Martin Foley MP, *Transcript of evidence*, p. 2.

### 3.3.1 Infection control among health workers

Current evidence suggests that the people most at risk of acquiring COVID-19 are healthcare workers as they go about their daily work.<sup>54</sup> On 11 August 2020 the Minister for Health, Hon. Jenny Mikakos MLC, advised the Committee that 10 to 15% of cases of COVID-19 in the healthcare workforce were acquired at work.<sup>55</sup>

On 25 August 2020, the Victorian Government released *Protecting our Healthcare Workers*, an analysis of the cases of COVID-19 that occurred in Victorian healthcare workers. The analysis revealed that:

- As of 23 August, 2,692 cases of COVID-19 had been diagnosed in healthcare workers, and 2,450 (91%) cases were diagnosed in July and August 2020.
- In the second wave, at least 69% of all healthcare worker cases had been or were likely to have been acquired in the workplace.
- During the second wave, 955 (42%) of infections were among workers in aged care settings, 729 (32%) in hospital settings and 36 (1.5%) were in GP clinics.<sup>56</sup>

On the same day—25 August 2020—the Victorian Government announced the establishment of the Healthcare Worker Infection Prevention and Wellbeing Taskforce. One of the key roles of the taskforce was to assess every health service, aged care facility, Aboriginal health organisation and GP clinic to ensure that these workplaces were COVIDSafe.<sup>57</sup>

DHHS started publishing data on the number of healthcare workers that had acquired COVID-19 as part of its daily updates from 16 July 2020. As at 30 November 2020, there had been 3,573 cases of COVID-19 among Victorian healthcare workers,<sup>58</sup> representing 18% of all of the Victorian cases recorded during the pandemic.<sup>59</sup> The number of cases among healthcare workers as a proportion of total cases increased during the second wave, reaching a peak of over 25% during September 2020 (Figure 3.2).

Victoria is the only Australian jurisdiction that reports daily on the levels of COVID-19 infections in its healthcare workforce. New South Wales has previously reported on the numbers of healthcare workers that have been infected with COVID-19, when they have been linked to outbreaks in healthcare settings, such as a cluster that was linked to

<sup>54</sup> World Health Organisation, *Risk assessment and management of exposure of health care workers in the context of COVID-19*, World Health Organisation, Geneva, 2020, p. 1.

<sup>55</sup> Hon. Jenny Mikakos MLC, *Transcript of evidence*, p. 22.

<sup>56</sup> Department of Health and Human Services, *Protecting Our Healthcare Workers*, Department of Health and Human Services, Melbourne, 2020, p. 2.

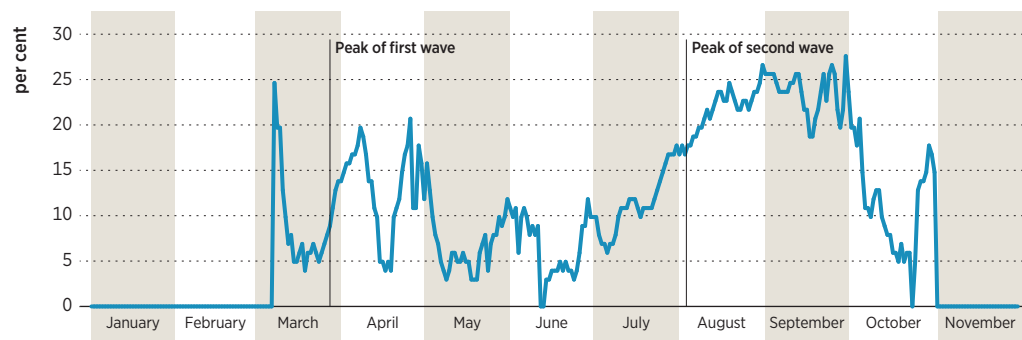
<sup>57</sup> Hon. Daniel Andrews MP, *Protecting Our Healthcare Heroes*, media release, Victorian Government Melbourne, 25 August 2020.

<sup>58</sup> DHHS defines a healthcare worker as a worker providing clinical care to a patient or patients. It may include nurses, personal care assistants, allied health, and doctors. This includes workers in aged care facilities, however, it does not include non-clinical workers (cleaners, receptionists, food handlers, etc).

<sup>59</sup> Department of Health and Human Services, *DHHS Data Request 3*, supplementary evidence received 4 December 2020.

Liverpool Hospital.<sup>60</sup> This was a part of its weekly review of epidemiological data. On 9 September 2020 the Federal Minister for Health announced an expansion of national surveillance of healthcare worker infection to provide a better understanding of COVID-19 among healthcare workers at the state and territory level.<sup>61</sup>

**Figure 3.2** COVID-19 cases among Victorian healthcare workers as a proportion of daily cases (7-day average)



Source: Department of Health and Human Services, *DHHS Data Request 3*, supplementary evidence received 4 December 2020.

**FINDING 28:** Victoria is the only Australian jurisdiction that reports daily on the levels of COVID-19 infections in its healthcare workforce.

**FINDING 29:** The daily number of cases of COVID-19 among healthcare workers as a proportion of the total daily number of cases increased during the second wave in Victoria, peaking at over 25% in September 2020. Healthcare workers account for 18% of all COVID-19 cases in Victoria.

Internationally, there have been different rates of COVID-19 infections among healthcare workers. In Italy, as at 18 November 2020, cases of COVID-19 among healthcare workers made up 5% of the total cases in the country.<sup>62</sup> In Spain, as at 25 November 2020, cases of COVID-19 recorded in healthcare workers since 10 May 2020 represent 4.5% of the total number of cases in the country.<sup>63</sup> However, prior to 10 May 2020, cases of COVID-19 among healthcare workers in Spain represented 24.1% of the total cases recorded up to that point.<sup>64</sup> A study in Alberta, Canada found that a much higher

<sup>60</sup> Department of Health, *COVID-19 Weekly Surveillance in NSW Epidemiological Week 35, Ending 29 August 2020*, Department of Health, Sydney, 2 September 2020.

<sup>61</sup> Hon. Greg Hunt MP, *Additional Commonwealth support to protect healthcare workers from COVID-19*, media release, Australian Government, Canberra, 9 September 2020.

<sup>62</sup> Istituto Superiore di Sanità, *Epidemia COVID-19 Aggiornamento nazionale 11 novembre 2020 – ore 11:00*, Istituto Superiore di Sanità, Rome, 15 November 2020.

<sup>63</sup> Red Nacional de Vigilancia Epidemiológica, *Informe nº 52. Situación de COVID-19 en España. Casos diagnosticados a partir 10 de mayo Informe COVID-19. 12 de noviembre de 2020*, Red Nacional de Vigilancia Epidemiológica, Madrid, 12 November 2020.

<sup>64</sup> Red Nacional de Vigilancia Epidemiológica, *Análisis de los casos de COVID-19 en personal sanitaria notificados a la RENAVE hasta el 10 de mayo en España*, Red Nacional de Vigilancia Epidemiológica, Madrid, 29 May 2020, p. 11.

incidence of infection among healthcare workers was reflective of regions with high population incidence and prevalence, with significantly strained health care systems in areas such as Italy, Spain, and Hubei province.<sup>65</sup>

The Committee heard evidence outlining the impact of outbreaks in healthcare settings. DHHS advised that as at 11 August 2020 there were approximately 1,000 workers furloughed because of potential exposure in hospitals to confirmed cases.<sup>66</sup> The Australian Nursing and Midwifery Federation (ANMF) also noted the impact of large numbers of staff being furloughed due to cases in hospitals.<sup>67</sup>

The taskforce established to stop the spread of coronavirus in healthcare settings found that leading causes of transmission included cases being 'cohorted' in the same clinical space, contact between health workers in areas like tea and break rooms, gaps in putting on and taking off PPE, movement of staff between facilities and older ventilation systems being less effective at ensuring good air flow. The taskforce has provided recommendations to the Victorian Government to assess health services, aged care facilities, Aboriginal health organisations and GP clinics to reduce these causes and ensure that these workplaces are COVIDSafe.<sup>68</sup>

On 30 August 2020, DHHS reported that there had been 163 cases of COVID-19 linked to the Melbourne Health Royal Park Campus, the largest outbreak in a healthcare setting in Victoria.<sup>69</sup> An article published by the Australian Medical Journal found that the Royal Park Campus had the highest number of staff with COVID-19 in the Royal Melbourne Hospital (107 infected staff), despite this campus constituting about 10% of the total staff workforce at the hospital.<sup>70</sup> The article identified that infections among staff rose concurrently with large numbers of cases in the hospital and community and that large numbers of patients in confined spaces may have created a high density of droplets, aerosols and environmental contamination. Mitigation was achieved through decreasing patient density, and the adoption of P2/N95 masks for staff working in areas with large numbers of patients with confirmed or suspected COVID-19.<sup>71</sup>

Overall, there have been 92 different COVID-19 outbreaks in healthcare settings in Victoria since the beginning of the pandemic (Table 3.1).

65 Alberta Health Sciences, *COVID-19 Scientific Advisory Group Rapid Response Report*, 4 May 2020, <<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-hcw-risk-rapid-review.pdf>> accessed 15 September 2020.

66 Mr Terry Symonds, Deputy Secretary, Health and Wellbeing, Department of Health and Human Services public hearing, Melbourne, 11 August 2020, *Transcript of evidence*, p. 21.

67 Ms Lisa Fitzpatrick, State Secretary (Victoria), Australian Nursing and Midwifery Federation, public hearing, Melbourne, 11 August 2020, *Transcript of evidence*, p. 3.

68 Hon. Daniel Andrews MP, *Protecting Our Healthcare Heroes*, media release.

69 Department of Health and Human Services, *Coronavirus update for Victoria - 30 August 2020*, media release, Department of Health and Human Services, Melbourne, 30 August 2020.

70 Kirsty Buising, et al., 'A hospital-wide response to multiple outbreaks of COVID-19 in health care workers: lessons learned from the field', *Medical Journal of Australia*, 16 November 2020, <<https://www.mja.com.au/journal/2020/214/4/hospital-wide-response-multiple-outbreaks-covid-19-health-care-workers-lessons>> accessed 16 November 2020.

71 Ibid.

**Table 3.1 COVID-19 outbreaks in Victorian healthcare settings**

Setting type	Outbreaks	Cases
Acute Hospital	58	923
Allied health services	4	39
Sub-Acute Hospital, Transitional care and Other hospital	14	183
Primary Care services	11	46
Other Healthcare	5	12
<b>Total</b>	<b>92</b>	<b>1,203</b>

Source: Department of Health and Human Services, *DHHS Data Request 3*, supplementary evidence received 4 December 2020.

The most recent COVID-19 outbreak in a healthcare setting occurred at Box Hill Hospital (Box 3.1).

### BOX 3.1: Box Hill Hospital outbreak

On 8 October 2020, DHHS reported that investigations had commenced into an outbreak at Box Hill Hospital, which included two staff members and one patient. By 10 October, there were 10 cases linked to the outbreak: three staff members, one patient and six household contacts. On 16 October 2020 DHHS reported that the index case<sup>a</sup> for the Box Hill Hospital outbreak was a patient cared for on the COVID-19 ward.

On 26 October 2020, the Chief Executive of Eastern Health advised staff at Eastern Health that a COVID-positive health care worker had been directly linked to a household involved in an outbreak in the northern metropolitan region community.

As at 1 November 2020, there had been 15 cases linked to the outbreak at Box Hill Hospital, and 42 cases linked to the northern metropolitan community outbreak.

<sup>a</sup> The index case is the patient in an outbreak who is first noticed by the health authorities, and who makes them aware that an outbreak might be emerging.

Sources: Department of Health and Human Services *Coronavirus update for Victoria - Thursday 8 October*, media release, Department of Health and Human Services, Melbourne, 8 October 2020; Department of Health and Human Services, *Coronavirus update for Victoria - Saturday 10 October*, media release, Department of Health and Human Services, Melbourne, 10 October 2020; Department of Health and Human Services, *Coronavirus update for Victoria - Friday 16 October*, media release, Department of Health and Human Services, Melbourne, 16 October 2020; David Plunkett, *COVID-19 All Staff Daily update*, media release, Eastern Health, Melbourne, 26 October 2020; Department of Health and Human Services, *Coronavirus update for Victoria - 1 November 2020*, media release, Department of Health and Human Services, Melbourne, 1 November 2020.

**FINDING 30:** The Minister for Health, Hon. Jenny Mikakos MLC, advised the Committee on 11 August 2020 that approximately 10–15% of COVID-19 cases in the healthcare workforce were acquired at work. Data released on 25 August 2020 showed that at least 69% of all healthcare worker cases had been or were likely to have been acquired in the workplace in Victoria.

**FINDING 31:** There have been 92 outbreaks of COVID-19 in healthcare settings in Victoria, linked to 1,203 cases. The largest outbreak in a healthcare setting in Victoria was at Melbourne Health Royal Park Campus with 107 workers and 56 patients infected.

### Personal protective equipment

PPE such as face masks, gowns, and respirators offer different levels of protection to healthcare workers to splash or spray from blood and/or bodily fluids. The type of PPE used by health care workers should reflect the risk to the health care worker of infection whilst delivering care.<sup>72</sup> DHHS has provided standardised guidance that outlines the appropriate use of PPE for the Victorian health sector during the COVID-19 pandemic response.<sup>73</sup>

The Minister for Health, Hon. Jenny Mikakos MLC, advised the Committee that as at 11 August 2020, the Victorian Government had 69 million gloves, 19 million surgical masks, 2.4 million P2/N95 masks and 1.8 million face shields in stock for distribution to health services.<sup>74</sup> The Committee was not provided with an update on the levels of PPE available in Victoria at the public hearings on 4 December 2020. Further to this, the Committee was not advised of the daily demand for PPE across Victoria, consequently the Committee was unable to determine the appropriateness of these levels of stock.

At the public hearings on 4 December 2020, the Minister for Health, Hon. Martin Foley MP, advised the Committee that DHHS had increased PPE guidance so all workers treating suspected and confirmed COVID-19 patients wear a P2/N95 respirator no matter the length of time with patients. In addition, face-to-face PPE training was delivered for over 3,500 aged care staff and online training covering PPE and hand hygiene for over 7,800 workers.<sup>75</sup>

As outlined in the interim report, distribution of PPE among the public health system in Victoria was centralised by the Victorian Government for Victorian sites at the outset of the pandemic. The centralisation of PPE distribution was supported by the ANMF and Mental Health Victoria. However, the Commonwealth Government determined

72 Department of Health and Human Services, *Coronavirus 2019 (COVID-19) – PPE and levels of protection*, 2020, <<https://www.dhhs.vic.gov.au/covid-19-ppe-and-levels-protection>> accessed 10 June 2020.

73 Department of Health and Human Services, *Coronavirus (COVID-19) – A guide to the conventional use of PPE*, Department of Health and Human Services, Melbourne, 2020, p. 1.

74 Hon. Jenny Mikakos MLC, *Transcript of evidence*, p. 24.

75 Hon. Martin Foley MP, Minister for Health, Department of Health and Human Services, *COVID-19 public hearing presentation*, supplementary evidence received 4 December 2020, p. 4.



that it would retain responsibility for the distribution of PPE to healthcare workers in Commonwealth controlled sites. The Committee heard that there were disparate outcomes for healthcare workers in different settings trying to access PPE in Victoria from State and Commonwealth stockpiles.<sup>76</sup>

The ANMF advised the Committee that distribution of PPE within the Victorian public health sector was good, and PPE was being delivered to public health services within 24 hours of being ordered.<sup>77</sup> However, in their submission to the inquiry the AMA stated that there was a need for:

... more transparency from public hospitals or a fairer and more equitable distribution of PPE between various public hospitals...<sup>78</sup>

The ANMF also stated that in some instances the Victorian Government had stepped in to provide PPE where other providers could not access any from the national stockpile.<sup>79</sup>

This was supported by evidence provided by other stakeholders. The Australian Physiotherapy Association stated that physiotherapists in the private sector had difficulties in obtaining access to PPE from the National Medical Stockpile.<sup>80</sup> In their submission to the inquiry, the Pharmaceutical Society of Australia stated that:

The distribution of PPE from the Australian Government's National Medical Stockpile through Primary Health Networks lacked coordination and reach to community pharmacies, and were not always made available in a timely manner.<sup>81</sup>

The Pharmacy Guild of Australia also advised that the Primary Health Networks, responsible for the distribution of the Commonwealth stockpile, only provided limited quantities of masks to community pharmacies, while DHHS did not effectively communicate advice that, as health care workers, pharmacy workers must wear a level 1 or type 1 disposable surgical mask in public-facing areas.<sup>82</sup>

The AHHA advised the Committee of further distribution issues across health systems, stating:

... we have certainly raised issues very publicly around supply issues across different types of organisations and amongst different types of workers and also for different types of equipment. It has been uneven.<sup>83</sup>

<sup>76</sup> Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the Victorian Government's response to the COVID-19 Pandemic: Interim Report*, p. 29.

<sup>77</sup> Ms Lisa Fitzpatrick, *Transcript of evidence*, p. 3.

<sup>78</sup> Australian Medical Association, *Submission 55*, p. 4.

<sup>79</sup> Ms Lisa Fitzpatrick, *Transcript of evidence*, p. 3.

<sup>80</sup> Australian Physiotherapy Association, *Submission 32*, received 31 July 2020, p. 9.

<sup>81</sup> Pharmaceutical Society of Australia, *Submission 31*, received 31 July 2020, p. 13.

<sup>82</sup> The Pharmacy Guild of Australia, *Submission 38*, received 31 July 2020, p. 3.

<sup>83</sup> Ms Alison Verhoeven, *Transcript of evidence*, p. 6.

This concern was also raised by AMA Victoria, which stated:

A number of health services distinguish themselves via daily communication about the availability of PPE and about maintaining high-quality PPE and being prepared to do whatever it takes to ensure that the workplace be made as safe as possible. Unfortunately this experience is not a universal one for our members across the health system. Furthermore, in Victoria there is no central oversight or planning which coordinates and integrates the different arms of public health, primary care and public hospitals—important and interconnecting parts of our health system. Additionally, there is no strong interface with the beleaguered aged-care sector—a situation of course that is exacerbated further by the arbitrary division of responsibilities that has occurred between state and federal governments. There is no medical engagement either with general practitioners with the Victorian public health system, and there remain constant communication issues between government departments, public hospital management, general practice, primary care and aged care.<sup>84</sup>

**FINDING 32:** There were disparate outcomes for healthcare workers in different settings trying to access personal protective equipment in Victoria from State and Commonwealth stockpiles. This reflected poor communication and coordination between Victorian Government health agencies, primary health networks and the Commonwealth Government.

**FINDING 33:** In some instances, the Victorian Government has been able to support health services that could not access personal protective equipment from Commonwealth sources.

In a submission to a Parliamentary Committee inquiry on contact tracing in Victoria, the Commonwealth Department of Health advised that through 4,447 disbursements, it had distributed approximately 28 million masks, 5 million gowns, and 3 million face shields to Victoria.<sup>85</sup>

The Committee heard concerns from Aboriginal Community Controlled Organisations<sup>86</sup> (ACCOs) that during the first months of the pandemic, access to PPE was an issue. The Victorian Aboriginal Child Care Agency (VACCA) told the Committee that in the first instance, ACCOs offering essential services in child protection did not receive allocations of PPE but were still attending interviews with families, which to VACCA suggested an oversight by the Government:

We were told that it was not going to be needed, but when we turned up for interviews with families there was child protection fully geared out in PPE and we were expected to be there without it. So to me it was pretty obvious right from the word go that they had

<sup>84</sup> Associate Professor Julian Rait, President, Australian Medical Association (Victoria), public hearing, Melbourne, 11 August 2020, *Transcript of evidence*, p. 1.

<sup>85</sup> Department of Health, *Australian Government Department of Health Submission*, submission to Legislative Council Legal and Social Issues Committee, Inquiry into the Victorian Government Contact Tracing System and Testing Regime, 5 December 2020, p. 7.

<sup>86</sup> Aboriginal Community Controlled Organisations are independent organisations initiated, controlled and operated by Aboriginal people, based in a local Aboriginal community or communities and governed by an Aboriginal Board.

not thought about how they would fund this essential service and the role of essential services.<sup>87</sup>

In its submission to the inquiry, the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) stated shortfalls in PPE meant some ACCOs almost had to close their doors and were making their own PPE. This raised concerns about the management of potential localised COVID-19 outbreaks. VACCHO and VACCA told the Committee the issues with PPE were rectified through advocacy to government departments.<sup>88</sup>

**FINDING 34:** Aboriginal Controlled Community Organisations experienced difficulties accessing sufficient personal protective equipment in the first months of the COVID-19 pandemic, which threatened the continuation of services. This issue was addressed and resolved by advocacy to government departments.

### P2/N95 respirator masks

The Minister for Health, Hon. Jenny Mikakos MLC, advised the Committee that in July 2020 the Victorian Government had started to provide P2/N95 respirator masks in COVID-positive wards, ICU wards and emergency departments.<sup>89</sup> P2/N95 respirator masks provide a higher level of protection to healthcare workers than surgical masks. This was supported by AMA Victoria, which stated that their members were grateful that the guidance in Victoria had been updated in late July 2020 to require a P2/N95 respirator mask and face shield as standard for healthcare workers that were dealing with suspected or confirmed COVID cases.<sup>90</sup> The ANMF also supported the move to provide a growing number of P2/N95 respirator masks.<sup>91</sup>

However, AMA Victoria also advised that they had been informed of a member at high risk of infection who had not been able to uniformly access P2/N95 respirator masks.<sup>92</sup> This concern was also raised by the AHHA, which stated the organisation was aware of:

...many healthcare workers, who are working with people who have tested positive or where there is a high risk of exposure, do not have access to P2/N95 masks.<sup>93</sup>

<sup>87</sup> Ms Muriel Bamblett, Chief Executive Officer, Victorian Aboriginal Child Care Agency, public hearing, Melbourne, 27 August 2020, *Transcript of evidence*, p. 7.

<sup>88</sup> Ms Jill Gallagher, Chief Executive Officer, Victorian Aboriginal Community Controlled Health Organisation, public hearing, Melbourne, 27 August 2020, *Transcript of evidence*, p. 5; Victorian Aboriginal Community Controlled Health Organisation, *Submission 77*, received 14 August 2020, p. 7.

<sup>89</sup> Hon. Jenny Mikakos MLC, *Transcript of evidence*, p. 20.

<sup>90</sup> Associate Professor Julian Rait, *Transcript of evidence*, p. 7.

<sup>91</sup> Ms Lisa Fitzpatrick, *Transcript of evidence*, p. 6.

<sup>92</sup> Associate Professor Julian Rait, *Transcript of evidence*, p. 6.

<sup>93</sup> Ms Alison Verhoeven, *Transcript of evidence*, p. 2.

**FINDING 35:** The Victorian Government updated its guidance in late July 2020 to expand the use of P2/N95 respirator masks in healthcare settings. However, the Committee received reports that not all healthcare workers have been able to access P2/N95 respirator masks in high risk settings.

### Hospital ventilation audit

At the public hearings on 4 December 2020 the Committee inquired about an ongoing audit into ventilation in hospitals. The Minister for Health, Hon. Martin Foley MP, advised the Committee that a review was underway, examining the modes of transmission of COVID-19. The Minister for Health, Hon. Martin Foley MP, advised that the review was not strictly a ventilation audit, but rather a broad audit of COVIDSafe plans for health services. The audit was expected to be completed by the end of 2020.<sup>94</sup>

### Training

Education and training underpin efforts to integrate infection prevention and control practices at all levels of every healthcare facility.<sup>95</sup> For example, when using infection control measures such as PPE, workers must be provided with appropriate information and training on how to use it.<sup>96</sup>

The Committee received evidence that insufficient training had been provided to healthcare workers in the use of PPE and infection control. The AHHA advised that they were aware of a private hospital that had been converted into a care unit for COVID-19, where staff:

... reported that they have received minimal infection control training, an online module which covers basic donning, doffing and swabbing procedures and which is the same for experienced theatre nurse staff as it is for ward nurses and inexperienced new graduates which are being deployed on that ward.<sup>97</sup>

Additional concerns were raised regarding the use of P2/N95 respirator masks. The Australian Guidelines for the Prevention and Control of Infections in Healthcare state that in order for a P2/N95 respirator mask to offer maximum desired protection it is essential that wearers are properly fitted and trained in its safe use.<sup>98</sup>

<sup>94</sup> Hon. Martin Foley MP, *Transcript of evidence*, p. 17.

<sup>95</sup> Australian Commission on Safety and Quality in Health Care, *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, National Health and Medical Research Council, Canberra, 2019, p. 210.

<sup>96</sup> Safe Work Australia, *PPE*, 16 July 2020, <<https://www.safeworkaustralia.gov.au/covid-19-information-workplaces/industry-information/general-industry-information/ppe>> accessed 27 August 2020.

<sup>97</sup> Ms Alison Verhoeven, *Transcript of evidence*, p. 1.

<sup>98</sup> Australian Commission on Safety and Quality in Health Care, *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, p. 116.

Fit testing is a requirement for the use of P2/N95 respirator masks in Australia,<sup>99</sup> and DHHS' official guidance on the conventional use of PPE states that P2/N95 respirator masks should be fit checked with each use.<sup>100</sup> The Victorian Government did not announce a fit testing trial (conducted at Northern Health) until 25 August 2020, as part of the action plan linked to the *Protecting Our Healthcare Workers* report.

The Victorian Government established the Victorian Respiratory Protection Program (VRPP) on 19 September 2020. The VRPP was created to assist health services in implementing structured interventions and prevention strategies such as fit testing, that minimise the risk of health care worker exposure to respiratory hazards, including COVID-19.<sup>101</sup>

The VRPP is mandatory for public health services and the Government expected that it would be established in every Victorian public health service by 31 October 2020.<sup>102</sup>

On 7 November 2020 the Minister for Health, Hon. Martin Foley MP, stated that all health settings had met the deadline to have a respiratory protection program in place. However, Dr Sarah Whitelaw from AMA Victoria stated that although some hospitals had completed the program, others had not.

At the public hearings on 4 December 2020, the Secretary of DHHS, Professor Euan Wallace, advised the Committee that as at the end of October 2020, 25% of the 26,500 priority staff had received fit testing. The Secretary, Professor Euan Wallace, could not provide the Committee with a date by which all priority staff would be fit tested, indicating it may take several months. The Secretary of DHHS, Professor Euan Wallace, stated:

Yes. I mean, the program was introduced in October and it is now December. By the beginning of November, it was 6500—about a quarter—so that gives you a sense of it being probably a couple of months away, two or three months away.<sup>103</sup>

**FINDING 36:** According to the Australian Commission on Safety and Quality in Health Care, fit testing is a requirement for the effective use of P2/N95 respirator masks in Australia. Whilst P2/N95 respirator masks were made available in July 2020, the Victorian Government only commenced a limited trial on 25 August 2020.

**FINDING 37:** The Victorian Government provided fit testing of P2/N95 masks for 25% of priority staff to protect them from respiratory hazards, including COVID-19, in high risk health settings as at 4 December 2020.

<sup>99</sup> Ibid., p. 115.

<sup>100</sup> Department of Health and Human Services, *Coronavirus (COVID-19) – A guide to the conventional use of PPE*, p. 2.

<sup>101</sup> Department of Health and Human Services, *Protecting our healthcare workers - Victoria's Respiratory Protection Program*, Melbourne, 19 September 2020, p. 1.

<sup>102</sup> Ibid.

<sup>103</sup> Professor Euan Wallace, *Transcript of evidence*, p. 16.

**RECOMMENDATION 8:** The Department of Health and Human Services ensure the timely supply of P2/N95 respirator masks and associated fit testing across all high risk Victorian health settings, and consider publishing the results of the fit-testing trial.

### 3.3.2 Workforce capacity

Maintaining appropriate staffing levels across healthcare facilities is essential to ensure that effective patient care can be maintained, and that a safe working environment can be provided for staff.<sup>104</sup> The COVID-19 pandemic plan states that there may be:

...a simultaneous increase in demand for clinical staff, public health staff, aged care outreach staff, administrative, support and human resources staff, while at the same time, we see a decrease in staff availability due to illness, quarantine or carer duties.<sup>105</sup>

On 29 March 2020, the Government established the Working for Victoria healthcare portal to boost the workforce and response during the coronavirus pandemic. The Victorian Government also sought expressions of interest from patient care assistants, assistants-in-nursing, and undergraduate students in health-related disciplines to provide essential support to doctors, nurses and midwives.<sup>106</sup>

On 26 July 2020 the Government announced that 800 healthcare professionals had been contracted through the portal to work in health services and other health care settings across the state.<sup>107</sup> The Committee was advised by the Minister for Health, Hon. Jenny Mikakos MLC, that as at 11 August 2020, contracted staff had worked 3,200 shifts across the State.<sup>108</sup> This is a significant number of shifts. However, the proportion of total shifts this represents is unclear. At the public hearings on 3 and 4 December 2020, the Committee was not provided with further information on the number of health care shifts that had been filled through the Working for Victoria healthcare portal.

**FINDING 38:** As at the end of July 2020 an additional 800 healthcare workers had been contracted through the Working for Victoria healthcare portal to work in health services and other healthcare settings across the state.

At the public hearings on 11 August 2020, the AHHA advised the Committee that there were concerns around the surge capacity of the Victorian healthcare workforce, due to the impacts of the pandemic on staff availability. The AHHA advised that although there

<sup>104</sup> Department of Health and Human Services, *COVID-19 Pandemic Plan for the Victorian Health Sector*, p. 18.

<sup>105</sup> Ibid.

<sup>106</sup> Hon. Jenny Mikakos MLC, *Call For Skilled Health Professionals To Join Frontline*, media release, Victorian Government, Melbourne, 29 March 2020.

<sup>107</sup> Hon. Jenny Mikakos MLC, *Supporting Victoria's Last Line Of Defence*, media release, Victorian Government, Melbourne, 26 July 2020.

<sup>108</sup> Hon. Jenny Mikakos MLC, *Transcript of evidence*, p. 24.

were sufficient ICU beds and ventilators available to manage expected cases, it would be more challenging to ensure there were sufficient staff.<sup>109</sup>

The Victorian Healthcare Association's submission similarly noted that health services were facing workforce issues associated with staff furlough and illness, and that maintaining staffing numbers while complying with frequent employee testing and isolation requirements following positive cases, is a major challenge for some services without reliance on external agency staff due to infection risk.<sup>110</sup> As at 9 December 2020, there were no furloughed hospital staff as a result of the pandemic.<sup>111</sup>

At the public hearings on 11 August 2020, AMA Victoria also expressed concerns around workforce shortages, although they were supportive of the steps taken by the Victorian Government:

Well, I think I am on the public record about two or three weeks ago where I was very concerned about a number of hospitals that had to go on bypass over one weekend. And that was because they had quite a number of people who were infected or isolated because they were close contacts, but I believe there actually were very quickly some measures taken to provide more staff and to work with the hospitals to improve the rostering. So although it did provide some initial stress and anxiety to my members, I think that very quickly it was corrected.<sup>112</sup>

### 3.4 Aged care

The COVID-19 pandemic has disproportionately affected older people, especially those living in residential and long-term care facilities. The *Victorian Health Management Plan for Pandemic Influenza* states that:

Residential facilities such as Aged care, Disability Accommodation Services and Custodial facilities will be impacted by a pandemic due to the nature of close living arrangements, as well as the presence of chronic/underlying diseases found in residents.<sup>113</sup>

At 30 June 2020 there were 57,704 places available in residential aged care in Victoria, made up of not-for-profit (21,972), private (30,603), and government operated (5,129) residences.<sup>114</sup> Victoria has less not-for-profit beds than other states, and consequently

<sup>109</sup> Ms Alison Verhoeven, *Transcript of evidence*, p. 6.

<sup>110</sup> Victorian Healthcare Association, *Submission 79*, received 14 August 2020, p. 8.

<sup>111</sup> Department of Health and Human Services, *Victorian healthcare worker coronavirus (COVID-19) data*, 12 November 2020, <<https://www.dhhs.vic.gov.au/victorian-healthcare-worker-covid-19-data>> accessed 18 November 2020.

<sup>112</sup> Associate Professor Julian Rait, *Transcript of evidence*, p. 5.

<sup>113</sup> Department of Health and Human Services, *Victorian Health Management Plan for Pandemic Influenza*, Melbourne, October 2014, p. 29.

<sup>114</sup> Australian Institute of Health and Welfare, *Aged care data snapshot 2020 - First release, GEN Aged Care Data*, 9 October 2020, <<https://www.gen-agedcaredata.gov.au/Resources/Access-data/2020/October/Aged-care-data-snapshot%E2%80%94942020>> accessed 9 December 2020.

a much higher proportion of both private beds and government operated residential aged care beds.<sup>115</sup>

Victoria has experienced a large number of cases and deaths among aged care residents as a result of the pandemic. At 30 November 2020, there had been 1,962 cases of COVID-19 among residential aged care residents<sup>116</sup> in Victoria, and 648 deaths.<sup>117</sup> This represents 10% of the total number of cases of COVID-19 in Victoria and 79% of the total number of deaths associated with the pandemic in Victoria.<sup>118</sup>

At 30 November 2020, outbreaks had occurred across 124 residential aged care facilities in Victoria, which were linked to 4,738 cases of COVID-19 (Table 3.2).<sup>119</sup>

**Table 3.2 COVID-19 outbreaks and cases in Victorian residential aged care facilities**

Provider Type	Outbreaks	Cases		
		Residents	Staff	Other <sup>a</sup>
Private	120	1,955	2,096	674
Public Sector Residential Aged Care Services	4	2	11	0
<b>Total</b>	<b>124</b>	<b>1,957</b>	<b>2,107</b>	<b>674</b>

a. 'Other' includes visitors, household and social contacts

Note: The Department of Health and Human Services has advised that no outbreaks occurred in not-for-profit providers. However, it is important to note that the majority of government providers of Public Sector Residential Aged Care Services (PSRACS) are not for profit.

Source: Department of Health and Human Services, *DHHS Data Request 3*, supplementary evidence received 4 December 2020.

**FINDING 39:** There have been 1,962 cases of COVID-19 among aged care residents in Victoria, and 648 deaths. This represents 10% of the total number of cases of COVID-19 and 79% of the total number of deaths associated with the pandemic in Victoria.

### 3.4.1 Governance

The Commonwealth Government is the primary funder and regulator of the aged care sector in Australia, under the *Aged Care Act 1997*.<sup>120</sup> The Victorian Government has a

<sup>115</sup> Parliament of Victoria Parliamentary Library, *Residential aged care in Victoria*, Department of Parliamentary Services, Melbourne, 2020, p. 2.

<sup>116</sup> On 4 December 2020 DHHS advised the Committee that the daily numbers of infections and deaths among in-home aged care recipients could not be provided, because the Department did not have complete data on COVID-19 cases among in-home aged care recipients and was seeking to reconcile State data with the Commonwealth for this category.

<sup>117</sup> Department of Health and Human Services, *DHHS Data Request 3*.

<sup>118</sup> Department of Health, *Coronavirus (COVID-19) at a glance*, 30 November 2020, <<https://www.health.gov.au/resources/collections/coronavirus-covid-19-at-a-glance-infographic-collection>>, accessed 1 December 2020.

<sup>119</sup> Department of Health and Human Services, *DHHS Data Request 3*.

<sup>120</sup> Parliament of Australia Parliamentary Library, *COVID-19 Australian Government roles and responsibilities*, Department of Parliamentary Services, Canberra, 2020, p. 17.



role in residential aged care through its funding contribution and support for public sector residential aged care services.<sup>121</sup>

Under the *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)*, state governments are required to establish systems to promote the safety and security of people in aged care and support outbreak investigation and management in residential aged care facilities.<sup>122</sup>

**FINDING 40:** Under the *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)* the Victorian Government is required to establish systems to promote the safety and security of people in aged care and support outbreak investigation and management in residential aged care facilities.

In the interim report of this inquiry, the Committee found that the division of responsibilities for residential aged care in Victoria had led to poor communication and negatively impacted people residing in aged care facilities during the pandemic. This was also raised in the second round of public hearings by AMA Victoria, which stated:

... there is no strong interface with the beleaguered aged care sector—a situation of course that is exacerbated further by the arbitrary division of responsibilities that has occurred between state and federal governments.<sup>123</sup>

On 27 July 2020 the Victorian and Commonwealth Governments announced the establishment of the Victorian Aged Care Response Centre (VACRC).<sup>124</sup> The VACRC was set up to coordinate and expand resources to tackle COVID-19 in aged care.<sup>125</sup>

The Committee heard evidence that the VACRC had improved coordination, although it was still too early to fully assess its effectiveness. Mercy Health Aged Care informed the Committee on 27 August 2020:

I think it is a little too early to say how effective it has been because it is still relatively new, and we are in the midst of a pandemic. But I have said that we have got our own incident control centre, so I am a believer in crisis in command and control and it is a good way. So I think the centre has every likelihood that it will succeed and be great. In the little involvement we have had with it, and they have coordinated a number of services, we have seen better coordination occur.<sup>126</sup>

<sup>121</sup> Department of Health, *Public Sector Residential Aged Care: Service Planning and Development Framework*, Melbourne, 2010, p. 1.

<sup>122</sup> Department of Health, *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-2019)*, p. 17.

<sup>123</sup> Associate Professor Julian Rait, *Transcript of evidence*, p. 1.

<sup>124</sup> Hon. Richard Colbeck, *Victorian Aged Care Response Centre*, media release, Department of Health, Canberra, 27 July 2020.

<sup>125</sup> Department of Health, *Victorian Aged Care Response Centre*, 2020, <<https://www.health.gov.au/initiatives-and-programs/victorian-aged-care-response-centre>> accessed 1 September 2020.

<sup>126</sup> Adjunct Professor Stephen Cornelissen, Group Chief Executive Officer, Mercy Health Aged Care, public hearing, Melbourne, 27 August 2020, *Transcript of evidence*, p. 4.

In Victoria, as at 9 December 2020, there had been no new cases in an aged care resident since 26 September 2020.<sup>127</sup> The VACRC has moved to coordinating testing of asymptomatic staff in Victorian aged care facilities and is working closely with DHHS to align testing requirements. The Commonwealth Government's testing program has scheduled residential aged care facilities' workforces to be tested fortnightly in metropolitan Melbourne, and monthly in regional Victoria.<sup>128</sup>

**FINDING 41:** The Victorian Aged Care Response Centre has improved coordination of the response to the pandemic in aged care. In Victoria, as at 9 December 2020, there had been no new cases in an aged care resident since 26 September 2020.

A Royal Commission into Aged Care Quality and Safety was established on 8 October 2018. Noting the impact of COVID-19 on the aged care sector, on 28 April 2020 the Royal Commission called for submissions from the general public and organisations relating to the impact of the coronavirus (COVID-19) on the aged care sector.<sup>129</sup> The Royal Commission released a special report on the COVID-19 pandemic in aged care. The special report found that COVID-19 was a public health crisis that disproportionately affected aged care in Australia.<sup>130</sup> The special report identified a number of lessons and made six recommendations for the Commonwealth Government to implement to better prepare the sector, its staff and its residents for any future outbreaks of COVID-19.<sup>131</sup>

### 3.4.2 Preparation

The Victorian Government first released the *Coronavirus (COVID-19) Plan for the Victorian Aged Care Sector* on 23 March 2020. The plan states that residential and care facilities should prepare outbreak management plans, and at a minimum, identify a dedicated staff member to plan for and manage any outbreak within the facility. They should also serve as the liaison between the facility and DHHS. In addition, all facilities were expected to plan for up to 40% of their workforce being furloughed, and how to manage staff with shared rosters across different sites.<sup>132</sup>

Across the globe, aged care residencies have proven particularly vulnerable to COVID-19. From the outset of the pandemic, infection has spread rapidly in nursing homes with devastating effect. In Australia, the largest of the early outbreaks occurred at Newmarch House in western Sydney, New South Wales. The outbreak commenced

<sup>127</sup> Victorian Aged Care Response Centre, *Operational update – Victorian Aged Care Response Centre (9 December 2020 at 2pm)*, media release, Department of Health, Melbourne, 9 December 2020.

<sup>128</sup> Ibid.

<sup>129</sup> Royal Commission into Aged Care Safety and Quality, *Call for submissions on impact of COVID-19 on aged care services*, media release, Australian Government, Canberra, 28 April 2020.

<sup>130</sup> Royal Commission into Aged Care Quality and Safety, *Aged care and COVID-19: a special report*, Royal Commission into Aged Care Quality and Safety, Canberra, 1 October 2020, p. 4.

<sup>131</sup> Ibid., p. 25.

<sup>132</sup> Department of Health and Human Services, *Coronavirus (COVID-19) Plan for the Victorian Aged Care Sector*, Department of Health and Human Services, Melbourne, 2020, p. 13.

on 11 April 2020 and was declared over on 15 June 2020. During this period, 71 cases of COVID-19 were diagnosed in residents and staff members, and 17 residents died of COVID-19.<sup>133</sup> The review of the outbreak found that staff and PPE shortages, suboptimal infection prevention and control practice, and poor infection source-control led to increased COVID-19 transmission.<sup>134</sup>

On 19 July 2020, the Victorian Government announced new measures to minimise the spread of COVID-19 in the aged care sector. These included a program to minimise workforce sharing across aged care sites, infection control training for aged care workers, collaboration with the private sector to increase capacity, and improved surveillance, testing and contact tracing.<sup>135</sup>

The number of cases of COVID-19 reported in aged care residencies on 11 July 2020 was 13 and increased to 118 on 19 July 2020.<sup>136</sup> The total number of cases had increased to 606 by 31 July 2020.<sup>137</sup>

**FINDING 42:** The Victorian Government announced new measures to minimise the spread of COVID-19 in the aged care sector on 19 July 2020. This followed an increase of infections in aged care from 13 to 118 cases over eight days.

Individual aged care residencies and providers have also implemented preparations of their own to mitigate the impacts of the pandemic. At the public hearings on 27 August 2020 Mercy Health Aged Care informed the Committee that the organisation had established a system-wide incident command system from March 2020, to proactively and reactively manage cases of COVID-19.<sup>138</sup> Other preparatory steps undertaken by Mercy Health included establishing a dedicated contact tracing team, and the pre-emptive distribution of PPE ‘outbreak kits’ across their sites in March, which would provide 24 hours to 48 hours of PPE supply.<sup>139</sup>

The Commonwealth Department of Health undertook the following preparatory work:

- Establishing the Aged Care Support Program in March 2020, which reimbursed eligible providers for eligible expenditure incurred on managing direct impacts of COVID-19.
- Engaging Sonic Healthcare on 22 April 2020 to provide a dedicated pathology service for the testing of suspected cases of COVID-19 in residential aged care

<sup>133</sup> Professor Lyn Gilbert AO and Adjunct Professor Alan Lilly, *Newmarch House COVID-19 Outbreak [April-June 2020] Independent Review Final Report*, Department of Health, Canberra, 2020, p. 4.

<sup>134</sup> *Ibid.*, p. 30.

<sup>135</sup> Hon. Jenny Mikakos MLC, *Support for aged care residents and aged care workers across Victoria*, media release, Victorian Government, Melbourne, 19 July 2020.

<sup>136</sup> Department of Health, *Coronavirus (COVID-19) at a glance - 19 July 2020*, 20 July 2020, <<https://www.health.gov.au/resources/collections/coronavirus-covid-19-at-a-glance-infographic-collection>> accessed 30 September 2020.

<sup>137</sup> Department of Health, *Coronavirus (COVID-19) at a glance - 31 July 2020*, 1 August 2020, <<https://www.health.gov.au/resources/collections/coronavirus-covid-19-at-a-glance-infographic-collection>> accessed 14 September 2020.

<sup>138</sup> Adjunct Professor Stephen Cornelissen, *Transcript of evidence*, p. 2.

<sup>139</sup> *Ibid.*, p. 3.

facilities. As at 17 November 2020, Sonic had conducted 196,116 COVID-19 tests at 669 unique residential aged care facilities in Victoria.

- Established a dedicated process on 24 March 2020 for aged care providers to request and receive PPE, to fast track supplies of PPE to aged care services.<sup>140</sup>

### 3.4.3 Public sector support

At the public hearings on 11 August 2020, the Minister for Health, Hon. Jenny Mikakos MLC, advised the Committee that the Victorian Government had facilitated the use of health services staff and nurses from the public health sector to fill around 1,148 shifts in private aged care facilities in Victoria. In addition, the Victorian Government established arrangements to enable public health services to provide advice and assistance to aged care facilities in their catchment, where this was required.<sup>141</sup>

The Committee heard evidence that was supportive of the increased role the Victorian public health system had played in supporting the Commonwealth and private aged care sector. The ANMF highlighted the role played by Melbourne Health in supporting 55 private aged care facilities.<sup>142</sup> In addition, the ANMF advised that the Victorian Government had ensured that private aged care providers were able to access appropriate PPE, stating:

... we do know that PPE is being delivered within 24 hours of its request each day to private acute, public acute and now the private aged care facilities, because Victoria has picked up the slack from the Commonwealth—helping out and working with the Commonwealth to make sure that those 613 private aged care facilities also have access to the correct PPE.<sup>143</sup>

The ANMF also advised the Committee of a distressing example of the state of an aged care facility located in Kilsyth that required rapid intervention:

I would say to you that some of them have been an absolute disaster. I have spoken with nurses who went into Kirkbrae. They did not have any support. They had a 16-page handover that did not actually have the names of the patients in the right rooms. There was nobody from Kirkbrae there to orientate them through the facility, to the residents; they did not know where the bathrooms were; they did not have adequate PPE; they had food dropped off for the residents at 11 o'clock which was their hot lunch; they did not finish doing the washes of those 30 residents and also the breakfasts until 1.40; they found residents whose medical condition, they believed, was appalling and in fact ensured that Eastern Health quickly sent down a geriatrician to come and support them. There was one agency nurse that worked with them, who said, 'There's no point. You won't get a GP. They're not coming because we've got COVID residents'. They knew that they had somewhere between 22 and 27 COVID-positive residents but did not know

<sup>140</sup> Department of Health, *Australian Government Department of Health Submission*, pp. 7–9.

<sup>141</sup> Hon. Jenny Mikakos MLC, *Transcript of evidence*, p. 25.

<sup>142</sup> Ms Lisa Fitzpatrick, *Transcript of evidence*, p. 4.

<sup>143</sup> *Ibid.*, p. 3.

the exact ones that they were. They had one poor cleaner who was helping them empty small rubbish bins that were outside of the rooms. The vases of the flowers—it was described to me that the smell was so putrid because they had not been emptied for some, it must have been many, days. It made it impossible almost for them to breathe themselves.<sup>144</sup>

### 3.4.4 Workforce

The aged care workforce in Australia is under severe pressure, and suffers from understaffing, widespread gaps, and deskilling through actions such as reductions in the numbers of nurses employed in aged care homes.<sup>145</sup> Minimum nurse staffing in aged care facilities is not required under Section 54(1) of the Commonwealth *Aged Care Act 1997*, which states that providers must ‘maintain an adequate number of appropriately skilled staff.’ However, in 2015, Victoria became the first state in Australia to legislate minimum nurse staffing in public health care and high care aged residencies.<sup>146</sup> Consequently Section 19 of the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015* sets out minimum nurse staffing levels for beds in a public aged high care residential ward.

The most recent data from the National Aged Care Workforce Census and Survey<sup>147</sup> states that there were approximately 88,999 aged care workers in Victoria in direct care roles, with 66,087 working in residential facilities, and 22,912 in home care and support.<sup>148</sup>

On 19 July 2020 the Victorian Government announced a program to minimise workforce sharing across aged care sites, infection control training for aged care workers, and collaboration with the private sector to increase capacity. In addition, a one-off \$1,500 payment was made to Victorian aged care workers who had been instructed to self-isolate or quarantine at home because they are either diagnosed with COVID-19 or are a close contact of a confirmed case but do not have sick leave.<sup>149</sup> At the public hearings on 11 August 2020, the AHHA stated that paid pandemic leave had assisted in containing some of the transmission issues associated with staff movement across facilities.<sup>150</sup>

However, the pandemic has further exacerbated the issues faced by the aged care workforce in Australia, such as low staff numbers, a casualised workforce that works over multiple residencies, inadequate training on infection control and limited access

<sup>144</sup> Ibid., p. 6.

<sup>145</sup> Joseph Ibrahim, ‘COVID-19 and residential aged care in Australia’, *Australian Journal of Advanced Nursing*, vol. 37, no. 3, 2020.

<sup>146</sup> Department of Health and Human Services, *Amendments to the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015*, Department of Health and Human Services, Melbourne, 2019.

<sup>147</sup> The National Aged Care Workforce Census and Survey (NACWCS) explores the characteristics of the aged workforce. The NACWCS is commissioned by the Commonwealth Department of Health and conducted every four years.

<sup>148</sup> Department of Health, *The Aged Care Workforce 2016*, Department of Health, Canberra, 2017, p. xvi.

<sup>149</sup> Services Australia, *Pandemic Leave Payment if you live in Victoria*, 5 August 2020, <<https://www.servicesaustralia.gov.au/individuals/news/pandemic-leave-payment-if-you-live-victoria>> accessed 21 September 2020.

<sup>150</sup> Ms Alison Verhoeven, *Transcript of evidence*, p. 2.

to PPE.<sup>151</sup> These elements have increased the risk of infection faced by the aged care workforce, a risk that has been realised in the infection numbers.

DHHS reported that as of 30 November 2020 there had been 1,632 cases of COVID-19 among healthcare workers in aged care. This represents 46% of the total number of cases among healthcare workers, as defined by DHHS.<sup>152</sup> On 20 November 2020, the VACRC reported that there had been 2,036 cases of COVID-19 among aged care staff<sup>153</sup> in Victoria.<sup>154</sup> The Committee was unable to reconcile the figures reported by DHHS and the VACRC of COVID cases among aged care workers, which are likely due to differences in definitions.<sup>155</sup>

The Committee heard evidence regarding the strain placed on the aged care workforce by the pandemic. At the public hearings on 27 August 2020 Mercy Health Aged Care informed the Committee that:

... one staff member affected by COVID-19 could result in up to 20 to 40 staff being furloughed due to close contact.<sup>156</sup>

This was further emphasised by the AHHA, which advised the Committee that effective workforce management was a particular issue:

We remain concerned, though, that staff shortages will result in potentially preventable hospitalisations out of aged care, which is not optimal either for the residents from aged care or for hospitals stretched to capacity.<sup>157</sup>

**FINDING 43:** As of 30 November 2020, there had been 1,632 cases of COVID-19 among healthcare workers in aged care. This represents 46% of the total number of cases among healthcare workers, as defined by the Department of Health and Human Services.

**FINDING 44:** The impact of the pandemic increased the strain on the aged care workforce in Victoria, with staff shortages representing a risk to effective care.

151 Mr Paul Rozen QC, Royal Commission into Aged Care Quality and Safety, public hearing, Sydney, 10 August 2020, *Transcript of evidence*, p. 5.

152 Department of Health and Human Services, *Victorian healthcare worker coronavirus (COVID-19) data*, 1 December 2020, <<https://www.dhhs.vic.gov.au/victorian-healthcare-worker-covid-19-data>> accessed 9 December 2020.

153 The Victorian Aged Care Response Centre has not defined which individuals constitute aged care staff for reporting purposes.

154 Victorian Aged Care Response Centre, *Operational update – Victorian Aged Care Response Centre (4 November 2020 at 2pm)*, media release, Department of Health, Melbourne, 4 November 2020.

155 DHHS defines aged workers as healthcare workers in an aged care setting providing clinical care to an individual patient; for example, nurse, personal care assistant. This excludes non-clinical workers (cleaners, receptionists, etc), however the Department also collects data on non-clinical staff in aged care settings. Healthcare workers are considered to work in an aged care setting if they are linked to an outbreak in an aged care facility. If a healthcare worker that works in aged care settings also works in other healthcare settings they are only included in the 'Aged care worker' category for reporting, not the 'Healthcare worker' category (they are mutually exclusive).

156 Adjunct Professor Stephen Cornelissen, *Transcript of evidence*, p. 1.

157 Ms Alison Verhoeven, *Transcript of evidence*, p. 2.

### 3.4.5 Palliative care

Access to appropriate palliative care at end-of-life has been affected by the pandemic. There has been an increased demand on services and social distancing restrictions have limited the ability of patients to access loved ones, who in turn are unable to say goodbye or undertake traditional grieving rituals.<sup>158</sup> In Victoria, following the easing of restrictions on 8 November 2020, visitation rules allowed a patient who is dying and/or receiving end-of-life care to have one household per day visit for up to two hours. In addition to the one household visit, the patient can also have two people visit at any one time with no limits on the number or duration of visits.<sup>159</sup>

On 1 August 2020, the Australian and New Zealand Society of Palliative Medicine released guidance on the establishment of visitor limitations to hospitals and palliative care units in the COVID-19 context. The guidance proposed graded levels of visitor restriction to people receiving palliative care in inpatient settings, within an ethical framework that balances compassionate care and public health imperatives.<sup>160</sup>

In its submission to the inquiry, Palliative Care Victoria welcomed a \$2.4 million COVID-19 grant the Victorian Government had awarded to community palliative care providers. The funding will assist with the provision of additional care and supports for clients and families to meet the costs of equipment, medications and other support services throughout the pandemic.<sup>161</sup> Palliative Care Victoria also recommended that the Victorian Government increase its investment in palliative care services, and ensure coordinated communication and decision-making across the health system to support palliative care providers in the event of another pandemic or health emergency.<sup>162</sup>

## 3.5 Mental health

The mental health and wellbeing of the community has been severely impacted by the pandemic. The United Nations recommends that it must be front and centre of every country's response to and recovery from the COVID-19 pandemic.<sup>163</sup> Modelling and previous financial recessions show that it is the economic consequences of the pandemic, especially financial stress, unemployment, and educational failure, that will fuel mental ill health and suicide risk.<sup>164</sup>

<sup>158</sup> Lukas Radbruch, et al., 'The key role of palliative care in response to the COVID-19 tsunami of suffering', *The Lancet*, vol. 395, no. 10235, 2020.

<sup>159</sup> Department of Health and Human Services, *Visiting hospitals in Victoria*, 12 November 2020, <<https://www.dhhs.vic.gov.au/visiting-hospitals-covid-19>> accessed 19 November 2020.

<sup>160</sup> The Australian & New Zealand Society of Palliative Medicine, *Visitor limitations to hospitals and palliative care units in the COVID-19 context*, The Australian & New Zealand Society of Palliative Medicine, Canberra, 1 August 2020.

<sup>161</sup> Palliative Care Victoria, *Submission 105*, received 1 October 2020, p. 25.

<sup>162</sup> *Ibid.*, pp. 26–27.

<sup>163</sup> United Nations, *Policy Brief: COVID-19 and the Need for Action on Mental Health*, New York, 2020, p. 2.

<sup>164</sup> Professor Patrick McGorry AO, 'Mental Health and COVID-19: are we really all in this together?', *The Medical Journal of Australia*, vol. 213, no. 10, 2020.

### 3.5.1 Funding for mental health

The interim report to this inquiry outlines the mental health support that the Victorian Government had announced up until 13 July 2020, consisting of \$85.4 million in funding.<sup>165</sup> On 9 August 2020, the Government announced an additional \$59.7 million to expand the capacity of clinical and community mental health services across Victoria, provide new acute mental health beds in the public health system and accelerate the state-wide roll out of Hospital Outreach Post-Suicidal Engagement (HOPE) program.<sup>166</sup> Further support was provided on 12 August 2020, with the announcement of \$26 million to deliver a program to address the mental health needs of sole traders and small and medium business owners and their workers.<sup>167</sup> A HOPE service opened in Shepparton on 16 December 2020.<sup>168</sup>

The Victorian Government launched a \$26 million Wellbeing and Mental Health Support for Victorian Business program in August 2020. The program is run in collaboration with St John Ambulance. It is intended to build capability within local business networks to help them cope with wellbeing or mental health challenges and provides a nationally recognised qualification in mental health first response.<sup>169</sup>

In its submission to the inquiry, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) was supportive of the focus placed on mental health by the Victorian Government during the pandemic.<sup>170</sup>

Orygen noted the importance of the mental health support provided by the government, although advised that more would be needed, stating:

... we absolutely know that significantly greater support, especially because of the previous situation that we were already struggling with, is absolutely necessary in the future. That relates particularly to the demand response and also to face-to-face care.<sup>171</sup>

The Committee heard that, prior to the pandemic, Orygen were having to turn away three out of four young people with life-threatening and complex disorders every single day due to underfunding.<sup>172</sup> The need for ongoing mental health support, especially as it related to young people, was also raised by the Youth Affairs Council Victoria (YACVic), which stated:

<sup>165</sup> Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the Victorian Government's response to the COVID-19 Pandemic: Interim Report*, p. 34.

<sup>166</sup> Hon. Daniel Andrews MP, *Fast-Tracked Mental Health Support For Victorians In Need*, media release, Victorian Government, Melbourne, 9 August 2020.

<sup>167</sup> Hon. Jaala Pulford MLC, *Mental Health Support For Business Owners And Workers*, media release, Victorian Government, Melbourne, 12 August 2020.

<sup>168</sup> Hon. James Merlino MP, *New 'HOPE' Suicide Prevention Service Opens in Shepparton*, media release, Victorian Government, Melbourne, 16 December 2020.

<sup>169</sup> Hon. Jaala Pulford MP, *Mental Health Training Bolsters Support for Workers*, media release, Victorian Government, Melbourne, 15 December 2020.

<sup>170</sup> Royal Australian and New Zealand College of Psychiatrists, *Submission 35*, received 31 July 2020, p. 1.

<sup>171</sup> Professor Patrick McGorry AO, Executive Director, Orygen, public hearing, Melbourne, 27 August 2020, *Transcript of evidence*, p. 5.

<sup>172</sup> *Ibid.*, p. 3.



... actually what will help with that in some ways is for there to be a lot of overt discussion about how the state is going to come back from this and what is going to be done for young people not just right now but in the coming months and coming years so that young people have more hope for the future, they have more sort of assurance that while it is not good now there is hope and there is scope for them to recover their lives.<sup>173</sup>

AMSSA also acknowledged the support provided to multicultural communities and advised the Committee that it was very important that mental health services be provided in a way that was culturally appropriate.<sup>174</sup>

On 7 November 2020 the Minister for Health, Hon. Martin Foley MP, announced a \$9.8 million package to improve wellbeing among healthcare workers in Victoria. The package was developed by the Healthcare Worker Infection Prevention and Wellbeing Taskforce.<sup>175</sup>

In the 2020–21 Victorian State Budget, the Victorian Government provided \$152.5 million for the Coronavirus (COVID-19) mental health response.<sup>176</sup> As part of this program, funding is provided to respond to increased demand for mental health and alcohol and other drug services, as well as initiatives to promote wellbeing and maintain the social connectedness of Victorians during the pandemic.<sup>177</sup>

### 3.5.2 Impact of COVID-19 restrictions on mental health

The interim report of this inquiry found that the pandemic has particularly impacted the mental health of young Victorians, ageing Victorians, and Victorians living in rural and regional areas.<sup>178</sup> This finding was reinforced through the evidence heard by the Committee in preparing this report.

In its submission to the inquiry, the RANZCP noted that the mental health impacts of COVID-19 are likely to be significant and far-reaching, impacting people with pre-existing mental health conditions as well as people who have never experienced mental ill-health.<sup>179</sup> Orygen advised the Committee that 75% of mental health problems have their onset in young people aged 12 to 25, with mental health problems making up 50% of this age group's health problems.<sup>180</sup>

<sup>173</sup> Ms Katherine Ellis, Chief Executive Officer, Youth Affairs Council Victoria, public hearing, Melbourne, 27 August 2020, *Transcript of evidence*, p. 8.

<sup>174</sup> Ms Adna Abdikadir, *Transcript of evidence*, p. 4.

<sup>175</sup> Hon. Martin Foley MP, *New Wellbeing Package for our Health Heroes*, media release, Victorian Government, Melbourne, 7 November 2020.

<sup>176</sup> Department of Treasury and Finance, *Budget Paper No. 3*, p. 64.

<sup>177</sup> *Ibid.*, p. 74.

<sup>178</sup> Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the Victorian Government's response to the COVID-19 Pandemic: Interim Report*, p. 34.

<sup>179</sup> Royal Australian and New Zealand College of Psychiatrists, *Submission 35*, p. 1.

<sup>180</sup> Professor Patrick McGorry AO, *Transcript of evidence*, p. 2.

In its evidence provided to the Committee, Orygen stated that the pandemic and associated restrictions were having a significant negative impact on mental health, citing surveys that reported a surge in mental health problems.<sup>181</sup> This included a 33% rise in deliberate self-harm presentations to emergency departments, and modelling that indicated that suicide risk is expected to increase by 25 to 50% per year.<sup>182</sup>

Research by the Monash University Victorian Injury Surveillance Unit found that the total number of Emergency Department (ED) presentations for self-harm injury did not change significantly in September 2020 compared with September 2019, although proportional to ED caseload, there was a 23% increase.

An internal report prepared by the Victorian Agency for Health Information (VAHI) showed that the number of mental health-related ED presentations in Victoria from May 2020 to November 2020 had been higher than in the past three years, with a peak occurring in late June 2020.<sup>183</sup>

Despite this, Orygen advised that there had not yet been a corresponding rise in suicide. Orygen also advised the Committee that the Victorian coroner had stated that there was still time to effectively address the mental health impacts of the pandemic and save lives.<sup>184</sup> This is reflected in the Victorian Coroner's *Monthly Suicide Data Report*, which found that as at 31 October 2020 the year to date frequency of Victorian suicides was slightly lower than the same period in 2019.<sup>185</sup> Similar results were reported in New South Wales.<sup>186</sup>

However, the Aboriginal Executive Council advised the Committee that they had experienced an increase in suicides within their community, with four in the week prior to 11 August 2020.<sup>187</sup>

YACVic highlighted the impact of the pandemic on young people in Victoria and noted that there has been a surge in mental health concerns, linked to social isolation, the extra burdens of trying to study online, and concern for job losses.<sup>188</sup> This is reflected in data collated by VAHI, which shows that from July 2020 to November 2020 the number of mental health-related ED presentations for Victorians aged 0–17 has been higher than in the past three years.<sup>189</sup>

<sup>181</sup> Ibid., pp. 4–5.

<sup>182</sup> Ibid.

<sup>183</sup> Victorian Agency for Health Information, *Impact of COVID-19 Mental health, alcohol and other drug treatment services in Victoria: Report for week commencing 16 November 2020*, Victorian Agency for Health Information, Melbourne, 2020, p. 7.

<sup>184</sup> Professor Patrick McGorry AO, *Transcript of evidence*, pp. 4–5.

<sup>185</sup> Coroner's Court of Victoria, *Coroners Court Monthly Suicide Data Report: October 2020*, Coroner's Court of Victoria, Melbourne, 12 November 2020.

<sup>186</sup> Department of Health, *NSW Suicide Monitoring System: Report 2 - November 2020*, Department of Health, Sydney, 2 November 2020.

<sup>187</sup> Ms Jill Gallagher, *Transcript of evidence*, p. 6.

<sup>188</sup> Ms Katherine Ellis, *Transcript of evidence*, p. 8.

<sup>189</sup> Victorian Agency for Health Information, *Impact of COVID-19 Mental health, alcohol and other drug treatment services in Victoria*, p. 8.

**FINDING 45:** The health restrictions associated with the pandemic have negatively impacted the mental health of many Victorians.

**FINDING 46:** The mental health support provided by the Victorian Government has been welcomed but it is anticipated that greater support will be necessary in the future, due to the ongoing mental health impacts of the pandemic and associated lockdowns.

**RECOMMENDATION 9:** The Victorian Government develop a long-term mental health support program to assist the community's recovery from the pandemic



# 4 Victoria's economic response

## 4.1 Introduction

This chapter examines the Victorian Government's economic response to COVID-19. The Victorian Government's initial response was primarily focussed on maintaining the community's health and implementing restrictions to contain the virus. These restrictions resulted in a substantial drop in economic activity. The Government's subsequent response has broadened out to stimulate the economy, restore business and consumer confidence, and mitigate the impact of the health restrictions on the economy.

Most industries either shutdown or operated under heavy limitations during the Stage 3 and Stage 4 restrictions. These restrictions have had a severe impact on the State's economy, particularly employment figures. Victoria's economy contracted 8.5% in the June quarter and contracted a further 1% in the September quarter as a consequence of the ongoing restrictions.

However, the Government has responded by providing support through widespread stimulus and targeted support measures. Measures implemented by the Commonwealth Government have also had a positive impact on Victoria's economy. Both governments have incurred a large amount of debt to fund their activities and initiatives in response to the pandemic.

## 4.2 Economic impacts of COVID-19

In its interim report the Committee found that Victoria's economy would be substantially affected by the restrictions introduced in response to COVID-19. The Committee noted that because of Victoria's industry composition and reliance on export services, Victoria is likely to take a harder economic hit than other states and territories.

The ongoing and substantial nature of restrictions implemented in Victoria has seen the State's economy deteriorate further in comparison with the rest of Australia.

### 4.2.1 Stage 4 restrictions

On 2 August 2020, Stage 4 restrictions came into force for metropolitan Melbourne. On 5 August 2020, regional Victoria moved to Stage 3 restrictions.

The restrictions brought in the staggered shut down of most non-essential industries across metropolitan Melbourne. Essential goods and services, such as supermarkets, pharmacies and petrol stations, remained open throughout the Stage 4 period.

The impact of Stage 4 restrictions in metropolitan Melbourne and Stage 3 restrictions in regional Victoria has been substantial. The unprecedented curtailment of economic activity is expected to have long-term impacts on Victoria's economy. Notwithstanding the curtailment of economic activity through restrictions, it is expected that the broader health and societal impacts of the pandemic will also affect the economy.

Research conducted by the Imperial College London, in conjunction with RES Consortium and the University of Manchester highlighted that:

A great deal of evidence is already emerging on the (narrow) economic impacts of restrictions. Estimates made by Deb et al (2020) to identify the particular effect of restrictive policies (lockdown) suggest that they reduced economic activity by 15% in the 30 days after they were adopted. They find that stay-at-home requirements and workplace closures are the costliest in economic terms. Preliminary estimates from the UK Office for National Statistics showed a slightly more than 20% fall in GDP in April 2020, the first full month after the lockdown. Bonadio et al (2020) put the impact on output and incomes (i.e. GDP) of policies to counter the spread of the infection on GDP averaged across 64 countries even higher, at around 30%.<sup>1</sup>

The Committee notes that across a wide range of economic literature, the consensus is generally that Gross Domestic Product (GDP) contractions and high unemployment will remain while stringent containment measures are in place.<sup>2</sup> However, the relationship remains complex. There are broader economic impacts of the pandemic beyond those associated with restrictions, such as increased morbidity and reductions in consumer and businesses confidence due to the presence of the virus. Governments are also able to limit the economic impacts of restrictions through additional measures such as taxation relief, and fiscal stimulus.<sup>3</sup>

The Committee notes that now restrictions have been substantially eased in Victoria, economic activity should increase.

## 4.2.2 Current economic indicators

In its interim report, the Committee highlighted that early indicators were showing a widespread economic downturn in the State. In light of the second lockdown, Victoria has experienced a harsher and more prolonged economic contraction than other jurisdictions in Australia. The latest data shows that Victoria's economy contracted by 8.5% in the June 2020 quarter, and contracted a further 1% in the September 2020 quarter.

1 M. Stedman and A. Heald. D. Miles, 'Living with COVID-19: Balancing costs against benefits in the face of the virus', *National Institute Economic Review*, vol. 253, August 2020, p. 8.

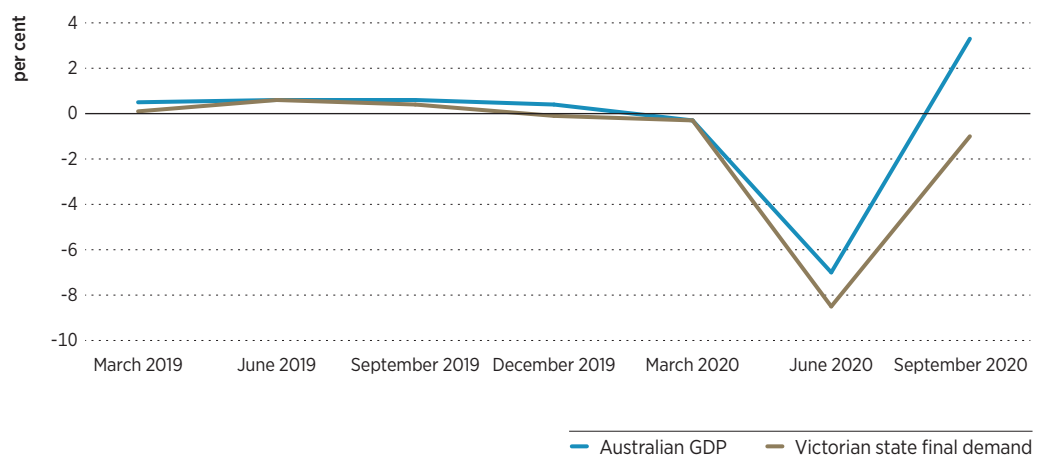
2 Reserve Bank of Australia, *Statement on Monetary Policy - May 2020*, May 2020, <<https://www.rba.gov.au/publications/smp/2020/may/economic-outlook.html>> accessed 27 August 2020.

3 Hon. Tim Pallas MP, Treasurer of Victoria, Department of Treasury and Finance, public hearing, Melbourne, 1 December 2020, *Transcript of evidence*.

At the Committee's public hearing on 12 August 2020, the Treasurer indicated that Gross State Product (GSP) is expected to fall by 9% in 2020-21.<sup>4</sup> In the Victorian State Budget, released on 24 November 2020, this was revised to a fall in GSP of 4% in 2020-21.<sup>5</sup>

Australia recorded a 7% fall in GDP in the June quarter of 2020, the largest quarterly fall on record.<sup>6</sup> State final demand<sup>7</sup> in Victoria dropped by 8.5%<sup>8</sup> from the March quarter to the June quarter.<sup>9</sup> In the September quarter of 2020, Victorian state final demand fell by 1% (Figure 4.1). Victoria was the only Australian state or territory to experience an economic contraction in this quarter.<sup>10</sup>

**Figure 4.1 Australian Gross Domestic Product and Victorian state final demand**



Source: Australian Bureau of Statistics, *Australian National Accounts: National Income, Expenditure and Product, September 2020*, cat. no. 5206.0, 2 December 2020, <<https://www.abs.gov.au/statistics/economy/national-accounts/australian-national-accounts-national-income-expenditure-and-product/sep-2020>> accessed 2 December 2020.

4 Hon. Tim Pallas MP, Minister for the Coordination of Treasury and Finance: COVID-19, Department of Treasury and Finance, *COVID-19 public hearing presentation*, supplementary evidence received 12 August 2020, p. 3.

5 Department of Treasury and Finance, *Budget Paper No. 2: Strategy and Outlook*, Melbourne, 2020-21, p. 3.

6 Australian Bureau of Statistics, *Australian National Accounts: National Income, Expenditure and Product, June 2020*, cat. no. 5206.0, 2 September 2020, <<https://www.abs.gov.au/statistics/economy/national-accounts/australian-national-accounts-national-income-expenditure-and-product/jun-2020>> accessed 5 September 2020.

7 State final demand measures the total value of goods and services that are sold in a state to buyers who wish to either consumer them or retain them in the form of capital assets. It excludes sales made to buyers who use them as inputs to a production activity, export sales and sales that lead to accumulation of inventories.

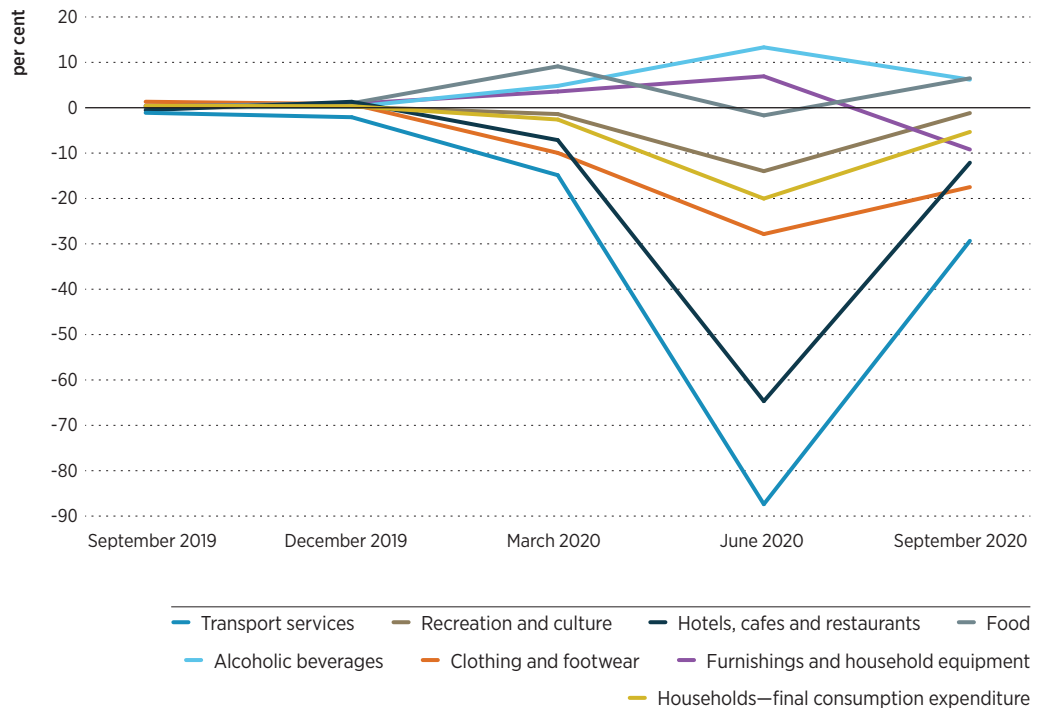
8 Seasonally adjusted.

9 Australian Bureau of Statistics, *Australian National Accounts: National Income, Expenditure and Product, June 2020*.

10 Australian Bureau of Statistics, *Australian National Accounts: National Income, Expenditure and Product, September 2020*, cat. no. 5206.0, 2 December 2020, <<https://www.abs.gov.au/statistics/economy/national-accounts/australian-national-accounts-national-income-expenditure-and-product/sep-2020>> accessed 2 December 2020.

In the June quarter of 2020, Victorian household final consumption expenditure decreased by 13.7%.<sup>11</sup> From the June 2020 quarter to the September 2020 quarter, household final consumption expenditure in Victoria decreased again. However, the decrease of 1.2% was far less than the fall in the previous quarter (Figure 4.2).

Figure 4.2 Victorian household consumption



Source: Australian Bureau of Statistics, *Australian National Accounts: National Income, Expenditure and Product, September 2020*, cat. no. 5206.0, 2 December 2020, <<https://www.abs.gov.au/statistics/economy/national-accounts/australian-national-accounts-national-income-expenditure-and-product/sep-2020>> accessed 2 December 2020.

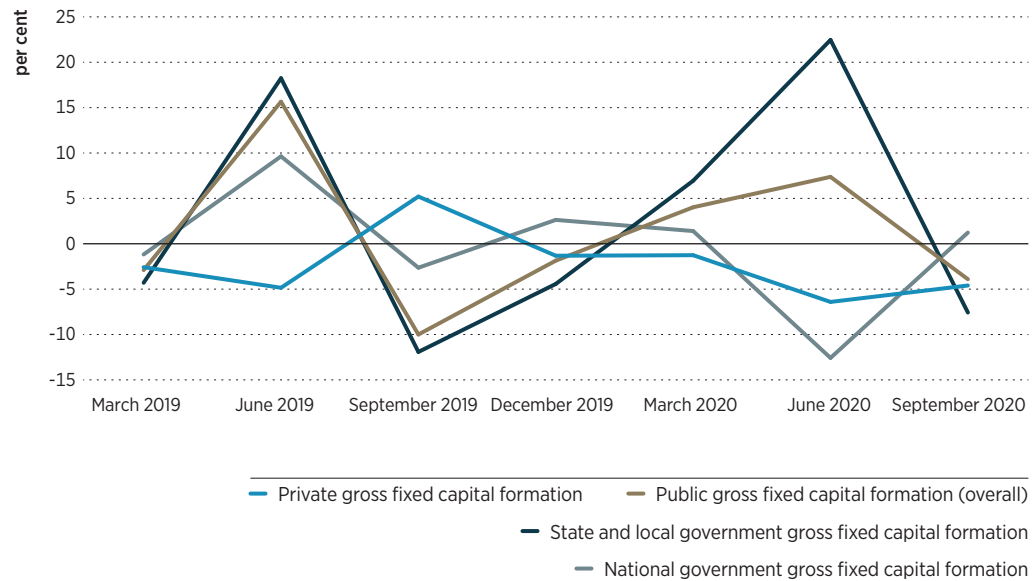
Overall public gross fixed capital formation<sup>12</sup> on the other hand increased in the June 2020 quarter by 7.4% and decreased 3.9% in the September 2020 quarter. Gross fixed capital formation is the acquisition of produced assets minus disposals.

11 Australian Bureau of Statistics, *Australian National Accounts: National Income, Expenditure and Product, June 2020*.

12 Gross fixed capital formation is defined as the acquisition of produced assets (including purchases of second-hand assets), including the production of such assets by producers for their own use, minus disposals.



Figure 4.3 Public and private gross fixed capital formation



Source: Australian Bureau of Statistics, *Australian National Accounts: National Income, Expenditure and Product, September 2020*, cat. no. 5206.0, 2 December 2020, <<https://www.abs.gov.au/statistics/economy/national-accounts/australian-national-accounts-national-income-expenditure-and-product/sep-2020>> accessed 2 December 2020.

Other key economic indicators include:

- Melbourne saw its consumer price index (CPI) drop by 1.8% in the June quarter. This was driven primarily by drops in automotive fuel (-19.6%), preschool and primary education (-18.8%) and rents (-1.1%). However, CPI rose by 0.9% in the September quarter, with increases in automotive fuel (11.1%) and tobacco (3.3%).<sup>13</sup>
- Unemployment for the State was recorded at 7.4% in October 2020, up from 6.8% from July.<sup>14</sup> The unemployment rate is forecast to rise to an average of 7.75% in 2020–21, with a quarterly peak of 8.25% in the December quarter of 2020.<sup>15</sup>
- The cash rate target, or interest rate, set by the Reserve Bank of Australia is currently 0.1%.<sup>16</sup>

Credit ratings for the State are highlighted in Table 4.1.

<sup>13</sup> Australian Bureau of Statistics, *Consumer Price Index, Australia, September 2020*, cat. no. 6401.0, 28 October 2020, <<https://www.abs.gov.au/statistics/economy/price-indexes-and-inflation/consumer-price-index-australia/latest-release>> accessed 25 November 2020.

<sup>14</sup> Australian Bureau of Statistics, *Labour Force, Australia, October 2020*, cat. no. 6202.0, 19 November 2020, <<https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia/oct-2020>> accessed 2 December 2020.

<sup>15</sup> Department of Treasury and Finance, *Budget Paper No. 2*, p. 3.

<sup>16</sup> Philip Lowe, *Statement by Philip Lowe, Governor: Monetary Policy Decision*, media release, Reserve Bank of Australia, Sydney, 3 November 2020.

**Table 4.1** Credit ratings for the State of Victoria

Agency	Long-term rating domestic	Long-term rating foreign currency	Short-term rating
Standard & Poor's Corporation	AA (Outlook Stable)	AA (Outlook Stable)	A-1+
Moody's Investors Service	Aaa (Outlook Stable)	Aaa (Outlook Stable)	P-1

Source: Treasury Corporation of Victoria, *Credit Ratings*, 7 December 2020, <<https://www.tcv.vic.gov.au/tcv-bonds/credit-ratings>> accessed 14 December 2020.

On 7 December 2020, Standard and Poor's lowered Victoria's credit rating from AAA to AA, providing the following rationale for the decision:

The lowered rating reflects our view that the COVID-19 pandemic has dealt Victoria a severe economic and fiscal shock that has materially weakened its credit metrics more than domestic and international 'AAA' and 'AA+' rated governments. Victoria's economy has been affected more significantly than other Australian states and territories, mainly because fallout from the second wave of infections resulted in a substantial and prolonged lockdown. In our view, the Victorian Government's path to fiscal repair will be more challenging and prolonged than other states because of the significant increase in debt stock projected over the next few years and the state's more limited flexibility to repair its balance sheet through asset sales and some degree of uncertainty about the government's policy position with respect to expense management.<sup>17</sup>

**FINDING 47:** Key economic indicators show that Victoria's economy continues to record negative results, recording an 8.5% Gross State Product fall in the June 2020 quarter and a further 1% in the September 2020 quarter. In addition, Victoria had a 7.4% unemployment rate in October. Melbourne's consumer price index rose by 0.9% in the September quarter.

### A consumer crisis

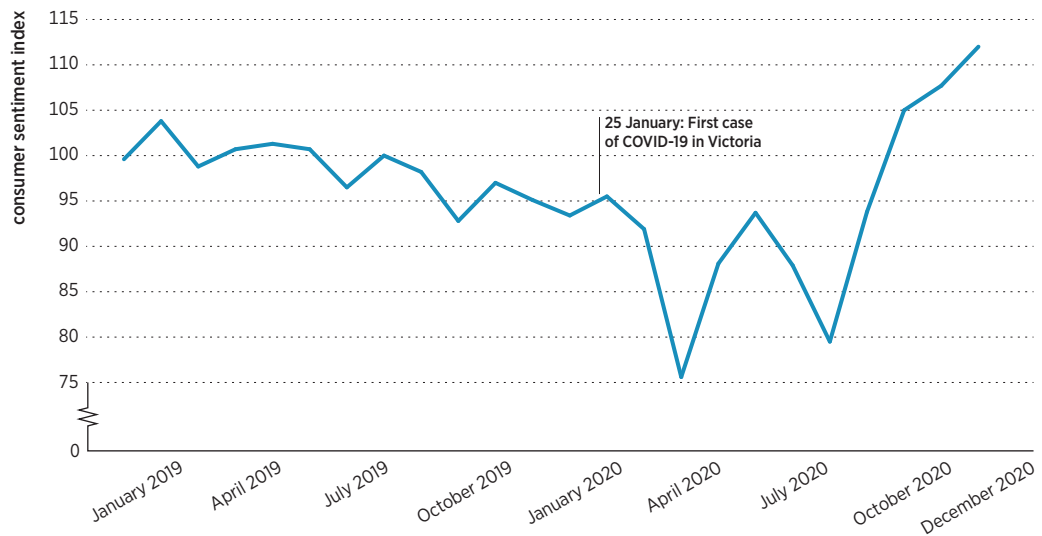
Consumer sentiment is both a statistical measurement and an economic indicator of the overall health of the economy. The index measures the change in the level of consumer confidence in economic activity.<sup>18</sup> The Westpac-Melbourne Institute Index of Consumer Sentiment,<sup>19</sup> dropped to 75.6 in April 2020 after which it fluctuated. However, the index has now reached its highest level since October 2010, marking a ten-year high (Figure 4.4).<sup>20</sup>

<sup>17</sup> Standard and Poor's, *Australian State Of Victoria Rating Lowered To 'AA' On Structurally Weaker Fiscal Outlook*, media release, Melbourne, 7 December 2020.

<sup>18</sup> A level above 100 on the index indicates optimism, while a level below 100 indicates pessimism towards the economy.

<sup>19</sup> The Westpac-Melbourne Institute Index of Consumer Sentiment uses data compiled from a survey of about 1,200 consumers which asks respondents to rate the relative level of past and future economic indicators.

<sup>20</sup> Westpac, *Westpac-Melbourne Institute Index of Consumer Sentiment December: Consumer Sentiment hits ten year high*, Melbourne, 9 December 2020.

**Figure 4.4** Index of Consumer Sentiment, January 2019 to October 2020

Source: Westpac, *Westpac-Melbourne Institute Index of Consumer Sentiment December: Consumer Sentiment hits ten year high*, Westpac, Melbourne, 9 December 2020.

The Consumer Policy Research Centre (CPRC) made a submission to the Committee's inquiry outlining the consumer impacts caused by COVID-19 related restrictions. The CPRC explained that rapid job losses, income insecurity and social distancing measures have triggered a demand-side shock, causing consumer confidence to fall.<sup>21</sup> Given that household expenditure makes up over 55% of Australian GDP, the drop in consumer sentiment is likely to have flow-on impacts to the economy as a whole.<sup>22</sup>

The CPRC outlined that:

COVID-19 is amplifying consumer vulnerability ... More people are finding it difficult to pay for the essentials. COVID-19 is also exacerbating family violence, mental health challenges and digital exclusion, each of which can make it difficult for people to engage with service providers and access support. And while the scale of consumer vulnerability has increased, some people are more exposed than others, including those working in services sectors, young people, renters, those with limited internet access and temporary migrants facing destitution on job loss.<sup>23</sup>

### Business confidence down

At the public hearings on 12 August 2020, the Treasurer told the Committee that Victorian business confidence was down 22 points to -29 index points in July.<sup>24</sup> Victoria also saw the biggest drops in both business conditions and business confidence out of all the states and territories in September 2020 and October 2020. Business conditions remained the lowest in Australia in November 2020. However, based on the most recent

<sup>21</sup> Consumer Policy Research Centre, *Submission 66*, received 7 August 2020, p. 3.

<sup>22</sup> *Ibid.*, p. 5.

<sup>23</sup> *Ibid.*

<sup>24</sup> Hon. Tim Pallas MP, *COVID-19 public hearing presentation*, p. 7.

National Australia Bank Monthly Business Survey, business confidence in Victoria is the highest of all Australian states and territories.<sup>25</sup>

Victoria's Performance of Manufacturing Index (PMI)<sup>26</sup> was 53.3 points in July 2020. It has not recovered to that level yet, having rebounded to 47.3 in October 2020.<sup>27</sup>

The Committee heard from the Australian Industry Group (AIG) on the impact Stage 4 restrictions were having in Melbourne businesses. The AIG told the Committee that:

... since June the concerns have simply multiplied for members. Reduced sales and orders cancelled and delayed investment decisions and lower customer demand dominate; even problems gaining access to their customers for sales and maintenance and to prepare quotes for them have been mentioned on many occasions.

Businesses now know that the forward orders that they have will not sustain them with the current pipeline, and some are expecting about 10 per cent of orders that they had budgeted for. Even in June, 38 per cent have been reducing their working hours and 23 per cent had reduced staff numbers. They are now having further reduced hours, reduced and shorter shifts, and requiring people to take their annual leave and long service leave. That percentage increased considerably in July from where we were before, and our workers on infoline are receiving many, many calls; in fact a cavalcade of calls dealing with redundancies, dealing with absenteeism and dealing with stand downs.<sup>28</sup>

In a report on the impact of COVID-19 on businesses in Australia released on 23 October 2020, AIG stated that 87% of the 1,500 businesses consulted reported negative impacts from COVID-19 in September. The most frequently reported impact has been a sharp drop in customer demand.<sup>29</sup> Victoria's restrictions were the second most reported impact in September 2020, with the restrictions affecting businesses across the country.<sup>30</sup>

25 National Australia Bank, *NAB Monthly Business Survey November 2020: Further Gains as the Economy Continues to Open Up*, Melbourne, 8 December 2020.

26 The Australian Industry Group Australian Performance of Manufacturing Index is a national composite index based on the diffusion indices for production, new orders, deliveries, inventories and employment with varying weights. A reading above 50 points indicates that manufacturing is generally expanding; below 50, that it is declining. The distance from 50 indicates the strength of the expansion or decline.

27 Australian Industry Group, *Australian Performance of Manufacturing Index: Manufacturing surges into expansion in October*, Sydney, 2 November 2020, p. 1.

28 Mr Tim Piper, Head of Victoria Branch, Australian Industry Group, public hearing, Melbourne, 12 August 2020, *Transcript of evidence*, pp. 1-2.

29 Australian Industry Group, *Business experiences of the COVID-19 pandemic March to September 2020*, Sydney, 23 October 2020, p. 4.

30 *Ibid.*, p. 7.

### 4.2.3 Employment

The Committee's interim report found that employment rates in Victoria have been substantially affected by COVID-19. Restrictions under Stage 4 in Melbourne and Stage 3 in regional Victoria have had further detrimental impacts to employment in the State.

Unemployment in Victoria increased from 6.8% in July 2020 to 7.1% in August 2020. At the public hearings on 12 August 2020 the Department of Treasury and Finance (DTF) reported that unemployment was forecast to reach about 11% in the September quarter.<sup>31</sup> The Victorian State Budget revealed that the unemployment rate was 6.9% in the September quarter of 2020. Unemployment was forecast to rise to average 7.75% in the year, with a quarterly peak of 8.25% in the December quarter 2020.<sup>32</sup> The Treasurer advised at the public hearing on 1 December 2020 that:

Most jobs lost were part time or casual, which make up a greater share of the employment in the most heavily affected industries. Part-time employment declined by 11.2 per cent from March to September 2020, almost triple the rate of decline in full-time employment. The JobKeeper wage subsidy program supported full-time and permanent part-time employment. However, it has been less effective at supporting casuals, as it excludes those who had been with their employer for less than 12 months as at 1 July 2020.<sup>33</sup>

#### Jobs and wages

From March 2020 to May 2020, the total number of employed persons in Victoria dropped about 5.7%. Following a short increase in July, the total number of employed persons fell again to 3,224,700 in September 2020, or a 6.4% decrease since March 2020.<sup>34</sup>

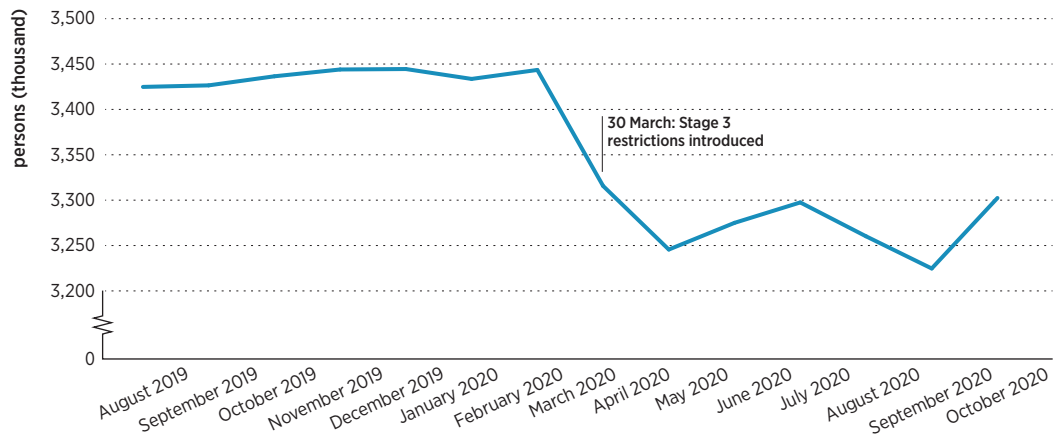
There was a sharp decline in the total number of employed persons in Victoria between March and May 2020, as illustrated in Figure 4.5. This coincides with the introduction of the first round of Stage 3 restrictions.

<sup>31</sup> Hon. Tim Pallas MP, *COVID-19 public hearing presentation*, p. 4.

<sup>32</sup> Department of Treasury and Finance, *Budget Paper No. 2*, p. 31.

<sup>33</sup> Hon. Tim Pallas MP, *Transcript of evidence*, p. 2.

<sup>34</sup> Australian Bureau of Statistics, *Labour Force, Australia, Labour force status by Sex, Victoria - Trend, Seasonally adjusted and Original*, cat. no. 6202.0, 15 October 2020, <<https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia/sep-2020>> accessed 18 November 2020.

**Figure 4.5** Total number of employed persons in Victoria, September 2019 to October 2020, seasonally adjusted

Source: Australian Bureau of Statistics, *Labour Force, Australia, October 2020*, cat. no. 6202.0, 19 November 2020, <<https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia/oct-2020>> accessed 2 December 2020.

At the public hearing on 12 August 2020, the Treasurer told the Committee that job losses were forecast to reach 325,000 from March to September 2020.<sup>35</sup> This represents around 9.5% of the Victorian labour force of 3.4 million people.<sup>36</sup>

However, the number of job losses in the Victorian labour force understate the impact of the pandemic. The Victorian State Budget for 2020–21 stated that there were 130,000 fewer Victorians in the workforce in the September quarter compared with the March quarter 2020, as the labour market deteriorated and public health restrictions impeded job searches.

This lowered the participation rate from record high levels of 66.5% of the working-age population in the March quarter to 63.9% in the September quarter.<sup>37</sup> In addition, Victoria has experienced a rise in underemployment, which is discussed below.<sup>38</sup>

The latest data available from the Commonwealth Department of Social Services shows that in October 2020 there were approximately 370,000 JobSeeker recipients in Victoria.<sup>39</sup> This represents approximately 11% of the Victorian labour force of 3.4 million people.<sup>40</sup>

<sup>35</sup> Hon. Tim Pallas MP, Minister for the Coordination of Treasury and Finance: COVID-19, Department of Treasury and Finance, public hearing, Melbourne, 12 August 2020, *Transcript of evidence*, p. 2.

<sup>36</sup> Australian Bureau of Statistics, *Labour Force, Australia, Labour force status by Sex, Victoria - Trend, Seasonally adjusted and Original*.

<sup>37</sup> Department of Treasury and Finance, *Budget Paper No. 2*, p. 30.

<sup>38</sup> Ibid.

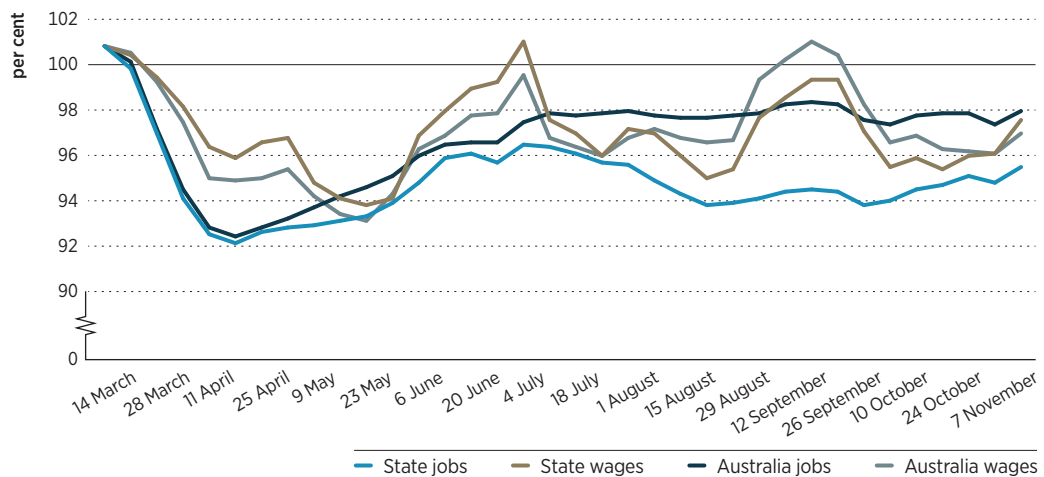
<sup>39</sup> Department of Social Services, *JobSeeker Payment and Youth Allowance Recipients: Monthly Profile October 2020*, 20 November 2020, <<https://data.gov.au/dataset/ds-dga-728daa75-06e8-442d-931c-93ecc6a57880/details>> accessed 30 November 2020.

<sup>40</sup> Australian Bureau of Statistics, *Labour Force, Australia, Labour force status by Sex, Victoria - Trend, Seasonally adjusted and Original*.

Data submitted to the Australian Taxation Office from payroll systems shows that Victoria has been hit by job losses harder than other states and territories. Figures sourced from the Australian Bureau of Statistics (ABS) show that between the week ending 14 March 2020 and the week ending 14 November 2020, payroll jobs<sup>41</sup> in Victoria decreased by 5.4%, the largest decrease out of all the states and territories. Over the same period, total wages in Victoria decreased by 3.3%, the third largest decrease in Australia.<sup>42</sup>

Figure 4.6 illustrates the indexed number of payroll jobs and total wages in Victoria and Australia between 14 March and 14 November 2020.

**Figure 4.6** Payroll jobs and wages in Victoria and Australia, 14 March 2020 to 14 November 2020



Source: Australian Bureau of Statistics, *Weekly Payroll Jobs and Wages in Australia*, Week Ending 14 November 2020, cat. no. 6160.0.55.001, 1 December 2020, <<https://www.abs.gov.au/statistics/labour/earnings-and-work-hours/weekly-payroll-jobs-and-wages-australia/week-ending-14-november-2020>> accessed 2 December 2020.

The data indicates that since restrictions were implemented by the Victorian Government and through National Cabinet in response to COVID-19, Victoria has consistently fared worse than Australia as a whole in regard to employment.

Victorian payroll wages bounced back strongly from a low in late May, rising above the index of 100 set at the week ending 14 March 2020. However, this trend was not sustained and wages declined from early July 2020, dipping below nation-wide wage levels in early August 2020. Victorian payroll wages remained below the nation-wide average until 14 November 2020.<sup>43</sup>

<sup>41</sup> A payroll job is a relationship between an employee and their employer, in which the employee is paid through the Single Touch Payroll (STP) enabled software and reported to the Australian Taxation Office.

<sup>42</sup> Australian Bureau of Statistics, *Weekly Payroll Jobs and Wages in Australia*, Week Ending 14 November 2020, cat. no. 6160.0.55.001, 1 December 2020, <<https://www.abs.gov.au/statistics/labour/earnings-and-work-hours/weekly-payroll-jobs-and-wages-australia/week-ending-14-november-2020>> accessed 2 December 2020.

<sup>43</sup> Ibid.

In the most recent data available for Statistical Area Level 4 (SA4) regions in Australia (which are specifically designed to reflect labour markets within population limits), Inner Melbourne saw the largest drop in payroll jobs at 8.5% between 14 March 2020 and 31 October 2020. Other areas of metropolitan Melbourne saw payroll job losses at percentages between 5.5% and 6.8%. Regional and rural Victoria experienced smaller falls, with Ballarat recording a 6.6% decrease, Shepparton a decrease of 3.5% and Hume a decrease of 3.8%.<sup>44</sup>

**FINDING 48:** Inner Melbourne experienced the largest decrease in payroll jobs across Australia (8.5%) for the period between 14 March 2020 and 31 October 2020.

The Committee notes that those who lose their jobs in the midst of the current recession are likely to carry with them 'scarring' effects for the rest of their working lives. Research from Yale University highlights that many will transition to jobs that are lower paying as hiring becomes more selective.<sup>45</sup> The recession in Victoria and Australia is likely to cause large and persistent wage losses for displaced workers who are unable to find employment in jobs that fully utilise previously accumulated skills. Subsequently, these workers accumulate additional human capital at a slower rate and do not contribute to economic growth in their full capacity.

The 2020–21 Victorian State Budget notes that the degree and persistence of scarring on the economy moving forward is unclear.<sup>46</sup> At the public hearings on 1 December 2020, the Treasurer advised the Committee that the Victorian Government anticipated some embedded disadvantage that would require attention:

The longer somebody is unemployed, the less likely it is for them to join back into the labour market, so you will see a very substantial effort by us to effectively case manage the opportunity to get people back into employment. The levels of skills that people have and their adaptability to the changing nature of the economy will also be vitally important, and we have to find ways to provide educational opportunities that are bespoke—that is, are not only relevant to the needs of industry but also opportunities for people to meet with their adaptabilities and their skills but for them to also see an opportunity to get back into the labour market.<sup>47</sup>

## Industries

The Committee's interim report looked at Victoria's employment distribution by industry.<sup>48</sup> In order to assess the Victorian Government's response and examine which

44 Australian Bureau of Statistics, *Weekly Payroll Jobs and Wages in Australia, Week ending 31 October 2020*, cat. no. 6160.0.55.001, 17 November 2020, <<https://www.abs.gov.au/ausstats/abs@.nsf/mf/6160.0.55.001>> accessed 18 November 2020; Australian Bureau of Statistics, *Weekly Payroll Jobs and Wages in Australia, Week Ending 14 November 2020*.

45 C. Huckfeldt, *Understanding the Scarring Effect of Recessions*, Department of Economics, Cornell University, 23 March 2016, p. 36.

46 Department of Treasury and Finance, *Budget Paper No. 2*, p. 37.

47 Hon. Tim Pallas MP, *Transcript of evidence*, p. 9.

48 Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the Victorian Government's response to the COVID-19 Pandemic: Interim Report*, August 2020, p. 42.



areas of the workforce need further support, it is important to examine which industries have been most affected by government restrictions. Accommodation and food services have experienced the most substantial drops in economic activity.

In the August release of the ABS' *Business Indicators, Business Impacts of COVID-19*, it was reported that several industries were expected to face difficulties in meeting financial commitments over the next three months. The top three industries and percentage of businesses within those industries expected to face difficulties in meeting financial commitments were:

- accommodation and food services (71%)
- transport, postal and warehousing (56%)
- arts and recreation services (48%).<sup>49</sup>

Small businesses were more likely to expect difficulty meeting financial commitments compared to medium to large businesses in the short term. This information has not subsequently been updated by the ABS.

As highlighted by the Committee in its interim report, international education continues to be substantially impacted by restrictions implemented primarily through National Cabinet. Modelling by the Group of Eight, which represents leading Australian research universities, forecasts 6,700 research-related jobs will be cut across member universities because of lost revenue from international students.<sup>50</sup>

In highlighting the disproportionate impact of COVID-19 in Melbourne and Victoria, the AIG told the Committee that:

Further measures will be needed, we believe, to stimulate business activity and employment over the coming months, with a particular focus on Melbourne, which alone accounts for about 20 per cent of Australia's national economic activity and jobs. But the effects of the shutdown that we are experiencing in Melbourne will be experienced throughout the country.<sup>51</sup>

The AIG told the Committee that in light of uncertainties and restrictions, many businesses are contemplating moving operations outside of Victoria; both interstate and internationally.<sup>52</sup>

**FINDING 49:** Not all Victorian industries have been equally hit by COVID-19 related restrictions, with accommodation and food services experiencing the most substantial drops in economic activity by August.

<sup>49</sup> Australian Bureau of Statistics, *Business Indicators, Business Impacts of COVID-19, August 2020*, cat. no. 5676.0.55.003, 27 August 2020, <<https://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/5676.0.55.003Main%20Features3August%202020>> accessed 1 September 2020.

<sup>50</sup> Hon. Martin Pakula MP, Minister for the Coordination of Jobs, Precincts and Regions: COVID 19, Department of Jobs, Precincts and Regions, public hearing, Melbourne, 12 August 2020, *Transcript of evidence*, p. 1.

<sup>51</sup> Mr Tim Piper, *Transcript of evidence*, p. 1.

<sup>52</sup> *Ibid.*, p. 5.

**FINDING 50:** Victorian industries have been more greatly impacted because of more extensive restrictions across the State compared to other Australian states and territories.

### Underemployment, women and young people

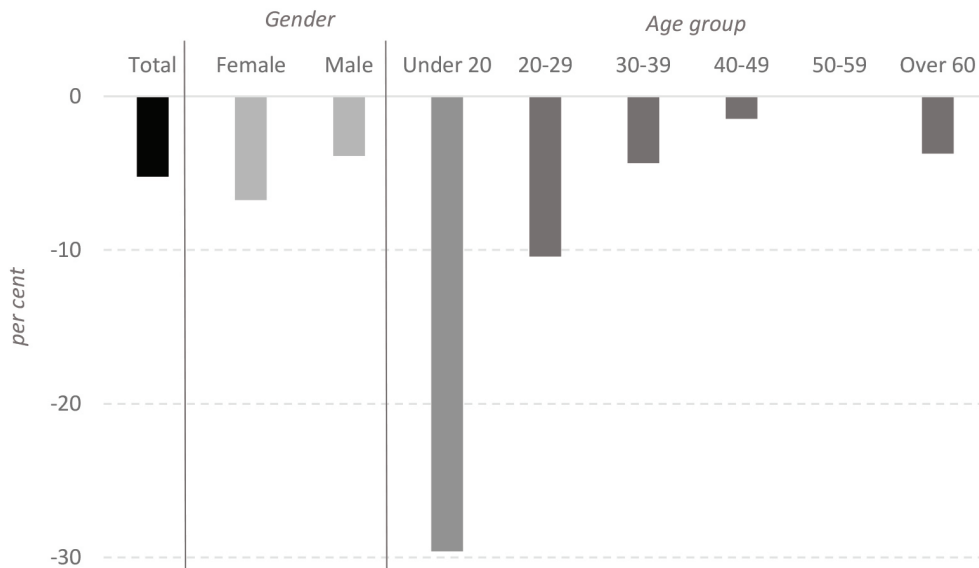
While the economic impact of the restrictions has been felt widely across Victoria, cohorts of employees—based on age, gender and hours worked—have been impacted differently by COVID-19 and related restrictions.

In the public hearings on 12 August 2020, the Treasurer told the Committee that:

Women and younger workers have been the most impacted by the coronavirus pandemic to date. They are more likely to work in the most impacted sectors, including hospitality, arts and recreation. Employment for women fell by 5.7 per cent from March to June, while male employment fell 4.2 per cent. Women working part time represented around half the total job losses from March to June. Employment for young people under 30 declined 11.3 per cent from March to June, much higher than the decline of 2.3 per cent for those over 30.<sup>53</sup>

Figure 4.7 shows the falls in employment disaggregated by age and gender, between the March and September quarters of 2020.

**Figure 4.7** Change in employment by gender and age, March and September quarters 2020



Source: Victorian Government, *Budget Paper No. 2: Strategy and Outlook*, Melbourne, 2020–21, p. 44.

53 Hon. Tim Pallas MP, *Transcript of evidence*, p. 2.

In the 2020–21 Victorian State Budget, the Victorian Government identified reducing unemployment as a key step in its medium-term response to the pandemic.<sup>54</sup> This included the Government setting a target for 400,000 more individuals employed by 2025, with an interim milestone of 200,000 people by 2022.<sup>55</sup> The Budget highlights that the pandemic has impacted women and young workers, and contains programs and policies that support these cohorts, including:

- \$5 million over the forward estimates for the Women in Construction program, which creates training and employment opportunities for women on government construction projects valued at \$20 million or more.<sup>56</sup>
- \$2.3 million over the forward estimates for the Women in Transport program, which provides training and employment opportunities for women in the transport sector.<sup>57</sup>
- \$155 million to support young people and women to access subsidised training and free TAFE training in 2021.<sup>58</sup>

At the public hearings on 1 December 2020, the Treasurer advised the Committee that the Government had taken additional steps to support the workers most affected by the pandemic, stating:

... these positions will be made available to Victorians hardest hit financially during this pandemic, including women, young workers, retrenched workers, people who have been long-term unemployed, and at least \$150 million of subsidies will be provided to support getting women back into work. Of that, \$50 million will go to older women, women over 45 years of age, once again recognising that they face very real and substantial barriers to reconnecting into the world of work, getting that work going as quickly as we can to make those connections for those who wish to participate in the labour market.<sup>59</sup>

Most commonly 'underemployment' is used to refer to someone who is employed, but not in the desired capacity. The unmet capacity can relate to hours of work, level of skill utilisation, level of compensation and application of qualifications or experience. For the purpose of this analysis, the Committee considered two distinct groups, part-time workers who want more work hours and full-time workers who worked part-time hours for economic reasons.<sup>60</sup>

Underemployment in Victoria has grown substantially since the onset of restrictions implemented by the Victorian and Commonwealth Governments in March 2020. The chart below illustrates the change in the number of persons underemployed in Victoria over the past 15 months.

<sup>54</sup> Department of Treasury and Finance, *Budget Paper No. 2*, p. 6.

<sup>55</sup> *Ibid.*, p. 39.

<sup>56</sup> Department of Treasury and Finance, *Budget Paper No. 3: Service Delivery*, Melbourne, 2020–21, p. 115.

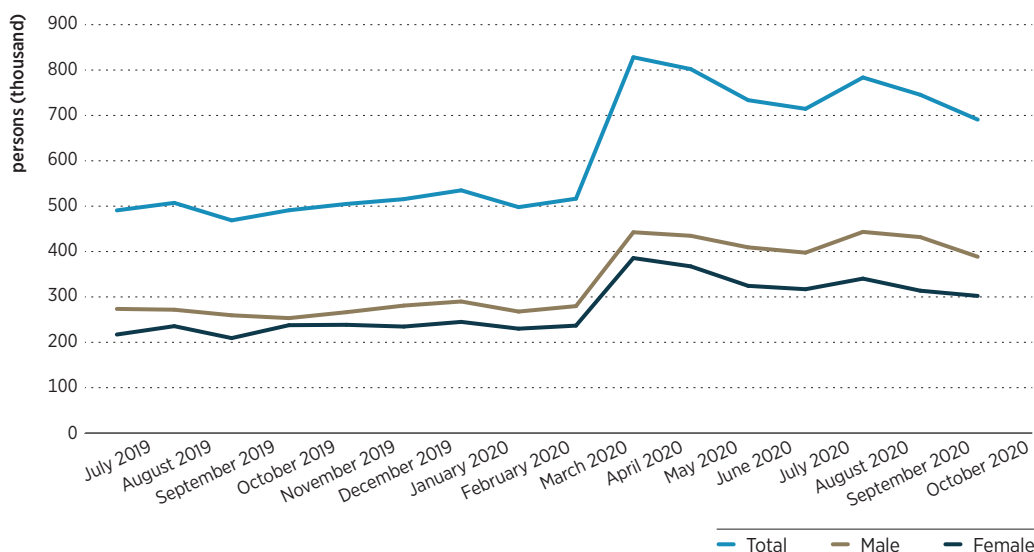
<sup>57</sup> *Ibid.*, p. 127.

<sup>58</sup> Department of Treasury and Finance, *Budget Paper No. 2*, p. 52.

<sup>59</sup> Hon. Tim Pallas MP, *Transcript of evidence*, p. 14.

<sup>60</sup> Economic reasons in this context relates to workers being stood down or insufficient work being available and assumes workers would have wanted to work full-time if the availability was there.

Figure 4.8 Total underemployed persons in Victoria, July 2019 to October 2020



Note: The data used in this Chart and those below comes from the ABS' Expanded Analytical Series, which includes an additional three groups within the definition of underemployment. These are full-time workers who would prefer to work more hours and were available to start work with more hours, full-time workers who still worked full-time hours in the reference week, but worked less than their usual full-time hours for economic reasons, and part-time workers who worked less than their usual part-time hours during the reference week for economic reasons and did not prefer or were unavailable for more hours.

Source: Australian Bureau of Statistics, *Labour Force, Australia, October 2020, Underutilised persons by State and Territory and Sex - Trend, Seasonally adjusted and Original*, cat. no. 6202.0, 19 November 2020, <<https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia/oct-2020>> accessed 2 December 2020.

The data shows that the original onset of restrictions caused underemployment figures to rise from around 520,600 in March 2020 to 835,100 in April 2020, representing an increase of 60.4%. In October 2020, the number of underemployed persons in Victoria was 697,600. This was lowest number since March 2020, although it still represented a 33.9% increase since March.<sup>61</sup>

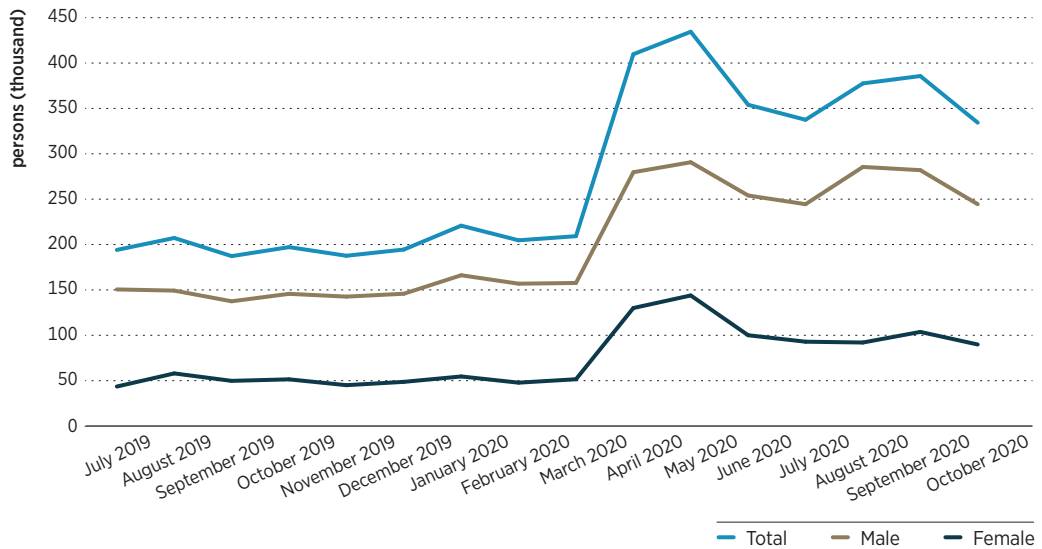
**FINDING 51:** Total underemployment in Victoria has increased by 33.9% since March 2020.

It is also important to consider and disaggregate data by full-time and part-time workers. Data for full-time Victorian workers is illustrated below, it shows that full-time workers saw the biggest increase in underemployment since the onset of restrictions. This sharply rose in March then steadily declined to 337,800 full-time workers in October.<sup>62</sup>

<sup>61</sup> Australian Bureau of Statistics, *Labour Force, Australia, October 2020, Underutilised persons by State and Territory and Sex - Trend, Seasonally adjusted and Original*, cat. no. 6202.0, 19 November 2020, <<https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia/oct-2020>> accessed 2 December 2020.

<sup>62</sup> Ibid.

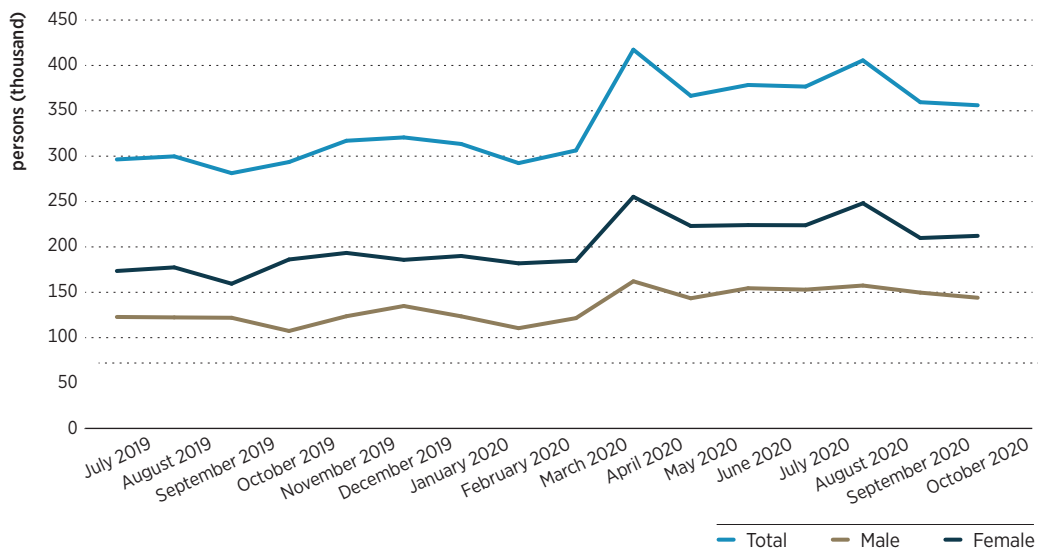
**Figure 4.9 Full-time underemployed persons in Victoria, July 2019 to October 2020**



Source: Australian Bureau of Statistics, *Labour Force, Australia*, October 2020, *Underutilised persons by State and Territory and Sex - Trend, Seasonally adjusted and Original*, cat. no. 6202.0, 19 November 2020, <<https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia/oct-2020>> accessed 2 December 2020.

Part-time workers experienced a smaller increase in underemployment than full-time workers. The chart below illustrates changes in underemployment for part-time workers from July 2019 to October 2020.

**Figure 4.10 Part-time underemployed persons in Victoria, July 2019 to October 2020**



Source: Australian Bureau of Statistics, *Labour Force, Australia*, October 2020, *Underutilised persons by State and Territory and Sex - Trend, Seasonally adjusted and Original*, cat. no. 6202.0, 19 November 2020, <<https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia/oct-2020>> accessed 2 December 2020.

From March 2020 to April 2020, when underemployment peaked for part-time workers, the total number of underemployed part-time workers rose from around 309,500 to 421,700 or around 36.3%.<sup>63</sup> In October 2020 there were 359,800 underemployed part-time workers, which was the lowest number since March 2020. However, this still represented a 16.3% increase, and accounted for 10.6% of the Victorian labour force of 3.4 million people.<sup>64</sup>

**FINDING 52:** Payroll data in Victoria for March 2020 to October 2020 indicates that underemployment has increased for both full-time and part-time workers. Full-time workers saw larger increases in underemployment compared to part-time workers, with total underemployment in Victoria rising by 60.4% between March 2020 and May 2020, before decreasing slightly by October 2020.

At the public hearings on 1 December 2020, the Treasurer advised the Committee that the labour force under-utilisation rate, which measures both those unemployed and underemployed, had risen sharply since March 2020. The rate reached over 22% in May, which was higher than during the early 1990s recession and remained close to this level.<sup>65</sup>

### Younger and older workers

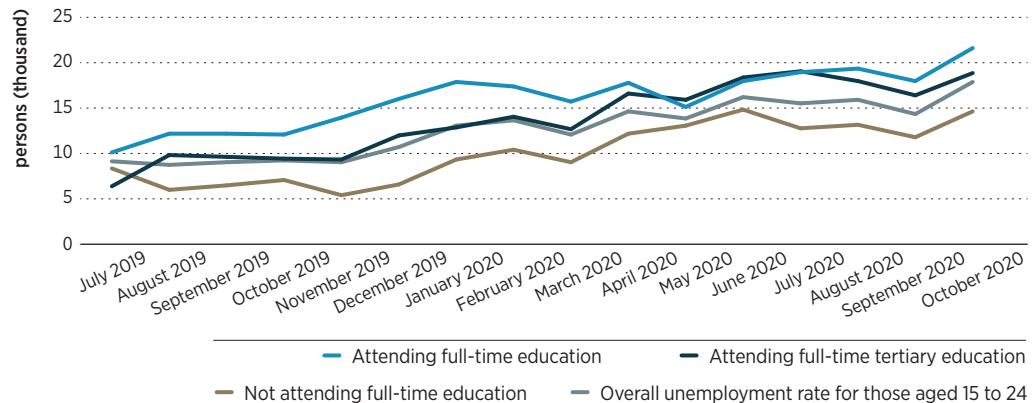
Restrictions introduced by the Government to curb COVID-19 have had a particular effect on the employment of younger and older Victorians. While payroll data shows that on average jobs decreased by 8% from 14 March 2020 to 17 October 2020, the State's youngest and oldest workers have been disproportionately impacted. For the groups aged under 20 and between 20 to 29, a drop in payroll jobs of 12.5% was recorded for the same period. For workers aged over 70, the drop was 16.2%.<sup>66</sup> The unemployment rate for people aged 15 to 24 has seen an increase in both year-on-year terms and particularly since the implementation of COVID-19 restrictions. Figure 4.11 illustrates the rising unemployment rate of groups within the 15 to 24-year age bracket.

<sup>63</sup> Ibid.

<sup>64</sup> Ibid.

<sup>65</sup> Hon. Tim Pallas MP, *Transcript of evidence*, p. 1.

<sup>66</sup> Australian Bureau of Statistics, *Labour Force, Australia, October 2020, Underutilised persons by State and Territory and Sex - Trend, Seasonally adjusted and Original*.

**Figure 4.11** Unemployment rates for those aged 15 to 24, Victoria, July 2019 to October 2020

Source: Australian Bureau of Statistics, *Labour Force, Australia, Detailed*, October 2020, cat. no. 6202.0, 26 November 2020, <<https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia-detailed/oct-2020>> accessed 2 December 2020.

Compared to the overall Victorian unemployment rate of 7.4% in October 2020, the overall unemployment rate for 15 to 24-year-olds was 18.2%. Although unemployment rates decreased slightly in September 2020, they increased again in October.<sup>67</sup>

The Youth Affairs Council Victoria gave evidence to the Committee, outlining that young people are going to be disproportionately affected through employment:

Employment and income support are major concerns for young people. Young people who are unemployed or at risk of losing work are worried that they will not be eligible for income support payments. There is concern that limited access to payments will place them at risk of long-term unemployment and homelessness.

These concerns are validated by the Grattan Institute's analysis that shows young people are the most likely to lose work as a result of the pandemic. The Grattan Institute estimates that 42% of those aged 15–19 who are already employed will lose work. This will have a serious and long-term impact on the youth unemployment rate in Victoria.<sup>68</sup>

**FINDING 53:** Younger workers, older workers and part-time female employees have been affected by COVID-19 restrictions on economic activity more substantially compared to other groups.

## 4.3 Fiscal response and aggregates

This section examines the economic response from the Victorian Government and the National Cabinet. On 29 May 2020 the National Cabinet agreed that the Council on Federal Financial Relations<sup>69</sup> (CFFR) would be responsible for all Commonwealth-State

<sup>67</sup> Australian Bureau of Statistics, *Labour Force, Australia, Detailed*, October 2020, cat. no. 6202.0, 26 November 2020, <<https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia-detailed/oct-2020>> accessed 2 December 2020.

<sup>68</sup> Youth Affairs Council Victoria (YACVic), *Submission 3*, received 5 May 2020, p. 2.

<sup>69</sup> The CFFR is comprised of the Commonwealth Treasurer as Chair and the State and Territory Treasurers.

funding agreements.<sup>70</sup> As part of the intergovernmental response to the pandemic, the CFFR reports to the National Cabinet and meets alternate fortnights to the National Cabinet.<sup>71</sup> In addition, the Board of Treasurers<sup>72</sup> has met fortnightly to coordinate state and territory responses to the pandemic.<sup>73</sup> In its most recent communique, the Board of Treasurers highlighted the importance of state and territory spending and debt management to support the recovery from the pandemic, stating:

In good economic times, borrowing should be limited to funding productivity enhancing infrastructure and ensuring sound financial management. However, in a crisis such as this, Governments should support the economy with additional sustainable public investments. That's why Australian state and territory governments have taken action and deployed significant protective and stimulatory measures. Now is the right time to make these vital investments supported by additional financial assistance from the Australian Government and a manageable increase in borrowings where necessary.<sup>74</sup>

In its interim report, the Committee highlighted the extensive economic response the Victorian Government has implemented to support industries and workers, as well as the effect of the Commonwealth Government wage subsidy schemes. Since July 2020, the Victorian Government has continued to roll out support for businesses. Wage subsidies provided by the Commonwealth Government of \$1,200 per fortnight for employees who work more than 20 hours a week and \$750 per fortnight for employees who work less than 20 hours a week, were in place until 3 January 2021. This was reduced to \$1,000 per fortnight and \$650 per fortnight respectively from 4 January 2021. These funds continue to be drawn upon in Victoria. The Commonwealth wage subsidy will be in place until 28 March 2021.<sup>75</sup>

At the public hearing on 12 August 2020 the Treasurer outlined that the Victorian Budget was likely to return an operating deficit of \$7.5 billion in 2019-20.<sup>76</sup> Revenue write-downs were expected to intensify because of the low levels of economic activity and low volumes of property transactions. The Victorian State Budget, released on 24 November 2020, forecast an operating deficit of \$23.3 billion in 2020-21.<sup>77</sup> At the public hearings on 1 December 2020, the Secretary of DTF advised the Committee that the Victorian Government's deficit was funded through debt.<sup>78</sup>

70 Council on Federal Financial Relations, *Federal financial relations*, 29 May 2020, <<https://www.federalfinancialrelations.gov.au>> accessed 25 November 2020.

71 Hon. Dominic Perrottet MP, New South Wales Treasurer, Oversight of Financial Arrangements for the COVID-19 Pandemic hearing, response to questions on notice received 15 September 2020, p. 4.

72 The Board of Treasurers is composed of Australian state and territory treasurers but does not include the Commonwealth Treasurer. The Board seeks to collaborate on issues of common interest, advance national reform priorities from a state and territory perspective, and foster more constructive and effective engagement with the Commonwealth Government

73 Hon. Dominic Perrottet MP, response to questions on notice, p. 4.

74 Board of Treasurers, *Communique: State Spending and Debt Management to Support Coronavirus Recovery*, Board of Treasurers, Adelaide, 1 October 2020, p. 1.

75 Australian Taxation Office, *JobKeeper extension*, 19 October 2020, <<https://www.ato.gov.au/General/JobKeeper-Payment/JobKeeper-extension-announcement>> accessed 11 November 2020.

76 Hon. Tim Pallas MP, *COVID-19 public hearing presentation*, p. 3.

77 Department of Treasury and Finance, *Budget Paper No. 4: Statement of Finances (incorporating Quarterly Financial Report No. 1)*, Melbourne, 2020-21, p. 9.

78 Mr David Martine, Secretary, Department of Treasury and Finance, public hearing, Melbourne, 1 December 2020, *Transcript of evidence*, p. 11.



### 4.3.1 An ongoing response

In response to the COVID-19 pandemic, the Victorian Government has provided substantial support to the economy. Government support has been aimed at preserving jobs and limiting the economic damage caused by restrictions. Prior to the delivery of the Victorian State Budget on 24 November 2020, the Government had announced a total of around \$13 billion in funding in response to the pandemic. Large-scale initiatives include:

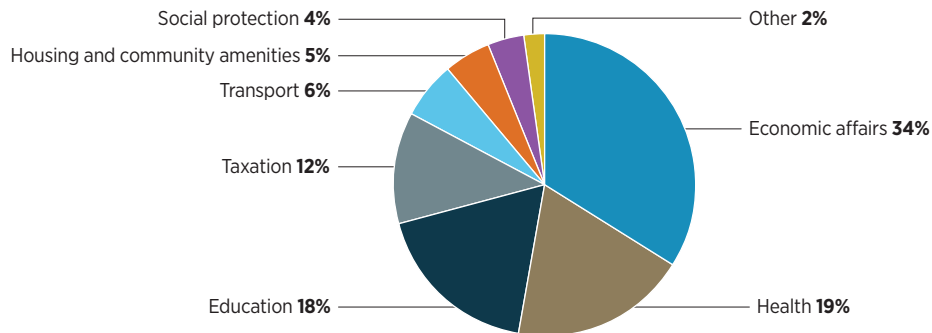
- \$3.4 billion in direct economic support including \$2.7 billion for business support grants, payroll tax relief and to assist workers who have lost their jobs to find employment.
- A \$3.3 billion addition to the Business Support Package in tax relief, cash grant and cashflow support to Victorian businesses.
- \$2.7 billion for the Building Works Package that invests in infrastructure projects and is already rolling out to create jobs and stimulate the economy.
- Almost \$2.0 billion for the state-wide health response including \$1.9 billion for hospital and public health preparedness and response, ICU investment, testing and personal protective equipment and almost \$80 million for a range of mental health supports.

#### Expenditure

In responding to the pandemic, the Victorian Government has incurred debt which is being used for stimulus, support packages, provision of services and asset investment. Prior to the annual budget, the Government relied on the issuance of Treasurer's Advances to authorise funding. The *Appropriation (Interim) Act 2020* secured \$24.5 billion—\$10 billion for 2019–20 and \$14.5 billion for 2020–21—to fund the Government's emergency response to the pandemic.

Data compiled by the Parliamentary Budget Office breaks down funding announcements by function of government up to 31 October 2020, and prior to the release of the 2020–21 Victorian State Budget (Figure 4.12).

**Figure 4.12 Funding announcements by function of government prior to the 2020–21 State Budget<sup>79</sup>**



Source: Parliamentary Budget Office, *Victorian COVID-19 Policy Tracker*, 31 October 2020, <[https://pbo.vic.gov.au/Victorian\\_COVID-19\\_policy\\_tracker](https://pbo.vic.gov.au/Victorian_COVID-19_policy_tracker)>, accessed 11 November 2020.

The data shows that most of the initial funding in response to COVID-19 has been in the area of economic affairs, at around \$4.2 billion or 34%. Health funding totalled just under \$2.4 billion or 19%.<sup>80</sup>

Of the 70 policy announcements relating to economic affairs made up until 31 October 2020, 29 had funding allocated, 24 were to be funded from existing funding or did not require additional funding and 17 had no information available on the funding allocations.

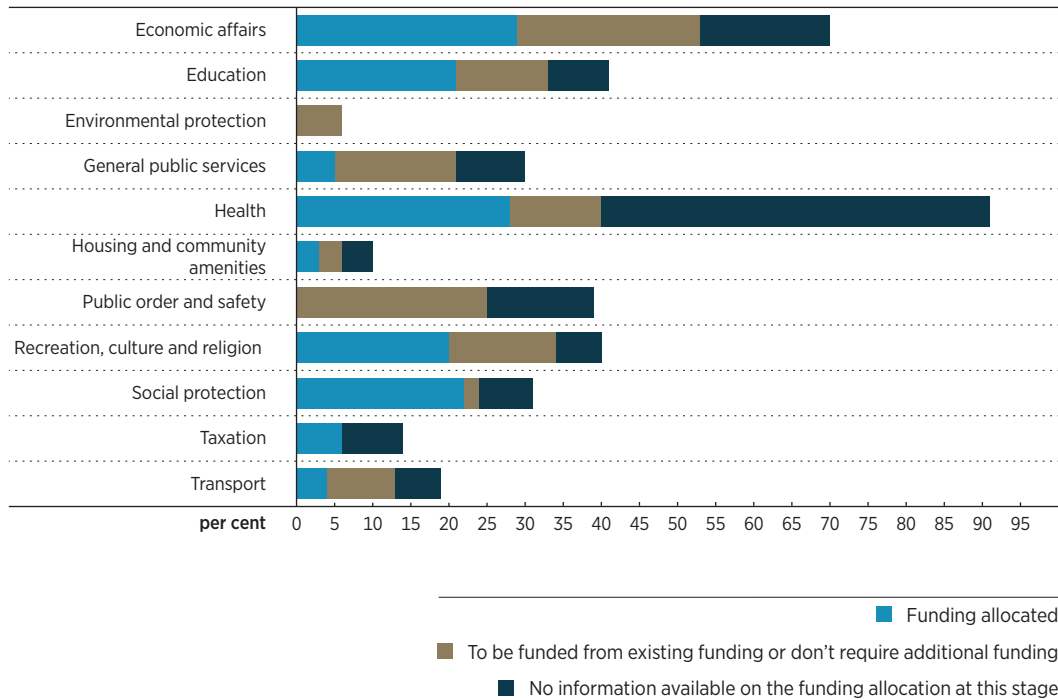
All policy and funding announcements made by the Government in response to the COVID-19 pandemic, prior to the 2020–21 State Budget are outlined in Figure 4.13.

The data shows that the health function of government had the largest number of announced policies with no information available on the funding allocation. On average across government 35% of the announcements had funding allocated, 32% were to be funded from existing funding or did not require additional funding and 33% had no information available on the funding allocation.

<sup>79</sup> Taxation as a function of government classifies tax concessions, rebates and refunds as revenue initiatives, in line with the practice in Victorian budget papers.

<sup>80</sup> Parliamentary Budget Office, *About the Victorian COVID-19 Policy Tracker*, 20 August 2020, <[https://pbo.vic.gov.au/Victorian\\_COVID-19\\_policy\\_tracker](https://pbo.vic.gov.au/Victorian_COVID-19_policy_tracker)> accessed 24 August 2020.

**Figure 4.13 Policy and funding announcements by government—COVID-19 related spending prior to the 2020–21 State Budget**



Source: Parliamentary Budget Office, *Victorian COVID-19 Policy Tracker*, 31 October 2020, <[https://pbo.vic.gov.au/Victorian\\_COVID-19\\_policy\\_tracker](https://pbo.vic.gov.au/Victorian_COVID-19_policy_tracker)>, accessed 11 November 2020.

The 2020–21 Budget released on 24 November 2020 outlined government spending of \$29.2 billion in output spending and \$19.8 billion in investments over the forward estimates to respond to the pandemic.<sup>81</sup> Initiatives outlined in the 2020–21 Budget that respond to the pandemic include:

- \$9 billion to health services and infrastructure, which includes \$2.8 billion to maintain hospital capacity delivered during the pandemic.
- \$619 million invested in Jobs for Victoria, which assist women, young people and Victorians without a formal qualification, who have been most impacted by the pandemic.
- \$836 million in tax credits to encourage small and medium businesses to re-hire staff, restore staff hours and create new jobs as they recover from the effects of the pandemic.
- \$465 million to support the tourism and visitor economy sector, which was negatively impacted by the pandemic. This includes a tourism investment fund (\$150 million), support for tourism infrastructure (\$149 million), and the Victorian Regional Travel Voucher Scheme to encourage visitors to regional areas (\$28 million).

<sup>81</sup> Department of Treasury and Finance, *Budget Paper No. 2*, p. 11.

- \$250 million for government and non-government schools to employ tutors to support students and address the impact of interrupted face to face schooling on their learning.

The Treasurer's Advance enables the Treasurer to meet urgent claims that may arise before parliamentary sanction is obtained for expenditure. Prior to the pandemic, the Victorian Government had \$2.8 billion in Treasurer's Advance funding available to meet urgent claims in 2019–20. As noted above, in response to the pandemic, an additional \$24.5 billion in Treasurer's Advance funding was approved under the *Appropriation (Interim) Act 2020*, to support the Government's public health, social and economic responses.

A limited assurance review undertaken by the Victorian Auditor-General's Office of the Treasurer's Advance payments to Victorian Government departments found:

- There were no advances made during 2019–20 that were not approved by the Treasurer. All advances met the criteria established in the Appropriation Acts that they were urgent claims that arose before Parliamentary sanction was obtained.<sup>82</sup>
- Of the \$10 billion in Treasurer's Advances allocated for the Government's COVID-19 response in 2019–20, only \$2.4 billion was used.<sup>83</sup>

At the public hearings on 1 December 2020, the Treasurer advised the Committee that only \$700 million of the \$14.5 billion in the Treasurer's Advance for 2020–21 had been required to be drawn down. Following passage of the appropriation acts the remainder of the \$14.5 billion was no longer required and no longer available to the Government.<sup>84</sup>

**FINDING 54:** Of the \$10 billion in Treasurer's Advances to fund the Victorian Government's COVID-19 response in 2019–20, \$2.4 billion was expended.

In the 2020–21 Victorian State Budget, the Government highlighted that COVID-19 and economic recovery expenditure would focus on the short to medium term and that growth in this expenditure would taper as the economy recovered.<sup>85</sup> Total expenditure is expected to be \$90.0 billion in 2020–21, before declining by 6.2% in 2021–22.<sup>86</sup>

In response to questioning by the Committee, on 1 December 2020 the Treasurer advised that the Government had completed the base expenditure reviews to inform the general efficiency dividend. However, the Treasurer confirmed that the efficiency dividend would not be implemented in the context of the 2020–21 Victorian State Budget, stating:

<sup>82</sup> Victorian Auditor-General's Office, *Assessing Emergency Funding to Meet Urgent Claims: Independent assurance report to Parliament 2020–21: 8*, Victorian Auditor-General's Office, Melbourne, 24 November 2020, p. 1.

<sup>83</sup> *Ibid.*, p. 16.

<sup>84</sup> Hon. Tim Pallas MP, *Transcript of evidence*, p. 2.

<sup>85</sup> Department of Treasury and Finance, *Budget Paper No. 2*, p. 10.

<sup>86</sup> *Ibid.*, p. 63.

Given the onset of the coronavirus and the pandemic event, we do not think now is the time that we should necessarily seek to burden the public sector with all of the changes that would necessarily run from those efficiencies at the moment, given that we are expecting enormous levels of efficiency from the public service at the moment, whether it is online interaction or whether it is effectively utilisation in areas of employment that have not ordinarily applied to them. At the moment we do not see any real desire to implement it in the context of this budget.<sup>87</sup>

The Committee notes that other jurisdictions, both in Australia and overseas, have also recorded higher levels of public spending necessitated by COVID-19 (Table 4.2). The Committee notes that these figures may not be directly comparable but serve to highlight the increases in expenditure required by states and territories.

**Table 4.2 Australian state and territory expenditure increases due to COVID-19**

State Government	Expenditure increase due to COVID-19
Western Australia	\$4.9 billion
New South Wales	\$21.3 billion
South Australia	\$4.0 billion
Tasmania	\$1.0 billion
Queensland	\$1.3 billion
Australian Capital Territory	\$296.0 million
Northern Territory	\$1.2 billion

Source: Adapted from state and territory budget papers.

**FINDING 55:** The response to the COVID-19 pandemic has necessitated higher levels of expenditure by the Victorian Government and other Australian jurisdictions.

### 4.3.2 Effectiveness of the response

Modelling undertaken by Deloitte outlined in the 2020–21 Victorian State Budget estimates that the Government's expenditure and revenue decisions will result in a cumulative \$43.9 billion increase to GSP over the Budget and forward estimates period.<sup>88</sup> At the public hearings on 1 December 2020, the Treasurer advised the Committee that the Government's economic support in the June quarter 2020, which was the equivalent of about 6% of GSP, is estimated to have increased GSP by about \$7.5 billion and helped protect or create 81,000 full-time equivalent jobs.<sup>89</sup> The Treasurer stated that the impact of public demand and government investment was worth 2.5% of GSP.<sup>90</sup>

<sup>87</sup> Hon. Tim Pallas MP, *Transcript of evidence*, p. 8.

<sup>88</sup> Department of Treasury and Finance, *Budget Paper No. 2*, p. 62.

<sup>89</sup> Hon. Tim Pallas MP, *Transcript of evidence*, p. 2.

<sup>90</sup> *Ibid.*, p. 15.

**FINDING 56:** The Victorian Government's expenditure and revenue decisions in response to the pandemic are expected to reduce the impact of the health restrictions on Victoria's Gross State Product.

### 4.3.3 Revenue

Given the slowdown in economic activity, primary state-based taxation revenue streams are likely to drop substantially and therefore lower government revenue.

The Government's July Victorian Economic Update reflected the significant dampening effect the pandemic is having on government revenue streams. Along with a substantial reduction in tax revenue and Goods and Services Tax (GST) grants, additional reductions are expected as a result of tax and other government concessions implemented in response to the pandemic.

DTF stated in the July economic update that weaker revenue would result from lower property and payroll tax collections along with a reduction in GST grants from the Commonwealth Government.<sup>91</sup> Property transaction volumes and prices would be impacted by both the restrictions placed on the real-estate sector and weaker overall economic conditions. Falling prices and sales are resulting in lower property tax collections.<sup>92</sup> Payroll tax collection is also being impacted by weaknesses in the Victorian labour market. A loss in jobs, hours worked and a fall in wages has translated to less payroll taxes being collected.

The Victorian State Budget released on 24 November 2020 stated that since the 2019–20 Budget Update, total revenue was expected to decrease by \$7.8 billion in 2020–21, \$6.9 billion in 2021–22 and by \$4.8 billion in 2022–23.<sup>93</sup> This included a 25.9% reduction in land transfer duty, and a decrease in payroll tax revenue of 7.3% from 2019–20.<sup>94</sup>

GST grants provided to the State by the Commonwealth Government are being affected by weakening state economies and a weakening national economy. In the July 2020 Victorian Economic Update DTF outlined that Victoria's share of GST revenue has been affected by the 2020 Methodology Review, resulting in a redistribution of about \$1 billion per year of revenue away from Victoria to other states and territories.<sup>95</sup>

In its 2020–21 Budget, the Commonwealth outlined the impact of the COVID-19 pandemic on GST revenue, which saw expected GST receipts revised down \$21.1 billion over the four years to 2023–24. The Commonwealth Government's 2020–21 Budget stated that Victoria will receive a GST entitlement from the Commonwealth of \$15 billion

<sup>91</sup> Department of Treasury and Finance, *Victorian Economic Update - July 2020*, Melbourne, 2020, p. 3.

<sup>92</sup> Ibid.

<sup>93</sup> Department of Treasury and Finance, *Budget Paper No. 2*, p. 70.

<sup>94</sup> Ibid.

<sup>95</sup> Department of Treasury and Finance, *Victorian Economic Update - July 2020*, p. 3.

in 2020–21, down from \$17.3 billion in 2019–20.<sup>96</sup> This was updated in the Victorian 2020–21 State Budget, which stated that GST revenue was forecast to fall by 0.7% from the 2019–20 result to be \$15.3 billion in 2020–21.<sup>97</sup>

**FINDING 57:** Revenue levels dropped substantially in the 2020–21 Victorian State Budget. Total revenue is expected to decrease by \$7.8 billion in 2020–21, and \$6.9 billion in 2021–22. Goods and Services Tax revenue is forecast to fall by 0.7% from the 2019–20 result to be \$15.3 billion in 2020–21.

#### 4.3.4 Debt

As outlined in the Committee's interim report, the Victorian Government has borrowed to fund its COVID-19 response. The Treasury Corporation of Victoria (TCV) anticipated a funding requirement of between \$20 to 24 billion for 2020–21. This represents a combination of \$10 to 14 billion in additional funding and the previously advised 2020–21 funding task of \$10.2 billion.<sup>98</sup>

Total outstanding debt in 2019 was around \$54.5 billion and around \$40.8 billion in 2018. The latest data available from TCV indicates that at November 2020 total outstanding debt for the State was around \$74.3 billion.<sup>99</sup> This debt is sourced through the following funding programs:

- \$61.7 billion—Domestic Benchmark Bond.
- \$11.1 billion—Other Domestic.
- \$1.4 billion—Offshore.
- \$0.1 billion—Indexed.

In the 2020–21 Victorian State Budget, net debt in 2020–21 is expected to be \$86.7 billion and projected to increase to \$154.8 billion by June 2024. As a proportion of GSP, net debt is projected to increase to 28.9% by June 2024.<sup>100</sup>

**FINDING 58:** Net debt in 2020–21 is expected to be \$86.7 billion and is projected to increase to \$154.8 billion by June 2024. As a proportion of Gross State Product, net debt is projected to increase to 28.9% by June 2024.

<sup>96</sup> Commonwealth Government, *Budget Paper No. 3: Federal Financial Relations*, Canberra, 2020–21, p. 8.

<sup>97</sup> Department of Treasury and Finance, *Budget Paper No. 2*, p. 72.

<sup>98</sup> Treasury Corporation of Victoria, *Funding*, 2020, <<https://www.tcv.vic.gov.au/tcv-bonds/funding>> accessed 2 September 2020.

<sup>99</sup> Treasury Corporation of Victoria, *Total Outstandings*, 2020, <<https://www.tcv.vic.gov.au/tcv-bonds/outstanding-borrowing/total-outstandings>> accessed 11 November 2020.

<sup>100</sup> Department of Treasury and Finance, *Budget Paper No. 2*, p. 63.

## 4.4 Recovery

Victoria's recovery from the pandemic commenced in late October 2020 as restrictions began to be gradually eased.

### 4.4.1 The Victorian Government's strategy

During the lockdown, the Government indicated that it would implement a recovery strategy focussing on supporting industries most affected by restrictions. The Treasurer told the Committee that Victoria will have a jobs-focused recovery, saying that:

... we need to keep the basic architecture of the economy functioning so that at the point of economic recovery—and that is not now; that is at some point in the future—we are with the capacity to continue to make investments to grow the economy and get people back into work as quickly as possible.<sup>101</sup>

On 6 September 2020 the Victorian Government released its *Coronavirus (COVID-19) roadmap for reopening* plan. The plan sets out several stages or steps to moving the state towards COVID normal, with different approaches for metropolitan Melbourne and regional Victoria.<sup>102</sup> The most recent version of the roadmap, 'COVIDSafe Summer' is provided in Appendix 3.

### 4.4.2 The need for targeted measures and further Commonwealth support

In order for Victoria's economy to recover both effectively and efficiently, the Government will need to keep the economy resilient and able to respond to demand-side shocks like this crisis. The state's economy will also need further support from the Commonwealth Government, given its taxing and spending powers.

People already disadvantaged in a socio-economic sense and young people have borne the economic brunt of the pandemic with long-term implications. Professor Gigi Foster, University of New South Wales Business School, spoke to the Committee on the potential of long-term disadvantages, highlighting that:

Other less visible costs include the damage to wellbeing of higher unemployment now and yet to come and for young people the long-run scarring of entering a job market in a recession.<sup>103</sup>

101 Hon. Tim Pallas MP, *Transcript of evidence*, p. 7.

102 Victorian Government, *Coronavirus (COVID-19) roadmap to reopening 2020*, <<https://www.vic.gov.au/coronavirus-covid-19-restrictions-roadmaps>> accessed 10 September 2020.

103 Professor Gigi Foster, Director of Education, University of New South Wales Business School, public hearing, Melbourne, 12 August 2020, *Transcript of evidence*, p. 2.



At the public hearings on 12 August 2020, the Treasurer also spoke to the issue saying:

Early career experience of unemployment creates greater risk of long-term impacts on participation, employment and earnings. Given this, a key focus of economic response from all governments must be on the hardest hit cohorts. With this level of unemployment the economy takes years to recover back to where it was.<sup>104</sup>

In the public hearings, the Koorie Youth Council advocated for the development and implementation of a youth employment strategy:

... we are asking that there is a dedicated youth employment strategy in response to COVID-19 with strong targets around Aboriginal and Torres Strait Islander young people and that we are providing sufficient training and employment pathways, because as we know, for young people—they are working on the front line and in a lot of the services that have been directly affected by this, so that training and those pathways are really going to support them back into employment, and if not in the current industry that they were in, at least they will be able to obtain training to find alternative pathways as well.<sup>105</sup>

The long-term impact of disadvantage and unemployment was further reiterated by the Treasurer at the public hearings on 1 December 2020, who outlined that the Victorian Government:

... will help provide that targeted and tailored approach to supporting Victorians affected by the pandemic, lining people up who are looking for work and trying to marry them with employers or seeing what sort of mentoring or assistance can be provided to find those areas of skill that they might need to augment and to move them into employment as quickly as we can. The longer people are in unemployment, the more difficult it is to reconnect them into the world of work and the economy.<sup>106</sup>

**FINDING 59:** Cohorts that often experience socio-economic hardship continue to experience a disproportionate share of the economic impacts of the COVID-19 pandemic.

**RECOMMENDATION 10:** The Government develop a future employment strategy for vulnerable cohorts of the workforce in response to the COVID-19 pandemic not limited to, but including young people, women working part-time, Aboriginal people and older workers.

Victoria's recovery will also depend heavily on decisions made through the National Cabinet. Given the important role population growth, tourism and service exports play in the Victorian economy, international borders will need to open before a full economic recovery can take place.

<sup>104</sup> Hon. Tim Pallas MP, *Transcript of evidence*, p. 2.

<sup>105</sup> Mr Indi Clarke, Executive Officer, Koorie Youth Council, public hearing, Melbourne, 27 August 2020, *Transcript of evidence*, p. 5.

<sup>106</sup> Hon. Tim Pallas MP, *Transcript of evidence*, p. 14.

Commonwealth Government subsidies will continue to have an important role in supporting the State's economic recovery. Jobkeeper fell to \$1200 at the end of September for full-time workers and \$750, for part-time workers. It is due to fall to \$1,000 for full-time workers and \$650 for part-time workers at the start of January and is scheduled to conclude at the end of March 2021. In early September, the Commonwealth Government indicated that it would not be providing extra support to Victorians through wage subsidy programs.

The Committee notes that the impact of the additional restrictions on economic activity in Victoria as a result of the second wave necessitate an ongoing and tailored response from the Commonwealth Government. As highlighted in the Committee's interim report, the wage subsidies provided to Victorian workers through Commonwealth programs have been the most important element of economic support throughout the pandemic.

# 5 Victoria's economic response: a jurisdictional comparison

## 5.1 Introduction

In order to evaluate the Government's economic response, the Committee considered responses in other Australian states and territories along with some relevant international jurisdictions. The Committee also briefly examined trends around the world and the relationship between the stringency of containment policies and economic growth. The Committee notes that the findings here are designed to provide a point of reference rather than a direct comparison. This is due to countries being at different stages of the pandemic and the variety of policy responses.

The Committee found that the economic impact of COVID-19 on a jurisdiction is largely dependent on the stringency of the government's response. Negative economic activity directly correlates with increased stringency of responses. The Victorian Government's response in combination with Commonwealth fiscal support has resulted in an above average economic outcome. This is illustrated by Victoria's and Australia's comparatively minor falls in Gross State Product (GSP) and Gross Domestic Product (GDP). The Committee notes that fiscal support measures at both the Commonwealth and state level have been primarily financed by a growth in public debt. The correlation between COVID-19 fatalities per capita and GDP growth is less clear at this stage of the global pandemic.

## 5.2 Containment policies and economic growth

The Committee observed that worldwide there is a negative relationship between the stringency of containment policies by governments and quarterly growth in GDP figures. Oxford University maintains a Coronavirus Government Response Tracker which compares policy responses around the world.<sup>1</sup> In its December economic update, the Organisation for Economic Cooperation and Development (OECD) examined cross-country differences in growth performance in the June quarter of 2020. This analysis found that:

... a tightening of the average Oxford stringency index by 10 points is associated with a reduction of around 1 percentage point in quarterly GDP growth, for a given level of mobility.<sup>2</sup>

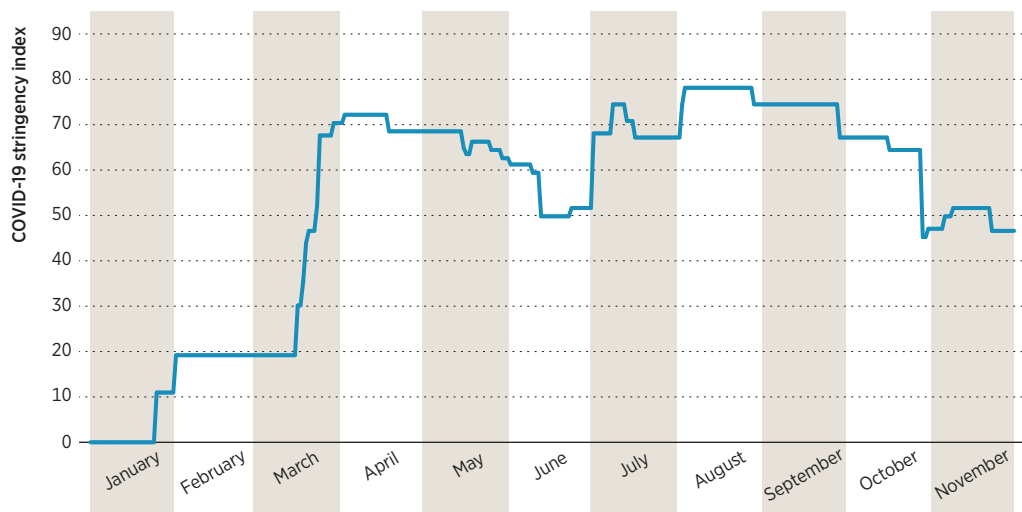
1 University of Oxford - Blavatnik School of Government, *Coronavirus Government Response Tracker*, 10 November 2020, <<https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker>> accessed 12 November 2020.

2 Organisation for Economic Cooperation and Development, *OECD Economic Outlook: December 2020*, OECD Publishing, Paris, 2020, p. 17.

The same analysis revealed that, when imposing restrictions, the full reduction in the spread of the virus is often achieved well before the maximum level of stringency is reached.<sup>3</sup>

Figure 5.1 illustrates Australia's stringency index since the onset of the pandemic. The restrictions implemented in Australia in the June quarter resulted in an average stringency index of 64, an increase from the average of 19 in the March quarter. The stringency index fell to 47.22 as at 30 November 2020, in line with the easing of restrictions in Victoria.<sup>4</sup>

**Figure 5.1** Australia's COVID-19 pandemic Response Stringency Index, 1 January to 30 November 2020



Source: University of Oxford - Blavatnik School of Government, *Coronavirus Government Response Tracker*, 10 November 2020, <<https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker>> accessed 12 November 2020.

Those countries which reported large drops in GDP over the June quarter also recorded large drops in household spending, demonstrating the change in consumer behaviour in response to restrictions on economic activity. Household consumption fell in similar ways across most OECD countries. In Australia, the largest falls in the June quarter of 2020 were seen in transport, tourism, accommodation, recreation and restaurants and cafes.

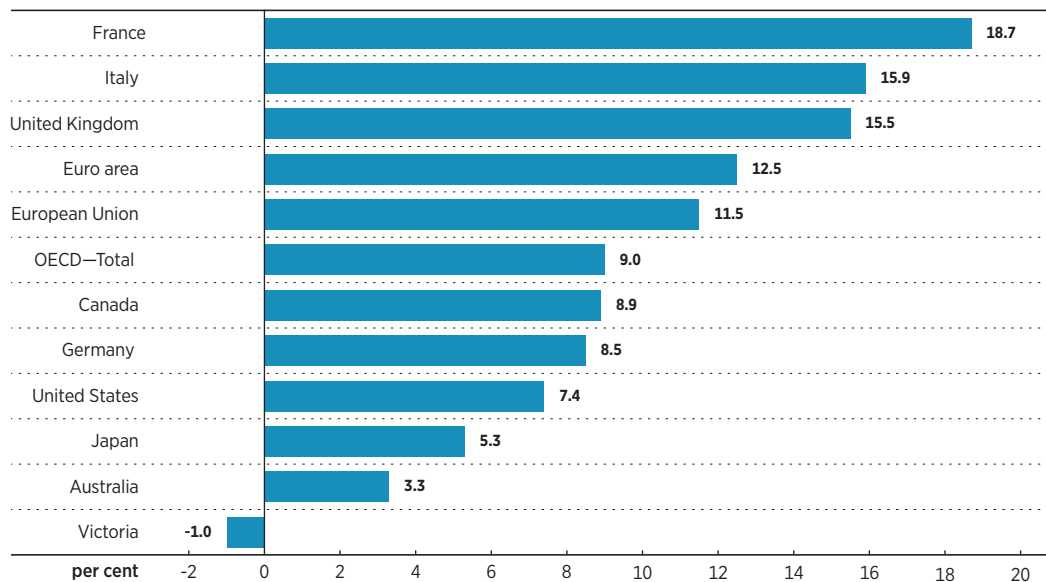
<sup>3</sup> Ibid., p. 106.

<sup>4</sup> University of Oxford - Blavatnik School of Government, *Coronavirus Government Response Tracker*.

Interestingly, while most countries experienced declines in spending on durable goods, Australia saw an increase in the June quarter of 2020, driven by home improvement projects, gardening activity and home office set ups, leading to increases in spending on household tools and appliances.<sup>5</sup> Household consumption rose sharply in the September quarter of 2020 increasing by 7%. This was the largest rise in the 60 year history of Australia's national accounts and was driven by a partial recovery in spending on hotels, cafes and restaurants, recreation and culture and transport.<sup>6</sup>

Overall, Australia's contraction of 7% was lower than most OECD nations for the June quarter of 2020. Australia's increase in GDP of 3.3% during the September quarter of 2020 was lower than other OECD nations as illustrated in Figure 5.2. However, the Committee notes that it is difficult to make a direct comparison, given the different stages of COVID-19 spread and policy measures implemented.

**Figure 5.2** Quarterly GDP percentage change on previous period, Q3 2020, selected OECD countries



Source: Organisation for Economic Co-operation and Development, *Quarterly GDP*, <<https://data.oecd.org/gdp/quarterly-gdp.htm>> accessed 7 December 2020.

5 Australian Bureau of Statistics, *Australian National Accounts: National Income, Expenditure and Product, June 2020*, cat. no. 5206.0, 2 September 2020, <<https://www.abs.gov.au/statistics/economy/national-accounts/australian-national-accounts-national-income-expenditure-and-product/jun-2020>> accessed 5 September 2020.

6 Australian Bureau of Statistics, *Australian National Accounts: National Income, Expenditure and Product, Sep 2020*, cat. no. 5206.0, 2 December 2020, <<https://www.abs.gov.au/statistics/economy/national-accounts/australian-national-accounts-national-income-expenditure-and-product/sep-2020>> accessed 2 December 2020.

It should also be noted that the GDP results for the September quarter of 2020 do not fully take into account the significant second wave of COVID-19 cases that commenced in October 2020 in other parts of the world, following the easing of restrictions.<sup>7</sup> Countries across the world have reimposed restrictions as a result, which can expect to negatively impact GDP in the fourth quarter. Further to this, year on year growth rates across the European Union (EU) were negative.<sup>8</sup>

As at 11 December 2020 there were low levels of community transmission in Australia, indicating that Australia's GDP will likely take a different trajectory to other nations where COVID-19 has not yet been suppressed.

## 5.3 Peer jurisdictions

For this analysis the Committee examined all other Australian states and territories along with Germany, Canada, New Zealand, Israel, Switzerland and France. The Committee chose these jurisdictions due to similarities in their form of government, methods of governance, economic size and/or economic structure. The Committee notes that the geography of these jurisdictions—in particular as it relates to their island status or otherwise, and permeability of borders—was not considered in the analysis.

### Epidemiological data

To understand the economic response, it is important to first understand the extent to which COVID-19 spread throughout each jurisdiction. The epidemiological data shows that while Victoria is an outlier when compared to other Australian jurisdictions, it sits somewhere in the lower end of international jurisdictions for infection rates. While other states and territories have recorded between 22 and 56 cases per 100,000 people, Victoria has recorded 304 cases per 100,000 people, as illustrated in Table 5.1.

The data shows Victoria has had well above the average daily cases and cases as a proportion of the population. Victoria has recorded 20,351 cases in total, over two and a half times more than the total number of cases in the rest of Australia combined (7,648 cases).

7 World Health Organisation Europe, *COVID-19 situation in the WHO European Region*, 15 November 2020, <<https://who.maps.arcgis.com/apps/opsdashboard/index.html#/ead3c6475654481ca51c248d52ab9c61>> accessed 16 November 2020.

8 Eurostat, *Preliminary flash estimate for the third quarter of 2020: GDP up by 12.7% in the euro area and by 12.1% in the EU*, Eurostat, Luxembourg, 30 October 2020.

**Table 5.1** Epidemiological data: a comparison of Australian states and territories, 1 January 2020 to 1 December 2020

State/territory	Average daily cases	Cases per 100,000
Australian Capital Territory	0	27
New South Wales	14	56
Northern Territory	0	22
Queensland	4	23
South Australia	2	32
Tasmania	1	43
Victoria	61	304
Western Australia	2	31

Source: Data compiled by Victorian Parliamentary Library and Information Service.

**Table 5.2** Epidemiological data: a comparison of international jurisdictions, 1 January 2020 to 1 December 2020

Jurisdiction	Average daily cases	Cases per 100,000
Australia	84	109
Victoria	61	304
Canada	1,092	967
France	6,525	3,339
Germany	3,155	1,258
Israel <sup>a</sup>	1,003	3,705
New Zealand	5	35
Switzerland	967	3,730

a. The population and COVID-19 case data sources report the West Bank and Gaza separately from Israel.

Source: Data compiled by Victorian Parliamentary Library and Information Service.

The epidemiological picture from the comparison shows that Victoria, particularly in regards to the number of cases proportionate to population, has fared worse than the rest of Australia (Table 5.1) but below average daily cases in our international comparison (Table 5.2).

Around 0.3% of Victoria's population has been diagnosed with COVID-19, approximately eight times the rate of the rest of Australia at 0.04%.<sup>9</sup> By comparison, 0.6% of the world's population has been identified as infected. The infection rate is significantly higher in the United States of America (USA) (2.9%), the United Kingdom (UK) (1.7%) and the EU overall (1.5%) as at November 2020.<sup>10</sup>

### 5.3.1 Responses and outcomes

Economic responses in Australia and overseas have aimed to protect jobs and stimulate the economy. The approach taken and the amount spent per jurisdiction, however, differs substantially.

Because of variances between countries' reporting arrangements and budget processes, the data are sourced from different points in time. While a comparison cannot account for all relevant differences, it is valuable in understanding how other jurisdictions have responded and to identify opportunities for improvement in Victoria.

#### Other states and territories

Looking at other Australian jurisdictions, the amount expended by each state and territory government has largely depended on the level of COVID-19 within the community and the size of the population.

The Committee examined the corresponding economic growth, negative or positive, of the states and territories. While data was not available on all relevant jurisdictions, the Committee found that most jurisdictions saw negative economic growth, in line with recent forecasts. Other than Victoria, the eastern states and South Australia are likely to experience similar contractions in their economies, with obvious variations according to the stringency of their containment measures.

Before the Victorian Government released its roadmap to recovery in early September, Victoria's GSP was forecast to fall by 5.35% in the calendar year 2020 and by around 11% in the June and September quarters relative to forecasts in the *2019–20 Budget Update*.<sup>11</sup> In the Victorian State Budget, released on 24 November 2020, this was revised to a fall in GSP of 4.0% in 2020–21.<sup>12</sup>

<sup>9</sup> Jennifer Lang, Richard Lyon and Michael Dermody, *Update on Mortality in Australia*, Actuaries Institute Australia, Sydney, 12 November 2020.

<sup>10</sup> Ibid.

<sup>11</sup> Department of Treasury and Finance, *Victorian Economic Update - July 2020*, Melbourne, 2020.

<sup>12</sup> Department of Treasury and Finance, *Budget Paper No. 2: Strategy and Outlook*, Melbourne, 2020–21, p. 3.



South Australia's GSP is forecast to contract by 0.75% in 2020–21.<sup>13</sup> GSP in New South Wales (NSW) is expected to contract by around 0.5% between 2019–20 and 2020–21.<sup>14</sup> Jurisdictions which have seen less COVID-19, such as Western Australia and the Northern Territory, are expected to see less contraction than the eastern states.<sup>15</sup>

Most Australian Governments have relied on borrowing to fund their economic response to the pandemic. Additional borrowings will limit the fiscal capacity of governments going forward. In NSW, fiscal capacity will continue to be under strain over the forward estimates, with tax revenue projected to fall by \$20.3 billion over five years.<sup>16</sup> Western Australia will also face a deficit, with government revenue projected to fall by \$1.8 billion from 2019–20 to 2020–21.<sup>17</sup> The Victorian Budget returned an operating deficit of \$23.3 billion in 2020–21.<sup>18</sup>

The impact of different economic responses on state and territory balance sheets has also varied. The Australian Capital Territory is projected to increase its net operating deficit<sup>19</sup> by 43% from 2019–20 to 2020–21.<sup>20</sup> The Northern Territory's net operating deficit is expected to increase by 70%<sup>21</sup> over the same period, while Queensland is projecting a 44% increase in its net operating deficit.<sup>22</sup> Tasmania's net operating deficit is expected to increase by 243% from 2019–20 to 2020–21.<sup>23</sup>

The Commonwealth Government has borrowed substantially to fund the large-scale federal economic stimulus packages. Given Commonwealth and State borrowings along with net operating deficits for the short to medium-term, the Commonwealth Government will have limited capacity to cover the revenue gaps that states and territories experience.

<sup>13</sup> Government of South Australia, *Budget Paper No. 3*, Adelaide, 2020–21, p. 98.

<sup>14</sup> New South Wales Government, *Budget Paper No. 1*, Sydney, 2020–21, pp. 2–1.

<sup>15</sup> The Northern Territory, for example, expects to record a 3.4% fall in GSP in 2020–21. Tasmania is expected to record a 1.25% contraction in 2019–20 and Western Australia is forecasting a 3.1% contraction in 2020–21.

<sup>16</sup> IBISWorld, *State of Play: COVID-19 Influence on State Economies*, 29 July 2020, <<https://www.ibisworld.com/industry-insider/coronavirus-insights/state-of-play-covid-19-influence-on-state-economies>> accessed 30 November 2020.

<sup>17</sup> Hon. Ben Wyatt MLA, Treasurer, *Economic and Fiscal Update*, tabled paper, Parliament of Western Australia, Perth, 28 May 2020.

<sup>18</sup> Department of Treasury and Finance, *Budget Paper No. 4: Statement of Finances (incorporating Quarterly Financial Report No. 1)*, Melbourne, 2020–21, p. 9.

<sup>19</sup> A net operating balance is the net result from transactions over a fiscal period, a net operating deficit means that expenditure is greater than revenue. Because the fiscal period here is the financial year 2019–20, there is no difference between an operating deficit and net operating deficit.

<sup>20</sup> Chief Minister Treasury and Economic Development Directorate, *ACT Economic Survival and Recovery Initiatives*, Canberra, June 2020, p. 3.

<sup>21</sup> Department of Treasury and Finance Northern Territory Government, *COVID-19 Financial Report*, July 2020.

<sup>22</sup> Queensland Government, *Update on Queensland fiscal position*, 23 July 2020, <<https://statements.qld.gov.au/statements/90253>> accessed 1 September 2020.

<sup>23</sup> Department of Treasury and Finance Tasmanian Government, *Economic and Fiscal Update Report - August 2020*, August 2020, p. 11.

**FINDING 60:** The Commonwealth Government will have limited capacity to cover revenue gaps states and territories experience arising from expenditure on the response to the COVID-19 pandemic, due to borrowings to fund large-scale federal economic stimulus packages and short to medium-term net operating deficits.

## Internationally

Several insights can be found when considering the Victorian Government's economic response and outcomes in light of those of international peer jurisdictions. As expected, comparing international approaches results in vastly different economic responses and epidemiological considerations. These need to be taken into consideration when assessing economic impacts, responses and outcomes.

It is important to highlight that while New Zealand has recorded around 35 cases per 100,000 inhabitants, Israel and Switzerland have recorded around 3,700. These are the highest per capita figures from all jurisdictions outlined in this section. Victoria has recorded around 306 cases per 100,000 inhabitants.

Switzerland, has expended around \$110 billion, or \$12,919 per capita, in response to COVID-19. The country has recorded more COVID-19 cases than Victoria, and Australia, and experienced a contraction of 8.2% in the June quarter of 2020.<sup>24</sup> However, Switzerland's GDP increased by 7.2% in the September quarter of 2020, as restrictions eased.

At the public hearings for the 2020–21 Budget Estimates on 1 December 2020, the Treasurer presented the Committee with a chart to highlight the different economic outcomes that countries have experienced.<sup>25</sup> The Treasurer stated:

However, there is plenty of evidence around the world now that countries that have best managed the effect to protect their economy is by putting the interests and the protection of their population's health and lives first. What the chart shows is that the more effectively a country controls a pandemic, the better its economic outcomes.<sup>26</sup>

The chart is recreated below in Figure 5.3. Data for China, New Zealand, and the state of Victoria have been added to the original graph by the Committee. The bubbles represent proportional population size.

24 State Secretariat for Economic Affairs - Government of Switzerland, *Gross Domestic Product, 2020*, <<https://www.seco.admin.ch/seco/en/home/wirtschaftslage---wirtschaftspolitik/Wirtschaftslage/bip-quartalschaetzungen-.html>> accessed 27 August 2020.

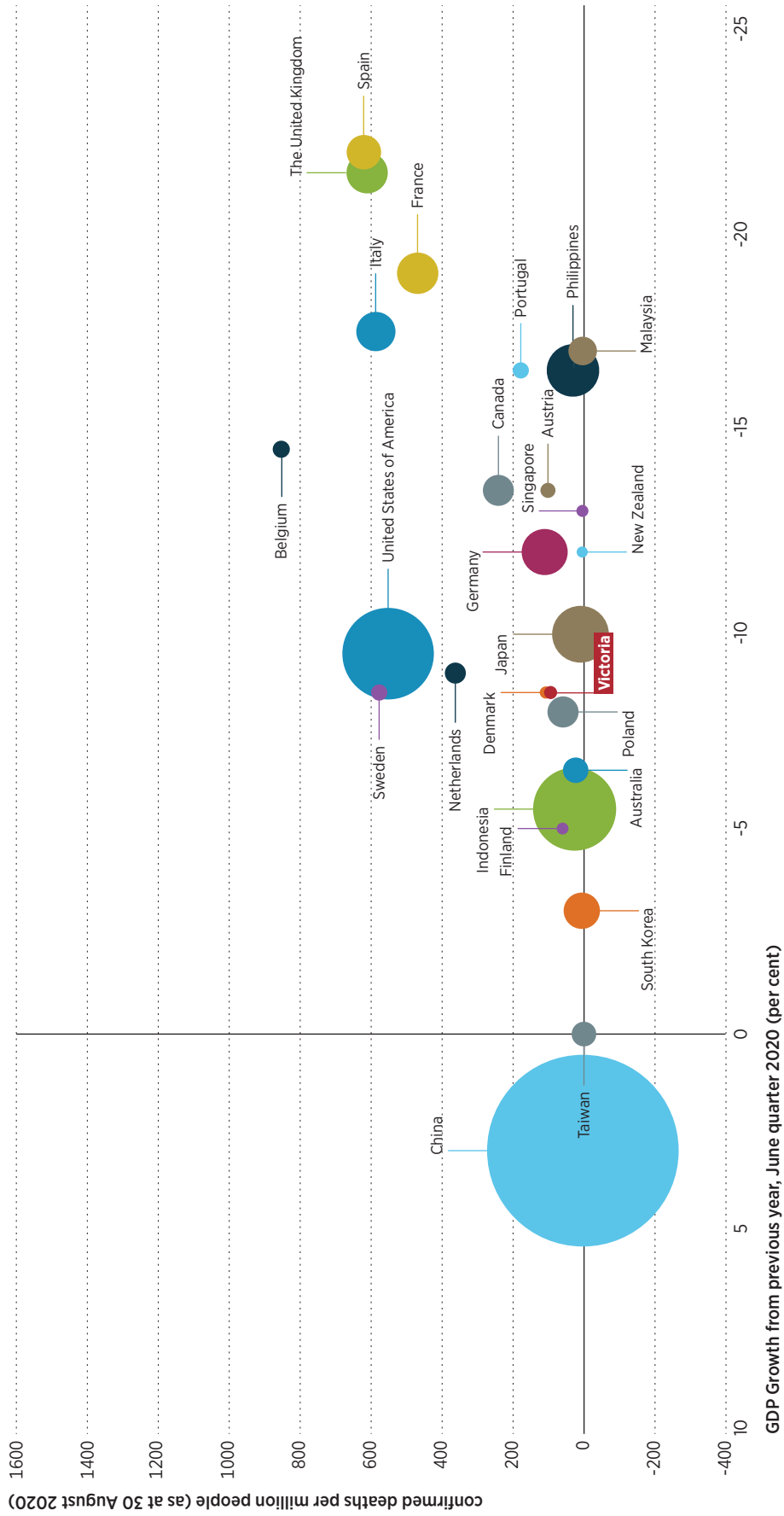
25 Hon. Tim Pallas MP, Treasurer of Victoria, Department of Treasury and Finance, *Putting people first - Victorian Budget 2020/21*, supplementary evidence received 1 December 2020.

26 Hon. Tim Pallas MP, Treasurer of Victoria, Department of Treasury and Finance, Public Accounts and Estimates Committee, Inquiry into the 2020–21 Budget Estimates, public hearing, Melbourne, 1 December 2020, *Transcript of evidence*, pp. 2–3.

The data presented by the Treasurer does not include information from the September quarter of 2020, which saw a rise in GDP for a large number of nations, nor does it include the rise in COVID-19 infections that began in September and October 2020 in many countries. This information is provided in Figure 5.4.

The Committee notes that as the pandemic progresses there is no clear correlation between GDP growth and COVID-19 deaths. For example, a number of countries including the USA, Spain, the UK and Italy have seen a rise in the number of deaths from COVID-19 as well as an improvement in their GDP year on year from the June quarter to the September quarter.

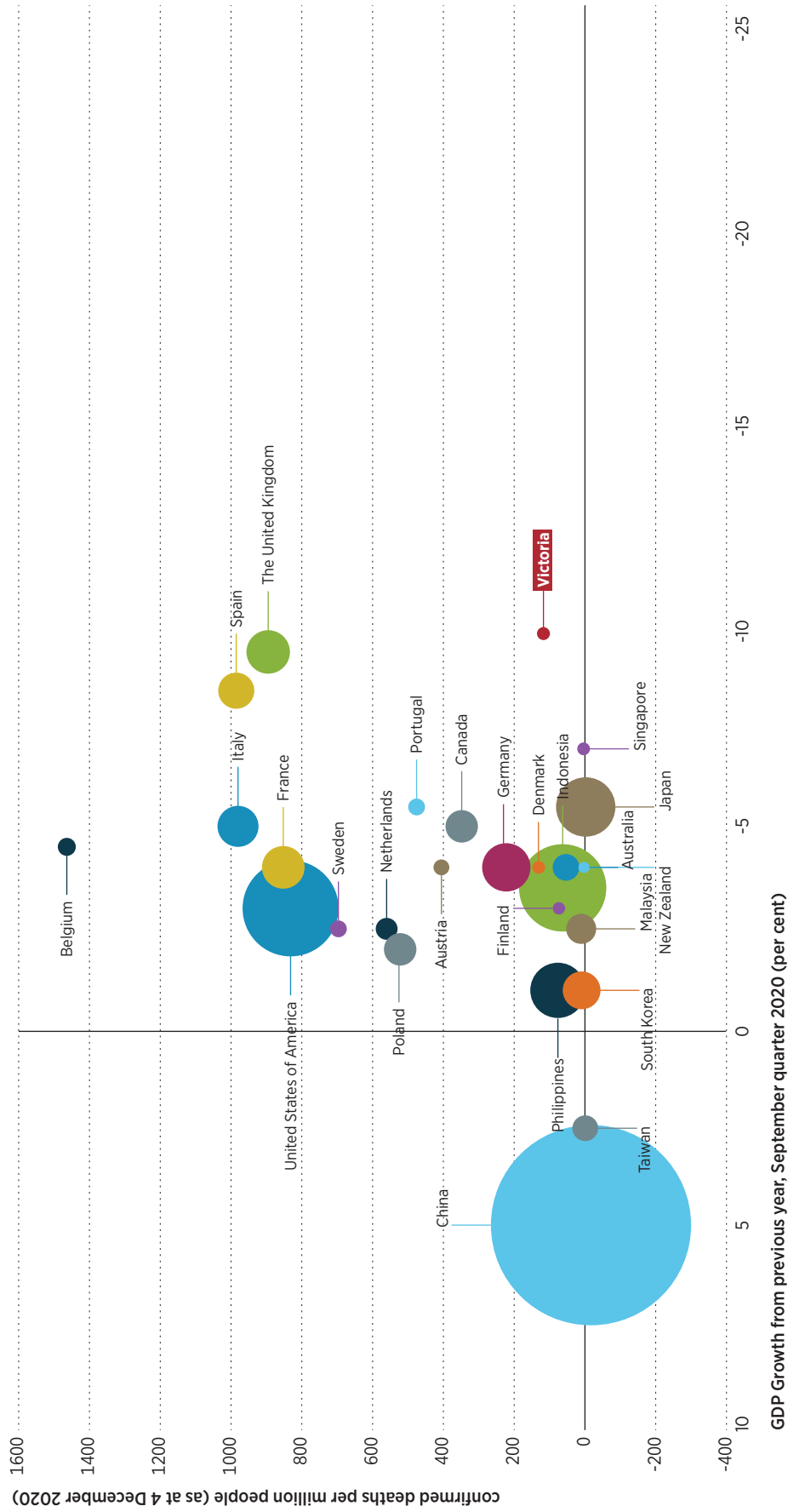
Figure 5.3 Economic outcomes, June quarter 2020, and COVID-19 deaths as at 30 August 2020



Note: Growth in state final demand is used for Victoria on this graph in place of GDP.

Source: Hon. Tim Pallas MP, Treasurer of Victoria, Department of Treasury and Finance, *Putting people first - Victorian Budget 2020/21*, supplementary evidence received 1 December 2020. Additional information sourced from Organisation for Economic Co-operation and Development, *Quarterly GDP*, 1 December 2020, <<https://data.oecd.org/gdp/quarterly-gdp.htm>> accessed 11 December 2020; National Australia Bank, *Australian Economic Update GDP Q2 2020 - A large hit to economic activity confirmed*, National Australia Bank, Melbourne, 2 September 2020, p.3.

Figure 5.4 Economic outcomes, September quarter 2020, and COVID-19 deaths as at 4 December 2020



Note: Growth in state final demand is used for Victoria on this graph in place of GDP.

Source: Organisation for Economic Co-operation and Development, *Quarterly GDP*, 1 December 2020, available at: <<https://data.oecd.org/gdp/quarterly-gdp.htm>>, accessed 11 December 2020; National Australia Bank, *Australian Economic Update Q3 2020 – A strong rebound as the recovery begins*, National Australia Bank, Melbourne, 2 December 2020, p.3.



# 6 Jobs and industry

## 6.1 Introduction

Victoria is the only state in Australia that introduced and sustained hard lockdowns with Stage 4 restrictions. The Committee received evidence from peak industry representatives, individual businesses, trade unions and academics, on the effectiveness of the Government's decisions and actions taken to manage the COVID-19 pandemic.

The Stage 4 restrictions continued to weigh on the jobs market through the second half of 2020 in Victoria, with almost all industries across Victoria recording job losses. In addition, the COVID-19 pandemic highlighted the issues faced by casual and insecure workers who are not entitled to formal leave arrangements. The Committee also considered the outcomes so far of the support packages announced as part of the Victorian Government's response to COVID-19.

## 6.2 The introduction of Stage 4 restrictions

This section focuses on the restrictions that were imposed to limit the movement of people during the second wave of COVID-19 infections.

### 6.2.1 Infection rates in workplaces and subsequent limitations

The Hotel Quarantine Program outbreak resulted in transmission in various locations including public housing and workplaces. A feature of the second wave of COVID-19 cases in Victoria was workplace outbreaks,<sup>1</sup> particularly in meat processing facilities where there were several COVID-19 outbreaks.<sup>2</sup> As a result, meat processing facilities such as abattoirs were considered high risk for COVID-19 transmission under Stage 4.<sup>3</sup>

Victoria also recorded a significant number of outbreaks in the aged care sector. Similarly, there have been outbreaks in other healthcare settings.<sup>4</sup> At the public hearings on 11 August 2020, the Minister for the Coordination of Health and Human Services: COVID-19, Hon. Jenny Mikakos MLC, estimated that around 10–15% of COVID-19 infections in healthcare workers were acquired from the workplace.<sup>5</sup> A later analysis

1 Hon. Daniel Andrews MP, Premier, Department of Premier and Cabinet, public hearing, Melbourne, 11 August 2020, *Transcript of evidence*, p. 6.

2 Agriculture Victoria, *Abattoirs and meat processing facilities*, 26 Aug 2020, <<https://agriculture.vic.gov.au/farm-management/emergency-management/coronavirus-covid-19/abattoirs-and-meat-processing-facilities>> accessed 2 September 2020.

3 Ibid.

4 Department of Health and Human Services, *Coronavirus update for Victoria - 09 August 2020*, media release, Department of Health and Human Services, Melbourne, 9 August 2020.

5 Hon. Jenny Mikakos MLC, Minister for the Coordination of Health and Human Services: COVID-19, Department of Health and Human Services, public hearing, Melbourne, 11 August 2020, *Transcript of evidence*, p. 22.

released on 25 August 2020 confirmed that approximately 22% of healthcare worker infections in the first wave were likely acquired at work, increasing in the second wave to at least 69%.<sup>6</sup> Other high risk sectors for COVID-19 transmission are warehousing and distribution centres and the construction sector.<sup>7</sup>

The Committee examined the Department of Health and Human Services' (DHHS) daily updates on the COVID-19 cases and noted that, other than for healthcare workers, the number of cases by industry is not available.<sup>8</sup>

The outbreaks related to the Hotel Quarantine Program and subsequent individual outbreaks in workplaces increased the number of cases in Victoria during the second wave. These eventually led to the Stage 4 restrictions being imposed.<sup>9</sup>

On 3 August 2020 Stage 4 restrictions for Victorian businesses were announced.<sup>10</sup> Some examples are provided in Table 6.1.

**Table 6.1** Examples of restrictions placed on Victorian industries

Industry	Restrictions at 3 August 2020	Restrictions at 27 October 2020
Meat industry	Workforce scaled back to two-thirds. Applied to abattoirs in Melbourne and across the State.	Workforces scaled back by 20% to 25% dependent on the product being processed.
Warehousing and distribution centres	Workforce limited to no more than two-thirds the normal workforce allowed onsite.	Workforce caps removed.
Construction sites	For major construction sites, 25% of the normal workforce onsite and small scale construction sites were limited to a maximum of five people on-site.	Workforce caps removed.

Source: Adapted from Victorian Government, *Coronavirus (COVID-19) restrictions Victoria*, 31 August 2020, <<https://www.vic.gov.au/coronavirus-covid-19-restrictions-victoria#announcement-on-how-stage-4-restrictions-affect-businesses-and-workplaces>> accessed 2 September 2020; Department of Health and Human Services, *Summary of statewide restrictions for the Third Step and Last Step of Victoria's roadmap to reopening*, Melbourne, 8 November 2020.

In addition, businesses in retail industries, some manufacturing and administration were instructed to close for six weeks under the Stage 4 restrictions. The restrictions aimed to limit the movement of one million Victorians travelling across the State for work.<sup>11</sup>

<sup>6</sup> Hon. Daniel Andrews MP, *Protecting Our Healthcare Heroes*, media release, Victorian Government Melbourne, 25 August 2020.

<sup>7</sup> Hon. Daniel Andrews MP, *Statement from the Premier*, media release, Victorian Government, Melbourne, 3 August 2020.

<sup>8</sup> Department of Health and Human Services, *Coronavirus (COVID-19) daily update – 16 December 2020*, 16 December 2020, <<https://www.dhhs.vic.gov.au/coronavirus-covid-19-daily-update>> accessed 17 December 2020.

<sup>9</sup> Hon. Daniel Andrews MP, *Statement from the Premier*, media release, Victorian Government, Melbourne, 30 June 2020.

<sup>10</sup> Hon. Daniel Andrews MP, *Statement On Changes To Melbourne's Restrictions*, media release, Victorian Government, Melbourne, 2 August 2020.

<sup>11</sup> Victorian Government, *Coronavirus (COVID-19) restrictions Victoria*, 31 August 2020, <<https://www.vic.gov.au/coronavirus-covid-19-restrictions-victoria#announcement-on-how-stage-4-restrictions-affect-businesses-and-workplaces>> accessed 2 September 2020.



On 8 November 2020, the workforce caps were removed for the meat industry.<sup>12</sup>

From 23 November 2020, Victorian industries moved to the 'Last Step' of reopening.<sup>13</sup> Under this step, most industries were able to open with minimal restrictions, provided that individual businesses have a COVIDSafe plan in place. Some industries such as retail and hospitality have density limits applied, while workers in offices and professional services were still expected to work from home or a single site where reasonably practicable.<sup>14</sup>

On 6 December 2020, the Premier announced a move to a 50% return for office workers by 11 January 2021, after considering the public health advice at the time. For the Victorian public service, up to 25% of staff were able to return to the office from 11 January 2021, moving up to 50% on 8 February 2021.<sup>15</sup>

**FINDING 61:** The Stage 4 restrictions limited the movement of around one million workers by closing additional businesses including in retail, manufacturing and administration industries. The restrictions also ensured that high risk industries were able to meet the physical distancing requirements at worksites. These restrictions were eased as rates of COVID-19 infection and associated risks declined.

There are a number of reasons that can be attributed to the workplace outbreaks seen in Victoria, which were not limited to but included:

- Workplaces failing to encourage and promote good hygiene practices among employees.<sup>16</sup>
- Insufficient routine cleaning and disinfection regimes at workplaces.<sup>17</sup>
- Breaches of physical distancing measures at workplaces.<sup>18</sup>
- Limited training and education provided to staff in relation to reducing the spread of the virus.<sup>19</sup>
- Limited training and education on using personal protective equipment (PPE).<sup>20</sup>

12 Department of Health and Human Services, *Summary of statewide restrictions for the Third Step and Last Step of Victoria's roadmap to reopening*, Department of Health and Human Services, Melbourne, 8 November 2020, p. 10.

13 Department of Health and Human Services, *Industry restriction levels*, 22 November 2020, <<https://www.coronavirus.vic.gov.au/industry-restriction-levels-victoria>> accessed 23 November 2020.

14 Ibid.

15 Hon. Daniel Andrews MP, *Statement from the Premier*, media release, Victorian Government, Melbourne, 6 December 2020.

16 Department of Health and Human Services, *Preventing infection in the workplace*, 01 September 2020 <<https://www.dhhs.vic.gov.au/preventing-infection-workplace-covid-19#physical-distancing>> accessed 2 September 2020.

17 Ibid.

18 Ibid.

19 Department of Health and Human Services, *Preparing for a case of coronavirus (COVID-19) in your workplace: How to prepare and what to expect*, 11 July 2020, <<https://www.dhhs.vic.gov.au/sites/default/files/documents/202007/preparing-for-a-case-of-covid-19-in-your-workplace-guidance-covid-19.docx>> accessed 10 September 2020.

20 Hon. Daniel Andrews MP, *Protecting Our Healthcare Heroes*, media release.

- Workers attending work while experiencing flu like symptoms and not isolating between being tested and receiving results.<sup>21</sup>
- Aged care staff working across multiple aged care facilities.<sup>22</sup>
- Transmission occurring in break/tearooms.<sup>23</sup>
- Multiple employees living together.<sup>24</sup>

## 6.2.2 Workplace safety—WorkSafe Victoria

During the COVID-19 pandemic employers and their employees have a responsibility to ensure workplaces are safe from potential exposure to COVID-19. COVIDSafe plans were made mandatory to those businesses operating under Stage 4 restrictions from 7 August 2020. COVIDSafe plans are compulsory for all businesses and industries that operate as restrictions ease.<sup>25</sup>

WorkSafe Victoria is taking compliance and enforcement action to ensure employers are meeting their Occupational Health and Safety obligations.<sup>26</sup> WorkSafe Victoria inspectors visit workplaces across Victoria to ensure employers understand their obligations.<sup>27</sup> WorkSafe Victoria provided the following statistics on its activities at the public hearings on 26 August 2020:

- 4,738 calls to WorkSafe's advisory line.
- 3,667 COVID-19 inspections.
- 873 physical inspections in high risk industries since the end of July until the end of August.
- 2,921 COVID-19 related mandatory incident notifications received. Mandatory incident notifications are when employers notify WorkSafe after an incident has occurred.

21 Department of Health and Human Services, *Supporting Victorian workers to get tested and stay home*, 23 July 2020, <<https://www.dhhs.vic.gov.au/updates/coronavirus-covid-19/supporting-victorian-workers-get-tested-and-stay-home>> accessed 2 September 2020.

22 Hon. Greg Hunt MP, *Support for aged care residents and aged care workers across Victoria*, media release, Department of Health, Somerville, Victoria, 19 July 2020.

23 Australian Nursing and Midwifery Federation Victorian Branch, 'Healthcare worker infection prevention and wellbeing taskforce', 24 August 2020 <<https://otr.anmfvic.asn.au/articles/healthcare-worker-infection-prevention-and-wellbeing-taskforce>> accessed 10 September 2020.

24 Associate Professor Daniel O'Brien, Deputy Director, Department of Infectious Diseases, Barwon Health, Legal and Social Issues Committee, Inquiry into the Victorian Government's COVID-19 contact tracing system and testing regime, public hearing, Melbourne, 18 November 2020, *Transcript of evidence*, p. 66.

25 Department of Health and Human Services, *Summary of statewide restrictions for the Third Step and Last Step of Victoria's roadmap to reopening*.

26 Hon. Jill Hennessy MP, Minister for the Coordination of Justice and Community Safety: COVID-19, Department of Justice and Community Safety, *COVID-19 public hearing presentation*, supplementary evidence received 26 August 2020, p. 6.

27 Ibid.

- 196 compliance notices have been issued in relation to COVID-19. Compliance notices<sup>28</sup> include non-disturbance notices, improvement notices<sup>29</sup> and prohibition notices.<sup>30</sup>
- 130 workers' compensation claims accepted related to COVID-19.<sup>31</sup>

According to WorkSafe Victoria, the construction sector has had the greatest number of compliance notices issued, followed by manufacturing, retail trade and health care and social assistance.<sup>32</sup> The Attorney-General and Minister for the Coordination of Justice and Community Safety: COVID-19, Hon. Jill Hennessy MP, stated that a significant area for WorkSafe claims has been mental injuries associated with people's exposure to COVID-19 or the demands of working in a COVID-19 environment.<sup>33</sup>

By 27 October 2020, WorkSafe Victoria had made more than 15,000 workplace visits and enquiries to ensure COVID-19 compliance and issued more than 460 compliance notices for COVID-19 related health and safety failures.<sup>34</sup>

**FINDING 62:** WorkSafe Victoria has been active during the COVID-19 pandemic undertaking inspections of high risk industries, issuing compliance notices and handling COVID-19 related compensation claims.

At the public hearings on 26 August 2020 the Chief Executive Officer (CEO) of WorkSafe Victoria stated that there were 20 investigations underway across multiple industries and workplaces, including government departments and agencies. These investigations are to identify any breaches under the *Occupational Health and Safety Act 2004* and COVID-19 related breaches.<sup>35</sup> In relation to government departments and

<sup>28</sup> WorkSafe inspectors use compliance notices as remedial enforcement measures to address non-compliance with occupational health and safety legislation. For example, compliance notices are issued to workplaces which have inadequate systems and processes to prevent and respond to transmission of COVID-19 within the workplace. WorkSafe monitors the compliance with notices issued through a follow up visit to the workplace. During that visit inspectors make enquiries and observations to determine whether the duty holder has achieved compliance (in the case of an improvement notices) or remedied the immediate risk associated with the work activity (in the case of a prohibition notice).

<sup>29</sup> An improvement notice is intended to direct a duty holder regarding ways to remedy a contravention identified by an inspector. WorkSafe inspectors may issue an improvement notice pursuant to section 111 of the *Occupational Health and Safety Act (OHS Act)* where non-compliance with the OHS Act is detected, but it does not involve an immediate risk to health and safety. An inspector must form a reasonable belief that there is a contravention of the OHS Act before an improvement notice is issued.

<sup>30</sup> A WorkSafe inspector may issue a prohibition notice under section 112 of the OHS Act where an inspector reasonably believes that an activity:

- is occurring at a workplace that involves or will involve an immediate risk to the health or safety of a person, or
- may occur that, if it occurs, will involve an immediate risk to the health and safety of a person.

The purpose of a prohibition notice is to stop a work activity occurring until an inspector is satisfied that the immediate risk involved has been remedied.

<sup>31</sup> Hon. Jill Hennessy MP, *COVID-19 public hearing presentation*, p. 6; Hon. Jill Hennessy MP, Attorney-General and Minister for the Coordination of Justice and Community Safety: COVID-19, Department of Justice and Community Safety, public hearing, Melbourne, 26 August 2020, *Transcript of evidence*, p. 8.

<sup>32</sup> WorkSafe Victoria, Government Services & Corporate Affairs, correspondence, 16 September 2020.

<sup>33</sup> Hon. Jill Hennessy MP, *Transcript of evidence*, p. 8.

<sup>34</sup> WorkSafe Victoria, *Put safety first during reopening*, media release, WorkSafe Victoria, Melbourne, 27 October 2020.

<sup>35</sup> Mr Colin Radford, Chief Executive, Worksafe, public hearing, Melbourne, 26 August 2020, *Transcript of evidence*, pp. 12, 21.

Ministers being held accountable, the Attorney-General, Hon. Jill Hennessy MP, also explained that:

... the Crown is not immune. That means that there can be ministerial responsibility in respect of that legal action, and that was a decision that the government proactively took in that legislation.<sup>36</sup>

The CEO of WorkSafe Victoria confirmed that all duty holders carry responsibilities under the *Occupational Health and Safety Act 2004*, including government departments and are subject to penalties under the Act.<sup>37</sup> The CEO further stated in terms of duty holders, DHHS and Department of Jobs, Precincts and Regions (DJPR) were being investigated for COVID-19 related safety breaches.<sup>38</sup>

Further, it was noted that WorkSafe Victoria was investigating the Hotel Quarantine Program, with eight worksites under investigation. The CEO of WorkSafe Victoria stated that security companies as duty holders would form part of the investigation.<sup>39</sup>

At the public hearings on 15 December 2020 the Attorney-General, Hon. Jill Hennessy MP, provided an update to the Committee on the work being undertaken by WorkSafe Victoria. The Attorney-General, Hon. Jill Hennessy MP, advised that WorkSafe had issued some 599 notices related to COVID-19 across the state and conducted over 11,500 physical inspections.<sup>40</sup> Improvement notices that WorkSafe Victoria have issued relating to COVID-19 compliance include workers not working from home where possible, missing or inadequate PPE, failing to maintain appropriate social distancing, inadequate hygiene controls, lack of health screening and not having procedures to deal with a worker testing positive.<sup>41</sup> The CEO of WorkSafe also advised the Committee that there were 24 active investigations being undertaken by WorkSafe Victoria, across multiple sites and duty holders. This included the ongoing investigation into the Hotel Quarantine Program.<sup>42</sup>

**FINDING 63:** WorkSafe Victoria has 24 active investigations underway into COVID-19 and breaches of the *Occupational Health and Safety Act 2004* including the Hotel Quarantine Program.

<sup>36</sup> Hon. Jill Hennessy MP, *Transcript of evidence*, pp. 12-13.

<sup>37</sup> Mr Colin Radford, *Transcript of evidence*, pp. 12, 21.

<sup>38</sup> *Ibid.*, p. 21.

<sup>39</sup> *Ibid.*

<sup>40</sup> Hon. Jill Hennessy MP, Attorney-General, Department of Justice and Community Safety, public hearing, Melbourne, 15 December 2020, *Transcript of evidence*, p. 2.

<sup>41</sup> *Ibid.*, p. 15.

<sup>42</sup> Mr Colin Radford, Chief Executive, Worksafe, public hearing, Melbourne, 15 December 2020, *Transcript of evidence*, p. 12.

### 6.2.3 Permitted Work Premises and Permitted Workers

Businesses that were permitted to remain open for onsite work during Stage 4 were defined as Permitted Work Premises and were approved by the Chief Health Officer.<sup>43</sup> Employers operating Permitted Work Premises were required to issue work permits to those employees who needed to work onsite. The Permitted Worker Scheme also provided for an Access to Childcare Permit for permitted workers who were still required to attend work onsite and needed access to their childcare or kindergarten. Breaches of the Permitted Worker Scheme attracted a penalty of up to \$19,826 for individuals and \$99,132 for businesses.<sup>44</sup>

At the public hearings on 12 August 2020, the Committee asked the Australian Industry Group (AIG) about the level of engagement that occurred between the Government and the AIG prior to the announcement regarding Permitted Work Premises and Permitted Workers. AIG advised the Committee that more engagement with groups would have been preferred and that:

... it was very difficult for us [AIG] to engage with government and to provide our views, and we think if we had been able to do that we would have been able to offer some changes to what has been proposed, some of which have actually been accepted since that time.<sup>45</sup>

AIG stated that work permits created complexity to implementation of the Stage 4 restrictions. According to AIG, a large number of its members needed assistance obtaining permits, as well as clarification on which workers needed them.<sup>46</sup> The AIG stated that:

... [it] is not so much about the restriction itself but about the implementation and the logistics, ... a key area of where consultation prior to implementing the restrictions would have been beneficial for everyone.<sup>47</sup>

As at 26 October 2020 work permits were no longer required in metropolitan Melbourne, except for those workers moving between metropolitan Melbourne and regional Victoria.<sup>48</sup> On 8 November 2020 this requirement was also removed.<sup>49</sup>

<sup>43</sup> Department of Health and Human Services, *Stage 4 Restrictions Permitted Work Premises List*, <<https://www.dhhs.vic.gov.au/business-industry-stage-4-restrictions-covid-19>> accessed 2 September 2020.

<sup>44</sup> Victorian Government, *Worker Permit Scheme*, 8 August 2020, <<https://www.vic.gov.au/worker-permit-scheme>> accessed 2 September 2020.

<sup>45</sup> Mr Tim Piper, Head of Victoria Branch, Australian Industry Group, public hearing, Melbourne, 12 August 2020, *Transcript of evidence*, p. 2.

<sup>46</sup> Ms Julie Toth, Chief Economist, Australian Industry Group, public hearing, Melbourne, 12 August 2020, *Transcript of evidence*, p. 3.

<sup>47</sup> Ibid.

<sup>48</sup> Hon. Daniel Andrews MP, *Statement from the Premier*, media release, Victorian Government, Melbourne, 26 October 2020.

<sup>49</sup> Hon. Daniel Andrews MP, *Statement from the Premier*, media release, Victorian Government, Melbourne, 8 November 2020.

## 6.3 The impacts of COVID-19 on industry by sector

At the public hearings on 12 August 2020 and 3 December 2020, the Minister for the Coordination of Jobs, Precincts and Regions: COVID-19 (the Minister for Jobs, Precincts and Regions) outlined some of the following impacts on industries in Victoria:

- Trade—Victorian exports are forecast to fall by \$16.4 billion in 2020 and \$8.52 billion in 2021. Air freight costs have risen six-fold since March.
- International education—Victorian international education exports are estimated to decrease by \$5.8 billion in 2020. About 6,700 research related jobs will be cut across the university sector.
- Aviation—There has been a 98% decline year on year of international passengers at Melbourne Airport as of August. Passenger flights between New Zealand and Melbourne resumed on 16 November 2020.
- Tourism—The estimated impact on visitor expenditure in Victoria from COVID-19 and the bushfires for 2020 is \$21.7 billion.
- Creative—Lost or foregone revenues from live musical and arts performances is estimated to exceed \$330 million. At least 53% of the sector is dormant.
- Sport—Community sport revenue is estimated to have dropped \$246 million and will drop by a total of \$359 million over 12 months.
- Racing—Thoroughbred, harness and greyhound racing have continued but the economic impact on the industry is significant.<sup>50</sup>

In a written submission to the inquiry, Latrobe City Council outlined the results from the Council's survey measuring the COVID-19 impact on local businesses. According to the survey, the accommodation and food, arts and recreation services, retail trade, and small private health and social services have been the most severely impacted.<sup>51</sup>

### 6.3.1 Number of payroll jobs lost in the Victorian economy

The latest data released by the Australian Bureau of Statistics (ABS) indicates that the number of payroll jobs in Victoria has fallen by 5% since 14 March 2020<sup>52</sup> to 14 November 2020, compared to rest of the Australia which fell by 2%.<sup>53</sup> According to the ABS, by the end of June 2020, there were signs of a job recovery with about 39% of

<sup>50</sup> Hon. Martin Pakula MP, Minister for the Coordination of Jobs, Precincts and Regions: COVID 19, Department of Jobs, Precincts and Regions, *COVID-19 public hearing presentation*, supplementary evidence received 3 December 2020, p. 3.

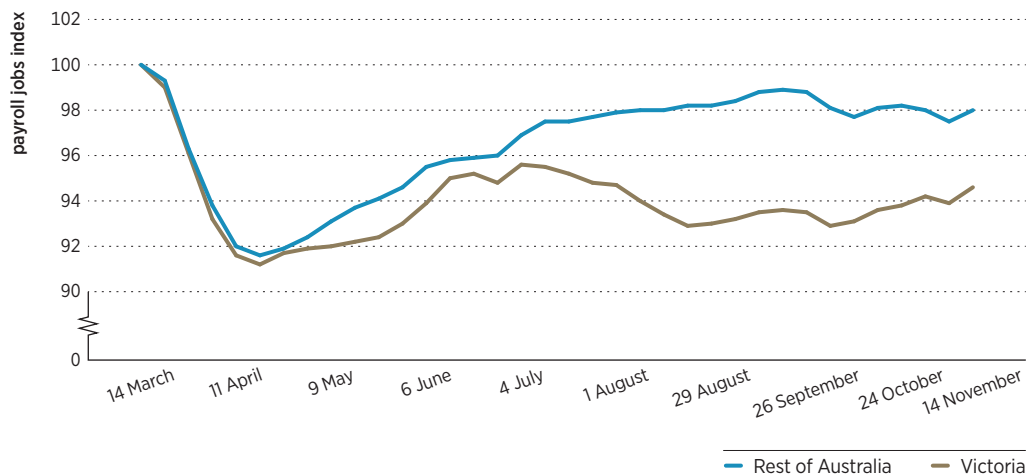
<sup>51</sup> Latrobe City Council, *Submission 60*, received 4 August 2020, p. 7.

<sup>52</sup> Australia recorded its first 100th confirmed COVID-19 case on March 14 2020.

<sup>53</sup> Australian Bureau of Statistics, *Weekly Payroll Jobs and Wages in Australia, State and Territory Spotlight*, cat. no. 6160.0.55.001, 1 December 2020, <<https://www.abs.gov.au/statistics/labour/earnings-and-work-hours/weekly-payroll-jobs-and-wages-australia/week-ending-14-november-2020>> accessed 3 December 2020.

jobs lost in Victoria in mid-April regained. This reduced to 12% in early August 2020 as stricter restrictions weighed down on the job recovery.<sup>54</sup>

**Figure 6.1** Payroll jobs in Victoria compared to the rest of Australia from 14 March 2020 to 14 November 2020



Note: The timescale for the graph commences on 14 March 2020, the day that Australia recorded its 100th confirmed case of COVID-19.

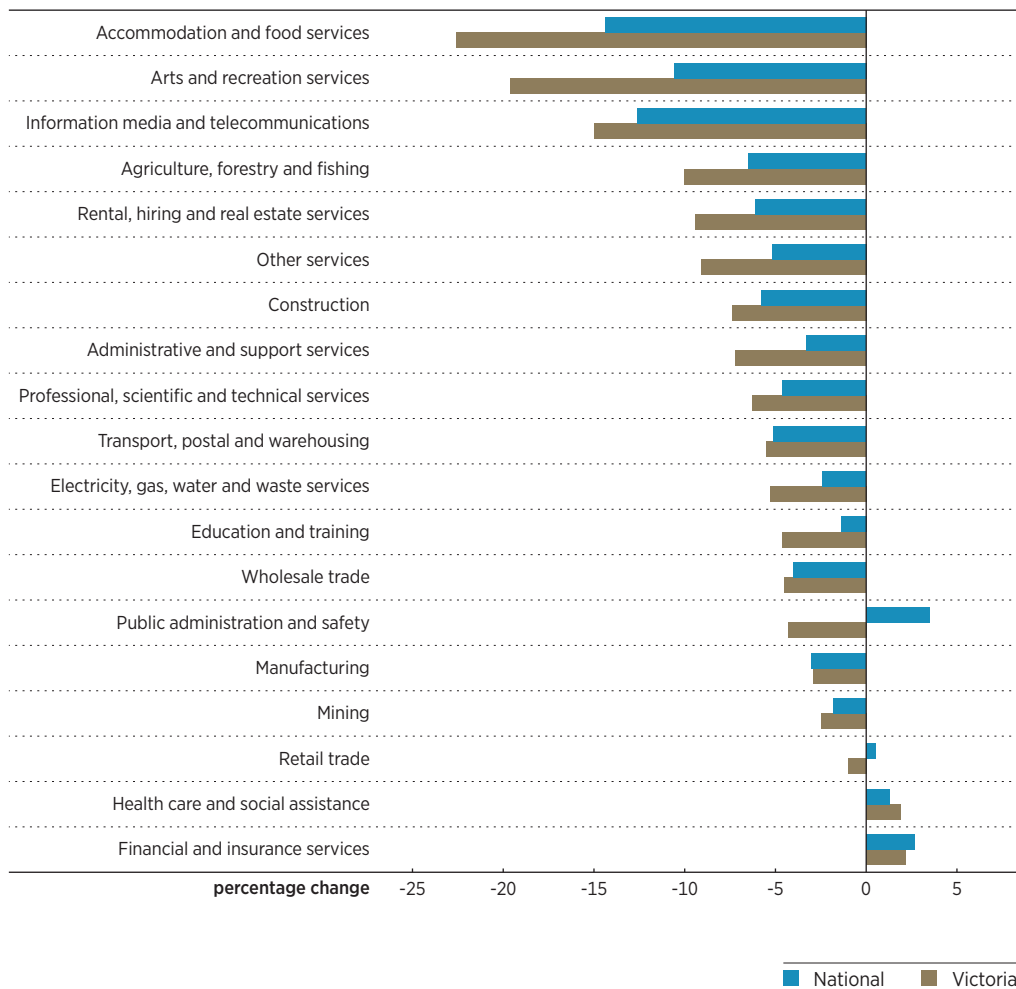
Source: Australian Bureau of Statistics, *Weekly Payroll Jobs and Wages in Australia, State and Territory Spotlight*, cat. no. 6160.0.55.001, 1 December 2020, <<https://www.abs.gov.au/statistics/labour/earnings-and-work-hours/weekly-payroll-jobs-and-wages-australia/week-ending-14-november-2020>> accessed 3 December 2020.

Industries such as hospitality and arts and recreation have been amongst the hardest hit industries in Victoria. Since 14 March 2020 to the week ending 14 November 2020, the accommodation and food services sector in Victoria recorded a decline in payroll jobs by 22.6% compared to 14.4% nationally.<sup>55</sup> The declines in Victorian payroll jobs were greater than the national figures in all 19 sectors except for manufacturing and healthcare and social assistance (Figure 6.2).

<sup>54</sup> Australian Bureau of Statistics, *Weekly Payroll Jobs and Wages in Australia, Week ending 31 October 2020*, cat. no. 6160.0.55.001, 17 November 2020, <<https://www.abs.gov.au/ausstats/abs@.nsf/mf/6160.0.55.001>> accessed 18 November 2020.

<sup>55</sup> Australian Bureau of Statistics, *Weekly Payroll Jobs and Wages in Australia, State and Territory Spotlight*.

**Figure 6.2** Change in payroll jobs from the week ending 14 March to 14 November 2020, by industry—a comparison between Victoria and national figures



Source: Australian Bureau of Statistics, *Weekly Payroll Jobs and Wages in Australia, State and Territory Spotlight*, cat. no. 6160.0.55.001, 1 December 2020, <<https://www.abs.gov.au/statistics/labour/earnings-and-work-hours/weekly-payroll-jobs-and-wages-australia/week-ending-14-november-2020>> accessed 3 December 2020.

**FINDING 64:** By the end of June there were signs of a job recovery in Victoria, however stricter restrictions weighed down the recovery in the State. The hospitality and arts and recreation industries were the hardest hit industries. The declines in Victorian payroll jobs have been greater than the national figures in all 19 sectors except for manufacturing and healthcare and social assistance.

As part of the 2020–21 Victorian State Budget, the Victorian Government allocated \$368 million for the Hospitality Support Program.<sup>56</sup> The funding provides for:

- The establishment of a Licensed Hospitality Venue Fund, which provides grants of between \$10,000 and \$30,000 to support liquor licensees.

<sup>56</sup> Department of Treasury and Finance, *Budget Paper No. 3: Service Delivery*, Melbourne, 2020–21, p. 83.



- Grants of \$5,000 for hospitality businesses to support adaptation to outdoor dining and reopening in a COVID Normal manner.
- Targeted support for larger restaurants and hotels to support modified operations during public health restrictions, enable reopening, and re-engage stood down hospitality staff.<sup>57</sup>

### 6.3.2 Arts industry

The Arts Industry Council Victoria (AICV) advised the Committee of three aspects that are weighing down the industry:

- Uncertainty—75% of the industry participants are uncertain about the future demand. 79% of the industry require additional funds and 65% require resources to help gauge if audiences will return.
- Future demand—between May and July 2020 the proportion of past attendees ready to attend a cultural event as soon as they were permitted increased from 22 to 28% nationally, however, in Victoria it remained at 20%, below the national average.
- Inequity in the industry—young and emerging artists, First Peoples, people with disability, culturally diverse and regional creatives in the sector are particularly vulnerable.<sup>58</sup>

Outlining the factors affecting the industry, AICV stated that ongoing support is required from the Victorian and Commonwealth governments.<sup>59</sup> AICV indicated that the industry currently relies on programs such as the Business Support Fund and JobKeeper. The AICV stated on 13 August 2020 that it is important that support programs are continued for a minimum of 12 months as recovery of the industry will not be linear.<sup>60</sup>

In its submission to the inquiry, AICV outlined that 81% of artists work as freelance or are self-employed.<sup>61</sup> According to two surveys conducted by Music Victoria in July 2020 and Theatre Network Australia in August 2020, 37 to 38% of the artists had not been able to access JobKeeper or JobSeeker.<sup>62</sup> While targeted creative industry support programs have been designed to complement the broader economic wide initiatives such as JobKeeper and JobSeeker, at the public hearings on 13 August 2020 AICV mentioned that:

... a lot of people that are seeking creative industry-specific support might not have been able to get any support from anywhere [else] at all.<sup>63</sup>

<sup>57</sup> Ibid., p. 90.

<sup>58</sup> Mr Joe Toohey, Co-Coordinator, Victorian Industry Council Victoria, public hearing, Melbourne, 13 August 2020, *Transcript of evidence*, p. 1.

<sup>59</sup> Ibid., p. 4.

<sup>60</sup> Ibid., pp. 2, 5.

<sup>61</sup> Arts Industry Council Victoria, *Submission 43*, received 31 July 2020, p. 3.

<sup>62</sup> Mr Joe Toohey, *Transcript of evidence*, p. 5.

<sup>63</sup> Ibid.

Peak bodies such as Theatre Network Australia and philanthropic organisations have provided a \$1,000 crisis cash payment to artists to pay personal utility bills.<sup>64</sup> AICV stated that many artists are currently not in a position to participate in industry programs or targeted programs carried out by organisations who have received support as ‘they still have not quite figured out how they are going to pay the rent or the electricity bills’.<sup>65</sup>

**FINDING 65:** Freelance and self employed artists have had access to limited direct support from governments. Self employed artists are experiencing significant personal hardships during the pandemic.

In the 2020–21 Victorian State Budget, the Government provided \$9 million to support the arts industry, through the creative industries survival package.<sup>66</sup> In addition, the Budget contained \$141.9 million to deliver the Protecting Victoria’s Experience Economy program.<sup>67</sup> As part of this program, funding is provided to support organisations to maintain operations and jobs in different experience industries including the creative and live music industries.<sup>68</sup>

### 6.3.3 Agriculture industry

In 2020, the Victorian agriculture industry experienced a good season which resulted in more job opportunities. However, the industry relies on seasonal workers particularly during harvesting season.<sup>69</sup> Due to COVID-19 and related border restrictions there has been a shortage of workers and significant job vacancies.<sup>70</sup>

Victoria’s agriculture industry accounts for approximately one quarter of Australia’s agriculture and food product exports and generated about \$15.9 billion in gross value in 2018–19.<sup>71</sup> Victoria accounts for 43% of Australia’s sheep and lamb meat, 64% of Australia’s milk and 32% of Australia’s horticultural products.<sup>72</sup> According to the Victorian Farmers Federation (VFF), Victoria’s food and fibre production and manufacturing sector employed nearly 200,000 people as of May 2019.<sup>73</sup> The latest ABS data indicates that agriculture, forestry and fishing in Victoria recorded a 10% decline in payroll jobs compared to 6.5% nationally between 14 March 2020 and 17 November 2020.<sup>74</sup>

64 Ibid.

65 Ibid.

66 Department of Treasury and Finance, *Budget Paper No. 3*, p. 83.

67 Ibid.

68 Ibid., p. 84.

69 Victorian Government, *Working for Victoria*, n.d., <<https://jobs.vic.gov.au/about-jobs-victoria/our-programs/working-for-victoria>> accessed 12 January 2021.

70 Ibid.

71 Agriculture Victoria, *An Overview of Victoria’s Agriculture: September quarter 2020*, Melbourne, September 2020, p. 1.

72 Mr David Jochinke, President, Victorian Farmers Federation, public hearing, Melbourne, 13 May 2020, *Transcript of evidence*, p. 1.

73 Ibid.

74 Australian Bureau of Statistics, *Weekly Payroll Jobs and Wages in Australia, State and Territory Spotlight*.

Notwithstanding the decline in the number of job losses in the agriculture, forestry and fishing industry, Latrobe City Council's survey measuring the COVID-19 impact on local businesses indicated that industry sectors that have not been adversely impacted by the COVID-19 pandemic include agriculture and forestry, construction, transport and postal services.<sup>75</sup>

To assist the Victorian agriculture sector during the pandemic, the Victorian Government established the Victorian Agriculture Industry Reference Group on 23 April 2020. The reference group represents 25 peak industry bodies and works with government to address the issues faced by the sector. This includes providing information about seasonal workers, managing the health and safety of the workforce and communicating directives for people with responsibilities for animals.<sup>76</sup>

**FINDING 66:** The Victorian Government established the Victorian Agriculture Industry Reference Group to communicate COVID-19 information and assist the industry during the pandemic. The Reference Group was formed three weeks after the Stage 3 restrictions were announced.

6

In relation to the agriculture industry, the Committee received mixed evidence on the Victorian Government's response to COVID-19.

The VFF, one of the peak industry bodies represented in the Reference Group, stated there was easy access to the Department and the Minister for Agriculture. The VFF has had good communication with the Department on behalf of industry.<sup>77</sup> Citrus Australia provided a written submission to the inquiry that suggested that from their perspective, more timely engagement would have been beneficial during the initial phases of COVID-19 restrictions.<sup>78</sup>

Many small businesses in our industry suffered unnecessary stress attempting to find out what the industry status was and to whom it applied, when all they wanted to do was follow the rules.<sup>79</sup>

However, Citrus Australia welcomed the announcements by the Victorian Government during the pandemic, stating that the state of emergency protected regional Victoria and that the introduction of Stage 4 restrictions in Melbourne and Mitchell Shire during the second wave was the correct approach:

Locking down only hotspots in Melbourne so the rest of the State can continue to operate businesses and day to day life has made operation of agribusiness smoother whilst managing the risk.<sup>80</sup>

<sup>75</sup> Latrobe City Council, *Submission 60*, p. 7.

<sup>76</sup> Hon. Jaclyn Symes MLC, *Backing Agriculture Businesses During Coronavirus*, media release, Victorian Government, Melbourne, 23 April 2020.

<sup>77</sup> Mr David Jochinke, *Transcript of evidence*, p. 2.

<sup>78</sup> Citrus Australia, *Submission 28*, received 29 July 2020, p. 2.

<sup>79</sup> *Ibid.*, p. 3.

<sup>80</sup> *Ibid.*

Victoria's agriculture sector relies on seasonal workers during peak times, such as harvest and shearing season. Normally the sector is heavily reliant on migrant workers during harvest seasons, but the pandemic means that the usual international workforce has been reduced.<sup>81</sup>

On 1 April 2020, the Victorian government announced the Agriculture Workforce Plan, which received \$50 million from the \$500 million *Working for Victoria* Fund. It was intended to match workers who had lost their jobs with employers in the agriculture sector, helping agribusinesses and primary producers to meet their labour and operational needs.<sup>82</sup> On 17 September 2020, the Victorian Government announced that it would provide \$17 million to help address seasonal workforce shortages. This included \$6 million to increase the supply of COVIDSafe accommodation for seasonal workers.<sup>83</sup> A further \$10 million from the Agriculture Workforce Plan will be used to extend business adaption grants for agriculture businesses.<sup>84</sup>

At the public hearings on 3 December 2020, the Minister for Jobs, Precincts and Regions advised the Committee that the Agriculture Workforce Plan had supported 206 agriculture businesses to date and led to the approval of nine job-creation projects, supporting 140 full-time equivalent jobs.<sup>85</sup>

### 6.3.4 Construction industry

In the construction industry, Victoria recorded a decline in payroll jobs by 7% compared to 6% nationally since 14 March 2020 to the week ending 14 November 2020.<sup>86</sup> The industry was categorised as essential work during the first round of lockdowns. However, as part of the Stage 4 restrictions, the Victorian Government announced changes to the number of workers allowed on construction sites which weighed heavily on the construction industry.

In a letter to the Premier provided on 26 August 2020, the Master Builders Association Victoria estimated that productivity levels on large scale projects and sites reduced to 25% due to the maximum number of workers allowed on-site.<sup>87</sup> Small scale construction sites estimated up to a 66% reduction in productivity during Stage 4.<sup>88</sup>

<sup>81</sup> Agriculture Victoria, *Join the agriculture workforce*, 20 November 2020, <<https://agriculture.vic.gov.au/farm-management/emergency-management/coronavirus-covid-19/join-the-agriculture-workforce>> accessed 23 November 2020.

<sup>82</sup> Hon. Jaclyn Symes MLC, *Giving Jobseekers A Fresh Start In Agriculture*, media release, Victorian Government, Melbourne, 1 April 2020.

<sup>83</sup> Hon. Jaclyn Symes MLC, *Helping Farmers Get The Workers They Need This Season*, media release, Victorian Government, Melbourne, 17 September 2020.

<sup>84</sup> Ibid.

<sup>85</sup> Hon. Martin Pakula MP, Minister for the Coordination of Jobs, Precincts and Regions: COVID 19, Department of Jobs, Precincts and Regions, public hearing, Melbourne, 3 December 2020, *Transcript of evidence*, p. 2.

<sup>86</sup> Australian Bureau of Statistics, *Weekly Payroll Jobs and Wages in Australia, State and Territory Spotlight*.

<sup>87</sup> Master Builders Association Victoria, *Letter to the Premier*, 26 August 2020, <<https://www.mbav.com.au/sites/default/files/20200826-Letter-to-the-Premier.pdf>> accessed 2 September 2020.

<sup>88</sup> Ibid.

Master Builders Australia revised its February 2020 forecasts, with new home building expected to decline by around 27% in 2020–21 and commercial buildings forecast to decline by 15.7% in 2020–21 in Australia.<sup>89</sup> Population growth and the unemployment rate are two main drivers that will have an impact on the construction industry going forward.<sup>90</sup>

At the public hearings on 12 August 2020, the Treasurer informed the Committee that Victoria has signed the National Partnership Agreement with the Commonwealth Government, enabling Victorians to benefit from the HomeBuilder grant.<sup>91</sup> As a result of the Stage 4 restrictions and slowdown in the construction activity, the Treasurer stated that the State Revenue Office (SRO) extended the construction commencement requirements under the HomeBuilder grant by three months to all Victorians.<sup>92</sup> This means Victorians seeking the grant have six months from the signing of the eligible home builder contract to commence construction. According to the SRO, there were 14,500 people subscribed to be notified when applications opened for the grant.<sup>93</sup>

The Homes for Victorians package that was announced in 2017 abolished transfer duty, previously known as stamp duty, for first home buyer purchases under \$600,000 and provided concessions for purchases up to \$750,000. It also provided a grant of \$20,000 for the first home owners. The Treasurer noted the package has assisted approximately 103,000 first home buyers across Victoria for the financial year 2019–20 and more than 33,000 people have received first home owner grants since 1 July 2017.<sup>94</sup> The number of people who have accessed the first home owner grant during the pandemic, and the number of people who benefitted from the stamp duty abolition, specifically during the last quarter of the 2019–20 financial year, is not clear to the Committee. A similar scheme is in place in New South Wales.<sup>95</sup>

As part of the 2020–21 Victorian State Budget, the Government has invested \$4.5 million to support the Offsite Construction program.<sup>96</sup> This funding is intended to support and modernise the Victorian construction industry by incorporating offsite construction practices to boost productivity and sustainability. An offsite construction policy and a training program will also be developed to enhance the capability across government to support innovative construction methods.<sup>97</sup>

<sup>89</sup> Master Builders Australia, *Industry Forecasts: Revised Building & Construction Industry Forecasts the impact of the COVID-19 economic shock* <<https://www.masterbuilders.com.au/Resources/Industry-Forecasts>> accessed 2 September 2020.

<sup>90</sup> Ibid.

<sup>91</sup> Hon. Tim Pallas MP, Minister for the Coordination of Treasury and Finance: COVID-19, Department of Treasury and Finance, public hearing, Melbourne, 12 August 2020, *Transcript of evidence*, p. 19.

<sup>92</sup> Ibid.

<sup>93</sup> Ibid., p. 18.

<sup>94</sup> Ibid., p. 19.

<sup>95</sup> New South Wales Government, *First home buyer grant and assistance*, 2020, <<https://www.nsw.gov.au/living-nsw/housing-and-property/first-home-buyer-grant-and-assistance>> accessed 23 November 2020.

<sup>96</sup> Department of Treasury and Finance, *Budget Paper No. 3*, p. 137.

<sup>97</sup> Ibid.

### 6.3.5 Effect of the COVID-19 pandemic on casualised workforces

Research has shown that during the first wave, the transmission of COVID-19 was concentrated in Melbourne's wealthier suburbs and associated with international travel. However, in the second wave it was noticeable that the transmission occurred across disadvantaged areas of Melbourne.<sup>98</sup>

The five councils that had the most active COVID-19 cases as at 1 December 2020 are amongst the 10 most disadvantaged councils in Victoria (Table 6.2). These five council areas also had a higher percentage of insecure work than most other parts of Victoria.<sup>99</sup>

**Table 6.2** The top five local government areas in Victoria—by COVID-19 case numbers and percentage of casual workers

Local government area	Rank by disadvantage	Case numbers as at 1 December 2020	Casual workers (%)
Wyndham (C)	9	2,266	2.4
Brimbank (C)	2	2,016	3.3
Hume (C)	3	1,662	2.7
Whittlesea (C)	6	1,218	2.8
Melton (C)	4	1,159	2.4

Source: Data compiled by Victorian Parliamentary Library and Information Service.

The link between the spread of COVID-19 across disadvantaged areas of Melbourne and the casual work job type, as at 1 December 2020, is fully outlined in Appendix 7.

While insecure work comes in many forms, in Australia it is casual employment that is the most prominent. A key feature of this type of employment is the absence of any advance commitment on the part of the employer to both the continuity of employment and the number of days or hours to be worked.<sup>100</sup> Casual employment is associated with significantly lower household incomes and is concentrated in low wage jobs.<sup>101</sup>

During the second wave of the COVID-19 pandemic in Victoria, the Premier stated that the biggest drivers of transmission were workers going to work while displaying COVID-19 symptoms.<sup>102</sup> The Victorian Building Authority noted that workers engaged on a casual basis are unlikely to be entitled to personal leave, annual leave or

<sup>98</sup> Professor Mary-Louise McLaws, Melanie Davern, Ori Gudes, 'Mapping COVID-19 spread in Melbourne shows link to job types and ability to stay home', *The Conversation*, 30 July 2020, <<https://theconversation.com/mapping-covid-19-spread-in-melbourne-shows-link-to-job-types-and-ability-to-stay-home-143610>> accessed 03 September 2020.

<sup>99</sup> Ben Schneiders, Royce Millar, 'A city divided: COVID-19 finds a weakness in Melbourne's social fault lines', *The Age*, 08 August 2020, <<https://www.theage.com.au/national/victoria/a-city-divided-covid-19-finds-a-weakness-in-melbourne-s-social-fault-lines-20200807-p55ji2.html>> accessed 3 September 2020.

<sup>100</sup> Professor Mark Wooden, *Casual work and COVID-19*, 11 August 2020, <<https://pursuit.unimelb.edu.au/articles/casual-work-and-covid-19>> accessed 3 September 2020.

<sup>101</sup> Ibid.

<sup>102</sup> *Victorian Premier press conference*, ABC News, Melbourne, 27 July 2020.

long-service leave, so COVID-19 is likely to have a major financial impact on casual workers if they are unable to work due to COVID-19.<sup>103</sup>

Similarly, the aged care workforce constitutes one of the lowest paid in Australia, with an hourly pay rate that is marginally above the minimum wage level.<sup>104</sup> The financial pressures arising from not working are such that some aged care workers attended work while displaying mild symptoms of COVID-19, albeit involuntarily.<sup>105</sup>

At the beginning of the second wave, the Victorian Government announced a \$1,500 COVID-19 Worker Support Payment to workers in insecure work to enable them to immediately self-isolate if they have close contact with someone who has COVID-19 or are displaying COVID-19 symptoms. Recognising those workers in insecure work are not entitled to any paid sick leave, special pandemic leave or other income support, the one off payment was compensation for forgoing income while they followed the health advice.<sup>106</sup>

Department of Health and Human Services (DHHS) data in late July 2020 showed that:

... as many as nine out of ten people who later test positive are not self-isolating between the onset of symptoms and getting a test. In addition, 53 per cent of positive cases did not isolate between being tested and receiving their results.<sup>107</sup>

However, the Committee notes that initial leaflets supplied by DHHS at testing sites advised asymptomatic cases that they were not required to self isolate while waiting for their results.<sup>108</sup> This information has since been revised to direct everyone who gets tested to self isolate while waiting for the test results.<sup>109</sup>

In early August 2020, the Victorian Government introduced a new infringement offence with a \$4,957 fine for people breaching the self isolating requirement.<sup>110</sup> The Deputy Commissioner, Victoria Police, confirmed later that month that only 42 COVID-19 positive patients and close contacts had received fines for breaching the Chief Health Officer's directions and stated that the 'majority of people are doing the right thing'.<sup>111</sup>

<sup>103</sup> Victorian Building Authority, *Coronavirus (COVID-19) guidelines for the building and construction industry Victoria: Revision 6*, 28 July 2020, p. 24.

<sup>104</sup> Suzanne Hodgkin, Jeni Warburton, Pauline Savy, Melissa Moore, La Trobe University, *Workforce Crisis in Residential Aged Care: Insights from Rural, Older Workers*, submission to Australian Government, Royal Commission into Aged Care Quality and Safety.

<sup>105</sup> Aged Care Crisis Inc., *Submission 17*, received 6 July 2020, p. 31.

<sup>106</sup> Department of Health and Human Services, *Supporting Victorian workers to get tested and stay home*.

<sup>107</sup> Ibid.

<sup>108</sup> Department of Health and Human Services, *Coronavirus (COVID-19) – getting tested when you do not have symptoms What you need to know 2020*, <<http://www.alexandrahospital.org.au/uploads/Testing%20Information%20for%20general%20public.pdf>> accessed 6 October 2020.

<sup>109</sup> Hon. Jenny Mikakos MLC, *Support for aged care residents and aged care workers across Victoria*, media release, Victorian Government, Melbourne, 19 July 2020.

<sup>110</sup> Hon. Daniel Andrews MP, *Stay Home: New Crackdown On Isolation Breaches*, media release, Victorian Government, Melbourne, 4 August 2020.

<sup>111</sup> ABC News, 'Despite claims hundreds are failing to isolate during the coronavirus crisis, Victoria Police says only 42 people have been fined', 19 August 2020, <<https://www.abc.net.au/news/2020-08-19/victoria-police-issue-42-fines-coronavirus-isolating-directions/12574670>> accessed 6 October 2020.

The Government extended the COVID-19 Worker Support Payment scheme in late July to ensure that as soon as a person is tested, they are eligible for a \$300 COVID-19 Test Isolation Payment from the Victorian Government.<sup>112</sup>

On 3 August 2020 the Commonwealth Government announced that the Victorian \$1,500 COVID-19 Worker Support Payment will be administered by the Commonwealth. On 5 August 2020 the Commonwealth's Pandemic Leave Disaster Payment replaced the Victorian Government's \$1,500 COVID-19 Worker Support Payment.<sup>113</sup>

The Victorian Government continues to provide the COVID-19 Test Isolation Payment which has now increased from \$300 to \$450.<sup>114</sup> At the public hearings on 12 August 2020, the Minister for Jobs, Precincts and Regions: COVID-19 outlined:

We have financially helped 1,593 COVID-19 positive workers, carers or close contacts to self-isolate and 9,620 workers to self-isolate while they wait for their COVID-19 test results. As of 5 August, the \$1,500 [COVID-19] Worker Support Payment has transitioned to the Commonwealth.<sup>115</sup>

Details of the number of people who have accessed the COVID-19 support payment are intermittently provided by DHHS.

At the public hearings on 3 December 2020, the Minister for Jobs, Precincts and Regions advised the Committee that:

- Since 23 July 2020, the Test Isolation Payment scheme had paid more than 114,000 claims worth more than \$48.9 million.
- Since 20 June 2020, the Commonwealth and Victorian governments had paid over 13,500 claims worth more than \$20 million of Pandemic Leave and Worker Support Payments.<sup>116</sup>

The 2020–21 Victorian State Budget contained \$5 million for the development, modelling, consultation and stakeholder engagement required to finalise the design of a transition to secure work scheme.<sup>117</sup> At the public hearings on 1 December 2020, the

112 Department of Health and Human Services, *Supporting Victorian workers to get tested and stay home*.

113 Department of Health and Human Services, *Coronavirus (COVID-19) Test Isolation and worker support payments 2020*, <<https://www.dhhs.vic.gov.au/covid-19-worker-support-payment>> accessed 3 September 2020; Hon. Scott Morrison MP, *Press Conference - Australian Parliament House, ACT Transcript*, media release, Department of the Prime Minister and Cabinet, Canberra, 3 August 2020; Services Australia, *Pandemic Leave Payment if you live in Victoria*, 5 August 2020, <<https://www.servicesaustralia.gov.au/individuals/news/pandemic-leave-payment-if-you-live-victoria>> accessed 21 September 2020.

114 Department of Health and Human Services, *Financial support for coronavirus (COVID-19)*, 2020, <<https://www.dhhs.vic.gov.au/financial-support-coronavirus-covid-19>> accessed 3 September 2020.

115 Hon. Martin Pakula MP, Minister for the Coordination of Jobs, Precincts and Regions: COVID-19, Department of Jobs, Precincts and Regions, *COVID-19 public hearing presentation*, supplementary evidence received 12 August 2020, p. 9.

116 Hon. Martin Pakula MP, *COVID-19 public hearing presentation*, p. 6.

117 Department of Treasury and Finance, *Budget Paper No. 3*, pp. 115, 120.



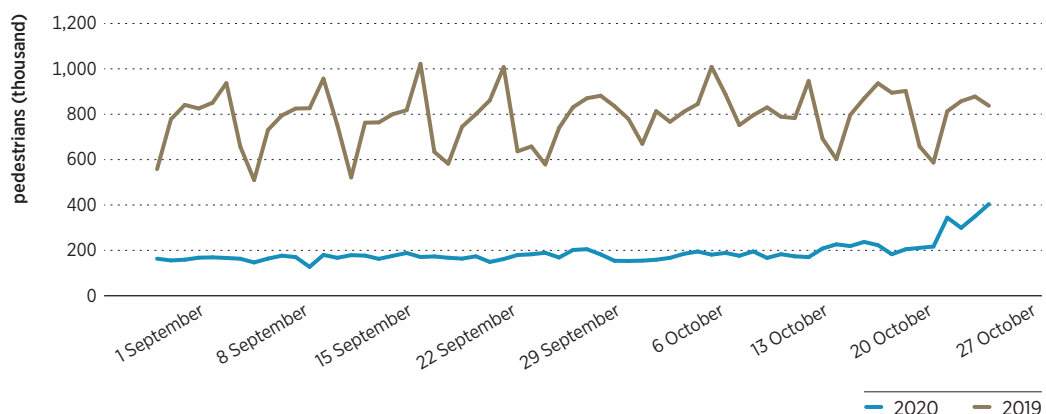
Treasurer advised the Committee that the scheme would provide sick and carers leave at the national minimum wage for casual or insecure workers in priority industries.<sup>118</sup>

## 6.4 Melbourne Central Business District

In 2019, the City of Melbourne recorded a Gross Local Product of \$104 billion, representing almost 25% of the State's economy.<sup>119</sup> Five hundred thousand people were employed in the City of Melbourne, of which 240,000 were in the Central Business District (CBD). These jobs came from a variety of industries, from workers in cafes and dry cleaners through to people employed in financial services institutions and the education sector.<sup>120</sup> The City of Melbourne had one million pedestrians on any given day.<sup>121</sup>

At the public hearings on 13 August 2020 the Lord Mayor stated that pedestrian traffic year on year had reduced by 90%. While the decline in pedestrian traffic showed people are listening and adhering to the restrictions, the City of Melbourne stated that it is having a devastating impact on businesses that rely on foot traffic.<sup>122</sup> More recently there has been an increase in pedestrian traffic, following the removal of restrictions at the end of October (Figure 6.3).

**Figure 6.3** Daily pedestrian count, Melbourne CBD, September and October 2020



Source: City of Melbourne, *Pedestrian Counting System – October 2020*, 23 November 2020, <<http://www.pedestrian.melbourne.vic.gov.au>>, accessed 10 December 2020.

<sup>118</sup> Hon. Tim Pallas MP, Treasurer of Victoria, Department of Treasury and Finance, *Putting people first - Victorian Budget 2020/21*, supplementary evidence received 1 December 2020; Victorian Government, *Sick pay for insecure workers*, 24 November 2020, <<https://www.budget.vic.gov.au/sick-pay-for-insecure-workers>> accessed 6 January 2021.

<sup>119</sup> Ms Sally Capp, Lord Mayor, City of Melbourne, public hearing, Melbourne, 13 August 2020, *Transcript of evidence*, p. 1; Ms Sally Capp, Lord Mayor, City of Melbourne, *COVID-19 public hearing presentation*, supplementary evidence received 13 August 2020, p. 2.

<sup>120</sup> Ms Sally Capp, *Transcript of evidence*, p. 1.

<sup>121</sup> Ibid.

<sup>122</sup> Ibid.

Inner Melbourne is one of the hardest hit regions in Australia, with ABS data indicating that 10% of jobs were lost since March 2020.<sup>123</sup> The City of Melbourne's internal survey shows that 7.5% of food businesses have closed permanently and a further 8% are considering closing.<sup>124</sup> The City of Melbourne forecasts that daily visitation to the city will not return to pre-COVID levels in 2020–21, even after restrictions ease. Daily visitation is expected to decrease by 64% from 911,000 to 581,900 in 2020–21.<sup>125</sup> As at 5 December 2020, daily visitation was 473,300 persons.<sup>126</sup>

**FINDING 67:** A key challenge for the inner Melbourne businesses is the significant decrease in pedestrians. The City of Melbourne forecasts the daily visitation will not return to pre-COVID levels in 2020–21, even after the restrictions ease.

The City of Melbourne is monitoring the behavioural patterns around the world where economies have reopened. The Council noted that people would be cautious using public transport and that employers would be cautious of workers returning to work and that these behavioural patterns would require incentives to attract visitors back into the city.<sup>127</sup>

At the public hearings on 13 August 2020 the Council also stated that cities reopening post lockdown are holding activities outdoors—the extension of galleries into streets, and restaurants and cafes along pavements—and is working towards taking indoor activities to the outdoors in the short term.<sup>128</sup> The City of Melbourne further stated that those restaurants that do not have large spaces inside the restaurant, are allowed to spill out onto footpaths and streets. The Council stated that it has simplified the permit process for businesses wanting to access the initiative.<sup>129</sup>

The City of Melbourne has implemented a range of support programs which include:

- \$50 million COVID-19 recovery package to assist businesses.
- COVID-19 business concierge hotline.
- Supporting 10,000 international students through a \$200 food voucher program.
- \$2 million in arts grants to the creative industry.
- Zero net increase in rates for commercial and residential properties.
- \$5.5 million to assist small to medium businesses.

<sup>123</sup> Australian Bureau of Statistics, *Weekly Payroll Jobs and Wages in Australia, Statistical Area 4 (SA4)*, cat. no. 6160.0.55.001, 17 November 2020, <<https://www.abs.gov.au/statistics/labour/earnings-and-work-hours/weekly-payroll-jobs-and-wages-australia/latest-release>> accessed 18 November 2020.

<sup>124</sup> Ms Sally Capp, *COVID-19 public hearing presentation*, p. 3.

<sup>125</sup> *Ibid.*, p. 5.

<sup>126</sup> City of Melbourne, *Pedestrian Counting System*, 5 December 2020, <<http://www.pedestrian.melbourne.vic.gov.au>> accessed 10 December 2020.

<sup>127</sup> Ms Sally Capp, *Transcript of evidence*, p. 4.

<sup>128</sup> *Ibid.*

<sup>129</sup> *Ibid.*, p. 5.

- 40 kilometres of bike lanes fast tracked in the central city.
- Free parking vouchers for 9,500 frontline workers.
- 3,000 hospitality parking permits to help businesses with delivering takeaways.<sup>130</sup>

In partnership with the Victorian Government, the City of Melbourne rolled out a cleaning Melbourne initiative which has created 173 jobs and 54 more under the greening Melbourne initiative providing ‘support for those that would otherwise be [un]employed in the short term.’<sup>131</sup> At the public hearings on 13 August 2020, the Lord Mayor emphasised the importance of maintaining a clean city to build confidence and thereby attract people into the city.<sup>132</sup> The 227 jobs created through cleaning Melbourne and greening Melbourne initiatives represent about 0.9% of the jobs lost in the Inner CBD.<sup>133</sup>

On 14 September 2020, the Victorian government announced the Melbourne City Recovery Fund, in partnership with the City of Melbourne.<sup>134</sup> The fund provides \$100 million, allocated across three main areas:

- \$30 million worth of grants for small and medium businesses, to pay for equipment, convert spaces like rooftops and courtyards into hospitality zones and remodel internal layouts to allow for the better flow of patrons.
- \$30 million to support COVIDSafe events and cultural activities.
- \$40 million to provide physical improvements to the CBD streetscape.<sup>135</sup>

Applications for funding under the Melbourne City Recovery Fund closed on 28 October 2020.<sup>136</sup>

At the Melbourne City Council meeting on 24 November 2020, the Council was advised that 28% of businesses across Melbourne CBD had closed their doors, with half of these now vacant properties.<sup>137</sup>

<sup>130</sup> Ms Sally Capp, *COVID-19 public hearing presentation*, p. 6.

<sup>131</sup> Ms Sally Capp, *Transcript of evidence*, p. 4.

<sup>132</sup> Ibid.

<sup>133</sup> Committee calculation. Number of jobs 240,000 x 10.3% jobs lost = 24,720. 227 newly created jobs over 24,720 = 0.9%.

<sup>134</sup> Hon. Daniel Andrews MP, *Taking To The Footpaths: Getting Ready For Outdoor Dining*, media release, Victorian Government, Melbourne, 14 September 2020.

<sup>135</sup> Business Victoria, *Melbourne City Recovery Fund*, 23 November 2020, <<https://www.business.vic.gov.au/support-for-your-business/grants-and-assistance/business-resilience-package/melbourne-city-recovery-fund>> accessed 10 December 2020.

<sup>136</sup> Ibid.

<sup>137</sup> Bianca Hall, ‘It is bad out there at the moment’: Thousands of CBD shops closed or vacant’, *The Age*, 25 November 2020, <<https://www.theage.com.au/national/victoria/it-is-bad-out-there-at-the-moment-thousands-of-cbd-shops-closed-or-vacant-20201125-p56hqk.html>> accessed 25 November 2020.

## 6.5 COVID-19 response—Government initiatives for jobs and industry

During the first and second waves of the pandemic, the Victorian Government announced a range of initiatives to support jobs and industry within Victoria. These initiatives are listed in Appendix 8.

These initiatives have been positively received by the Victorian business community. However, the Committee does not have a complete picture of the number of businesses accessing these initiatives and amounts expended under these initiatives.

### Securing medical equipment and personal protective equipment

At the public hearings on 13 August 2020, the Committee heard evidence from one of the grant recipients, Med-Con, which manufactures and imports disposable protective apparel, medical packaging, sterilisation products, hospital storage and transport systems.<sup>138</sup> The increased global demand for PPE during the pandemic posed a significant threat to the supply of PPE in Australia as much of the equipment was imported.<sup>139</sup>

The Minister for Jobs, Precincts and Regions stated that financial support had been provided to Med-Con during the pandemic to manufacture 50 million surgical face masks.<sup>140</sup> DJPR also provided grant facilities to Med-Con to expand the Shepparton plant to increase its production. The company's workforce increased from 15 to 120 during this period.<sup>141</sup>

At the public hearings on 3 December 2020, the Minister for Jobs, Precincts and Regions advised the Committee that the Victorian Government had worked with local industry to scale up domestic manufacturing of PPE and medical equipment. This saw the manufacture of over 25 million single-use masks ready for use by government agencies in emergency stockpile and 500,000 masks available in industry stockpile.<sup>142</sup>

The global pandemic has demonstrated the importance of establishing strong, local manufacturing facilities and supporting local supply chains.

**RECOMMENDATION 11:** The Victorian Government consider developing a comprehensive manufacturing plan to identify ways to protect and strengthen local supply chains, particularly for essential medical and health equipment.

<sup>138</sup> Med-Con, *Med-Con, Solutions for biosecurity: Australian Owned & Operated*, <<https://www.medcon.com.au>> accessed 3 September 2020.

<sup>139</sup> Mr Steven Csiszar, Chief Executive Officer, Med-Con, public hearing, Melbourne, 13 August 2020, *Transcript of evidence*, p. 2.

<sup>140</sup> Hon. Martin Pakula MP, Minister for the Coordination of Jobs, Precincts and Regions: COVID 19, Department of Jobs, Precincts and Regions, public hearing, Melbourne, 12 August 2020, *Transcript of evidence*, p. 6.

<sup>141</sup> Mr Steven Csiszar, *Transcript of evidence*, p. 2.

<sup>142</sup> Hon. Martin Pakula MP, *COVID-19 public hearing presentation*, p. 4.

# 7 Transport and infrastructure

## 7.1 Introduction

The Committee's interim report discussed the Victorian Government's \$2.7 billion Building Works package that is estimated to create 3,700 direct jobs. During the second and third round of hearings, key government stakeholders provided evidence on the infrastructure projects creating jobs.

The major transport infrastructure projects that were announced pre-pandemic continued under the Stage 3 and 4 restrictions, albeit at a reduced capacity. The Committee focused on the investment allocated to transport infrastructure projects announced in May 2020.

The Committee reviewed the Department of Transport's (DOT) response to the COVID-19 pandemic. The Committee sought evidence on the initiatives undertaken by DOT to provide safe transport services during the pandemic.

## 7.2 Building Victoria's Recovery Taskforce

The Victorian Government identified the building and construction sector as a key mechanism to revitalise the State's economy during the COVID-19 pandemic.<sup>1</sup> Since April 2020 the Building Victoria's Recovery Taskforce (the Taskforce) was charged with ensuring priority building and construction projects continue—and are expedited where necessary—to overcome the unseen conditions in delivering projects brought about by the pandemic.<sup>2</sup>

On 12 August 2020 the Treasurer advised the Committee that the Taskforce was planning investment opportunities to boost Victoria's building and development industry over the short, medium and long term.<sup>3</sup> The Taskforce's pilot phase received 295 applications from the public and private sector for projects to be considered for fast-tracking. A variety of project applications were submitted, including:

- commercial and mixed-use
- hotels
- residential dwellings

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1 Planning Victoria, *Development Facilitation Program*, 7 December 2020, <<https://www.planning.vic.gov.au/policy-and-strategy/development-facilitation-program>> accessed 7 December 2020.

2 Ibid.

3 Hon. Tim Pallas MP, Minister for the Coordination of Treasury and Finance: COVID-19, Department of Treasury and Finance, public hearing, Melbourne, 12 August 2020, *Transcript of evidence*, p. 18.

- apartments
- social and affordable housing and build-to-rent
- retirement living and aged care
- retail and industrial land.<sup>4</sup>

Projects prioritised through the Taskforce included those with an existing application for planning approval, which were required to commence within six to 12 months.<sup>5</sup>

In late June 2020, the Taskforce selected seven projects with planning approval to fast track, to the total value of more than \$1 billion.<sup>6</sup> On 24 October 2020 the Government announced that, including those selected by the Taskforce, more than \$7.5 billion in projects had been approved since March. It also highlighted a further six building and development projects with planning approval prioritised through the Taskforce across metropolitan, rural and regional Victoria.<sup>7</sup> The Committee notes the 13 projects (Table 7.1) are mostly private investments.

**Table 7.1 Building projects approved by the Building Victoria's Recovery Taskforce**

Category	Description	Amount (\$ million)
Apartment	Two tower residential development at 938 Collins Street, Docklands, totaling 668 apartments.	291.0
Building complex	31 Station Street, Caulfield. Includes a build-to-rent scheme, affordable housing, a supermarket, retail and office space.	250.0
Commercial building	Geelong Civic Precinct. Includes a six-storey commercial building to be used as the new civic centre for the City of Greater Geelong, and a 12-storey commercial development to accommodate a further 900 full time workers.	150.0
Solar farm	Solar farm at Kennedys Creek which will generate 115 megawatts. It is estimated to provide power to more than 50,000 households.	200.0
Apartment, building complex	Two multi-storey apartment buildings at 103–109 and 115–117 Boundary Road in North Melbourne with retail and office space.	41.2
	346–350 Macaulay Road, Kensington, including six multi-level buildings comprising 426 dwellings and retail space.	70.0
Mixed housing development	Nine-storey mixed use development at 285A Burke Road, Glen Iris, comprising of 11 dwellings funded under the National Disability Insurance Scheme.	110.0

<sup>4</sup> Victorian Government, *Building Victoria's Recovery Taskforce*, 26 October 2020, <<https://www.planning.vic.gov.au/policy-and-strategy/building-victorias-recovery-taskforce>> accessed 9 November 2020.

<sup>5</sup> Ibid.

<sup>6</sup> Hon. Tim Pallas MP, *Billion Dollar Boost To Building And Construction*, media release, Victorian Government, Melbourne, 26 June 2020.

<sup>7</sup> Hon. Daniel Andrews MP, *More Building Approvals to Drive Our Economic Recovery*, media release, Victorian Government, Melbourne, 24 October 2020.

Category	Description	Amount (\$ million)
Commercial building	13-storey office building with ground floor retail at 462–482 Swan Street in Richmond.	130.0
	15-storey, 5-green star commercial development at 36–52 Wellington Street in Collingwood.	85.0
	Eight-storey office and commercial building at 12 Balmoral Walk, Frankston.	116.0
Solar farm	72-megawatt solar farm on Wangaratta-Kilfeera Road in Laceby.	93.0
Mixed use development	Mixed use development at 69–75 Mortlake Road, Warrnambool.	24.2
Housing development	Two four storey apartment complexes including 53 social housing units in Reservoir.	18.0

Source: Hon. Tim Pallas MP, *Billion Dollar Boost to Building and Construction*, media release, Victorian Government, Melbourne, 26 June 2020, <<https://www.premier.vic.gov.au/more-building-approvals-drive-our-economic-recovery>>.

Notwithstanding the announcement of these projects, building and construction stakeholders observe that Stage 4 restrictions had an impact on the sector as a result of reduced construction activity. Citing preliminary Australian Bureau of Statistics data, the Housing Industry Association reported that the value of completed residential construction work declined 4.9% in the September 2020 quarter compared to the same time last year, to its lowest level since 2014. This reflected the impact of the restrictions on activity including the Victorian lockdown period.<sup>8</sup> Similarly, drawing on Performance of Construction Index results, the Australian Industry Group (AIG) noted that Victoria's construction activity improved in October, but remained in contraction after an especially low result in September and the lowest month on record in May.<sup>9</sup>

With regards to the limited activities under lockdown, on 12 August 2020 the Treasurer said it was important to have projects in the pipeline, explaining that:

... [t]he best way to do that is to plan ahead of ourselves, or to plan ahead of the events that we are currently confronting, so that the industry is in the best position into the future to move on with new and substantial work to get people back to work as quickly as possible.<sup>10</sup>

Following completion of the Taskforce's term in August 2020, a 12 month Development Facilitation Program was established within Planning Victoria to speed up the assessment and determination of identified priority projects that: invest in the Victorian economy, keep people in jobs, and provide a substantial public benefit.<sup>11</sup>

At the public hearings on 12 August 2020 AIG identified three elements that would support businesses during the COVID-19 pandemic: financial assistance, easing of

<sup>8</sup> Housing Industry Association, *New Housing Starts Declined in the September Quarter*, media release, 25 November 2020.

<sup>9</sup> Australian Industry Group, *Australian PCI: Construction Activity Turns Corner Outside of Victoria in October*, media release, 4 November 2020.

<sup>10</sup> Hon. Tim Pallas MP, *Transcript of evidence*, p. 18.

<sup>11</sup> Planning Victoria, *Development Facilitation Program*.

restrictions and infrastructure investment.<sup>12</sup> Looking to Victoria's recovery, in October AIG called for the opening of state and territory borders.<sup>13</sup> AIG also welcomed the investments in housing and infrastructure and support for job creation in the 2020–21 Victorian Budget, stating these measures will facilitate economic recovery into next year and beyond.<sup>14</sup>

**FINDING 68:** As at 24 October 2020, \$7.5 billion in projects had been approved by the Victorian Government across metropolitan, rural and regional Victoria. The 13 projects fast-tracked by the Building Victoria's Recovery Taskforce are mostly private investments.

### 7.3 Big Build under Stage 4 restrictions

At the public hearings on 13 August 2020, the Minister for the Coordination of Transport: COVID-19 (the Minister for Transport Infrastructure) outlined the COVID-19-related measures that were put in place across major transport infrastructure construction sites under Stage 4 restrictions.

The Big Build program employs 18,000 direct employees and approximately 30,000 indirect employees; working across supply chain industries such as steel fabrication, concrete manufacturing, and social enterprises.<sup>15</sup> On 17 December 2020, the Minister for Transport Infrastructure stated that half of the Big Build workforce worked from home during Stage 4 restrictions, which meant that planning and design work could continue.<sup>16</sup> According to the Minister, the employment of the entire Big Build workforce would have been at risk if construction was not permitted to continue during the pandemic.<sup>17</sup>

To ensure the safety of all workers and the community, the Major Transport Infrastructure Authority (MTIA) implemented a comprehensive pandemic response plan across its sites,<sup>18</sup> and all construction and maintenance work carried out during Stage 4 restrictions operated under a High Risk COVIDSafe plan,<sup>19</sup> including strategies for:

- non-essential workers to work from home
- a resource tracing system

<sup>12</sup> Mr Tim Piper, Head of Victoria Branch, Australian Industry Group, public hearing, Melbourne, 12 August 2020, *Transcript of evidence*, p. 2.

<sup>13</sup> Australian Industry Group, *Border Restrictions More Unjustifiable as Each Day Passes*, media release, Australian Industry Group, 28 October 2020.

<sup>14</sup> Australian Industry Group, *A Budget For Growth*, media release, Australian Industry Group, 24 November 2020.

<sup>15</sup> Hon. Jacinta Allan MP, Minister for Transport Infrastructure and Minister for the Suburban Rail Loop, Department of Transport, public hearing, Melbourne, 17 December 2020, *Transcript of evidence*, p. 19.

<sup>16</sup> Ibid.; Hon. Jacinta Allan MP, Minister for Transport Infrastructure and Minister for the Suburban Rail Loop, Department of Transport, *COVID-19 public hearing presentation*, supplementary evidence received 17 December 2020, p. 5.

<sup>17</sup> Hon. Jacinta Allan MP, *Transcript of evidence*, p. 19.

<sup>18</sup> Hon. Jacinta Allan MP, Minister for the Coordination of Transport: COVID-19, Department of Transport, public hearing, Melbourne, 13 August 2020, *Transcript of evidence*, pp. 15–16.

<sup>19</sup> Hon. Jacinta Allan MP, *Critical Works Continue On Victoria's Big Build*, media release, Victorian Government, Melbourne, 19 August 2020.



- social distancing
- hygiene cleaning in all common areas
- staggered starting and finishing times
- temperature testing
- wearing of PPE.<sup>20</sup>

The Committee was advised that more than 2,500 asymptomatic workers were tested for COVID-19,<sup>21</sup> and that every contractor had implemented procedures to mitigate COVID-19 risks that have been shared across the Big Build program.<sup>22</sup>

At the public hearings on 13 August 2020 the Minister for Transport Infrastructure advised that 70 safety specialists undertook inspections to check if COVIDSafe rules were being followed on construction sites.<sup>23</sup> Over 6,000 inspections of infrastructure construction worksites had been conducted as at 17 December 2020.<sup>24</sup> The outcomes of the safety inspections were not provided to the Committee.

**FINDING 69:** The Department of Transport employed 70 safety specialists to check COVIDSafe rules are complied with on construction sites. As at 17 December 2020, over 6,000 inspections of infrastructure construction worksites had been conducted across Victoria.

7

In regional Victoria, construction works continued under Stage 3 restrictions and the Minister for Transport Infrastructure identified the Echuca-Moama bridge project as one of the most challenging projects during the pandemic given the border restrictions between Victoria and New South Wales.<sup>25</sup> The \$2.7 billion Building Works Package was announced in May 2020 as part of the COVID-19 economic recovery plan. The Package allocated \$328 million to the public transport network, which includes:

- \$90 million for the regional rail network—to upgrade and replace sleeper structures which are important for the regional rail freight network.
- \$13 million for ports and jetties—upgrades to piers such as the Portarlinton pier and several improvements to wharves, piers and jetties in various locations around the state such as Portland, Western Port, Mornington Peninsula and Port Welshpool.
- \$62.6 million investment in maintenance and restoration works on regional trains and Melbourne trams.

<sup>20</sup> Hon. Jacinta Allan MP, *Transcript of evidence*, p. 18.

<sup>21</sup> Mr Corey Hannett, Director-General, Major Transport Infrastructure Authority, Department of Transport, Public Accounts and Estimates Committee, public hearing, Melbourne, 17 December 2020, *Transcript of evidence*, pp. 18–19; Hon. Jacinta Allan MP, *COVID-19 public hearing presentation*, p. 5.

<sup>22</sup> Hon. Jacinta Allan MP, *Transcript of evidence*, p. 18.

<sup>23</sup> Hon. Jacinta Allan MP, *Transcript of evidence*, pp. 15–16.

<sup>24</sup> Hon. Jacinta Allan MP, *Transcript of evidence*, p. 18.

<sup>25</sup> Hon. Jacinta Allan MP, *Transcript of evidence*, pp. 15–16.

- \$23 million to upgrade and improve stations and stops on our public transport network.
- 16 train stations will be upgraded across the State.
- \$5.6 million towards rubbish and graffiti removal and also managing vegetation along train corridors.<sup>26</sup>

At the public hearings on 13 August 2020, the Minister advised the Committee that as part of the Building Works Package \$124 million was also invested in the Victorian road network, including repairing road networks in bushfire affected communities.<sup>27</sup>

The 2020–21 Victorian Budget builds on this investment to provide \$411 million to resurface, rebuild and maintain 1,700 kilometres of roads.<sup>28</sup> The Minister for Roads and Road Safety stated that this will support 2,000 jobs.<sup>29</sup>

The Committee was advised that project timelines of Victorian infrastructure projects benefited from reduced road usage and public transport patronage throughout the pandemic, as illustrated in Figures 7.1 and 7.2. The Director-General of MTIA stated:

... when the patrons on the trains dropped so much, the bussing costs of those big closures reduced a lot. For a 90-day shut, it was roughly \$1 million a day in bussing. When you have got 7 per cent of people on trains, you are saving 93 per cent of \$1 million a day, so we probably had an \$80-odd million saving just in that one example. The other thing that also happened is that across the whole [Big Build] program, with the road network being so quiet and the rail network being quiet as well, we have been able to do more work more efficiently. We actually consciously ramped up the work, for example, on the West Gate Freeway and the Monash and some of the arterial roads to help our construction partners actually be more efficient.<sup>30</sup>

The Minister added that the efficiencies attained resulted in the fast-tracking of approximately \$1.5 billion of level-crossing removal contracts.<sup>31</sup>

<sup>26</sup> Ibid., p. 3; Hon. Jacinta Allan MP, Minister for the Coordination of Transport: COVID-19, Department of Transport, *COVID-19 public hearing presentation*, supplementary evidence received 13 August 2020, p. 3.

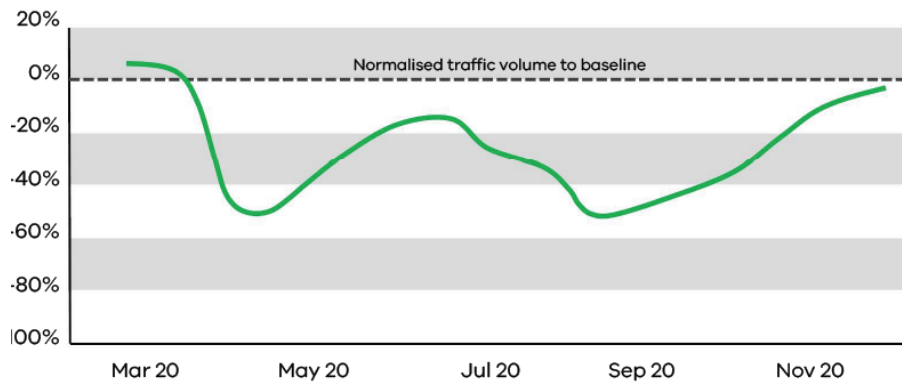
<sup>27</sup> Hon. Jacinta Allan MP, *Transcript of evidence*, p. 3; Hon. Jacinta Allan MP, *COVID-19 public hearing presentation*, p. 3.

<sup>28</sup> Department of Transport, *Investing in Transport to Keep Victoria Moving*, media release, Department of Transport, Melbourne, n.d.

<sup>29</sup> Hon. Ben Carroll MP, Minister for Roads and Road Safety, Victorian Government, Public Accounts and Estimates Committee, Inquiry into the 2020–21 Budget Estimates, public hearing, Melbourne 17 December 2020, *Transcript of evidence*, p. 22.

<sup>30</sup> Mr Corey Hannett, *Transcript of evidence*, p. 21.

<sup>31</sup> Hon. Jacinta Allan MP, *Transcript of evidence*, p. 19.

**Figure 7.1** Victorian road usage March to November 2020

Source: Hon. Jacinta Allan MP, Minister for Transport Infrastructure, Department of Transport, *COVID-19 public hearing presentation*, supplementary evidence received 17 December 2020, p. 2.

Community consultation for Big Build projects was undertaken online during the pandemic. The Committee was advised that this had a positive impact on the level of community engagement in project design and tender phases, which helps shape final project outcomes.<sup>32</sup>

On 17 December 2020, the Minister for Transport Infrastructure stated that infrastructure investment would contribute to Victoria's economic recovery from the pandemic.

The Minister for Transport Infrastructure advised that as at 17 December 2020, no additional funding was allocated by the Victorian Government to the Metro and West Gate Tunnel Projects for changed work practices or delays to the delivery of project milestones due to COVID-19.<sup>33</sup>

The Committee notes that the Victorian Auditor-General's planned 2020–21 performance audit of Victorian major projects will provide greater visibility over the extent to which major capital projects are meeting scope, cost, time and benefits expectations.<sup>34</sup>

## 7.4 Impact on the public transport network—Stage 4 restrictions

Prior to the COVID-19 pandemic the Victorian public transport network accommodated approximately 2.35 million daily trips. As at 12 August 2020, the number of passengers dropped to 9% of pre-COVID levels overall, 7% for metropolitan trains, 7% for the tram network and 5% for regional trains<sup>35</sup> as shown in Figure 7.2.

<sup>32</sup> Ibid., pp. 23–4.

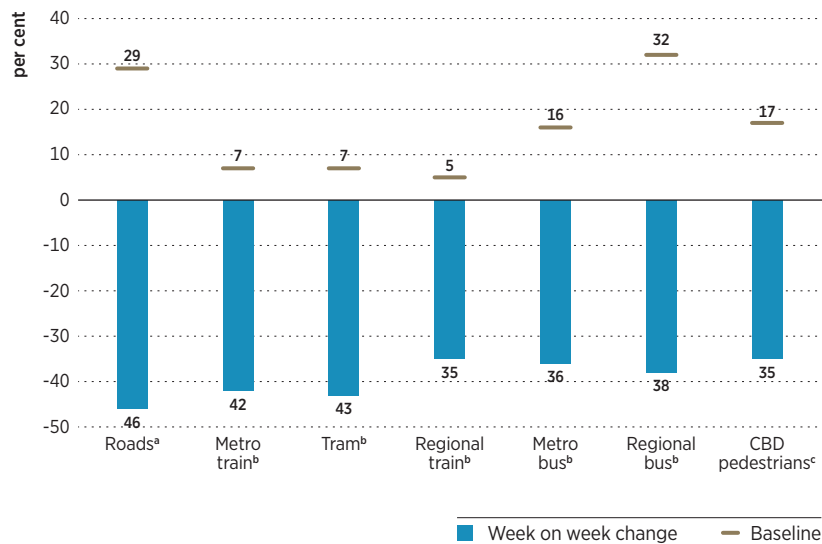
<sup>33</sup> Ibid., pp. 20, 22.

<sup>34</sup> Victorian Auditor-General's Office, *Major projects performance*, 2020, <<https://www.audit.vic.gov.au/report/major-projects-performance>> accessed 22 December 2020.

<sup>35</sup> Hon. Jacinta Allan MP, *Transcript of evidence*, p. 8.

At the public hearings on 13 August 2020, the Minister explained that the Government was protecting the jobs of public transport workers by redirecting resources to cleaning rolling stock and the public transport network as a whole.<sup>36</sup> The Director-General of MTIA stated that 300 Yarra Trams staff across the network are being employed to wipe down high touch points and clean trams across the depots.<sup>37</sup>

**Figure 7.2** The impact of Stage 4 restrictions on the use of different modes of transport 2 August to 9 August 2020, compared to pre-pandemic levels



- a. Baseline for Roads compares the same day of the week in February 2020
- b. Baseline for Public transport compares the 2019 patronage estimates for August, applying a year on year growth rate
- c. Baseline for CBD pedestrians compares the same day of the week in February 2020

Source: Hon. Daniel Andrews MP, Premier, *COVID-19 public hearing presentation*, supplementary evidence received 11 August 2020, p. 5.

The curfew imposed from 2 August 2020 restricted Victorians living in metropolitan Melbourne from leaving their home between the hours of 8:00pm and 5:00am each evening.

At the public hearings the Minister updated the Committee on the usage of Victorian public transport across different modes: as at 17 December 2020 and during Stage 4 restrictions, as shown in Table 7.2. The Minister explained that patronage across the public transport network was less than 9% of the pre-pandemic baseline during Stage 4 restrictions (Figure 7.3).<sup>38</sup> With the easing of restrictions, public transport patronage has steadily increased, reaching 46% of pre-pandemic numbers as at 16 December 2020.<sup>39</sup>

<sup>38</sup> Hon. Jacinta Allan MP, *Transcript of evidence*, p. 6.

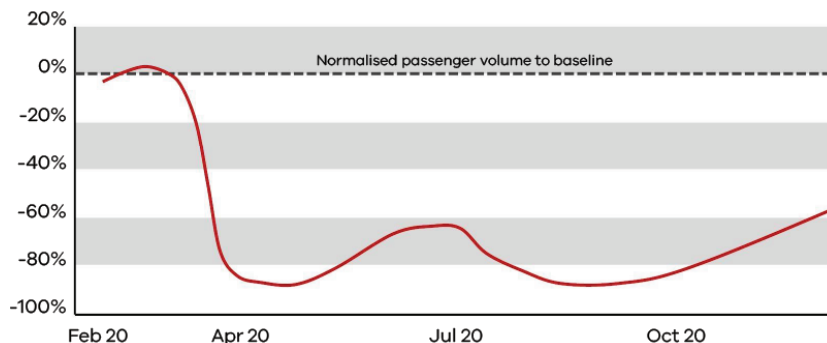
<sup>39</sup> Hon. Jacinta Allan MP, *Transcript of evidence*, p. 19; Hon. Jacinta Allan MP, *Transcript of evidence*, p. 6.

**Table 7.2** Victorian public transport patronage during Stage 4 restrictions as at 16 December 2020, as a percentage of pre-pandemic levels

Mode of transport	During Stage 4 restrictions (%)	As at 16 December 2020 (%)
Trams	7	42
Metro trains	8	39
Regional trains	6	39
Metro buses	14	65
Regional buses	22	63

Source: Hon. Jacinta Allan MP, Minister for Transport Infrastructure, Department of Transport, *COVID-19 public hearing presentation*, supplementary evidence received 17 December 2020, p. 2.

The Deputy Secretary for Transport Services noted that public transport had been slow to recover to pre-pandemic usage levels. Road usage, however, had recovered to 97% of pre-pandemic usage by 16 December 2020, and was expected to continue to rise with the return to work and end of school summer holidays in January 2021 (see Figure 7.2).<sup>40</sup> The Minister explained the rollout of new real-time technology updates and additional public transport services from 21 January 2021 is hoped to reduce pressure on the road network and increase passenger confidence in public transport.<sup>41</sup>

**Figure 7.3** Victorian public transport patronage February to October 2020

Source: Hon. Jacinta Allan MP, Minister for Transport Infrastructure, Department of Transport, *COVID-19 public hearing presentation*, supplementary evidence received 17 December 2020, p. 2.

### 7.4.1 Preventative measures on the public transport network

At the public hearings on 13 August 2020, the Minister for Transport Infrastructure stated that there were 370 hand sanitiser stations that had been put in place across the Victorian public transport network.<sup>42</sup> The Committee notes that there are about

<sup>40</sup> Hon. Jacinta Allan MP, *Transcript of evidence*, p. 2.

<sup>41</sup> *Ibid.*, p. 17.

<sup>42</sup> Hon. Jacinta Allan MP, *Transcript of evidence*, p. 19.

133 staffed train stations in Victoria,<sup>43</sup> and about 1,700 tram stops,<sup>44</sup> in the network. How train stations are selected to be provided hand sanitation facilities was not explained to the Committee.

In addition to the cleaning across the public transport network and hand sanitising facilities, from July 2020 the Victorian Government added 95 extra train services per day before and after peak time to the metropolitan network to enable Victorians to stagger travel times and physically distance on services. Similarly, on the tram network, two new shuttle routes were introduced.<sup>45</sup> At the public hearings on 16 August 2020 the Committee asked the Minister about the cost of the additional services. Department of Transport (DOT) replied that:

... costs for the additional services are assessed in line with contractual requirements to determine appropriate cost outcome.<sup>46</sup>

At the December hearings, the Committee sought information about the air circulation systems on trains, trams and buses and if there have been any additional filtration systems to avoid the recirculation of air. DOT advised that no additional filtration systems have been implemented as the air conditioning in buses, trains and trams already use filters.<sup>47</sup> Details of the performance and adequacy of the filtration system were not explained to the Committee.

**FINDING 70:** The Department of Transport put in place a range of measures such as extra transport services, hand sanitiser stations across the public transport network, and the distribution of resources as part of a public education campaign in response to the COVID-19 pandemic.

The Committee notes that the Independent Broad-Based Anti-Corruption Commission's inquiry into the tendering, procurement and subsequent management of major contracts within V/Line and Metro<sup>48</sup> raised concerns that the contracted cleaning of V/Line trains during the pandemic had not been satisfactorily performed. The Deputy Secretary of Transport Services told the Committee that an assurance program had been established through a third-party independent auditor to check the use of chemicals, material safety data sheets and 'did field visits right across the [metropolitan] network.'<sup>49</sup>

43 Public Transport Victoria, *Staffed stations*, <<https://www.ptv.vic.gov.au/footer/customer-service/staffed-stations>> accessed 10 September 2020.

44 Travel Victoria, *Trams*, <<https://www.travelvictoria.com.au/victoria/trams>> accessed 10 September 2020.

45 Hon. Ben Carroll MP, *More Services To Keep Victorians Safe On Public Transport*, media release, Victorian Government, Melbourne, 10 July 2020; Public Transport Victoria, *New trains and trams* <<https://www.ptv.vic.gov.au/more/coronavirus-covid-19/new-trains-and-trams>> accessed 10 September 2020.

46 Department of Transport, *Inquiry into the Victorian Government's Response to the COVID-19 Pandemic hearing*, response to questions on notice received 25 August 2020, p. 2.

47 *Ibid.*, p. 3.

48 Independent Broad-based Anti-corruption Commission, *Operation Esperance*, n.d., <<https://www.ibac.vic.gov.au/investigating-corruption/IBAC-examinations/operation-esperance>> accessed 21 December 2020.

49 Hon. Jacinta Allan MP, *Transcript of evidence*, p. 10.

## 7.4.2 COVIDSafe travel on the public transport network from 20 November 2020

From 30 November 2020, 25% of Victorian office workers were able to return to work onsite, with up to 50% able to return from 11 January 2021. The Victorian Public Service began a staged return from 11 January 2021, beginning with up to 25% of staff permitted in the office. This will increase to up to 50% on 8 February 2021 subject to public health advice.<sup>50</sup>

To encourage public transport users to travel off-peak, the Victorian Government has introduced a 30% discount on off-peak fares, and a freeze on fares in metropolitan Melbourne.<sup>51</sup>

Given the predicted increase in public transport use early in 2021, at the public hearings on 17 December 2020, the Committee raised the issue of how passengers would remain COVIDSafe.

The Public Transport Users Association's (PTUA) submission outlined opportunities for enhanced physical distancing on public transport through the elimination of advertising over vehicle windows to assist passengers to identify less crowded areas before selecting which door to enter. For the rail network PTUA suggested the provision of shelter along the length of platforms and investigating the use of technology for real-time guidance on carriage loads to facilitate passengers spreading out across available space. PTUA also highlighted investigating the use of Myki usage and registration records for contact tracing purposes if outbreaks occur.<sup>52</sup>

To maintain safety in the public transport network as patronage increases, the Minister advised that new technology had been utilised. This included a new live update to the Public Transport Victoria (PTV) app so passengers do not have to wait at a stop or platform for their service to arrive if they are early or there are disruptions to the network. Additionally, as at 17 December 2020, there was a trial in process of a live capacity indicator so passengers can ascertain how busy a service is in real-time.<sup>53</sup> PTV staff and authorised officers deployed on the public transport network have also received training to assist them in dealing with personal safety as well as mental health concerns as passengers return.<sup>54</sup>

## 7.5 Walking and cycling infrastructure

A VicHealth survey of 1,000 metropolitan and regional Victorians regarding their attitudes and behaviours towards travel before, during and after the COVID-19

<sup>50</sup> Victorian Government, *Work, Study and Volunteering*, 18 December 2020, <<https://www.coronavirus.vic.gov.au/work-and-study>> accessed 1 December 2020.

<sup>51</sup> Hon. Ben Carroll MP, *Transcript of evidence*, p. 14.

<sup>52</sup> Public Transport Users Association, *Submission 103*, received 1 October 2020, p. 12.

<sup>53</sup> Hon. Jacinta Allan MP, *Transcript of evidence*, p. 7.

<sup>54</sup> *Ibid.*, pp. 9–10.

pandemic restrictions found that ‘people want to walk or ride to places like work, university, school or the shops when restrictions ease, but they are concerned about their safety.’<sup>55</sup> A third of respondents said a lack of lighting was a barrier to walking more, half did not feel safe riding on roads or near cars, and two-thirds of those surveyed advised they may ride for transport more if bike lanes were physically separated from the road.<sup>56</sup>

At the public hearing on 13 August 2020, the Minister for Transport Infrastructure stated that there had been a significant increase in recreational cycling and walking during the pandemic.<sup>57</sup> The Minister stated that DOT plans to deliver 45 kilometres of new bike paths across Melbourne and 3.4 kilometres of new walking and cycling paths, as part of the Level Crossing Removal projects announced prior to the COVID-19 pandemic.<sup>58</sup> The West Gate Tunnel Project will deliver 14 kilometres of new and upgraded walking and cycling paths.<sup>59</sup> At the hearing on 17 December 2020, the Minister informed the Committee that the 2020–21 Victorian State Budget will invest \$15.9 million into building 100 kilometres of new pop-up cycling routes across inner-city Melbourne.<sup>60</sup>

The Committee asked the Minister if the construction or upgrade of safe bike lanes on St Kilda Road would be fast tracked to meet the increase in demand in the short term.<sup>61</sup> The Minister responded that this project forms part of the Metro Tunnel and the planning work is underway.<sup>62</sup>

The Minister stated that approximately 200 kilometres of new bike paths are embedded in major transport infrastructure projects:

... we have got our active transport strategy... as part of all of our major transport infrastructure projects we build into the design and the policy settings for those projects cycling and walking as part of those projects—<sup>63</sup>

**FINDING 71:** In Victoria the construction and upgrade of walking and cycling paths are to be delivered as part of other major transport infrastructure projects. Two hundred kilometres of new bike paths will be delivered alongside Big Build infrastructure projects.

DOT stated that the department is working collaboratively with metropolitan councils to bring forward infrastructure projects such as temporary kerbside protection, reducing

<sup>55</sup> VicHealth, *Footpaths & bike lanes key to active travel post coronavirus: Health promotion agency VicHealth is applauding Victorian councils for creating pop-up cycle lanes and footpaths, so locals can easily travel by bike or foot when coronavirus restrictions ease*, 27 August 2020, <<https://www.vichealth.vic.gov.au/media-and-resources/media-releases/footpaths-and-bike-lanes-to-help-active-travel>> accessed 9 November 2020.

<sup>56</sup> Ibid.

<sup>57</sup> Hon. Jacinta Allan MP, *Transcript of evidence*, p. 10.

<sup>58</sup> Ibid., p. 11.

<sup>59</sup> Department of Transport, *Walking and cycling*, 2020, <<https://transport.vic.gov.au/getting-around/walking-and-cycling>> accessed 10 September 2020.

<sup>60</sup> Hon. Jacinta Allan MP, *Transcript of evidence*, pp. 15–16.

<sup>61</sup> Hon. Jacinta Allan MP, *Transcript of evidence*, p. 11.

<sup>62</sup> Ibid., p. 12.

<sup>63</sup> Ibid., pp. 10–11.



road lane width to accommodate bicycle lanes or walking paths, and traffic calming measures to boost shared zones.<sup>64</sup>

The Committee notes that while Victoria has long term strategies focusing on cycling infrastructure such as the Victorian Cycling Strategy 2019–2028 and Active Transport strategy, safe cycling paths are required in the short term to address the increase in demand and protect Victorians from being exposed to COVID-19.

**RECOMMENDATION 12:** The Department of Transport prioritise investment in safe cycling infrastructure to address the increase in demand.

## 7.6 Commercial passenger vehicle industry

The Victorian Government announced \$22 million in funding to the commercial passenger vehicle industry to ensure vulnerable passengers relying on these services travel safely during the pandemic. The funding also aims to ensure the ongoing viability of taxis and commercial passenger vehicles.

Providing details at the public hearing on 13 August 2020, the Minister for Transport Infrastructure outlined that:

- \$6 million will be provided to ensure that wheelchair-accessible vehicles are available for those who need them.
- \$1.7 million to double the wheelchair lifting fee for the next three months.
- \$3.5 million of grants to support the increased cleaning and sanitisation of vehicles across the State.
- \$1 million to establish a regional essential service fund to support the booking service providers in regional communities.<sup>65</sup>

At the hearings on 17 December 2020, the Minister reported that the Government had extended the wheelchair-accessible vehicle subsidy and wheelchair-lifting subsidy beyond the initial three-month period until 16 December 2020.<sup>66</sup> The Minister also advised that from 4 August 2020 there was an increase of the subsidy for taxi users from 50 to 70% for three months to help make rides more affordable for people and promote viability of services.<sup>67</sup>

<sup>64</sup> Department of Transport, response to questions on notice, p. 1.

<sup>65</sup> Hon. Jacinta Allan MP, *Transcript of evidence*, pp. 20–1.

<sup>66</sup> Hon. Jacinta Allan MP, *Transcript of evidence*, p. 13.

<sup>67</sup> *Ibid.*

## 7.7 Licence testing

Between March and June 2020 more than 100,000 licensing appointments, including 55,000 driving tests were suspended due to the introduction of COVID-19 restrictions. With the easing of restrictions in June, DOT employed 200 new staff to clear the postponed appointments and established six new temporary licence testing sites to increase testing capacity.<sup>68</sup> At the public hearings on 17 August 2020, the Committee asked for an update on the number of tests DOT was able to clear during the period between the easing of restrictions and the reintroduction of restrictions. DOT stated that:

85 additional staff members, sourced through Working for Victoria, commenced their licence testing officer training in July 2020 and have completed this training. In the period between licence testing resuming on 15 June and Stage 3 restrictions being reintroduced, almost 49,000 tests were completed.<sup>69</sup>

The reintroduction of Stage 3 and Stage 4 restrictions in metropolitan Melbourne from July 2020 suspended licence testing activities to protect registration licensing staff and the community from infection of COVID-19. License testing resumed from 28 October 2020 with priority given to re-booking customers whose appointments were postponed in March and July.

From 16 November 2020 VicRoads began taking new bookings for licence, hazard protection and learner permit testing in metropolitan Melbourne. Appointments for the following 10 weeks were made available, with further appointments available every fortnight. To address the reported demand for services of approximately 125,000 licence tests and 255,000 computer-based tests, the Victorian Government has committed to setting up additional licence testing centres.<sup>70</sup> The additional resources aim to deliver up to 11,000 licence and 16,500 computer-based tests per week, up from 3,200 licence and 6,400 computer-based tests before the pandemic.<sup>71</sup>

With regards to moving the licensing test to an online platform, at the August hearings DOT advised that:

The Department of Transport (DoT) are presently exploring multiple technical solutions to support the future online delivery of the VicRoads learner permit test.

This includes options currently available in other jurisdictions that have similar road safety core competencies and looking at ways Service Victoria can support online identity validation.<sup>72</sup>

<sup>68</sup> Hon. Jaala Pulford MLC, *Licence Testing To Resume*, media release, Victorian Government, Melbourne, 11 June 2020.

<sup>69</sup> Department of Transport, response to questions on notice, p. 5.

<sup>70</sup> Hon. Daniel Andrews MP, *License Test Appointments to Reopen in Melbourne*, media release, Victorian Government, Melbourne, 16 November 2020.

<sup>71</sup> Ibid.

<sup>72</sup> Department of Transport, response to questions on notice, p. 6.

The Committee was not provided an update on the progress of the online platform at the December hearings.

**FINDING 72:** The reintroduction of Stage 3 and Stage 4 restrictions in July 2020 suspended licence testing in metropolitan Melbourne. As at 16 November 2020, the reported demand for services was approximately 125,000 licence tests and 255,000 computer-based tests. The Victorian Government has committed to setting up additional licence testing centres to address the demand.

**FINDING 73:** The Department of Transport is actively investigating ways to move licence testing to an online platform for learner tests.

## 7.8 School infrastructure

On 2 December 2020, the Minister for the Coordination of Education and Training: COVID-19 (the Minister for Education) advised that the 2020–21 Victorian State Budget had invested a total of \$3 billion in infrastructure, including \$1.18 billion as part of the Building Works Package for the repair and upgrade of schools and \$438.6 million for the construction of 10 new schools.<sup>73</sup>

The Minister for Education provided the Committee with an update on 2 December 2020 on the status of these projects. Of the total of 14 new school projects, two were under construction and 12 scheduled to commence between November 2020 and February 2021. There were ‘57 upgrade and modernisation projects’ at various stages:

14 projects are in design, 30 projects are at tender documentation and procurement, and 11 projects are in construction, with one project forecast to commence in December 2020. I am advised that 31 of these upgrade and modernisation projects are forecast to commence construction by March 2021.<sup>74</sup>

These projects are expected to create over 1,600 local construction jobs across Victoria.

There has also been investment in early childhood infrastructure, with \$30 million for minor capital works and \$38.5 million ‘for Building Blocks to build, expand and create more inclusive early learning facilities.’ Under the Building Better TAFEs program, \$107.6 million has been allocated ‘to upgrade and rebuild Chisolm Institute’s Frankston campus and Melbourne Polytechnic’s Collingwood campus’ and there is an additional \$55 million investment in maintenance projects.<sup>75</sup> The Minister for Education reported that there would be 120 jobs provided through these two programs.<sup>76</sup>

<sup>73</sup> Hon. James Merlino MP, Minister for Education and Training, Department of Education and Training, public hearing, Melbourne, 2 December 2020, *Transcript of evidence*, p. 19.

<sup>74</sup> *Ibid.*, p. 22.

<sup>75</sup> Hon. James Merlino MP, Minister for Education and Training, Victorian Government, *COVID-19 public hearing presentation*, supplementary evidence received 2 December 2020, p. 11.

<sup>76</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 22.

The Department of Education and Training noted that they were actively working to widen the scope of builders contracted to construct and upgrade schools, to limit capacity constraints of building and construction labour and materials across working on Government projects which may drive up costs in the sector.<sup>77</sup>

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77 Hon. James Merlino MP, Minister for Education, Department of Education and Training and Department of Health and Human Services, Public Accounts and Estimates Committee, public hearing, Melbourne, 2 December 2020, *Transcript of evidence*, p. 16; Mr Chris Keating, Chief Executive Officer, Victorian School Building Authority, Department of Education and Training, public hearing, Melbourne, 2 December 2020, *Transcript of evidence*, p. 16.

# 8 Response to the social impacts of the pandemic and associated restrictions

## 8.1 Introduction

The Committee noted in its interim report for this inquiry that the COVID-19 pandemic has had an unprecedented impact on the lives of all Victorians. Victoria's second wave of the pandemic from June 2020 onwards and the associated, highly restrictive health responses have meant more Victorians have been socially isolated from their family and friends and have been unemployed or not working during the restrictions. Consequently, some are experiencing increased health challenges. The COVID-19 pandemic and associated restrictions continue to affect certain groups of Victorians more than others including homeless Victorians, culturally and linguistically diverse (CALD) Victorians, Aboriginal Victorians, women and young people. As the Victorian Council of Social Service (VCOSS) explained to the Committee:

COVID-19 brutally exposed the cracks that for years have run deep in our society. Our social service safety net was confirmed as inadequate, and insecure work practices were revealed as not just cruel but dangerous. Long-known drivers of poverty and disadvantage found a new ally in the virus, forcing many people deeper into hardship, and those who already had less fared the worst. Since we appeared before this committee in May a lot has happened: cases have grown significantly, a tragedy has unfolded in aged care—one we must not let unfold in other settings—there has been a hard and a heavy-handed lockdown of public housing, and mental distress, isolation and family violence are increasing.<sup>1</sup>

The Committee assessed the impact that the COVID-19 pandemic has had on different groups of Victorians and on the community services sector. It examined how the Government responded to these impacts and whether those responses have mitigated the negative impacts of the COVID-19 pandemic and met the specific goals outlined by the Government. The Committee analysed information provided through public hearings, submissions, Government reports and plans and publicly available documents to inform this assessment.

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<sup>1</sup> Ms Emma King, Chief Executive Officer, Victorian Council of Social Service, public hearing, Melbourne, 27 August 2020, *Transcript of evidence*, p. 1.

## 8.2 Residential tenancies

As an outcome of the economic impacts of COVID-19 many Victorians have found themselves unable to pay their rent in full or at all. In recognition of the second wave of the COVID-19 pandemic, and related Stage 4 restrictions that placed further economic pressure on many Victorians, the Victorian Government extended its residential tenancies support until 28 March 2021.<sup>2</sup>

On 4 September 2020 the Government announced the extension of a ban on residential evictions except under certain circumstances, a continued ban on rental increases, increased support for tenants and property owners and the continuation of the Consumer Affairs Victoria (CAV) dispute resolution scheme until 28 March 2021.<sup>3</sup>

The extension until 28 March 2021 means Victoria will have one of the longest eviction moratoriums related to COVID-19 in the country.<sup>4</sup> The legislation allows for an optional extension until 26 April 2021 and delays the introduction of the forthcoming *Residential Tenancies Amendment Act 2018* to 27 April 2021.<sup>5</sup>

Access to rent relief grants was extended until 28 March 2021 and the asset threshold to access such support was raised from \$5,000 to \$10,000, to ensure tenants are not being asked to draw down on their savings before accessing support.<sup>6</sup>

The announcement on 20 August 2020 also included a \$600,000 package to be distributed to advocacy groups such as Tenants Victoria and VCOSS. The package will help tenancy and community sector workers support vulnerable tenants in resolving rental disputes, with a focus on ensuring Victorians from culturally and linguistically diverse backgrounds are aware of the assistance available.<sup>7</sup> The Victorian Budget allocates \$6 million in 2020–21 to support CAV to operate the Residential Tenancies Dispute Resolution Scheme and the Residential Tenancy Relief Scheme.<sup>8</sup> This is distinct from the funding allocated for rent relief grants.

**FINDING 74:** The Victorian Government has extended rental tenancy protections and supports until 28 March 2021.

<sup>2</sup> Hon. Daniel Andrews MP, *Further Certainty for Victorian Tenants and Landlords*, media release, Victorian Government, Melbourne, 4 September 2020.

<sup>3</sup> Ibid.

<sup>4</sup> Jim Malo and Jemimah Clegg, 'Coronavirus Crisis: Victorian Rental Eviction Ban to Be Pushed Out Until 2021', *Domain*, 3 September 2020, <<https://www.domain.com.au/news/coronavirus-crisis-victorian-rental-eviction-ban-to-be-pushed-out-until-2021-984213>> accessed 6 October 2020.

<sup>5</sup> *COVID-19 Commercial and Residential Tenancies Legislation Amendment (Extension) Bill 2020, Explanatory Memorandum* (Vic) ss cl 1, 11.

<sup>6</sup> Hon. Daniel Andrews MP, *Further Certainty for Victorian Tenants and Landlords*, media release; Hon. Daniel Andrews MP, *Pause On Evictions Extended And Extra Renter Protections*, media release, Victorian Government, Melbourne, 20 August 2020.

<sup>7</sup> Hon. Daniel Andrews MP, *Pause On Evictions Extended And Extra Renter Protections*, media release.

<sup>8</sup> Department of Treasury and Finance, *Budget Paper No. 3: Service Delivery*, Melbourne, 2020–21, pp. 105, 111.

## 8.2.1 Access to rental tenancy support

### Use of Consumer Affairs Victoria services

As part of the support available for residential tenancies during the COVID-19 pandemic CAV:

- Administers the Residential Tenancies Dispute Resolution Scheme.
- Registers rent reduction agreements negotiated between tenants and landlords.
- Provides dispute resolution and mediation services for tenants and landlords who cannot come to an agreement.
- Refers tenants and landlords to further dispute resolution services and the Victorian Civil and Administrative Tribunal (VCAT) if necessary.<sup>9</sup>

The Secretary of the Department of Justice and Community Services (DJCS) advised the Committee that as of 26 August 2020, CAV had provided advice and information to over 36,000 contacts. Over 28,000 reduced-rent agreements had been registered by CAV with an average of a 27% reduction in weekly rent payable per agreement.<sup>10</sup> This represents 4.6% of all households renting in Victoria.<sup>11</sup> CAV had closed over 10,000 matters and was resolving disputes in an average of three days, down from a peak of 13 days. The Secretary advised the Committee that when matters are progressed to formal mediation or conciliation, finalisation took around 33 days but in 60% of cases, a retrospective application of reduced rent was put in place.<sup>12</sup>

**FINDING 75:** Consumer Affairs Victoria had registered over 28,000 rent reduction agreements, representing approximately 4.6% of the total number of households renting in Victoria as at 26 August 2020.

**FINDING 76:** Disputes referred to Consumer Affairs Victoria regarding residential tenancies took an average of three days to resolve while the average weekly rental decrease was 27%. Consumer Affairs Victoria had closed over 10,000 matters as at 26 August 2020.

No further updates on the support available for residential tenancies during the COVID-19 pandemic were provided at the public hearing on 15 December 2020.

<sup>9</sup> Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the Victorian Government's response to the COVID-19 Pandemic: Interim Report*, August 2020, p. 98.

<sup>10</sup> Ms Rebecca Falkingham, Secretary, Department of Justice and Community Safety, public hearing, Melbourne, 26 August 2020, *Transcript of evidence*, p. 17.

<sup>11</sup> Australian Bureau of Statistics, *2016 Census QuickStats - Dwellings — Dwelling Structure*, cat. no. 2900.0, 2016, <[https://quickstats.censusdata.abs.gov.au/census\\_services/getproduct/census/2016/quickstat/2?opendocument](https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/2?opendocument)> accessed 1 September 2020. Committee calculation.

<sup>12</sup> Ms Rebecca Falkingham, *Transcript of evidence*, p. 17.

## Barriers to negotiating rent reduction agreements and seeking support

Victoria has instituted one of the most comprehensive rental tenancy responses to COVID-19 in Australia. In comparison, the New South Wales Government initiated a moratorium on evictions, land tax relief and encouraged mediation between landlords and tenants to support both parties during the COVID-19 pandemic. The Victorian Government initiated the same policies and also legislated a moratorium on rental increases and provided direct financial assistance to tenants.<sup>13</sup>

**FINDING 77:** In comparison to similar Australian states, the Victorian Government has instituted a wide range of policies to support residential tenants and property owners during the COVID-19 pandemic.

However, several organisations reported significant barriers to tenants negotiating rent reductions and seeking further assistance from CAV. In its submission to the Committee, Justice Connect advised that the number of rent reduction agreements made to CAV suggested renters were not sufficiently aware of their rights or were reluctant to make agreements due to fear of reprisal when the COVID-19 tenancy laws are repealed. Justice Connect stated it is ‘critical’ to ensure more tenants are aware of the temporary protections currently available.<sup>14</sup>

In its submission VCOSS noted that while the purpose of the scheme was to facilitate suitable, good-faith negotiations between renters and property owners:

This is not the reality in many circumstances—the private rental market is rife with power imbalances and entrenched expectations which pose barriers to renters asserting their rights, particularly when engaging with property managers. In the majority of circumstances, renters will have less knowledge of their rights than their property manager and landlords and be less confident to assert them. This is worse for renters who have language or communication needs, or those who cannot access information, advice and support.<sup>15</sup>

Tenants Victoria and the Renters and Housing Union (RAHU) echoed this sentiment, advising that in some instances real estate agents were not responding to renters’ queries about rent reductions, were not undertaking good-faith negotiations and were only offering rent deferrals rather than reductions.<sup>16</sup>

A survey undertaken by Tenants Victoria during June and July 2020 in relation to people’s experience seeking a rent reduction, indicated that negotiations were often difficult for tenants. Some surveyed indicated that they felt forced into accepting a rent

<sup>13</sup> The Australian Housing and Urban Research Institute, *Unpacking the Challenges in the Rental Market During COVID-19: What are the Policy Options and How is Each State Faring?*, 23 April 2020, <<https://www.ahuri.edu.au/research/covid-19/unpacking-the-challenges-in-the-rental-market-during-covid-19>> accessed 28 August 2020.

<sup>14</sup> Justice Connect, *Submission 54*, received 31 July 2020, p. 20.

<sup>15</sup> Victorian Council of Social Service, *Submission 64a*, received 7 August 2020, p. 32.

<sup>16</sup> Renters and Housing Union, *Submission 81a*, received 20 August 2020, pp. 5, 8; Tenants Victoria, *Portraits of a Pandemic: Dear Landlord, We Need to Talk About a Rent Reduction*, Melbourne, 18 August 2020, pp. 5–6.



deferral instead of a reduction. Many surveyed also felt they would be at risk of eviction as soon as the protection against eviction from arrears ended.<sup>17</sup> A survey respondent stated:

As soon as restrictions on evictions are lifted, we are going to get kicked out. I know that at [the] same time, any money I was receiving from the government will be reduced. I am worried that I'm one of thousands of Australians that are in the same situation.<sup>18</sup>

Tenants Victoria found of those surveyed 68% negotiated a rent reduction while 32% received a rent deferral. Of those requesting rent reductions:

- 34% of those surveyed did not receive a response or were refused without reason.
- 22% were told the landlord needed the income or they were ineligible for a reduction.
- 12% were only offered a deferral of rent.<sup>19</sup>

The Victorian Government has taken steps to try and combat some of these barriers including distributing funding to advocacy groups as discussed above.<sup>20</sup> The Attorney-General, Hon. Jill Hennessy MP, and the Secretary of DJCS, advised the Committee that overcoming such barriers and assisting tenants and property owners to access residential tenancy assistance is an ongoing priority.<sup>21</sup>

**FINDING 78:** There are some barriers to tenants negotiating rent reductions with property owners during the COVID-19 pandemic. However, the Department of Justice and Community Safety is aware of some of these barriers and has provided some funding to community services organisations to support tenants in the process.

## Outcomes of tenancy support

The goals of the temporary residential tenancy laws are to keep Victorians in their homes during the COVID-19 pandemic and ensure that tenants and landlords can work together to find resolutions that equally share the burden of COVID-19 impacts.<sup>22</sup>

In 2019, there were 2,701 'no fault' eviction applications made to VCAT, of which 72.4% proceeded to a hearing. A further 15,837 'at fault' eviction applications were made to VCAT in 2019, with 86.4% of these proceeding to a hearing.<sup>23</sup> However, the Committee was unable to access official data for 2020 to determine how many evictions were

<sup>17</sup> Tenants Victoria, *Portraits of a Pandemic*, pp. 1–2.

<sup>18</sup> *Ibid.*, pp. 1–2.

<sup>19</sup> *Ibid.*, pp. 1–5.

<sup>20</sup> Hon. Daniel Andrews MP, *Pause On Evictions Extended And Extra Renter Protections*, media release.

<sup>21</sup> Hon. Jill Hennessy MP, Attorney-General and Minister for the Coordination of Justice and Community Safety: COVID-19, Department of Justice and Community Safety, public hearing, Melbourne, 26 August 2020, *Transcript of evidence*, p. 17; Ms Rebecca Falkingham, *Transcript of evidence*, p. 17.

<sup>22</sup> Hon. Daniel Andrews MP, *Pause On Evictions Extended And Extra Renter Protections*, media release.

<sup>23</sup> Commissioner for Residential Tenancies, *Renting in Victoria - Snapshot 2020*, Melbourne, 16 October 2020, p. 14.

occurring, whether the Government has been able to meet its goals, or what type of evictions are occurring.

In its submission to the inquiry, Justice Connect noted that the organisation experienced a significant increase in enquiries related to evictions in June 2020 compared to May 2020.<sup>24</sup> In the interim report for this inquiry the Committee found homelessness services were increasingly being accessed by first-time users.<sup>25</sup>

At the public hearings on 27 August 2020, VCOSS advised the Committee that they viewed the Victorian Government's rental tenancy supports as 'best-in-class response' that protected tenants from being evicted when they otherwise would have been during the pandemic. VCOSS commended the Government for working proactively to increase the numbers of individuals lodging rent reduction agreements through CAV.<sup>26</sup>

## 8.3 Community services sector

The community services sector in Victoria consists of almost 5,000 individual organisations that provide a diverse range of services to vulnerable Victorians. The sector includes housing, services for the homeless, family violence response, disability and aged care services, law and legal services, advocacy and emergency relief among other activities. It is also a significant industry which employs approximately 5% of the Victorian workforce and generates approximately \$15 billion in annual income.<sup>27</sup>

### 8.3.1 Government support to the sector

The Victorian Government has initiated numerous funding initiatives and programs across the community services sector during the pandemic. According to the Parliamentary Budget Office, by 31 October 2020 \$464 million in funding had been announced in the area of social protection and \$581 million had been announced in the area of housing and community amenities in response to the COVID-19 pandemic.<sup>28</sup>

Additionally, the Victorian Government had previously budgeted \$418 million across the forward estimates in the 2019–20 Victorian State Budget to fund housing and homelessness programs, while \$268.3 million had been allocated for family violence service delivery and \$2.1 billion had been allocated to disability services.<sup>29</sup>

<sup>24</sup> Justice Connect, *Submission 54*, p. 19.

<sup>25</sup> Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the Victorian Government's response to the COVID-19 Pandemic: Interim Report*, pp. 112–113.

<sup>26</sup> Ms Emma King, *Transcript of evidence*, p. 4; Ms Deborah Fewster, Manager, Advocacy and Engagement, Victorian Council of Social Service, public hearing, Melbourne, 27 August 2020, *Transcript of evidence*, pp. 4–5.

<sup>27</sup> Victorian Council of Social Service, *Jobs of the Future: Victoria's Vibrant Community Services Industry*, report prepared by Dev Mukherjee, Melbourne, 2018, p. 5.

<sup>28</sup> Parliamentary Budget Office, *The COVID-19 Pandemic - Victorian Government Policy Response*, 31 October 2020, <[https://pbo.vic.gov.au/COVID-19\\_pandemic\\_-\\_Victorian\\_government\\_policy\\_response](https://pbo.vic.gov.au/COVID-19_pandemic_-_Victorian_government_policy_response)> accessed 19 November 2020.

<sup>29</sup> Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the 2019–20 Budget Estimates*, October 2019, pp. 76, 78, 82.

Some areas of support were expanded and extended as the pandemic continued and the effects of the second wave took place. For example, on 24 September 2020 the Victorian Government announced a boost to food relief activities to ensure vulnerable Victorians could access food during the pandemic. The \$11.3 million in funding included grants for community organisations supplying food during the pandemic, increasing capacity of food distribution networks and extending the already established emergency food relief program.<sup>30</sup>

## Partnerships

In their submission to the Committee VCOSS highlighted strong existing partnerships between VCOSS as the peak body for social service in Victoria, the Government and community services organisations. VCOSS advised the Committee that these partnerships, and some new ones, ensured a ‘responsive and focused’ approach to the pandemic, which helped the sector continue to provide essential services.<sup>31</sup>

The establishment of the Department of Health and Human Services’ (DHHS) COVID-19 Community Services Planning Coordination Office, allowed VCOSS, DHHS and community organisations to formulate COVID-19 plans for service providers to prepare for and address the impacts of COVID-19 on service delivery.<sup>32</sup> VCOSS stated such partnerships allowed for effective sharing of advice and information and to manage issues relating to the pandemic.<sup>33</sup>

Similarly, VCOSS advised the Committee that DHHS has provided support to the sector in this area by providing flexibility in contractual arrangements.<sup>34</sup> DHHS has published guidelines for the sector on continued service provision during the pandemic, that were last updated on 12 September 2020.<sup>35</sup>

### 8.3.2 Community services sector workforce

VCOSS told the Committee that while significant workforce shortages already existed in the sector, particularly in areas such as disability, aged care and family violence, this issue was exacerbated by the growing number of cases of COVID-19. As various essential services in the sector require face-to-face delivery, many employees were required to self-isolate. Others did not work due to concerns about putting themselves or their families at risk.<sup>36</sup>

<sup>30</sup> Hon. Daniel Andrews MP, *Making Food Relief COVID Safe for Victorians in Need*, media release, Victorian Government, Melbourne, 24 September 2020.

<sup>31</sup> Victorian Council of Social Service, *Submission 64a*, pp. 8–9.

<sup>32</sup> Ibid.

<sup>33</sup> Ibid.

<sup>34</sup> Ibid., p. 10.

<sup>35</sup> Department of Health and Human Services, *Community Services - All Sector - Coronavirus (COVID-19)*, 29 August 2020, <<https://www.dhhs.vic.gov.au/community-services-all-sector-coronavirus-covid-19>> accessed 4 September 2020; Department of Health and Human Services, *Guidance for coronavirus (COVID-19) planning in the community services sector: Version 4*, Department of Health and Human Services, Melbourne, 12 September 2020.

<sup>36</sup> Victorian Council of Social Service, *Submission 64a*, pp. 12–13.

VCOSS advised the Committee that several parts of the sector did not have a backup or surge workforce to rely on when there were shortages or peaks in demand due to COVID-19. VCOSS highlighted that many positions in community services are casual, insecure and underfunded, leading to individuals working across workplaces to earn enough income and inadvertently spreading COVID-19 across workplaces.<sup>37</sup> VCOSS noted:

Staff are also tired and they are at risk of burning out. With more confirmed cases sending staff into isolation, it is getting harder to fill the roster. Frontline services cannot just stop; that would be unthinkable. So here is what is currently happening: people are working harder, they are working longer, and they are working themselves ragged—and this cannot go on indefinitely...If the community is to come through this pandemic, we need a strong and sustainable community sector with a workforce that is recognised for the essential work they do.<sup>38</sup>

**FINDING 79:** The COVID-19 pandemic has impacted the community services workforce by creating and exacerbating workforce shortages.

VCOSS told the Committee that the community services sector is a growing industry in Victoria that could be utilised as an ‘engine room for job creation’ in the post-pandemic recovery period. VCOSS emphasised that there is a need to fund the sector properly to create well paid, long term positions for employees so as to avoid issues such as shortages and gaps in the workforce, as well as to ensure the sector can continue to provide services to Victorians:

... currently the funding for community services is inadequate and currently much of our workforce is casualised and insecure. But here is the good news, because the government can fix this. The community sector needs secure and long-term funding so it can offer attractive wages, conditions, hours and training to keep people in jobs and to serve our community.<sup>39</sup>

**RECOMMENDATION 13:** The Department of Health and Human Services work with the Victorian community services sector to identify existing and future workforce shortages and formulate a strategy to create attractive community services jobs in the recovery phase of the pandemic.

On 11 November 2020, the Victorian Government announced the investment of \$235 million to build the state’s Recovery Workforce through the creation of 500 new jobs across mental health, family violence, health and child protection. This includes the development of new accelerated training pathways and internships for 875 people to grow the pipeline of workers to support the recovery from the pandemic.<sup>40</sup>

<sup>37</sup> Ibid., pp. 12–13; Ms Emma King, *Transcript of evidence*, p. 3.

<sup>38</sup> Ms Emma King, *Transcript of evidence*, p. 1.

<sup>39</sup> Ibid., p. 2.

<sup>40</sup> Hon. Daniel Andrews MP, *Building Our Recovery Workforce to Support Our State*, media release, Victorian Government, Melbourne, 11 November 2020.

## Working for Victoria scheme

The \$500 million Working for Victoria scheme was announced in April and was designed to create jobs for those left unemployed by the impacts of the pandemic. The scheme was designed to create 3,000 jobs in the community services sector. VCOSS assisted in delivering funding to 59 organisations to support 1,100 of those jobs.<sup>41</sup>

VCOSS advised the Committee that Working for Victoria placements were only for six months and most placements were for entry level positions. VCOSS advised that they were looking for ways to transition workers into longer term positions, but funding issues made this difficult.<sup>42</sup> Consequently, it is unlikely the scheme will alleviate workforce shortages or increases in demand within the sector beyond the short term.

On 28 September 2020 the Victorian Government announced that 289 jobs were being created for young Victorians across seven government departments and agencies, as part of the Working for Victoria Youth Employment Program.<sup>43</sup> The Committee was not provided with evidence of how many of these positions were filled.

**FINDING 80:** The Working for Victoria Scheme has created jobs in the community services sector. These positions are for six-month placements and are entry level roles.

**RECOMMENDATION 14:** The Victorian Government consider extending Working for Victoria placements in the community services sector beyond six months to assist in the post pandemic recovery period when demand for community services is expected to increase.

## Insecure funding

VCOSS told the Committee that many contracts in the sector had only been extended for three months due to the delay of the 2020–21 Victorian State Budget. Many organisations were experiencing added financial pressure during the pandemic due to an increase in demand, uncertainty of future funding, reductions in donations and fundraising income and the future reduction of JobKeeper.<sup>44</sup> VCOSS added that the strain of the pandemic highlighted historic underfunding of the sector.<sup>45</sup>

<sup>41</sup> Hon. Jaala Pulford MP, *Jobs Boost for Local Communities and Young People*, media release, Victorian Government, Melbourne, 21 July 2020.

<sup>42</sup> Victorian Council of Social Service, *Submission 64a*, pp. 12–14.

<sup>43</sup> Hon. Jaala Pulford MLC, *Working For Victoria – Backing New Jobs For Young People*, media release, Victorian Government, Melbourne, 28 September 2020.

<sup>44</sup> Victorian Council of Social Service, *Submission 64a*, p. 10.

<sup>45</sup> Ms Emma King, *Transcript of evidence*, pp. 3, 7–8.

**FINDING 81:** Historic and continued underfunding of the community services sector has exacerbated pressure on community organisations during the COVID-19 pandemic and has contributed to financial strain and workforce shortages and gaps across the sector.

### 8.3.3 Increase in demand for services

The economic, social and health impacts of the pandemic mean that the demand for community services is growing. Even prior to the pandemic, organisations in the sector were already advising that they were unable to meet expectations. Yet the reduction, and ultimately the conclusion, of national supports such as JobKeeper and JobSeeker, could mean that many more Victorians will still need support from the sector.

VCOSS advised the Committee that prior to the pandemic, demand in the community services sector was already high and growing. A national survey of social and community services workers in 2019 found three in five community sector staff surveyed reported the number of clients that their service was unable to support grew in 2019.<sup>46</sup>

At the public hearing on 27 August 2020, VCOSS reported 60% of member organisations have said demand for their services has increased since March 2020. It was noted that many Victorians seeking assistance have not needed support from the sector in the past.<sup>47</sup>

VCOSS advised many Victorians were accessing credit, savings and superannuation to spend on essential goods, while a significant increase in demand was expected in the sector as winter energy bills arrived.<sup>48</sup> Similarly, the Centre for Multicultural Youth advised the Committee that they were seeing an increase in demand for urgent material support from both existing clients and new families and young people.<sup>49</sup>

**FINDING 82:** Demand for assistance from the community services sector has grown during the COVID-19 pandemic and many of those seeking help have not previously needed support.

The 2020–21 Victorian State Budget allocates \$224.6 million in 2020–21 and \$16.7 million in 2021–22 to support vulnerable children and families, and provide a family violence system response to meet increased demand during the COVID-19 pandemic.<sup>50</sup>

<sup>46</sup> Victorian Council of Social Service, *Submission 64a*, p. 11.

<sup>47</sup> Ms Emma King, *Transcript of evidence*, p. 6.

<sup>48</sup> Ibid.

<sup>49</sup> Centre for Multicultural Youth, *Submission 52*, received 31 July 2020, p. 12.

<sup>50</sup> Department of Treasury and Finance, *Budget Paper No. 3*, pp. 63, 68.

VCOSS supported the funding for increased services in the 2020–21 Victorian State Budget.<sup>51</sup>

### Reduction and end of national supports

The Federal Government's Coronavirus Supplement included in the current JobSeeker payment reduced on 24 September 2020 from \$550 per fortnight to \$250 per fortnight until 31 December 2020.<sup>52</sup> On 10 November 2020 the Commonwealth Government announced that the Coronavirus Supplement would be reduced to \$75 per week, from 1 January 2021 until 31 March 2021.<sup>53</sup>

While JobKeeper has been extended until 28 March 2021, payments were reduced from 28 September 2020 depending on the number of hours an employee usually worked in a certain period. The rates were \$1,200 per fortnight for employees who work more than 20 hours a week and \$750 per fortnight for employees who work less than 20 hours a week, in place until 3 January 2021. This was reduced to \$1,000 per fortnight and \$650 per fortnight respectively from 4 January 2021.<sup>54</sup>

VCOSS told the Committee that they are concerned such national supports are masking the true need of Victorians and that when the payments are reduced, and eventually stopped, there could be further increases in demand for Government and community services.<sup>55</sup> VCOSS explained:

I am deeply concerned about JobKeeper and JobSeeker and what that is going to mean for so many people in our community. We know through the JobSeeker allowance and the COVID-19 supplement we heard people say that for the first time they were able to buy food, they were able to eat three meals a day, they were able to pay for their bills. Now, that is going to be taken away from them and then they are going to be in what is even a bigger call on community service organisations that were already stretched.<sup>56</sup>

Based on the latest data available from the Commonwealth Treasury, as at August 2020, there were approximately 267,000 individuals receiving the JobKeeper payment in Victoria.<sup>57</sup>

<sup>51</sup> Victorian Council of Social Service, *'Inequality Crushing' Budget Sets Victoria On a Fairer Course*, media release, Victorian Council of Social Service, Melbourne, 24 November 2020.

<sup>52</sup> Services Australia, *How Coronavirus Supplement and Eligibility for Some Income Support Payments are Changing*, 25 August 2020, <<https://www.servicesaustralia.gov.au/individuals/news/how-coronavirus-supplement-and-eligibility-some-income-support-payments-are-changing>> accessed 4 September 2020.

<sup>53</sup> The Treasury, *Economic Response to the Coronavirus: JobKeeper Extension*, 2020, <<https://treasury.gov.au/coronavirus/jobkeeper/extension>> accessed 4 September 2020; Hon. Anne Ruston, *JobSeeker Supplement extended to March*, media release, Department of Social Services, Canberra, 10 November 2020.

<sup>54</sup> The Treasury, *Economic Response to the Coronavirus*.

<sup>55</sup> Victorian Council of Social Service, *Submission 64a*, pp. 11–12.

<sup>56</sup> Ms Emma King, *Transcript of evidence*, p. 6.

<sup>57</sup> Treasury, *JobKeeper April, May, June, July and August fortnights - by postcode*, 27 November 2020, <<https://treasury.gov.au/coronavirus/jobkeeper/data>> accessed 30 November 2020.

## 8.4 Family violence

United Nations (UN) Women has highlighted concerns that family violence and violence against women and girls will worsen across the globe due to circumstances associated with the COVID-19 pandemic. Social distancing, isolation in close quarters with a perpetrator, an inability to reach out for help and economic strain are all highlighted by UN Women as factors that may exacerbate the risk of violence against women and girls.<sup>58</sup>

On 27 November 2020, the Minister for the Prevention of Family Violence advised that COVID-19 restrictions implemented during the first and second waves of the pandemic in Victoria had an impact on the incidence and reporting of family violence. There was a fall in reporting rates as lockdowns commenced, and then an upward trend in reporting as restrictions eased.<sup>59</sup>

The Victorian Government has initiated several responses to promote the safety of victim survivors of family violence during the pandemic, including a pro-active policing campaign, advertising campaigns, family violence specialist services, crisis accommodation and perpetrator services.

On 20 November 2020 the Victorian Government launched the *Respect Women: Call It Out (Respect Is)* campaign that ran for 16 days from 25 November 2020—International Day for the Elimination of Violence against Women. It asked Victorians to define what respect is to them, what it looks like in their lives and why respect means calling bad behaviour out.<sup>60</sup>

### 8.4.1 Incidence of family violence and Operation Ribbon

Victoria Police's pro-active family violence operation—Operation Ribbon—has been running since April 2020 and aims to reach out to victim survivors and perpetrators during the COVID-19 pandemic. The operation arose out of the concern that during the COVID-19 pandemic, victim survivors may find it difficult to report family violence and seek assistance while self-isolating at home with a perpetrator.<sup>61</sup> The Minister for the Prevention of Family Violence explained that often the police response resulted in a service response, in that victim survivors would make contact with a local family violence service provider following a police visit.<sup>62</sup>

<sup>58</sup> UN Women, *Prevention: Violence Against Women and Girls & COVID-19*, United Nations, New York, 2020, pp. 3–4; UN Women, *COVID-19 and Ending Violence Against Women and Girls*, United Nations, New York, 2020, p. 3.

<sup>59</sup> Hon. Gabrielle Williams MP, Minister for Prevention of Family Violence, Department of Premier and Cabinet, Public Accounts and Estimates Committee, Inquiry into the 2020–21 Budget Estimates, public hearing, Melbourne, 27 November 2020, *Transcript of evidence*, p. 5.

<sup>60</sup> Hon. Gabrielle Williams MP, *Supporting Women With 16 Days Of Activism*, media release, Victorian Government, Melbourne, 20 November 2020.

<sup>61</sup> Hon. Lisa Neville MP, Minister for the Coordination of Environment, Land, Water and Planning: COVID-19 and Minister for Police and Emergency Services, public hearing, Melbourne, 26 August 2020, *Transcript of evidence*, p. 2.

<sup>62</sup> Hon. Gabrielle Williams MP, *Transcript of evidence*, p. 10.



At the public hearings on 26 August 2020, the Minister for the Coordination of Environment, Land, Water and Planning: COVID-19 (Minister for Police and Emergency Services) advised the Committee that Victoria Police's family violence investigation units were reaching out to victim survivors and families to check on their safety and wellbeing and contacting perpetrators to monitor their behaviour. The Minister advised the Committee that Victoria Police were working with family violence services to identify at-risk individuals.<sup>63</sup>

As at 26 August 2020, Victoria Police had completed over 18,000 compliance checks. Close to 13,000 checks were made to affected family members while approximately 5,300 were made to perpetrators. As at 26 August 2020, during Operation Ribbon 629 people were charged and remanded for family violence offences, 282 people were bailed, and 245 perpetrators were charged on summons. The Minister advised the Committee that many of these checks were now completed via phone and email rather than in person.<sup>64</sup>

At the public hearings on 16 December 2020, the Minister for Police and Emergency Services advised that Victoria Police had conducted 34,000 interactions with perpetrators through Operation Ribbon. This led to the remand of 1,100 individuals, with 491 individuals bailed and 396 summonsed. The Minister stated that 24,000 family violence offences were detected through the process.<sup>65</sup>

**FINDING 83:** The Committee found that during the COVID-19 pandemic a significant pro-active compliance campaign in family violence had been established.

Data released by the Crime Statistics Agency (CSA) in December 2020 demonstrated family violence incidents had increased by 7.5% for the year ending September 2019 to September 2020.<sup>66</sup> Compared to 2019, Victoria Police reported a 14.9% increase in family violence incidents for January to June 2020.<sup>67</sup> Ambulance Victoria recorded a 14.7% increase in family violence related attendances for the same period,<sup>68</sup> and the number of calls received by 1800RESPECT from Victorian contacts increased by 66% between April to June of 2020 from 2019.<sup>69</sup>

<sup>63</sup> Hon. Lisa Neville MP, *Transcript of evidence*, p. 15.

<sup>64</sup> *Ibid.*

<sup>65</sup> Hon. Lisa Neville MP, Minister for Police and Emergency Services, Department of Justice and Community Safety, public hearing, Melbourne, 16 December 2020, *Transcript of evidence*, p. 25.

<sup>66</sup> Crime Statistics Agency, *Family Incidents*, September 2020, <<https://www.crimestatistics.vic.gov.au/crime-statistics/latest-victorian-crime-data/family-incidents>> accessed 24 September 2020. Crime Statistics Agency, *Family Incidents*, 17 December 2020, <<https://www.crimestatistics.vic.gov.au/crime-statistics/latest-victorian-crime-data/family-incidents-1>> accessed 17 December 2020.

<sup>67</sup> Crime Statistics Agency, *Family Incidents: Family Incidents - Tabular Visualisation T2. Family Incidents By Month*, September 2020, <<https://www.crimestatistics.vic.gov.au/crime-statistics/latest-victorian-crime-data/family-incidents>> accessed 8 October 2020. Committee calculation.

<sup>68</sup> Crime Statistics Agency, *COVID-19 Family Violence Data Portal*, 2 November 2020, <<https://www.crimestatistics.vic.gov.au/family-violence-data-portal/covid-19-family-violence-data-portal-0>> accessed 20 November 2020.

<sup>69</sup> Crime Statistics Agency, *Family Incidents*; Crime Statistics Agency, *COVID-19 Family Violence Data Portal*.

The number of individuals remanded, bailed or charged on summons for family violence offences has not been published by the CSA, therefore the Committee was unable to directly compare the outcomes of Operation Ribbon to general trends in family violence offences. Recently, however, the CSA released data relating to family violence intervention orders. The number of finalised intervention orders decreased by 5.3% for both the Magistrates' and Children's Court of Victoria during the 2019–20 financial year compared to the previous year.<sup>70</sup> Victoria Legal Aid services provided for intervention order applications also decreased by 3.7% over the same period.<sup>71</sup> CSA noted that this decrease may be related to disruptions to some justice system processes as a result of COVID-19.<sup>72</sup>

In its July submission to the Committee the Monash Gender and Family Violence Prevention Centre (MGFVPC) based at Monash University outlined findings it had made through surveying family violence practitioners during the COVID-19 pandemic. MGFVPC told the Committee that 59% of practitioners surveyed reported COVID-19 had increased the frequency of violence against women, while 50% reported it had increased the severity of violence. An increase in first time family violence reporting by women was noted by 42% of respondents.<sup>73</sup> MGFVPC noted that children are often used by perpetrators to control victim survivors and the COVID-19 pandemic may present increased opportunities for perpetrators to do so.<sup>74</sup>

In addition to violence from intimate partners, older people in the community are particularly at risk of harm. Justice Connect stated in its submission to the inquiry that the growing pressure caused by job, housing and financial insecurity for many adult children placed older Australians at risk of elder abuse.<sup>75</sup> Similarly, the Council on the Ageing Victoria noted in its submission that the current social and economic environment has already increased a number of known risk factors for elder abuse and stated:

Pandemic related job losses, and the inability to keep up with rent or mortgage payments, will drive many people to move in with parents or other relatives out of financial necessity. This creates an environment in which abusive relationships are more likely to occur.<sup>76</sup>

**FINDING 84:** According to family violence services, family violence has increased in prevalence, severity and complexity during the COVID-19 pandemic. Crime statistics show an increase of 7.5% in family violence incidents in the year ending September 2019 to September 2020.

<sup>70</sup> Crime Statistics Agency, *COVID-19 Family Violence Data Portal*.

<sup>71</sup> Ibid.

<sup>72</sup> Crime Statistics Agency, *Crime Statistics Agency Releases 2019–20 Victorian Family Violence Database*, media release, Melbourne, 2 December 2020.

<sup>73</sup> Monash Gender and Family Violence Prevention Centre, *Submission 45*, received 31 July 2020, p. 6.

<sup>74</sup> Ibid.

<sup>75</sup> Justice Connect, *Submission 54*, p. 18.

<sup>76</sup> Council on the Ageing, Victoria, *Submission 89*, received 8 September 2020, p. 16.

**RECOMMENDATION 15:** Comparative data on family violence incidences—including number of people remanded, bailed and charged on summons due to family violence incidences—by month be published in Victoria Police’s annual report to gauge the achievements of Operation Ribbon during the pandemic.

### 8.4.2 Support for family violence services

The Government has announced over \$62 million of funding for family violence services and a proactive policing campaign in recognition that emergency situations can lead to an increase in family violence.<sup>77</sup> This has included funding for women’s health services, crisis accommodation and family violence services as detailed in the interim report of this inquiry.<sup>78</sup> The research completed by MGFVPC with family violence practitioners noted that while further funding was welcomed by practitioners as an acknowledgement of the increased support the sector required during the pandemic, many practitioners found at the time of the survey in late April and May 2020, funding had not flowed through to services. This was a month after funding announcements were made.<sup>79</sup> The Committee was unable to locate further publicly available information about when the funding was distributed, and which organisations were the recipients.

The pandemic has also had a negative impact on practitioners working in the family violence sector. A survey conducted by the MGFVPC of 113 Victorian family violence practitioners found that responding to family violence from home during COVID-19 restrictions has had a detrimental impact on practitioner wellbeing.<sup>80</sup> The MGFVPC found that the blurring of boundaries between work and home life was leading to family violence work invading practitioners ‘safe spaces’.<sup>81</sup> In particular, 69% of respondents reported that they were suffering moderate levels of burnout, with 37% reporting moderate levels of secondary stress symptoms.<sup>82</sup>

The 2020–21 Victorian State Budget allocates \$8.2 million to grow the family violence and sexual assault workforce and support the coordination of up to 240 traineeships.<sup>83</sup> Domestic Violence Victoria noted their concern that more funding will be needed to

<sup>77</sup> Parliamentary Budget Office, *About the Victorian COVID-19 Policy Tracker*, 20 August 2020, <[https://pbo.vic.gov.au/Victorian\\_COVID-19\\_policy\\_tracker](https://pbo.vic.gov.au/Victorian_COVID-19_policy_tracker)> accessed 24 August 2020; Hon. Gabrielle Williams MP, *More Funding To Keep Women And Children Safe*, media release, Victorian Government, Melbourne, 17 April 2020.

<sup>78</sup> Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the Victorian Government’s response to the COVID-19 Pandemic: Interim Report*, pp. 102–103.

<sup>79</sup> Ibid.; Naomi Pfitzner, Kate Fitz-Gibbon and Jacqui True, *Responding to the ‘Shadow Pandemic’*, report for Monash Gender and Violence Prevention Centre, Monash University, Melbourne, 2020, p. 21.

<sup>80</sup> Naomi Pfitzner, et al., *When home becomes the workplace: family violence, practitioner wellbeing and remote service delivery during COVID-19 restrictions*, Monash Gender and Family Violence Prevention Centre, Melbourne, 20 October 2020.

<sup>81</sup> Ibid., p. 6.

<sup>82</sup> Ibid., p. 36.

<sup>83</sup> Hon. Gabrielle Williams MP, *Giving Women Access to the Opportunities They Deserve*, media release, Victorian Government, Melbourne, 24 November 2020.

grow and retain this specialised workforce for ‘an exhausted sector that continues providing services to victim survivors through the pandemic and beyond.’<sup>84</sup>

**FINDING 85:** While the Victorian Government announced a number of funding initiatives to combat family violence during the COVID-19 pandemic in March and April 2020, practitioners reported funding directed to their services was distributed some time after official announcements.

**RECOMMENDATION 16:** The Department of Health and Human Services ensure additional funding for the specialist family violence service sector is distributed in a timely manner.

### 8.4.3 Access to adequate crisis accommodation and housing

Family violence is a key contributor to women’s homelessness. Research demonstrates shortages in appropriate short, medium and long-term housing frequently forces women and children back into unsafe family and living arrangements.<sup>85</sup> Research by the Australian Housing and Urban Research Institute has also shown there is a lack of affordable, suitable housing for women and children affected by family violence.<sup>86</sup>

In the course of MGFVPC’s research, surveyed family violence practitioners advised there is a lack of safe and suitable accommodation for women who are unable to remain at home during the COVID-19 restrictions.<sup>87</sup> In their submission, MGFVPC advised the Committee that a shortage of safe, accessible housing is a pre-existing issue for the family violence sector that has been ‘heightened to critical levels’ during the COVID-19 pandemic and may be exacerbated by the pandemic.<sup>88</sup> One Victorian practitioner stated:

Women are returning to perpetrators because we cannot provide emergency housing.<sup>89</sup>

Further, MGFVPC’s submission advised migrant women experiencing family violence without permanent visas and access to ongoing Government support are often unable to access long-term subsidised accommodation, putting them at a greater risk of homelessness.<sup>90</sup>

<sup>84</sup> Domestic Violence Victoria, *Domestic Violence Victoria Media Statement Re: State Budget*, media release, Domestic Violence Victoria, Melbourne, 24 November 2020.

<sup>85</sup> Monash Gender and Family Violence Prevention Centre, *Submission 45*, p. 7.

<sup>86</sup> Kathleen Flanagan, Hazel Blunden, Kylie Valentine and Jane Henriette, *Housing Outcomes After Domestic and Family Violence*, report for Australian Housing and Urban Research Institute, Melbourne, April 2019, p. 1.

<sup>87</sup> Monash Gender and Family Violence Prevention Centre, *Submission 45*, p. 7.

<sup>88</sup> Ibid.

<sup>89</sup> Pfitzner, Fitz-Gibbon and True, *Responding to the ‘Shadow Pandemic’*, p. 23.

<sup>90</sup> Monash Gender and Family Violence Prevention Centre, *Submission 45*, p. 7.

The Victorian Government has committed \$20 million to short-term accommodation for family violence victim survivors who cannot stay at home during the COVID-19 pandemic.<sup>91</sup> On 15 November the Victorian Government announced \$5.3 billion to construct 12,000 new homes in metropolitan and regional Victoria. This included the construction of 9,300 new social housing homes and the replacement of 1,100 old social housing units.<sup>92</sup> The Committee notes that these new homes will provide additional safe and accessible housing options for family violence victim survivors.

**FINDING 86:** There is a lack of safe, accessible housing for women escaping family violence, exacerbated by the COVID-19 pandemic. Due to their visa status and inability to access Government supports, migrant women are often unable to access long-term housing when escaping family violence.

#### 8.4.4 Service adaptation

Early in the COVID-19 pandemic response, family violence service providers were required to adapt their services from face to face to remote delivery.

Through their work surveying family violence service providers, MGFVPC found remote delivery of services via phone or internet has increased accessibility for clients in regional, rural and remote settings. Other organisations integrated family violence responses into services such as doctors' clinics, Centrelink and childcare services. Some practitioners have developed new alert systems for women to use to discreetly signal when they need support—approaches that have also been used in international jurisdictions in areas with restrictive lockdowns.<sup>93</sup>

**FINDING 87:** Family violence service providers surveyed by Monash Gender and Family Violence Prevention Centre have reported increased service accessibility and client visibility due to the adjustments made to service delivery during the COVID-19 pandemic.

**RECOMMENDATION 17:** Opportunities for family violence services to further develop and implement discreet alert systems that have been used during the pandemic be explored.

**RECOMMENDATION 18:** The Department of Health and Human Services, as well as service providers, assess the efficacy of remote service delivery for victim survivors and perpetrators during and beyond the COVID-19 pandemic.

<sup>91</sup> Hon. Gabrielle Williams MP, *A Safe Place To Escape Family Violence During Coronavirus*, media release, Victorian Government, Melbourne, 10 April 2020.

<sup>92</sup> Hon. Daniel Andrews MP, *Victoria's Big Housing Build*, media release, Victorian Government, Melbourne, 15 November 2020.

<sup>93</sup> Monash Gender and Family Violence Prevention Centre, *Submission 45*, p. 9; UN Women, *COVID-19 and Violence Against Women and Girls: Addressing the Shadow Pandemic: Policy Brief No. 17*, United Nations, New York, 2020, p. 6.

### 8.4.5 Aboriginal Controlled Community Organisations and specialist family violence services

The Victorian Aboriginal Legal Service (VALS) advised the Committee that during welfare checks undertaken during the pandemic, family violence was mentioned as a large concern by the Victorian Aboriginal community. VALS stated that the impact of family violence on the Aboriginal community during the pandemic may not be reflected in police or crime statistics due to individuals self-isolating at home and community fear of an institutional response to reporting.<sup>94</sup>

The Victorian Aboriginal Child Care Agency (VACCA) also advised that as the largest provider of family violence services to Aboriginal people in the state, their organisation was seeing an increase in victim survivors accessing services through Orange Door locations during the pandemic. It noted families who had addressed or resolved family violence in the past were reengaging with VACCA's services.<sup>95</sup>

In its submission to the Committee Djirra noted an increased need for material support, mental health support and cultural connection during the pandemic from contacts from victim survivors.<sup>96</sup>

Specific funding for the Aboriginal community was received through the *Building Works* package, where \$2 million was allocated for infrastructure upgrades for multiple Aboriginal men's and women's services. Djirra also received \$877,000 in funding to respond to the pandemic.<sup>97</sup> However, Djirra recently noted their concern that the organisation did not receive additional funding in the 2020–21 Victorian Budget to assist with increasing numbers of clients reporting new or escalated rates of family violence due to COVID-19.<sup>98</sup>

VACCA noted in their submission that they were concerned the \$13 million in funding for Aboriginal Controlled Community Organisations (ACCOs) announced in June 2020 did not include specific funding for family violence, child, youth and family welfare services, out of home care or child protection – areas the ACCO sector predicts will have a significant increase in demand over the coming years.<sup>99</sup>

On 23 September 2020 the Victorian Government announced \$18.2 million in funding for Aboriginal-led family violence prevention and responses as part of the already established 'Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families 10 Year Agreement'.<sup>100</sup>

<sup>94</sup> Ms Nerita Waight, Chief Executive Officer, Victorian Aboriginal Legal Service, public hearing, Melbourne, 27 August 2020, *Transcript of evidence*, p. 6.

<sup>95</sup> Ms Muriel Bamblett, Chief Executive Officer, Victorian Aboriginal Child Care Agency, public hearing, Melbourne, 27 August 2020, *Transcript of evidence*, p. 6.

<sup>96</sup> Djirra, *Submission 37*, received 31 July 2020, pp. 1–3.

<sup>97</sup> Hon. Jill Hennessy MP, *Improving Aboriginal Justice Outcomes*, media release, Victorian Government, Melbourne, 26 June 2020.

<sup>98</sup> Djirra, *Victorian Budget Fails to Deliver for Aboriginal Women*, media release, Melbourne, 26 November 2020.

<sup>99</sup> Victorian Aboriginal Child Care Agency, *Submission 78*, received 14 August 2020, pp. 7–8.

<sup>100</sup> Hon. Gabrielle Williams MP, *New Fund to Support Aboriginal Family Violence Sector*, media release, Victorian Government, Melbourne, 23 September 2020.

VACCA added that ACCOs will receive additional family violence funding as part of the mainstream funding announcements made by the Victorian Government, but they were unsure how much funding would be allocated to Aboriginal-specific family violence supports. VACCA has received further funding to most of its regions to support the response to the COVID-19 pandemic.<sup>101</sup>

On 4 November 2020 the Victorian Government allocated \$930,000 of the Aboriginal Community Response and Recovery fund to the Elizabeth Morgan House Aboriginal Women's Service, which provides emergency and long-term housing solutions to Aboriginal women.<sup>102</sup>

### 8.4.6 Funding for perpetrator services

In its written submission MGFVPC advised the Committee that the restrictions related to the COVID-19 pandemic and the subsequent inability for victim survivors to seek help could contribute to 'perpetrator invisibility' with perpetrators invisible to both the justice and family violence sector for longer.<sup>103</sup> MGFVPC stated perpetrator visibility to the wider family violence system is critical to manage and monitor the identified heightened risk during this period of uncertainty.<sup>104</sup>

MGFVPC advised the Committee that while many of these services had pivoted to remote service delivery more evidence was needed to determine whether such service delivery was effective overall.<sup>105</sup> The need for more evidence was reiterated in the MGFVPC's report, addressing the impact of the COVID-19 pandemic on family violence practitioners.<sup>106</sup>

In their submission received by the Committee on 31 July 2020, MGFVPC recommended additional funding be provided to the Men's Referral Service to adequately address a predicted increase in demand.<sup>107</sup> The Committee notes that Domestic Violence Victoria reported an increase in contacts to the Men's Referral Service in May 2020.<sup>108</sup>

In response to an increase in demand for perpetrator services and to ensure victim survivors were safe while isolating at home, the Victorian Government announced \$20 million in funding on 17 August 2020 to 'keep perpetrators in sight'. In their funding announcement the Government reported an 11% increase to calls to the Men's Referral Service in comparison to the same month in 2019.<sup>109</sup>

<sup>101</sup> Victorian Aboriginal Child Care Agency, *Submission 78*, p. 15.

<sup>102</sup> Hon. Gabrielle Williams MP, *More Coronavirus Support For Aboriginal Groups*, media release, Victorian Government, Melbourne, 4 November 2020.

<sup>103</sup> Monash Gender and Family Violence Prevention Centre, *Submission 45*, pp. 7–8.

<sup>104</sup> *Ibid.*, p. 7.

<sup>105</sup> *Ibid.*, pp. 7–8.

<sup>106</sup> Pfitzner, et al., *When home becomes the workplace: family violence, practitioner wellbeing and remote service delivery during COVID-19 restrictions*, p. 39.

<sup>107</sup> Monash Gender and Family Violence Prevention Centre, *Submission 45*, p. 8.

<sup>108</sup> Ms Alison Macdonald, Acting Chief Executive Officer, Domestic Violence Victoria, public hearing, Melbourne, 20 May 2020, *Transcript of evidence*, p. 4.

<sup>109</sup> Hon. Daniel Andrews MP, *Keeping Family Violence in Sight During Coronavirus*, media release, Victorian Government, Melbourne, 17 August 2020.

Public data for inbound cases received by the Men's Referral Service can be found in the No to Violence Annual Report.<sup>110</sup> Consequently this data is only available up until June 2020, prior to the reintroduction of Stage 3 and Stage 4 restrictions in Victoria. At 13 July 2020, the Men's Referral Service stated that the COVID-19 pandemic has seen inbound calls rise by up to 30–40%.<sup>111</sup>

The increased Government funding was intended to allow for 1,500 perpetrators of family violence, or people at risk of using violence, to leave their homes and move into short and long term accommodation, as well as for further funding to be provided to intervention and behaviour change programs.<sup>112</sup>

**FINDING 88:** The Victorian Government responded to calls from the sector and announced \$20 million in funding for perpetrator services.

## 8.5 Homelessness

For the period 2019–20, Victoria had the second highest rate in Australia of people seeking specialist homelessness services<sup>113</sup> including young people presenting alone, people experiencing mental health issues, people with severe or profound disability, people experiencing family violence, and children on care and protection orders.<sup>114</sup>

Victoria has seen a growing need for public and emergency housing. The onset of COVID-19 has highlighted prominent issues including housing stress, overcrowding in public housing, and homelessness that is experienced by many Victorians and has now been exacerbated by the pandemic.<sup>115</sup>

With nowhere to self-isolate or observe stay at home directions, homeless Victorians are an extremely vulnerable population during the COVID-19 pandemic. The Victorian Government recognised this risk and acted during the early months of the pandemic to house many homeless Victorians in emergency hotel accommodation.

### 8.5.1 Emergency accommodation

DHHS advised the Committee that as of 12 July 2020 there were 11,700 instances of households being assisted into emergency accommodation during the COVID-19 pandemic. Over 4,000 of these people were sleeping rough in the week prior to

<sup>110</sup> No to Violence, *Annual Report 2019–2020: Responding to Change*, Melbourne, 2020.

<sup>111</sup> No to Violence, *Key changes to the MRS*, 13 July 2020, <<https://ntv.org.au/key-changes-to-the-mrs>> accessed 17 December 2020.

<sup>112</sup> Hon. Daniel Andrews MP, *Keeping Family Violence in Sight During Coronavirus*, media release.

<sup>113</sup> Australian Institute of Health and Welfare, Table Figure CLIENTS.3, *Specialist Homelessness Services Annual Report*, 11 December 2020, <<https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/clients-services-and-outcomes>> accessed 11 December 2020.

<sup>114</sup> Australian Institute of Health and Welfare, *Specialist Homelessness Services 2019–20: Victoria*, Australian Institute of Health and Welfare, Canberra, 11 December 2020.

<sup>115</sup> Victorian Public Tenants Association, *Submission 40a*, received 31 July 2020, pp. 2–5.



entering emergency accommodation. The department also advised that between 16 March 2020 and 12 July 2020, 3,500 people were assisted to maintain tenancies or obtain private rental through the Private Rental Assistance Program (PRAP).<sup>116</sup>

**FINDING 89:** As of 12 July 2020, the Department of Health and Human Services recorded 11,700 instances of households being assisted with emergency accommodation in hotels and private rentals during the COVID-19 pandemic, including over 4,000 instances of people sleeping rough.

**FINDING 90:** Between 16 March and 12 July 2020, 3,500 people received assistance through the Private Rental Assistance Program to maintain tenancies or obtain private rentals.

To protect the health and wellbeing of rough sleepers residing in emergency accommodation, DHHS implemented the *Homelessness Hotels Emergency Response* in July 2020. The objective of the response is to protect people experiencing homelessness from COVID-19 outbreaks and to ensure homelessness services have the resources needed to support those in temporary accommodation.<sup>117</sup>

In the *Homelessness Hotels Emergency Response* and *COVID-19 Amendment to Homelessness Services Guidelines and Conditions of Funding*, DHHS outlines that hotels accommodating 20 or more people experiencing homelessness will be provided with onsite specialist homelessness community support workers.<sup>118</sup> On site specialist homelessness community support workers were provided from 8 July 2020.<sup>119</sup>

In July 2020 the Council to Homeless Persons (CHP) published data that suggested many in hotel accommodation were not receiving adequate support. They found 60% of people living in emergency hotel accommodation had high support needs. However, support was so stretched that only one in three of these households were receiving regular support.<sup>120</sup> On 12 November 2020 the Victorian Government announced that \$10 million would be provided to create 210 short term jobs in homelessness support services. This was welcomed by CHP.<sup>121</sup>

<sup>116</sup> Department of Health and Human Services, *PAEC Response to the Request for Additional Information 21 July 2020*, supplementary evidence received 3 September 2020.

<sup>117</sup> Department of Health and Human Services, *Homelessness Hotels Emergency Response*, Melbourne, 17 July 2020.

<sup>118</sup> Ibid.; Department of Health and Human Services, *COVID-19 Amendment to Homelessness Services Guidelines Conditions of Funding*, Melbourne, Updated 10 August 2020, p. 22.

<sup>119</sup> Department of Health and Human Services, *Homelessness Hotels Emergency Response*.

<sup>120</sup> Council to Homeless Persons, *Limited Housing Options and Support a Risk for Almost 2,000 People Without Homes in Hotels Across Melbourne*, media release, Melbourne, 17 July 2020.

<sup>121</sup> Council to Homeless Persons, *CHP welcomes Victorian Government's announcement of additional staff for homelessness support*, media release, Council to Homeless Persons, Melbourne, 12 November 2020.

**FINDING 91:** At the beginning of Stage 3 restrictions in July 2020, the Department of Health and Human Services implemented the *Homelessness Hotels Emergency Response*, which included the provision of a community support worker to hotels accommodating 20 or more people. Some homeless Victorians accommodated in emergency hotel accommodation may not have received adequate support during the pandemic.

### Co-payments

The *COVID-19 Amendment to Homelessness Services Guidelines and Conditions of Funding* outlines an expectation that people experiencing homelessness, who are provided emergency hotel accommodation, will contribute to the cost of accommodation, where they are able to do so. Clients are expected to make co-contributions for long term stays but contributions are not to exceed 30% of a person's income. The DHHS guidelines state service providers should consider and assess a client's ability to make contributions and apply the expectation with discretion.<sup>122</sup>

In its submission to the Committee, the Castan Centre for Human Rights Law expressed concern about these co-contributions from a human rights perspective. The Castan Centre for Human Rights Law advised that co-payments taken directly from welfare payments could take up a significant portion of an individual's income and have implications on a person's right to affordable housing and food.<sup>123</sup> The Castan Centre for Human Rights Law advised of reports that co-payment amounts were varying from week to week and while the Victorian Government indicated payments were voluntary, there were concerns clients may believe they are mandatory due to a lack of information provided.<sup>124</sup>

Healthcare workers who are eligible for emergency accommodation support under the *Hotels for Heroes* program are provided accommodation free of charge.<sup>125</sup>

**FINDING 92:** The Department of Health and Human Services requested co-payments for extended emergency hotel accommodation stays from people experiencing homelessness. Department of Health and Human Services' guidelines advise requests for co-payments must be applied with discretion.

### Infections among Victorians experiencing homelessness

DHHS advised the Committee on 3 September 2020 that since 7 July 2020 there had been seven people experiencing homelessness who had tested positive to COVID-19,

<sup>122</sup> Department of Health and Human Services, *COVID-19 Amendment to Homelessness Services Guidelines Conditions of Funding*, p. 11.

<sup>123</sup> Castan Centre for Human Rights Law, *Submission 68a*, received 7 August 2020, p. 45.

<sup>124</sup> *Ibid.*, pp. 45–46.

<sup>125</sup> Department of Health and Human Services, *Coronavirus (COVID-19) Emergency Accommodation Program 'Hotels for Heroes': Guidance and Screening for Organisations*, Melbourne, 29 July 2020, p. 4.

five of whom were linked to known outbreaks in the Flemington high rise estates, while the source for two was unknown.<sup>126</sup>

Four of the seven people were in homelessness accommodation, one was residing in a congregate facility, one was a resident of a youth foyer,<sup>127</sup> and one person was sleeping rough. The Committee was not advised of whether individuals had tested positive in emergency hotel accommodation, whether there were outbreaks within emergency hotel accommodation or whether positive cases had occurred prior to 7 July.<sup>128</sup>

**FINDING 93:** From 7 July to 3 September 2020 there were seven Victorians identified as experiencing homelessness that had tested positive for COVID-19.

### COVID Isolation and Recovery Facilities

COVID Isolation and Recovery Facilities (CIRFs) were established to accommodate homeless Victorians who have COVID-19, are undergoing testing, or are recovering from COVID-19. As at 16 December 2020 the DHHS website advises there are 60 beds available across four CIRF facilities and all facilities are located in inner Melbourne. There are no CIRF facilities in regional Victoria.<sup>129</sup> On 9 September 2020 DHHS reported that 102 individuals had been admitted to a CIRF since they opened, of which 40 individuals were COVID-19 positive.<sup>130</sup>

In its submission to the inquiry, Sacred Heart Mission advised the Committee that they had received funding from the Victorian Government to repurpose disused buildings to operate as CIRFs, however due to the decision made to temporarily house rough sleepers in hotels and other vacant accommodation, a severe outbreak in the Victorian homeless community was not realised, including during Victoria's second wave.<sup>131</sup> Consequently, Sacred Heart Mission repurposed their Respite and Recovery Facility to provide recuperative support in the short term (up to 3 months) for people who had chronic and acute medical conditions not associated with COVID-19, until November 2020.<sup>132</sup>

<sup>126</sup> Department of Health and Human Services, *PAEC Response to the Request for Additional Information 21 July 2020*.

<sup>127</sup> Youth foyers are 'integrated learning and accommodation centres that develop the skills of young people at risk of homelessness' and provide accommodation and access to training and education. Brotherhood of St Laurence, *Education First Youth Foyers*, 2020, <<https://www.bsl.org.au/services/youth/education-youth-foyers>> accessed 22 September 2020.

<sup>128</sup> Department of Health and Human Services, *PAEC Response to the Request for Additional Information 21 July 2020*.

<sup>129</sup> Department of Health and Human Services, *Isolation and Recovery Facilities for People Experiencing Homelessness*, Melbourne, 10 August 2020, p. 1; Department of Health and Human Services, *Released: Respite and Recovery Facilities (RRF) Fact Sheet*, 23 June 2020, <<https://fac.dhhs.vic.gov.au/news/released-respite-and-recovery-facilities-rrf-fact-sheet>> accessed 26 August 2020.

<sup>130</sup> Department of Health and Human Services, *Isolation and Recovery Facilities for People Experiencing Homelessness*, p. 1; Department of Health and Human Services, *Released: Respite and Recovery Facilities (RRF) Fact Sheet*; Department of Health and Human Services, *Victoria's homelessness service system: Presentation to the Legal and Social Issues Committee*, submission to Legal and Social Issues Committee, Inquiry into Homelessness in Victoria, 2020, p. 9.

<sup>131</sup> Sacred Heart Mission, *Submission 102*, received 1 October 2020, p. 11.

<sup>132</sup> *Ibid.*

**FINDING 94:** There has been limited use of the COVID Isolation and Recovery Facilities, due to the low levels of COVID-19 in Victoria's homeless population.

### From Homelessness to a Home package

On 28 July 2020 the Premier announced \$150 million in funding to support homeless Victorians during and beyond the COVID-19 pandemic. The *From Homelessness to a Home* package was developed in recognition of the inability for homeless Victorians to self-isolate during the pandemic, the inequalities highlighted by COVID-19 and the opportunity for the Government to assist those already housed in emergency hotel accommodation into long term housing.<sup>133</sup>

The package includes the continuation of emergency hotel accommodation until April 2021 for the 2,000 Victorians already accommodated. The Government intends to lease 1,100 private rental properties for people exiting hotel accommodation in order to provide longer term housing.<sup>134</sup>

Launch Housing began transitioning Victorians experiencing homelessness from emergency hotel accommodation into alternative accommodation on 30 November 2020. RAHU raised concerns that some housing options offered to people were unsuitable and that there was a significant risk of people returning to homelessness.<sup>135</sup>

The package included further funding for the PRAP, to be distributed by homelessness services, and support for clients who moved to long term housing from hotel accommodation.<sup>136</sup>

CHP welcomed the Government's announcement. They advised that Government leasing from the private rental market is 'exactly what is needed to end homelessness for those households'. CHP reiterated its call for more permanent housing and social housing options, adding that those moved into rental accommodation would need permanent housing solutions once the government funding expired.<sup>137</sup>

CHP noted that the 2020–21 Victorian State Budget's provision for \$5.3 billion to build more social housing 'will directly contribute to rectifying the existing housing shortage in the state.'<sup>138</sup> However, there was also concern that the recent and planned reductions

<sup>133</sup> Hon. Daniel Andrews MP, *Homes for Homeless Victorians During Pandemic and Beyond*, media release, Victorian Government, Melbourne, 28 July 2020.

<sup>134</sup> Ibid.

<sup>135</sup> Renters and Housing Union, *Launch Housing Pauses Hotel Exits into Homelessness*, media release, Melbourne, 8 December 2020.

<sup>136</sup> Hon. Daniel Andrews MP, *Homes for Homeless Victorians During Pandemic and Beyond*, media release.

<sup>137</sup> Council to Homeless Persons, *Homes to End Homelessness a Bright Spot in Victoria's Dark Winter*, media release, Melbourne, 28 July 2020.

<sup>138</sup> Council to Homeless Persons, *Victoria's State Budget will make Victoria fairer and stronger, but the Federal Government also needs to step up*, media release, Council to Homeless Persons, Melbourne, 24 November 2020.

in Commonwealth Government income assistance will affect the ability of vulnerable people to cover the cost of housing.<sup>139</sup>

The Committee found that while 2,000 homeless or at-risk Victorians were being accommodated, and 1,100 properties would be leased for longer term housing, the DHHS has previously estimated 25,000 Victorians were sleeping rough or living in emergency or unsafe accommodation on any given day prior to the pandemic.<sup>140</sup>

**FINDING 95:** The Victorian Government's *From Homelessness to a Home* package will support 2,000 homeless Victorians with hotel accommodation and longer-term housing options. The Department of Health and Human Services estimates there are 25,000 homeless Victorians on any given day.

## 8.5.2 Homelessness amongst the Aboriginal community

Aboriginal people in Victoria have the highest contact with homelessness services in Australia. Seventeen per cent of the Victorian Aboriginal population has sought homelessness assistance over the past year. Homeless Aboriginal people are one of the most vulnerable cohorts to the grave health consequences associated with COVID-19 and confront the same issues as other homeless Victorians during the pandemic—an inability to self-isolate and protect themselves through handwashing and the use of anti-bacterial products.<sup>141</sup>

The Victorian Government has provided funding for 12 Aboriginal social housing units, funding for upgrades and maintenance of existing social housing and has added \$4.2 million to the PRAP as a response to the pandemic.<sup>142</sup> Aboriginal Victorians experiencing homelessness also have access to supports such as emergency hotel accommodation.

As part of the \$23 million in funding announced on 16 June 2020, ACCOs will receive over \$2 million in funding to assist with housing and homelessness.<sup>143</sup>

Aboriginal Housing Victoria (AHV) welcomed the Government's investment in Aboriginal social housing, stating:

This is an example of the Government embracing self-determination in practical, concrete terms and we expect funding to flow to increase housing options, extend the number of people we house and improve the quality of homes of people in Aboriginal social housing in our state.<sup>144</sup>

<sup>139</sup> Ibid.

<sup>140</sup> Department of Health and Human Services, *Housing and Homelessness: About Housing and Homelessness*, 14 April 2020, <<https://www.dhhs.vic.gov.au/housing-and-homelessness>> accessed 25 August 2020.

<sup>141</sup> Aboriginal Housing Victoria, *Submission 50*, received 31 July 2020, p. 2.

<sup>142</sup> Hon. Gabrielle Williams MP, *Building Works: Social Housing for Aboriginal Victorians*, media release, Victorian Government, Melbourne, 21 May 2020; Victorian Aboriginal Child Care Agency, *Submission 78*, pp. 26–27.

<sup>143</sup> Victorian Aboriginal Child Care Agency, *Submission 78*, p. 7.

<sup>144</sup> Aboriginal Housing Victoria, *Submission 50*, p. 2.

However, in their submission to the Committee AHV outlined some barriers in accessing and utilising funding to assist the community during the pandemic. AHV told the Committee that further PRAP funding to combat Aboriginal homelessness had been announced in February 2020 but was still in the planning stages at the end of July 2020.<sup>145</sup>

While the Government had announced additional funding for PRAP and the Housing Establishment Fund (HEF) through DHHS to assist homeless Victorians during the pandemic, only two Aboriginal organisations had been made fund holders for additional HEF, which often meant homeless Aboriginal Victorians presenting to Aboriginal organisations for assistance had to be referred to mainstream services.<sup>146</sup>

The impact of this on individuals is multifaceted; those presenting were not able to access culturally sensitive and specific assistance and if presenting for assistance in regional Victoria, often had to be referred to another town far removed from the presenting location.<sup>147</sup> AHV told the Committee in these circumstances:

Access issues, exclusions and delays represent a lost opportunity to secure the person's housing, to respond with urgency and compassion to a crisis and to contain the risk of transporting exposure to infection.<sup>148</sup>

**FINDING 96:** Increased funding for homelessness services is often not distributed to Aboriginal Controlled Community Organisations, while specific funding announced for Aboriginal homelessness has taken over five months to be distributed. During the COVID-19 pandemic, Aboriginal services had to refer individuals seeking homelessness support to mainstream services for assistance.

**RECOMMENDATION 19:** The Victorian Government ensures the timely distribution of announced funding for Aboriginal homelessness infrastructure and services.

## 8.6 Culturally and linguistically diverse communities

In the 2016 Census, over 49% of Victorians indicated they were born overseas or have a parent who was born overseas. Across the state, there are 2.2 million CALD Victorians, while 1.6 million Victorians speak a language other than English at home.<sup>149</sup>

During the COVID-19 pandemic CALD Victorians encountered the same issues as many other Victorians such as social isolation, economic issues and unemployment, financial

<sup>145</sup> Ibid., p. 3; Hon. Richard Wynne MP, *Tackling Aboriginal Housing Challenges Head On*, media release, Victorian Government Melbourne, 26 February 2020.

<sup>146</sup> Aboriginal Housing Victoria, *Submission 50*, p. 3.

<sup>147</sup> Ibid.; Victorian Aboriginal Child Care Agency, *Submission 78*, p. 26.

<sup>148</sup> Aboriginal Housing Victoria, *Submission 50*, p. 3.

<sup>149</sup> Victorian Multicultural Commission, *Inquiry into the Australian Government's Response to the COVID-19 Pandemic*, submission to Parliament of Australia, Select Committee on COVID-19, 2020, p. 4.

insecurity, challenges with education, mental health and family violence. These issues were compounded by overlapping inequality.<sup>150</sup>

The Victorian Government's response to the COVID-19 pandemic included initiatives to support Victorian multicultural and multi-faith communities. As highlighted in the interim report to this inquiry, support for temporary migrants, asylum seekers and refugees has centred on the provision of emergency relief.<sup>151</sup> The implementation of communications and engagement activities targeting CALD Victorians has also been a focus of the Government's response.<sup>152</sup>

The 2020–21 Victorian Budget allocates a total of \$25.3 million to fund:

- food relief
- remote welfare checks
- basic needs assistance packages for asylum seekers facing financial hardship
- the distribution of communication materials to ensure key COVID-19 messages reach all multicultural communities and Aboriginal Victorians
- the continued operation of multicultural media outlets to ensure CALD Victorians receive up to date advice on public health restrictions, health and safety requirements, and available supports.<sup>153</sup>

### 8.6.1 Impact of Victoria's second wave

Stakeholders and Government officials have observed that the second wave of COVID-19 infections has had a disproportionate impact on CALD and migrant communities. The 'hotspot' infection areas during the month of June 2020 and the postcodes selected for further health restrictions had a high proportion of CALD residents.<sup>154</sup> The Chief Health Officer stated more needed to be done to ensure that CALD Victorians understood public health messaging on COVID-19.<sup>155</sup>

There were multiple reasons for a higher number of cases during the second wave in CALD communities. Employment was cited as a factor. Many new migrants work in

<sup>150</sup> Mr Chris Christoforou, Executive Officer, Ethnic Communities Council of Victoria, public hearing, Melbourne, 27 August 2020, *Transcript of evidence*, p. 3; Ethnic Communities' Council of Victoria, *Submission 34a*, received 31 July 2020, pp. 4–5.

<sup>151</sup> Hon. Ros Spence MP, *Helping Multicultural Victorians Through Coronavirus*, media release, Victorian Government, Melbourne, 6 May 2020.

<sup>152</sup> Hon. Daniel Andrews MP, *Working Together With Multicultural Communities*, media release, Victorian Government, Melbourne, 13 August 2020; Hon. Daniel Andrews MP, *More Support for Multicultural Communities*, media release, Victorian Government, Melbourne, 16 September 2020; Hon. Daniel Andrews MP, *Helping Multicultural Victorians Through Coronavirus*, media release, Victorian Government, Melbourne, 6 May 2020.

<sup>153</sup> Hon. Daniel Andrews MP, *Helping Multicultural Victorians Through Coronavirus*, media release; Hon. Daniel Andrews MP, *Working Together With Multicultural Communities*, media release, Victorian Government, Melbourne, 13 August 2020; Hon. Daniel Andrews MP, *More Support for Multicultural Communities*, media release; Department of Treasury and Finance, *Budget Paper No. 3*, pp. 115, 122.

<sup>154</sup> Department of Health and Human Services, *COVID-19 Suburban Testing Blitz: Hotspot Intervention Plan*, Melbourne, 2020, p. 2.

<sup>155</sup> Yara Murray-Atfield, 'Victorian Coronavirus Response 'Not Doing Enough' to Reach Key Groups, Chief Health Officer Says', *ABC News*, 15 August 2020, <<https://www.abc.net.au/news/2020-08-15/victorian-coronavirus-messaging-could-reach-more-people-cho-says/12560986>> accessed 13 September 2020.

low paying jobs in the service industry and as frontline workers. A lack of targeted and focussed engagement with at-risk communities may have been a factor in the spread of COVID-19 in some communities and not others.<sup>156</sup>

In response to feedback from community leaders and in recognition of the vital role local and community organisations play in identifying those who require support, in August 2020 the Victorian Government established the CALD Communities Taskforce (the Taskforce) with representatives from the Victorian Multicultural Commission and various departments.<sup>157</sup> The Taskforce partnered with community organisations and local governments to develop community specific, locally delivered solutions to slow the spread of COVID-19.<sup>158</sup> As at 16 August 2020, \$1.3 million in supports had been distributed through multicultural and multifaith organisations to more than 600 individuals or families during the pandemic.<sup>159</sup>

When asked about the effectiveness of the Victorian Government's engagement with CALD Victorians and coordination of initiatives through the Taskforce on 3 December 2020, the Minister for Multicultural Affairs stated:

I would note that the second package that I was about to refer to that was provided in August, the \$14.3 million, along with that package there was also the establishment of the CALD Communities Taskforce. Part of that task force involved allocations of funding to community organisations, and that involved direct liaising, working with community organisations across the state from August to this day, including many in the sector as well as support organisations. We have also been having much engagement with organisations and with the sector throughout the entire time, including with sector briefings and engagement by way of roundtables. Indeed there have been presentations made to the task force by the [Ethnic Communities' Council of Victoria] and others. Does that mean everything that could be done has been done? There is always more to be learned. This year was one out of the box. It did not come with an instruction manual. There is always more that can be done and of course we are going to learn from it.<sup>160</sup>

**FINDING 97:** Victoria's second wave of the COVID-19 pandemic disproportionately impacted areas with a high proportion of culturally and linguistically diverse and migrant residents.

**FINDING 98:** The CALD Communities Taskforce partnered with community organisations and local governments to develop community specific, locally delivered solutions to slow the spread of COVID-19.

<sup>156</sup> Nathan Grills and Nicole Butcher, 'Better Engaging Culturally Diverse Communities During COVID-19', *Pursuit - The University of Melbourne*, 4 September 2020, <<https://pursuit.unimelb.edu.au/articles/better-engaging-culturally-diverse-communities-during-covid-19>> accessed 8 September 2020; Ethnic Communities' Council of Victoria, *Submission 34a*, p. 7.

<sup>157</sup> Hon. Daniel Andrews MP, *Working Together With Multicultural Communities*, media release; Hon. Daniel Andrews MP, *More Support for Multicultural Communities*, media release.

<sup>158</sup> Hon. Daniel Andrews MP, *More Support for Multicultural Communities*, media release.

<sup>159</sup> *Ibid.*

<sup>160</sup> Hon. Ros Spence MP, Minister for Multicultural Affairs, Public Accounts and Estimates Committee, Inquiry into the 2020–21 Budget Estimates, public hearing, Melbourne, 3 December 2020, *Transcript of evidence*, p. 5.



On 12 December 2020, the Victorian Government announced an additional \$18.8 million to the Taskforce so that multicultural organisations can continue to lead local responses to the pandemic, including emergency relief, food and clothing supplies and outreach support. The Minister for Multicultural Affairs stated that more 90,000 Victorians from thousands of households and families had been supported through the Taskforce during the pandemic, as well as the distribution of approximately \$2 million to 900 multicultural seniors groups to help their members stay safe and connected.<sup>161</sup>

There are concerns from stakeholders such as Liberty Victoria (LV) that the support offered by the Victorian Government did not go far enough to meet the basic needs of temporary migrants, asylum seekers and refugees currently residing in Victoria.<sup>162</sup> There are currently around 10,000 asylum seekers residing in Victoria and over 47,000 people classified as refugees and asylum seekers on different classes of temporary visa living in Victoria.<sup>163</sup>

**FINDING 99:** The Victorian Government has announced funding to support individuals on different classes of visa despite this being a Commonwealth responsibility. There are currently over 47,000 individuals living in Victoria on different classes of humanitarian visa.

In his submission to the Committee, Emeritus Professor Andrew Jakubowicz, University of Technology Sydney, advised when testing for COVID-19 data on demographic details such as place of birth and language spoken at home is not usually collected, unless an interpreter is requested.<sup>164</sup> Professor Jakubowicz suggests data on languages other than English collected during COVID-19 testing could have led to the identification of communities affected by transmission who may have not been receiving the health information needed. Professor Jakubowicz suggested data could have been used to analyse which communities were not receiving health information and to target communications to different communities.<sup>165</sup>

The Victorian Multicultural Commission supported this view in their submission to the Federal COVID-19 inquiry, stating:

... enhancing the data collated to incorporate additional demographic details such as birthplace, ethnicity, faith and language spoken would inform a targeted communications strategy and emergency response more effectively.<sup>166</sup>

Countries including New Zealand are recording ethnicity when testing for COVID-19.<sup>167</sup>

<sup>161</sup> Hon. Daniel Andrews MP, *Further Support for Multicultural Communities*, media release, Victorian Government, Melbourne, 12 December 2020.

<sup>162</sup> Liberty Victoria, *Submission 46a*, received 31 July 2020, p. 24.

<sup>163</sup> Victorian Council of Social Service, *Submission 64a*, p. 24; Refugee Council of Australia, *COVID-19 and Humanitarian Migrants on Temporary Visas: Assessing the Public Costs: Research Briefing Note #2*, report prepared by John van Kooy, report for Refugee Council of Australia, July 2020.

<sup>164</sup> Emeritus Professor Andrew Jakubowicz, *Submission 75a*, received 19 August 2020, p. 1.

<sup>165</sup> Emeritus Professor Andrew Jakubowicz, *Submission 75*, received 19 August 2020, p. 1.

<sup>166</sup> Victorian Multicultural Commission, *Inquiry into the Australian Government's Response to the COVID-19 Pandemic*, p. 9.

<sup>167</sup> Stephanie Dalzell, 'Cultural Backgrounds, Languages Could Be Recorded During Coronavirus Tests to Help Future Health Responses', *ABC News*, 25 November 2020, <<https://www.abc.net.au/news/2020-11-25/ethnicity-language-recorded-coronavirus-test-improve-responses/12915774>> accessed 11 December 2020.

**FINDING 100:** The Victorian Government's response to the COVID-19 pandemic included initiatives to support Victorian multicultural and multi-faith communities. Support centred on the provision of emergency relief and the implementation of communications and engagement activities targeting culturally and linguistically diverse Victorians.

## 8.6.2 Temporary visa holders, asylum seekers and refugees

The negative social, economic, and health and wellbeing impacts of the pandemic have affected people on temporary visas, asylum seekers, and refugees. However, these cohorts have found themselves with restricted Government support due to their visa status.

In July 2020, Ethnic Communities' Council of Victoria (ECCV) and LV raised concerns that temporary migrants, asylum seekers and refugees were at a greater risk of destitution, food insecurity and homelessness due to the economic impacts of COVID-19.<sup>168</sup> Financial stress and unemployment was found to be an issue of high concern for temporary visa holders, asylum seekers and refugees. Many individuals on temporary visas are not eligible for JobKeeper supports, while historically there has been a shortage of services and support for asylum seekers and refugees who, depending on their visa, may not be eligible for Medicare or Centrelink or both.<sup>169</sup>

ECCV has suggested that many people in precarious employment situations have a financial imperative to continue working in any circumstances during the pandemic, potentially putting themselves and others at greater health risk.<sup>170</sup>

The Refugee Council of Australia's (RCA) research suggests refugees and asylum seekers are likely to be highly vulnerable during an economic recession, while unemployment among these cohorts could rise to over 40% and homelessness to over 12%. According to RCA, this will result in added demands on public health services and specialist homelessness services, the cost of which will be passed onto State and Federal Governments.<sup>171</sup> By 1 August 2020, the Asylum Seeker Resource Centre had already seen a three-fold increased demand for material aid and necessities such as food.<sup>172</sup>

The detention conditions that refugees and asylum seekers are held in also posed a threat to their health during the pandemic. On Monday 10 August 2020, the Federal Court ordered that an elderly man detained at Melbourne Immigration Transit

<sup>168</sup> Ethnic Communities' Council of Victoria, *Submission 34a*, pp. 1, 10; Liberty Victoria, *Submission 46a*, pp. 25, 26.

<sup>169</sup> Ethnic Communities' Council of Victoria, *Submission 34a*, pp. 9–10; Liberty Victoria, *Submission 46a*, pp. 24–26; Refugee Council of Australia, *Open Letter to Prime Minister Scott Morrison - Nobody Left Behind: Income Support*, 7 May 2020, <<https://www.refugeecouncil.org.au/open-letter-covid/3>> accessed 7 October 2020; Refugee Council of Australia, *Open Letter to Prime Minister Scott Morrison - Nobody Left Behind: Access to Medicare*, 7 May 2020, <<https://www.refugeecouncil.org.au/open-letter-covid/2>> accessed 7 October 2020.

<sup>170</sup> Ethnic Communities' Council of Victoria, *Submission 34a*, p. 1.

<sup>171</sup> Refugee Council of Australia, *COVID-19 and Humanitarian Migrants on Temporary Visas: Assessing the Public Costs*, pp. 1–2, 8–10.

<sup>172</sup> Asylum Seeker Resource Centre, submission to Parliament of Australia, Select Committee on COVID-19, 2020, p. 4.

Accommodation be released due to a high risk to his life from COVID-19 due to his advanced age and diabetes. The man had expected to be able to stay with his family, however he was transferred to a detention facility in Western Australia.<sup>173</sup>

**FINDING 101:** Temporary migrants, refugees and asylum seekers residing in Victoria are at a high risk of financial stress during the COVID-19 pandemic due to a lack of eligibility for Commonwealth Government support.

In addition to the \$619.4 million Jobs for Victoria Program and \$87.5 million Working for Victoria Initiative, the Victorian Budget provides targeted economic support and funding for the development of skills for multicultural Victorians in 2020–21 Budget, including:

- \$155.5 million for access to subsidised and Free Technical and Further Education training to assist those affected by economic disruption, including migrants. This includes support for the establishment of a Multicultural Learning Partnership between the Department of Education and Training, Adult Migrant Education Services Australia, Victorian Multicultural Commission and Adult, Community and Further Education Board.<sup>174</sup>
- \$34.3 million to support the economic recovery of Victorian CALD communities and young people through provision of funding for: the employment of 50 Community Employment Connectors; seed funding grants for African–Australian enterprise and small businesses in Victoria; grants to deliver 60 multicultural infrastructure projects; 26 playgroups servicing up to 1,000 parents from recently arrived refugee and asylum seeker backgrounds across Melbourne.<sup>175</sup>

ECCV welcomed the Working for Victoria program and Jobs Victoria Employment Network due to many multicultural organisations already achieving positive outcomes through these initiatives. ECCV acknowledged that many migrant and refugee community members were not able to access the social safety net on an equitable level to other Victorians during the pandemic.<sup>176</sup>

**FINDING 102:** Multicultural stakeholders welcomed Victorian Government support for job development in the 2020–21 Budget, noting that many migrant and refugee community members were not able to access the social safety net on an equitable level to other Victorians during the pandemic

<sup>173</sup> Human Rights Law Centre, *Federal Court orders Minister to stop detaining elderly man at Melbourne detention centre due to COVID-19 risk to his life*, media release, Human Rights Law Centre, Melbourne, 11 August 2020.

<sup>174</sup> Department of Treasury and Finance, *Budget Paper No. 3*, pp. 28, 39.

<sup>175</sup> *Ibid.*, pp. 115, 121.

<sup>176</sup> Ethnic Communities' Council of Victoria, *Victoria's Social and Economic Recovery Needs To Be Built On Multicultural Communities*, media release, Melbourne, 24 November 2020.

## 8.7 Public housing lockdown

On 4 July 2020, the Victorian Premier announced that effective immediately, nine public housing towers in Flemington and North Melbourne would be closed and contained, with the approximately 3,000 residents of the public housing towers required to stay in their homes.<sup>177</sup>

*Detention Directions* were issued under the *Public Health and Wellbeing Act 2008* and authorised by the Deputy Chief Health Officer, which specified that due to the serious public health risk posed by COVID-19, residents of the specified public housing towers would be detained at their place of residence from 4 July 2020 until 18 July 2020.<sup>178</sup> Residents were not permitted to leave their premises for any circumstance unless they were granted permission to do so, or in an emergency situation. Residents were not permitted to allow any other persons into their premises for the duration of the *Detention Directions* unless they were a resident, or the person had authorisation to enter.<sup>179</sup>

In a statement released on the same day, the Premier advised that in recent days 23 cases across 12 households had been identified in the public housing towers in Kensington and North Melbourne and as such, the *Detention Directions* needed to be in place to stop the spread of COVID-19. The Premier advised that cases of COVID-19 in high rise public housing towers were different to other outbreaks, as the close confines and shared community spaces of the buildings meant the virus could ‘spread like wildfire’ without efforts to stop the spread.<sup>180</sup>

While the *Detention Directions* were in place until 18 July 2020, the Premier advised that residents would be detained for at least five days while testing of all residents took place. The lifting of restrictions was dependant on tracking and tracing of COVID-19 throughout the nine towers in an effort to limit the spread. The *Detention Directions* allowed for a further detention period of 10 days for residents who refused to be tested for COVID-19.<sup>181</sup> The Premier advised the Committee that the decision taken to detain public housing residents in their homes was based on advice from the Chief Health Officer.<sup>182</sup>

On 9 July 2020 the Victorian Government announced the *Detention Directions* for all nine public housing towers were being withdrawn. Throughout the preceding days the public housing towers at 9 Pampas Street and 159 Melrose Street North Melbourne were

<sup>177</sup> Hon. Daniel Andrews MP, *Statement from the Premier*, media release, Victorian Government, Melbourne, 4 July 2020.

<sup>178</sup> Department of Health and Human Services, *Direction from Deputy Health Officer (Communicable Disease) in Accordance with Emergency Powers Arising from Declared State of Emergency: Detention Directions (130 Racecourse Road, Flemington)*, July 2020, <<https://www.dhhs.vic.gov.au/sites/default/files/documents/202007/DetentionDirection-130RacecourseRdFlemington.pdf>> accessed 13 September 2020; Victoria, *Victoria Government Gazette*, No. S343, 5 July 2020.

<sup>179</sup> Department of Health and Human Services, *Direction from Deputy Health Officer (Communicable Disease) in Accordance with Emergency Powers Arising from Declared State of Emergency*; Victoria, *Victoria Government Gazette*.

<sup>180</sup> Hon. Daniel Andrews MP, *Statement from the Premier*, media release, Victorian Government, Melbourne, 4 July 2020.

<sup>181</sup> Ibid.; Department of Health and Human Services, *Direction from Deputy Health Officer (Communicable Disease) in Accordance with Emergency Powers Arising from Declared State of Emergency*.

<sup>182</sup> Hon. Daniel Andrews MP, Premier, Department of Premier and Cabinet, public hearing, Melbourne, 11 August 2020, *Transcript of evidence*, p. 8.

found to have no confirmed cases of COVID-19 and transitioned to Stage 3 restrictions from 5pm on 9 July 2020. Six locations were found to have low numbers of COVID-19 cases and reopened with Stage 3 restrictions from 11:59pm on 9 July 2020. The remaining public housing tower at 33 Alfred Street was confirmed to have 53 cases of COVID-19, resulting in 11% of residents testing positive. All residents of 33 Alfred Street were therefore determined to be close contacts and required to self-isolate for a total of 14 days.<sup>183</sup>

The Premier advised the Committee that the decision to lock down the nine public housing tower sites was one that was taken to protect public health and ensure COVID-19 did not spread into the wider community.<sup>184</sup> The Premier stated:

... when you have a number of positive cases in an environment that is as dense in terms of the number of people living in close proximity to each other, as vulnerable given the pre-existing health status of many, many residents, together with many other challenges, it is a particularly complex environment. When you are then faced with that, that is the cohort you are dealing with. You have got positive cases, you have got advice from the Chief Health Officer that, if we do not lock down those nine towers, then we will see this run wild throughout the entire community in those towers...<sup>185</sup>

While it was announced 2,515 residents were tested across the nine public housing sites and 158 people had tested positive, there was no information provided to explain why all 3,000 residents had not been tested.<sup>186</sup>

**FINDING 103:** From 4 July to 9 July 2,515 residents were tested from the nine public housing buildings and 158 cases of COVID-19 were identified.

On 17 July 2020 the Victorian Ombudsman announced an investigation into the treatment of public housing tenants in lockdown. The Ombudsman's report on the investigation was tabled in the Victorian Parliament on 17 December 2020. The Ombudsman found that while the temporary detention of residents at 33 Alfred Street may have been an appropriate measure to contain the outbreak of COVID-19 sweeping the building, the imposition of such restrictions with more or less immediate effect—absent further preparation, and without specific health advice recommending such an approach—did not appear justified and reasonable in the circumstances, nor compatible with the right to humane treatment when deprived of liberty. Further, the Ombudsman was also not satisfied proper consideration was given to the human rights of those affected by the lockdown at 33 Alfred Street when restrictions were introduced.<sup>187</sup>

<sup>183</sup> Hon. Daniel Andrews MP, *Stage 3 Restrictions for Flemington and North Melbourne Estates*, media release, Victorian Government, Melbourne, 9 July 2020; Department of Health and Human Services, *Public Housing Restrictions: Information and Support*, 10 July 2020, <<https://web.archive.org/web/20200710012554/https://www.dhhs.vic.gov.au/information-and-supports-public-housing-restrictions-covid-19>> accessed 13 September 2020.

<sup>184</sup> Hon. Daniel Andrews MP, *Transcript of evidence*, p. 9.

<sup>185</sup> *Ibid.*

<sup>186</sup> Hon. Daniel Andrews MP, *Stage 3 Restrictions for Flemington and North Melbourne Estates*, media release.

<sup>187</sup> Victorian Ombudsman, *Investigation into the detention and treatment of public housing residents arising from a COVID-19 'hard lockdown' in July 2020* Melbourne, 17 December 2020, p. 18.

At the public hearings for the 2020–21 Budget Estimates on 18 December 2020, the Minister for Housing stated that the decision to impose the lockdown was recommended by the Chief Health Officer, and that the responsible Cabinet subcommittee took the view that it would be appropriate to intervene as soon as possible.<sup>188</sup> The Minister for Housing stated:

The chances of people who are the most vulnerable in our community, with very significant health issues, being infected was an enormous risk, and Dr van Diemen herself said she was absolutely terrified about the potential deleterious health outcomes that may have occurred through this outbreak.<sup>189</sup>

### 8.7.1 Management of the lockdown

During the lockdown, the Victorian Government stated it would provide a large number of supports to public housing residents including financial support, healthcare and the delivery of basic necessities and food. The *Public Health and Wellbeing Act 2008* and the *Detention Directions* that applied to the nine public housing towers did not specify what the Victorian Government is obligated to provide to residents during detention or how continued detention should be managed in terms of the wellbeing of residents.<sup>190</sup>

The right to humane treatment when deprived of liberty is a universally accepted human right.<sup>191</sup> In the context of international human rights law, the UN Human Rights Committee has observed that this right applies not just to persons detained under the criminal law, but also to persons detained elsewhere under the laws and authority of the government.<sup>192</sup> Individuals who are detained must be provided with services that will satisfy their essential needs, and guidance developed by the Victorian Government states that humane treatment in the context of detention will require, among other things, the provision of appropriate food.<sup>193</sup>

**FINDING 104:** The Victorian Government was required to provide residents of the locked down public housing towers with services that would satisfy their essential needs including appropriate food, and to ensure access to medical treatment and access to therapeutic drugs.

The Emergency Management Commissioner advised the Committee that as the lockdown was a health response, DHHS was the control agency. The Emergency Management Commissioner took part in the coordination of the operation in

<sup>188</sup> Hon. Richard Wynne MP, Minister for Housing, Department of Health and Human Services, Public Accounts and Estimates Committee, Inquiry into the 2020–21 Budget Estimates, public hearing, Melbourne, 18 December 2020, *Transcript of evidence*, p. 5.

<sup>189</sup> *Ibid.*

<sup>190</sup> *Public Health and Wellbeing Act 2008* (Vic); Victoria, *Victoria Government Gazette*.

<sup>191</sup> Department of Justice, *Charter of Human Rights and Responsibilities: Guidelines for Legislation and Policy Officers in Victoria*, Melbourne, 2008, p. 141.

<sup>192</sup> General Comment 21 UN Human Rights Committee, Article 10 *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, UN Doc. HRI/GEN/1/Rev.6 at 153 (2003) [2]. (Forty-fourth session, 1992).

<sup>193</sup> Department of Justice, *Charter of Human Rights and Responsibilities*, p. 142.

collaboration with the State Controller, while a commander from Victoria Police was appointed the Deputy State Controller for the Operation under the State Controller for Health.<sup>194</sup>

The Emergency Management Commissioner advised that the operation was set up over seven or eight hours and other agencies and organisations were called in to assist with supporting residents' needs.<sup>195</sup> Additional Australian Defence Force (ADF) personnel were deployed to the State Control Centre to assist, while organisations such as the State Emergency Service, Fire Rescue Victoria, Country Fire Authority, and Life Saving Victoria were all present at the public housing towers providing assistance.<sup>196</sup>

The Committee was advised there was no pre-existing plan for public housing in a pandemic situation.<sup>197</sup>

VCOSS explained that many of the factors that mean public housing could face rapid spread of both COVID-19 and other communicable diseases are also present in other high density environments such as rooming houses and student accommodation, which the Government should plan for.<sup>198</sup>

Organisations who worked on the ground at the towers during the lockdown told the Committee that in the first days of the response the situation was 'chaotic' and lacked a clear plan or leadership.<sup>199</sup> Australian Muslim Social Services Agency (AMSSA) stated they were not aware of any real structure and they felt there was no real plan concerning how residents would have their basic needs fulfilled.<sup>200</sup> AMSSA added:

Ms ABDIKADIR: And one thing also is the lack of cooperation between the organisations. I feel like police did not know what DHHS was doing. Probably DHHS did not know what police were doing. We did not know what a lot of them—there was just a lot of—

Ms HAJI: There was no communication between all the different organisations.

Ms ABDIKADIR: There was a lack of communication.<sup>201</sup>

In their submission to the Committee, Flat Out Inc and Harm Reduction Victoria put forward the perspective of some workers at the Kensington and North Melbourne tower sites who worked for organisations that were regular community health fixtures in the towers, as well as from organisations that had deployed at the towers in response to

<sup>194</sup> Mr Andrew Crisp, Emergency Management Commissioner, Emergency Management Victoria, public hearing, Melbourne, 26 August 2020, *Transcript of evidence*, pp. 8–9.

<sup>195</sup> *Ibid.*, p. 8.

<sup>196</sup> Hon. Daniel Andrews MP, *Supporting Public Housing Residents Through Quarantine*, media release, Victorian Government, Melbourne, 6 July 2020; Hon. Lisa Neville MP, *Transcript of evidence*, p. 19.

<sup>197</sup> Mr Andrew Crisp, *Transcript of evidence*, p. 9.

<sup>198</sup> Victorian Council of Social Service, *Submission 64a*, p. 34.

<sup>199</sup> Mr Justin Hanney, Chief Executive Officer, City of Melbourne, public hearing, Melbourne, 13 August 2020, *Transcript of evidence*, p. 7; Ms Adna Abdikadir, Deputy Director, Australian Muslim Social Services, public hearing, Melbourne, 27 August 2020, *Transcript of evidence*, p. 10; Ms Fardawsa Haji, Secretary, Australian Muslim Social Services, public hearing, Melbourne, 27 August 2020, *Transcript of evidence*, p. 10.

<sup>200</sup> Ms Adna Abdikadir, *Transcript of evidence*, p. 10; Ms Fardawsa Haji, *Transcript of evidence*, p. 10.

<sup>201</sup> Ms Adna Abdikadir, *Transcript of evidence*, p. 10; Ms Fardawsa Haji, *Transcript of evidence*, p. 10.

the lockdowns. These workers suggested that the management of the lockdown led to increased health risks:

I saw that the police and department response actually created further health risks... police not in PPE, not social distancing, not using hand sanitiser correctly... just walking around in groups...piles of rotting food everywhere, at the bottom of each tower... Outreach Worker (AOD).<sup>202</sup>

The Victorian Public Tenants Association advised the Committee that:

We can never again be in a situation where emergencies are not properly prepared for, communities are not properly consulted with and cultural needs are not fully taken into account and addressed, including clear communication in all relevant community languages and the provision of supplies and support that are culturally appropriate.<sup>203</sup>

**FINDING 105:** The Victorian Government did not have a pre-existing plan to manage an outbreak of COVID-19 in high density state-managed public housing. Consequently, the initial stages of the public housing lockdown were characterised by confusion and a lack of communication.

DHHS released guidance for primary health care providers<sup>204</sup> and public clinical mental health providers<sup>205</sup> on how to manage outbreaks and outbreak responses to COVID-19 in Supported Residential Services (SRS), public housing and other high-density settings with vulnerable populations such as rooming houses, backpackers and caravan parks on 2 October 2020.

### Role of Victoria Police

During the announcement of the lockdown of the nine public housing towers on 4 July 2020, the Premier's statement also advised that Victoria Police and Protective Services Officers (PSOs) would be deployed to the towers to ensure 'safety, compliance and security'.<sup>206</sup>

The Premier added that Victoria Police were undertaking a vital role in assisting to contain the spread of COVID-19 by ensuring that residents were not leaving the locked down public housing towers and that the security of the lockdown was maintained.<sup>207</sup>

The Minister for Police and Emergency Services told the Committee that Victoria Police undertook 4,200 shifts and PSOs undertook 96 shifts in total for the duration

<sup>202</sup> Flat Out Inc & Harm Reduction Victoria, *Submission 56a*, received 31 July 2020, p. 11.

<sup>203</sup> Victorian Public Tenants Association, *Submission 40a*, p. 6.

<sup>204</sup> Department of Health and Human Services, *Supporting residents in Supported Residential Services (SRS) Information for primary care providers - Coronavirus (COVID-19)*, Department of Health and Human Services, Melbourne, 2 October 2020.

<sup>205</sup> Department of Health and Human Services, *Coronavirus (COVID-19) SRS and shared accommodation - mental health preparedness and outbreak response*, Department of Health and Human Services, Melbourne, 2 October 2020.

<sup>206</sup> Hon. Daniel Andrews MP, *Statement from the Premier*, media release.

<sup>207</sup> Paul Hayes, 'No One Allowed In...And No One Allowed Out', *NewsGP*, 5 July 2020, <<https://www1.racgp.org.au/newsgp/clinical/if-we-get-this-wrong-the-consequences-will-be-horr>> accessed 6 October 2020.



of the lockdown. The Minister added that the Priority Communities Division, the team who work with community groups in the towers, were deployed from the start of the lockdown as part of the police presence. Victoria Police and PSOs also delivered food relief and other services to residents.<sup>208</sup>

The Committee heard from multiple organisations and human rights groups who had concerns about the amount of police deployed to enforce the lockdown, the conduct of police at the site and the effect the police presence had on residents of the towers. In their submission to the inquiry the Castan Centre for Human Rights Law advised the Committee that the use of such police enforcement may have had a detrimental effect on residents who are considered vulnerable with mental health issues or past trauma including those who have fled war or persecution and have sought asylum in Australia.<sup>209</sup> The Castan Centre for Human Rights Law and AMSSA added that many who may have been affected have been subject to over-policing in the past.<sup>210</sup> AMSSA stated many residents felt as if they were imprisoned due to the presence of law enforcement:

People were really scared—overwhelmed. They did not know how to react. I guess they felt powerless pretty much. They felt like it was unfair. They felt like they were being criminalised.<sup>211</sup>

VCOSS suggested a health-based approach during the lockdown would have been more appropriate:

The heavy police presence was unnecessary and distressing for communities with histories of trauma and used to being overpoliced and subject to racism. The large police presence unnecessarily escalated tension, when a public health response led by nurses and community health officials could have deescalated them.<sup>212</sup>

In their submission to the Committee Flat Out Inc and Harm Reduction Victoria included views from service providers and healthcare workers on the ground. The submission advised some workers felt the police presence impeded their work and on different occasions obstructed the delivery of food, medicine and healthcare.<sup>213</sup>

The Minister for Police and Emergency Services advised the Committee that Victoria Police played a role in improving the situation at the public housing towers immediately after the announcement of the lockdown, and in the subsequent days endeavoured to communicate with the public housing community, attended community meetings and

<sup>208</sup> Hon. Lisa Neville MP, *Transcript of evidence*, p. 19; Hon. Lisa Neville MP, Minister for the Coordination of Environment, Land, Water and Planning: COVID-19 and Minister for Police and Emergency Services, *COVID-19 public hearing presentation*, supplementary evidence received 26 August 2020, p. 3.

<sup>209</sup> Castan Centre for Human Rights Law, *Submission 68a*, p. 18.; Ms Adna Abdikadir, *Transcript of evidence*, p. 2. Castan Centre for Human Rights Law, *Submission 68a*, p. 18.; Ms Adna Abdikadir, *Transcript of evidence*, p. 2.

<sup>210</sup> Castan Centre for Human Rights Law, *Submission 68a*, pp. 36–37; Ms Adna Abdikadir, *Transcript of evidence*, p. 2. Castan Centre for Human Rights Law, *Submission 68a*, pp. 36–37.; Ms Adna Abdikadir, *Transcript of evidence*, p. 2.

<sup>211</sup> Ms Adna Abdikadir, *Transcript of evidence*, p. 7.

<sup>212</sup> Victorian Council of Social Service, *Submission 64a*, p. 34.

<sup>213</sup> Flat Out Inc & Harm Reduction Victoria, *Submission 56a*, pp. 8, 10.

played a large role in delivering food and essential packages in collaboration with other emergency services.<sup>214</sup>

On 9 July the Minister advised that Victoria Police would continue to support the health and safety of residents at public housing tower sites while also supporting the needs of those who remained in quarantine.<sup>215</sup> According to the Minister, the public housing lockdown played an important role in stopping the spread of COVID-19 into the wider community.<sup>216</sup>

**FINDING 106:** The lockdown of nine public housing towers was designed to contain the spread of the virus within and beyond the public housing towers noting that these are particularly vulnerable communities. However, the use of police to enforce the public housing lockdown on 4 July 2020 concerned many residents with some saying they felt scared, powerless and criminalised.

### Resident notification

The detention of residents in the nine public housing towers in Flemington and North Melbourne took place as it was announced by the Premier, without prior notification given to residents. According to the Victorian Government, an immediate lockdown was part of the strategy to contain the spread of COVID-19. The Premier told the Committee:

... part of the advice of the Chief Health Officer was to have an immediate lockdown—not a lockdown three days hence, when you have had the benefit of many, many hours to provide additional planning time...this could not be done with a three-day lead-in. This could not be done with the notice that you would obviously prefer if you were not in the midst of a global pandemic...This was urgent advice to lock these powers down urgently...<sup>217</sup>

There were a number of negative effects created by the lack of notice and imperfect communication to residents about the lockdown. The Castan Centre for Human Rights Law, Flat Out Inc, Harm Reduction Victoria and VCOSS advised the Committee the *Detention Directions* were provided to residents at first in English only, while residents voluntarily translated information into community languages to ensure other residents understood the situation.<sup>218</sup> Up to 48 hours after the first announcements workers reported some residents were still unaware of why their building had been placed in lockdown, the public health basis for the immediate lockdown and how long the lockdown was going to continue for.<sup>219</sup>

<sup>214</sup> Hon. Lisa Neville MP, *Transcript of evidence*, p. 19.

<sup>215</sup> Hon. Daniel Andrews MP, *Stage 3 Restrictions for Flemington and North Melbourne Estates*, media release.

<sup>216</sup> Hon. Lisa Neville MP, *Transcript of evidence*, p. 19.

<sup>217</sup> Hon. Daniel Andrews MP, *Transcript of evidence*, pp. 8–10.

<sup>218</sup> Castan Centre for Human Rights Law, *Submission 68a*, pp. 34–36; Flat Out Inc & Harm Reduction Victoria, *Submission 56a*, p. 5; Victorian Council of Social Service, *Submission 64a*, p. 26.

<sup>219</sup> Castan Centre for Human Rights Law, *Submission 68a*, pp. 34–35; Flat Out Inc & Harm Reduction Victoria, *Submission 56a*, p. 5.

**FINDING 107:** There was no prior communication of the lockdown with public housing tower residents on health grounds. Delays in communicating with residents, particularly in languages other than English, led to confusion amongst residents during the lockdown.

### Support provided to residents and access to healthcare and necessities

On 4 July 2020 the Premier and Minister for Housing announced residents would have access to ‘wraparound’ support including deliveries of food, necessities and care packages and onsite medical care.<sup>220</sup> On 5 July extra support was announced including onsite translators to doorknock residents to explain the restrictions and understand the support individual residents needed. A dedicated 1800 phone number for assistance operated by DHHS was announced, as was a \$750 support payment for all affected households and two weeks rent relief for all tenants. The Victorian Multicultural Commission was to engage the community and act as the liaison point for community coordination.<sup>221</sup>

On 6 July 2020 the Government announced it was ‘ramping up’ support to residents, partnering with a number of organisations to deliver supplies and establishing two field emergency management units for on-site medical assistance. A media release from the Government advised on 5 July 2020 that over 3,000 meals, 500 packs of essential supplies and 400 activity boxes for kids were delivered to residents.<sup>222</sup>

**FINDING 108:** The Victorian government delivered medical attention, financial support and essential food supplies to public housing tower residents over the first three days of the lockdown.

In its submission the Castan Centre for Human Rights Law advised the Committee that for some residents there were delays of up to 8 hours for receiving food and when food arrived, for some residents it was culturally inappropriate and lacking basic staples.<sup>223</sup> Similarly Flat Out Inc and Harm Reduction Victoria told the Committee that residents were consistently reporting the DHHS 1800 number was not accessible due to lengthy wait times, calls not being answered and a failure to follow up on issues when residents were able to get through.<sup>224</sup>

In their submission Flat Out Inc and Harm Reduction Victoria reported significant incidents in which residents needs were not meet in a timely manner:

- A woman with premature eight-month-old twins who had no infant formula;

<sup>220</sup> Hon. Daniel Andrews MP, *Statement from the Premier*, media release; Hon. Richard Wynne MP, *Statement from the Minister for Housing*, media release, Victorian Government, Melbourne, 4 July 2020.

<sup>221</sup> Hon. Daniel Andrews MP, *Extra Support for Housing Estates and Hotspot Postcodes*, media release, Victorian Government, Melbourne, 5 July 2020; Hon. Daniel Andrews MP, *Supporting Public Housing Residents Through Quarantine*, media release.

<sup>222</sup> Hon. Daniel Andrews MP, *Supporting Public Housing Residents Through Quarantine*, media release.

<sup>223</sup> Castan Centre for Human Rights Law, *Submission 68a*, pp. 38–39.

<sup>224</sup> Flat Out Inc & Harm Reduction Victoria, *Submission 56a*, p. 9.

- An elderly gentleman who had been without insulin for 48 hours and was exhibiting symptoms of shock; and
- A young man who was withdrawing from prescribed benzodiazepine and assessed as high risk by the attending AOD [Alcohol and Other Drug] clinician.<sup>225</sup>

In their submission Flat Out Inc and Harm Reduction Victoria told of barriers to delivering healthcare to residents. This included being refused entry to provide services such as welfare checks. In one instance family violence workers had been prevented direct access to residents and were unable to respond to reported family violence incidents.<sup>226</sup>

In its submission to the inquiry, the Pharmaceutical Society of Australia (PSA) stated that it did not accept that the institutionalised approach to providing care was the most effective way to support the health and wellbeing of vulnerable residents living in these complexes.<sup>227</sup> The PSA noted that local pharmacists, with longstanding care relationships with residents of the towers, were not effectively engaged in providing pharmacotherapy and medicine supply to the detriment of residents.<sup>228</sup>

Multiple organisations including community organisations endeavoured to fill the gaps in service provision to residents.<sup>229</sup> AMSSA accepted and distributed donations of food and other essential items and took calls directly for food delivery to residents with the assistance of volunteers.<sup>230</sup>

There was not much consideration about the needs of the residents initially, because I feel like there was just a lot going on and people were stressed out.<sup>231</sup>

AMSSA told the Committee that they were ‘forced’ to open their doors and began working to assist residents to fill the gaps in support but faced barriers early on, reporting at one stage their organisation was stopped from delivering food to the towers.<sup>232</sup>

Both AMSSA and the City of Melbourne reported some of the issues with the delivery of food and necessities were improved after a few days and systems were put in place. The City of Melbourne stated they were able to establish a distribution centre on 6 and 7 July.<sup>233</sup> AMSSA reported that after a few days of lockdown, DHHS provided support to their organisation by helping them work with the City of Melbourne to deliver the packages AMSSA had prepared.<sup>234</sup>

<sup>225</sup> Ibid.

<sup>226</sup> Ibid., pp. 10–11.

<sup>227</sup> Pharmaceutical Society of Australia, *Submission 31*, received 31 July 2020, p. 11.

<sup>228</sup> Ibid.

<sup>229</sup> Ms Adna Abdikadir, *Transcript of evidence*, p. 10; Victorian Council of Social Service, *Submission 64a*, p. 34.

<sup>230</sup> Ms Fardawsa Haji, *Transcript of evidence*, pp. 1, 8.

<sup>231</sup> Ms Adna Abdikadir, *Transcript of evidence*, p. 10.

<sup>232</sup> Ibid., pp. 3, 9.

<sup>233</sup> Mr Justin Hanney, *Transcript of evidence*, pp. 7–8.

<sup>234</sup> Ms Fardawsa Haji, *Transcript of evidence*, p. 10; Ms Adna Abdikadir, *Transcript of evidence*, p. 10.

**FINDING 109:** During the initial stages of the public housing lockdown community organisations provided support to residents including food, medication and other essential supplies in instances where their needs were not being met by government agencies. It took up to three days after the lockdown commenced for a distribution centre to be created and the supply lines of food, goods and essentials to be established.

## 8.7.2 Role of community leaders and community organisations

A number of stakeholders advised the Committee that during the public housing lockdown, community leaders and community organisations were key to the response. Community leaders and organisations were able to mobilise to communicate with residents, deliver food and necessities and resolve residents' issues through direct communication with Government.

The City of Melbourne told the Committee the number one lesson they had learnt through the lockdown was that community leaders were the best coordinators in the housing towers and the response would have benefited from having such leaders 'ready to go' during the lockdown. The City of Melbourne added that often Government and outside organisations should play a supporting rather than leading role.<sup>235</sup>

The residents in those towers will go to their cultural and faith groups before they come to government, and so the coordination and the communication alongside them is critically important.<sup>236</sup>

Similarly, VCOSS stated if hard lockdowns of public housing towers were implemented in the future, Government should engage local communities and organisations in the planning, communications and service delivery from the outset. VCOSS noted that government should trust communities to regulate their own affairs.<sup>237</sup> ECCV also suggested that if further community consultation had taken place during the lockdown some of the issues that had arisen may have been prevented.<sup>238</sup>

In their submission Flat Out Inc and Harm Reduction Victoria recommended a community led response model should be centred in emergency health planning legislation and standard practice.<sup>239</sup> The Victorian Public Tenants Association recommended that plans for public health emergencies have meaningful opportunities for community consultation built in.<sup>240</sup>

<sup>235</sup> Ms Sally Capp, Lord Mayor, City of Melbourne, public hearing, Melbourne, 13 August 2020, *Transcript of evidence*, p. 8; Mr Justin Hanney, *Transcript of evidence*, pp. 7–8.

<sup>236</sup> Mr Justin Hanney, *Transcript of evidence*, pp. 7–8.

<sup>237</sup> Victorian Council of Social Service, *Submission 64a*, p. 34.

<sup>238</sup> Mr Eddie Micallef, Chairperson, Ethnic Communities Council of Victoria, public hearing, Melbourne, 27 August 2020, *Transcript of evidence*, p. 5.

<sup>239</sup> Flat Out Inc & Harm Reduction Victoria, *Submission 56a*, pp. 18–19.

<sup>240</sup> Victorian Public Tenants Association, *Submission 40a*, p. 6.

The Emergency Management Commissioner advised the Committee on 26 August 2020 that during the lockdown DHHS brought community members into the incident management team in order to have a community voice sitting at the table:

That work is ongoing. I have participated in a number of those community meetings, and there is ongoing consultation with the community about how best it will work to support the community for them to actually lead that work.<sup>241</sup>

**FINDING 110:** Engagement by government departments with community leaders and community organisations in the locked down public housing towers as part of the COVID-19 pandemic response was deficient.

### 8.7.3 Infection control in public and high density housing

Inadequate, overcrowded housing can lead to residents being unable to self-isolate or minimise infection risks. According to the Productivity Commission 4.3% of Victorian public housing stock was overcrowded compared to the national average of 3.8% in 2019.<sup>242</sup>

The Committee was told that overcrowding in dense public housing was a concern of residents and advocates both before the COVID-19 pandemic and during the public housing lockdown. AMSSA advised the Committee:

Through interviews and conversations with residents and personal anecdotes submitted by the participants, there has been a lot of concern in regards to overcrowding. This is an issue that existed before COVID-19 but became more noticeable afterwards.<sup>243</sup>

In its submission the Castan Centre for Human Rights Law advised as many as nine family members live in two or three bedroom apartments in public housing. Such overcrowding makes it more difficult to social distance and for residents to control and prevent the spread of COVID-19.<sup>244</sup>

After the conclusion of the public housing lockdowns, the Government announced the Tower Relocation Program on 30 August 2020. The program aims to protect high-rise public housing tenants from COVID-19 by offering high-risk tenants private rental properties outside of high-density public housing towers. Four hundred and twenty private rental properties were to be leased for a period of two years as part of the \$31.7 million package. Public housing residents can choose whether they would like to participate with preference given to large families and residents with health issues.<sup>245</sup>

<sup>241</sup> Mr Andrew Crisp, *Transcript of evidence*, p. 9.

<sup>242</sup> Productivity Commission, *Report on Government Services 2020: Housing - Match of Dwelling to Household Size Table 18A.25*, 23 January 2020, <<https://www.pc.gov.au/research/ongoing/report-on-government-services/2020/housing-and-homelessness/housing>> accessed 13 September 2020.

<sup>243</sup> Ms Adna Abdikadir, *Transcript of evidence*, p. 2.

<sup>244</sup> Castan Centre for Human Rights Law, *Submission 68a*, pp. 37–38.

<sup>245</sup> Hon. Richard Wynne MP, *A New Lease on Public Housing*, media release, Victorian Government, Melbourne, 30 August 2020.

Public housing accommodation services are now required to develop a COVIDSafe Plan, educate their workforce on infection prevention and control, and ensure routine cleaning and disinfection of the facility. In addition, SRS accommodation services should have completed a Prevention and Preparedness Checklist developed by the department to assess their preparedness and response to any COVID-19 outbreaks.<sup>246</sup>

### Support post-lockdown

After the lockdown the Victorian Government and DHHS provided general and infection control support to residents in public housing.<sup>247</sup> This support, and the website outlining how public housing residents could access it, has been closed down.

AMSSA advised the Committee that they are were working with DHHS, Victoria Police, the City of Melbourne and CoHealth post-lockdown to ensure the health and wellbeing of residents and community members.<sup>248</sup> Of the work with DHHS AMSSA stated:

The department was really supporting us in terms of engaging with the community, ways we can move going forward, the recovery phase and ongoing support that is still being given to the residents and how that might look and recognising the volunteers who have actually worked effortlessly during that time.<sup>249</sup>

The Committee notes the Government has formed a North Melbourne, Flemington and Yarra working group to help inform the response to COVID-19 outbreaks in public housing.<sup>250</sup>

## 8.8 Aboriginal Victorians

Globally, First Nations communities are disproportionately affected by disasters and health emergencies. Aboriginal Australians have a high burden of chronic diseases and experience longstanding structural inequalities related to healthcare, housing, education and employment. Aboriginal Victorians are one of the highest-risk groups for COVID-19 in Victoria.<sup>251</sup>

<sup>246</sup> Department of Health and Human Services, *Coronavirus (COVID-19) SRS and shared accommodation – mental health preparedness and outbreak response*, p. 1.

<sup>247</sup> Hon. Jenny Mikakos MLC, Minister for the Coordination of Health and Human Services: COVID-19, Department of Health and Human Services, public hearing, Melbourne, 11 August 2020, *Transcript of evidence*, p. 34.

<sup>248</sup> Ms Adna Abdikadir, *Transcript of evidence*, pp. 3, 6.

<sup>249</sup> *Ibid.*, p. 6.

<sup>250</sup> Mr Eddie Micallef, *Transcript of evidence*, pp. 2–3.

<sup>251</sup> Ms Jill Gallagher, Chief Executive Officer, Victorian Aboriginal Community Controlled Health Organisation, public hearing, Melbourne, 27 August 2020, *Transcript of evidence*, p. 1; Ms Muriel Bamblett, *Transcript of evidence*, p. 2; Aboriginal Executive Council, *Submission 76*, received 14 August 2020, p. 3; Victorian Aboriginal Child Care Agency, *Submission 78*, p. 5; Kristy Crooks, Dawn Casey and James S Ward, 'First Nations Peoples Leading the Way in COVID-19 Pandemic Planning, Response and Management', *Med J Aust*, vol. 213, no. 4, 2020.

## 8.8.1 Role of Aboriginal Controlled Community Organisations

### COVID-19 infection among Aboriginal Victorians

At the public hearings on 25 August 2020, the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) advised the Committee that there had been 68 confirmed cases in total of COVID-19 among the Victorian Aboriginal population, with 58 cases recovered and 10 active. There were no confirmed deaths due to COVID-19 among the Victorian Aboriginal community, while nine Aboriginal healthcare workers had been infected. VACCHO also noted that infection rates among Aboriginal Victorians grew during the second wave of the pandemic, but in total cases were low.<sup>252</sup>

As at 23 November 2020, there had been 75 cases of COVID-19 among the Victorian Aboriginal community, with 11 hospitalisations and no fatalities.<sup>253</sup>

There are 58,000 people that are part of the Victorian Aboriginal community, meaning 0.1% of the community had been infected with COVID-19, or a rate of 129 cases per 100,000 people. In contrast, VACCHO advised the Committee that the Navajo Nation, an Indigenous community that spans three states in America, had reported 2304 cases of COVID-19 per 100,000 people, representing an infection rate of over 2% of the Navajo Nation population and the highest per-capita infection rate in the United States as of May 2020.<sup>254</sup>

### ACCO operations during the pandemic

The submissions of the Aboriginal Executive Council (AEC), VACCHO and VACCA advised the low number of cases of COVID-19 within the Victorian Aboriginal community was a direct outcome of the specialised work ACCOs were able to undertake. VACCHO stated that ACCOs were best placed to minimise cases and effects of the pandemic as many have been operating for years, have close connections with their communities and clients and often operate as a 'one stop shop', offering a 'holistic and person centred service model approach'.<sup>255</sup> VACCHO added that ACCOs are able to distribute tailored and culturally relevant information and services which cannot be replicated by mainstream services.<sup>256</sup>

In its submission, AEC advised ACCOs responded rapidly to minimise the impacts on the community and were able to utilise localised knowledge, cultural connections and

<sup>252</sup> Ms Jill Gallagher, *Transcript of evidence*, pp. 1, 6; Victorian Aboriginal Community Controlled Health Organisation, *Submission 77*, received 14 August 2020, pp. 1-2.

<sup>253</sup> Legislative Council Legal and Social Issues Committee, *Inquiry into the Victorian Government's COVID-19 contact tracing system and testing regime*, Parliament of Victoria, Melbourne, 14 December 2020, p. 9.

<sup>254</sup> Victorian Aboriginal Community Controlled Health Organisation, *Submission 77*, p. 2; Hollie Silverman, Konstantin Toropin, Sara Sidner and Leslie Perrot, 'Navajo Nation Surpasses New York State for the Highest Covid-19 Infection Rate in the US', *CNN*, 18 May 2020, <<https://edition.cnn.com/2020/05/18/us/navajo-nation-infection-rate-trnd/index.html>> accessed 29 September 2020. Committee calculation.

<sup>255</sup> Victorian Aboriginal Community Controlled Health Organisation, *Submission 77*, p. 2.

<sup>256</sup> *Ibid.*, pp. 2-3.



Aboriginal ways of caring for family and vulnerable community members to preserve the wellbeing of the Aboriginal community.<sup>257</sup>

At the August hearings, the Committee also heard many ACCOs were able to adapt their services to the needs of the community, with many ACCOs undertaking community outreach, delivering meals, creating 24 hour contact numbers for the community, partnering with foodbanks and creating targeted communications. In one example the Committee heard of the creation of *Yarning SafeNStrong* by the Victorian Aboriginal Health Service and VACCHO to provide specialised mental health service to the community through telehealth.<sup>258</sup>

**FINDING 111:** The specialised work of Aboriginal Controlled Community Organisations has resulted in low infection rates among Aboriginal Victorians. Compared to international jurisdictions, COVID-19 infections among Victoria's Aboriginal population have been minimised.

VACCHO expressed concerns that while ACCOs were able to innovate, engage with the community and keep cases low, the significant additional workload has not been adequately recognised or funded. VACCHO advised that a number of ACCOs had concerns about revenue, funding shortfalls and long-term viability, while demand for services is still expected to increase post-pandemic. VACCHO added the pandemic had brought gaps in the sector to light, including the need for Aboriginal health workers and the inability for ACCOs to plan for business continuity due to funding constraints.<sup>259</sup>

VACCA also raised concerns about increasing strains on the ACCO sector due to the pandemic, as the workforce capability and capacity were already experiencing high demand due to Aboriginal population growth.<sup>260</sup> Funding is allocated in the 2020–21 Budget to expand the Aboriginal community, health and family violence workforce. VACCA and VACCHO both support this funding boost to the ACCO sector.<sup>261</sup>

**FINDING 112:** Demand for Aboriginal Controlled Community Organisation services is expected to increase both during the COVID-19 pandemic and post-pandemic. Organisations expressed concerns they may not have the funding or resources to meet increased demand.

<sup>257</sup> Aboriginal Executive Council, *Submission 76*, pp. 3–4.

<sup>258</sup> Mr Indi Clarke, Executive Officer, Koori Youth Council, public hearing, Melbourne, 27 August 2020, *Transcript of evidence*, pp. 4–5.

<sup>259</sup> Victorian Aboriginal Community Controlled Health Organisation, *Submission 77*, p. 6.

<sup>260</sup> Victorian Aboriginal Child Care Agency, *VACCA's Response to the Victorian Government State Budget 2020/21*, media release, Melbourne, 25 November 2020.

<sup>261</sup> *Ibid.*; Victorian Aboriginal Community Controlled Health Organisation, *Victorian Aboriginal Families Receive Major Boost In This Year's State Budget With More Than \$357 million Delivered for Victorian Aboriginal Communities*, media release, VACCHO, Melbourne, 25 November 2020.

## 8.8.2 Government partnerships and initiatives

ACCOs and the Victorian Government have endeavoured to work together to support Aboriginal Victorians during the pandemic and mitigate the health risk of COVID-19. The Government has announced a number of funding initiatives to increase and improve Aboriginal social housing, provide local responses to COVID-19 and support ACCOs in their work.

### Funding

The Victorian Government announced a number of funding initiatives throughout 2020 to ensure ACCOs can continue to deliver services and meet demand during the COVID-19 pandemic.

On 21 May 2020 the Government announced funding for Aboriginal social housing as part of the Building Works package. This announcement included direct funding to AHV to build 12 new homes and \$35 million dollars for upgrades, maintenance and repairs of existing Aboriginal social housing to be delivered in partnership with ACCOs. The Government stated this funding would provide housing for Aboriginal Victorians who need it and act as an economic stimulus during the pandemic.<sup>262</sup>

On 26 June 2020 the Government announced funding for Djirra and VALS to assist both organisations in responding to the COVID-19 pandemic and \$2 million in funding for infrastructure upgrades to Aboriginal men's and women's services as part of the Building Works package.<sup>263</sup> Further, on 31 July 2020 the Government announced \$285,000 in funding to business support foundation Kinaway and Ngarrimili to deliver women's business help, tax assistance and business health and wellbeing.<sup>264</sup>

Of the funding provided to their service, VALS stated:

... although we welcome the additional funding of \$837 000 announced in June, that does nothing to stem the tide, because it was increasing prior, and without the state investing in VALS so we can deliver a sustainable place-based service that will address the needs of our community, Aboriginal representation (in corrections and the criminal justice system) will continue to be a stain on society for generations to come.<sup>265</sup>

In their submission to the Committee VACCHO advised that funding was announced, then not received by ACCOs for an extended period afterwards. VACCHO gave the example of ACCOs being funded for a COVID-19 testing blitz in March 2020, with funding only being received in September for the initiative.<sup>266</sup> The Victorian Government has announced a number of funding programs to support the Victorian Aboriginal community in COVID-19 responses and for the operation of ACCOs.

<sup>262</sup> Hon. Gabrielle Williams MP, *Building Works: Social Housing for Aboriginal Victorians*, media release.

<sup>263</sup> Hon. Jill Hennessy MP, *Improving Aboriginal Justice Outcomes*, media release.

<sup>264</sup> Hon. Jaala Pulford MLC, *Backing Victorian Aboriginal Small Business*, media release, Victorian Government, Melbourne, 31 July 2020.

<sup>265</sup> Ms Nerita Waight, *Transcript of evidence*, p. 4.

<sup>266</sup> Victorian Aboriginal Community Controlled Health Organisation, *Submission 77*, p. 7.

**FINDING 113:** Delays in receipt of some of the announced funding was problematic for Aboriginal Community Controlled Organisations, particularly in relation to testing.

The 2020–21 Victorian Budget allocates \$356.5 million for whole-of-government investment in Aboriginal affairs.<sup>267</sup> On 27 November 2020 the Minister for Aboriginal Affairs stated that a portion of this allocation aimed to fund wraparound supports to address the longer-term disproportionate health, social, economic and cultural impacts of the COVID-19 pandemic experienced by Aboriginal Victorians.<sup>268</sup>

As part of the whole-of-government investment, \$22.6 million is allocated in 2020–21 to support Victoria’s Aboriginal community during the COVID-19 response and recovery phase.<sup>269</sup> The package was developed in consultation with the Joint COVID-19 Aboriginal Community Taskforce to ensure Aboriginal-led culturally safe responses across health and human services.<sup>270</sup>

### Planning and communications with Government

At the August hearings VACCA advised the Committee that the pandemic coincided with the recovery phase of one of Victoria’s most deadly and damaging bushfire seasons on record, which had affected many in the Victorian Aboriginal community. VACCA noted that in the context of the bushfire season and the COVID-19 pandemic there was no agreed plan to guide action for the Aboriginal community for a range of disasters.<sup>271</sup> VACCA stated:

No plan has been activated with or for the Aboriginal community in Victoria in the event of any natural disaster such as fire, flood and pandemic...we were again being caught short due to the absence of an agreed disaster management plan. We were running around wondering who do we talk to, where do we find out information about COVID.<sup>272</sup>

VACCA and VACCHO told the Committee that VACCHO took on a leadership role for the sector and was able to coordinate an immediate public health response with DHHS, but the lack of an overall plan meant there was a delay in creating the *COVID Aboriginal Taskforce*. This meant there was a delay in creating ACCO sector-wide responses to issues such as family violence, justice, health and homelessness.<sup>273</sup>

The ACCO sector provided examples of how the COVID-19 response between Government and ACCOs was highly fragmented and could have benefited from improved communication. Both VACCHO and Loddon Mallee Aboriginal Reference

<sup>267</sup> Department of Treasury and Finance, *Budget Paper No. 3*, pp. 10, 49, 63–64.

<sup>268</sup> Hon. Gabrielle Williams MP, *Transcript of evidence*, pp. 3–4.

<sup>269</sup> Department of Treasury and Finance, *Budget Paper No. 3*, pp. 10, 13.

<sup>270</sup> Hon. Gabrielle Williams MP, Minister for Aboriginal Affairs, Department of Premier and Cabinet, Public Accounts and Estimates Committee, Inquiry into the 2020–21 Budget Estimates, public hearing, Melbourne, 27 November 2020, *Transcript of evidence*, pp. 2–3.

<sup>271</sup> Ms Muriel Bamblett, *Transcript of evidence*, p. 2.

<sup>272</sup> Ibid.

<sup>273</sup> Ibid.; Victorian Aboriginal Community Controlled Health Organisation, *Submission 77*, p. 4.

Group told the Committee that while DHHS had advised reporting to the department would be more flexible during the pandemic, this did not seem to reach the correct department leads and ACCOs received additional reporting requests from government departments.<sup>274</sup>

**FINDING 114:** Additional government reporting requirements during the pandemic diverted resources away from responding to the immediate health related concerns of Aboriginal communities.

VACCHO told the Committee that during the public housing tower lockdowns, VACCHO was identified as the lead agency to coordinate the response for clients in the public housing towers and advised DHHS of this. Instead the department elected a different ACCO as the lead agency in error, greatly affecting VACCHO's and the ACCO sector's ability to provide services on the ground at the towers. VACCHO advised in such a situation, a joined up, whole of sector, holistic response would have been a more effective use of the government's and ACCO resources.<sup>275</sup>

AEC, VACCHO and VACCA have all advocated for the creation of a disaster management plan for the Victorian Aboriginal community to be developed by ACCOs and relevant stakeholders in order to have governance and decision-making arrangements agreed to in advance to prevent many of the issues detailed to the Committee.<sup>276</sup>

A number of ACCOs advised the Committee that a long term recovery plan also needed to be developed between the Government, ACCOs and the Aboriginal community to mitigate the issues arising from the pandemic including economic issues and lack of employment, increased family violence and increased mental health issues.<sup>277</sup>

Other jurisdictions have pandemic plans for the Aboriginal community, such as the *Pandemic Preparedness and Response with Aboriginal Communities in NSW*. Queensland have previously developed its *Disaster Risk Management in Queensland Aboriginal and Torres Strait Islander Communities*.<sup>278</sup>

DHHS's *COVID-19 Pandemic Plan for the Health Sector* notes Aboriginal communities are an at risk group during the pandemic and advises in terms of the health response:

<sup>274</sup> Victorian Aboriginal Community Controlled Health Organisation, *Submission 77*, p. 4; Loddon Mallee Aboriginal Reference Group, *Submission 74*, received 14 August 2020, p. 2.

<sup>275</sup> Victorian Aboriginal Community Controlled Health Organisation, *Submission 77*, pp. 3–4.

<sup>276</sup> Aboriginal Executive Council, *Submission 76*, p. 6; Victorian Aboriginal Community Controlled Health Organisation, *Submission 77*, p. 2; Victorian Aboriginal Child Care Agency, *Submission 78*, pp. 32–33.

<sup>277</sup> Victorian Aboriginal Community Controlled Health Organisation, *Submission 77*, pp. 7–8; Ms Muriel Bamblett, *Transcript of evidence*, p. 3.

<sup>278</sup> New South Wales Health, *Pandemic Preparedness and Response with Aboriginal Communities in NSW*, New South Wales, July 2019; Queensland Government, *A Guide to Disaster Risk Management in Queensland Aboriginal and Torres Strait Islander Communities*, Queensland, 2004; Department of Health, *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19): Management Plan for Aboriginal and Torres Strait Islander Populations*, Canberra, March 2020.

Planning activities are being undertaken at Commonwealth level to develop appropriate guidance and materials to support Aboriginal people, communities and health services throughout the stages of the COVID-19 response.<sup>279</sup>

**FINDING 115:** A lack of disaster or pandemic plan for the Victorian Aboriginal community hampered the response to the COVID-19 pandemic.

**RECOMMENDATION 20:** The Victorian Government in partnership with Aboriginal Controlled Community Organisations develop a disaster management plan with the Victorian Aboriginal community.

**RECOMMENDATION 21:** The Victorian Government in partnership with Aboriginal Controlled Community Organisations develop a COVID-19 recovery plan with the Victorian Aboriginal community to underpin the Coronavirus Aboriginal Community Response and Recovery Fund.

### Joint COVID Aboriginal Community Taskforce

In March 2020 the Victorian Government created the *Joint COVID-19 Aboriginal Community Taskforce* (the Taskforce) to drive a comprehensive, coordinated and culturally safe response to COVID-19 impacts on Aboriginal Victorians.<sup>280</sup> Membership of the Taskforce was spread across Government, Traditional Owner Groups and ACCOs.<sup>281</sup> On 27 November 2020, the Minister for Aboriginal Affairs advised that rapid mobilisation of the Taskforce resulted in very low rates of COVID-19 within the Aboriginal community,<sup>282</sup> with Aboriginal COVID-19 case numbers being lower than the proportion of the Aboriginal and Torres Strait Islander population in Victoria.<sup>283</sup>

According to VACCA and AEC, the Taskforce is led by the Department of Premier and Cabinet and consists of several ACCO members and departmental representatives.<sup>284</sup> The Victorian Government determined its membership. The purpose of the Taskforce is to inform Government coordination of services for Aboriginal people living in Victoria. The Taskforce has created a community mobilisation framework to plan how the ACCO sector will work with DHHS and the Aboriginal community to mitigate risk due to the pandemic and continue providing services.<sup>285</sup>

<sup>279</sup> Department of Health and Human Services, *COVID-19 Pandemic Plan for the Victorian Health Sector*, Melbourne, March 2020, p. 21.

<sup>280</sup> Hon. Gabrielle Williams MP, *Transcript of evidence*, p. 2.

<sup>281</sup> *Ibid.*

<sup>282</sup> *Ibid.*

<sup>283</sup> *Ibid.*, p. 4.

<sup>284</sup> Aboriginal Executive Council, *Submission 76*, p. 5; Victorian Aboriginal Child Care Agency, *Submission 78*, p. 6.

<sup>285</sup> Victorian Aboriginal Child Care Agency, *Submission 78*, p. 6.

VACCA advised that ACCOs are able to raise concerns and seek clarification through this process and regard the Taskforce as an example of good governance. ACCOs are able to inform Government about the resources required to support the community through the Taskforce. VACCA noted the Taskforce was operating effectively and had been responding well to housing and homelessness and the education needs of the Aboriginal community.<sup>286</sup>

In their submission, AEC agreed the Taskforce is operating well and ACCOs had seen good outcomes from the process, but also expressed concerns about how the Taskforce was established. AEC identified that there were pre-existing joint governance structures between ACCOs and the Victorian Government based on portfolio areas such as the Marrung Central Governance Committee for education and the Aboriginal Strategic Governance Forum for health and human services, among others. Almost all of these structures are linked to regional and local governance and decision-making structures.<sup>287</sup>

AEC stated that in the early stages of the pandemic the Victorian Government did not use these structures for communication or consultation:

There was no consultation with these structures on an agreed approach to planning and deploying the response to the pandemic with and for the Aboriginal community. This was a significant oversight.<sup>288</sup>

AEC advised the Committee the Victorian Government unilaterally decided pre-existing structures would not be utilised in the pandemic response and the taskforce was created instead:

None of the existing structures, all of which are co-chaired by community and government, were asked for a view about the best way to govern the response to the pandemic for the Aboriginal community. The AEC, the only whole of Aboriginal Community Controlled Sector mechanism, was not asked for a view about how Government should approach decision making with the ACCO sector in response to the pandemic.<sup>289</sup>

According to the AEC, the outcome of this was a delayed response for the Aboriginal community, while the importance of shared decision making was undermined and important Aboriginal partners were excluded from decision making.<sup>290</sup> AEC advised this process had highlighted the need for agreed processes and plans between the Victorian Government and the ACCO sector for responding to natural disasters before such disasters occur.<sup>291</sup>

<sup>286</sup> Ms Muriel Bamblett, *Transcript of evidence*, p. 5; Victorian Aboriginal Child Care Agency, *Submission 78*, pp. 4, 6.

<sup>287</sup> Aboriginal Executive Council, *Submission 76*, pp. 4–5.

<sup>288</sup> *Ibid.*, p. 4.

<sup>289</sup> *Ibid.*, p. 5.

<sup>290</sup> *Ibid.*

<sup>291</sup> *Ibid.*

VACCA added that the taskforce is not a decision-making body and therefore ‘we need to consider to what degree it is progressing self-determination.’<sup>292</sup>

In June 2020 local Aboriginal COVID-19 Response Networks (the Networks) were established across Victoria to operate as a single point of contact between the Aboriginal community and Government. In its submission VACCA explained through this mechanism ACCOs and the wider Aboriginal community could raise issues and identify gaps in processes, local impacts and needs. VACCA’s submission, which was received in August, stated that as the Networks had been established in June, it was too early to say whether they were operating well.<sup>293</sup>

**FINDING 116:** The Victorian Government did not utilise pre-existing governance structures to partner with, or facilitate communication with, Aboriginal Controlled Community Organisations, which delayed the response to the COVID-19 pandemic.

**FINDING 117:** The Victorian Government established the *Joint COVID-19 Aboriginal Community Taskforce* without consulting pre-existing joint governance structures on the best way to respond to the COVID-19 pandemic. The Taskforce facilitated communication and joint problem solving between the Government and Aboriginal Controlled Community Organisations but is not a decision making body therefore its contribution to self-determination has been questioned.

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<sup>292</sup> Victorian Aboriginal Child Care Agency, *Submission 78*, p. 6.

<sup>293</sup> *Ibid.*, pp. 6–7; Hon. Gabrielle Williams MP, *Supporting Aboriginal Communities Through Coronavirus*, media release, Victorian Government, Melbourne, 3 August 2020.





# 9 Education

## 9.1 Introduction

The COVID-19 pandemic has created the largest disruption of education systems in history, affecting nearly 1.6 billion learners in more than 190 countries. Closures of schools and other learning spaces have impacted 94% of the world's student population.<sup>1</sup> In Australia, schools have experienced interruptions in every state and territory, although the extent and period of closures have varied significantly across jurisdictions.<sup>2</sup> Higher education institutions have also suffered disruptions and are facing significant funding shortfalls due to limitations on the movement of students internationally.

This chapter reviews the Victorian Government's management of the impacts of the COVID-19 pandemic on the education sector, including early childhood education and care, schools and higher education. The Government's decision to limit onsite attendance will be examined, including its impacts on broader educational and wellbeing outcomes for students and their families.

## 9.2 Remote and flexible learning requirements

As outlined in the interim report of this inquiry, following the Victorian Government's declaration of a state of emergency on 16 March 2020, remote and flexible learning was implemented in Victorian schools from 14 April 2020 for the duration of Term 2.<sup>3</sup> Early childhood education and care services were considered essential and continued to operate with risk-mitigation measures in place. Higher education providers offered face-to-face training where necessary. A staged return to on-site schooling in Term 2 began from 26 May 2020.<sup>4</sup>

The Deputy Premier and Minister for Education is responsible for the coordination of the Department of Education and Training's COVID-19 response.<sup>5</sup> The Minister outlined the varying degrees to which Australian jurisdictions implemented remote learning during the first wave of the pandemic, illustrated in Table 9.1.

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- 1 United Nations, *Policy Brief: Education during COVID-19 and beyond*, United Nations, New York, August 2020, p. 2.
  - 2 PWC Australia, *COVID-19 and education: how Australian schools are responding and what happens next, 2020*, <<https://www.pwc.com.au/government/government-matters/covid-19-education-how-australian-schools-are-responding.html>> accessed 15 September 2020.
  - 3 Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the Victorian Government's response to the COVID-19 Pandemic: Interim Report*, August 2020, pp. 148–150.
  - 4 Hon. James Merlino MP, Minister for the Coordination of Education and Training: COVID-19, Department of Education and Training, *COVID-19 public hearing presentation*, supplementary evidence received 25 August 2020, p. 2.
  - 5 Hon. Daniel Andrews MP, *Crisis Council Of Cabinet Set Up To Combat Coronavirus*, media release, Victorian Government, Melbourne, 3 April 2020.

**Table 9.1 Remote and flexible learning in Australian jurisdictions during the first wave of the pandemic (March to July 2020)**

<b>Victoria</b>	<b>22 March</b> School holidays brought forward. Learning from home from start of Term 2.	<b>26 May</b> On-site schooling for Prep to Grade 2, years 11 and 12 and Specialist Schools.	<b>9 June</b> (proposed) All students return.	<b>Remote learning duration:</b> 9 weeks
<b>New South Wales</b>	<b>23 March</b> Families told to keep their children home. Learning from home from start of Term 2.	<b>11 May</b> Students at school at least one day per week.	<b>20 July</b> (expected) Students at school five days per week.	<b>Remote learning duration:</b> 13 weeks
<b>Queensland</b>	<b>26 March</b> School holidays brought forward. Learning from home from start of Term 2.	<b>11 May</b> On-site schooling for Kindergarten, Prep, Grade 1, years 11 and 12.	<b>25 May</b> (proposed) All students return.	<b>Remote learning duration:</b> 6 weeks
<b>Australian Capital Territory</b>	<b>22 March</b> Families told to keep their children home. Learning from home from start of Term 2.	<b>18 May</b> On-site schooling for Prep to Grade 2, and years 7, 11 and 12.	<b>2 June</b> (proposed) All students return.	<b>Remote learning duration:</b> 8 weeks
<b>Tasmania</b>	<b>31 March</b> Families told to keep their children home. Learning from home from start of Term 2.	<b>25 May</b> On-site schooling for Prep to Grade 6, and years 11 and 12.	<b>9 June</b> (proposed) All students return.	<b>Remote learning duration:</b> 8 weeks
<b>Western Australia</b>	<b>26 March</b> Parents encouraged to keep their children at home apart from years 11 and 12.	<b>29 April</b> All children encouraged to return to school due to very low levels of COVID-19.		<b>Remote learning duration:</b> 3 weeks
<b>South Australia</b>	<b>26 March</b> Schools given 4 pupil-free days at end of term 1 to plan for transition to flexible learning.	<b>Start of Term 2</b> Due to very low levels of COVID-19, schools open as usual.		<b>Remote learning duration:</b> 1 week
<b>Northern Territory</b>	Students attending school as usual			

Source: Hon. James Merlino MP, Minister for the Coordination of Education and Training: COVID-19, Department of Education and Training, *COVID-19 public hearing presentation*, supplementary evidence received 18 May 2020, p.4.

Stage 3 Restrictions were reinstated in metropolitan Melbourne and Mitchell Shire on 8 July 2020. On 2 August 2020, the Premier declared a state of disaster in Victoria, implementing Stage 4 Restrictions in metropolitan Melbourne and Mitchell Shire, and Stage 3 Restrictions in regional Victoria for a six-week period.<sup>6</sup> From 5 August 2020, all Victorian education settings moved to the remote delivery of services whilst providing on-site learning for: vulnerable, specialist and permitted children and students; and higher degree courses for permitted occupations.<sup>7</sup>

The timeline for the return and implementation of remote and flexible learning across Victoria in Term 3 is outlined in Figure 9.1.

<sup>6</sup> Hon. Daniel Andrews MP, *Statement On Changes To Regional Restrictions*, media release, Victorian Government, Melbourne, 2 August 2020; Hon. Daniel Andrews MP, *Statement On Changes To Melbourne's Restrictions*, media release, Victorian Government, Melbourne, 2 August 2020; Hon. Daniel Andrews MP, *Statement from the Premier*, media release, Victorian Government, Melbourne 7 July 2020.

<sup>7</sup> Hon. James Merlino MP, *COVID-19 public hearing presentation*, p. 2.

**Figure 9.1 Remote and flexible learning in metropolitan Melbourne and regional Victoria in Term 3 (July to August 2020)**



Source: Hon. James Merlino MP, Minister for the Coordination of Education and Training: COVID-19, Department of Education and Training, *COVID-19 public hearing presentation*, supplementary evidence received 25 August 2020, p.2.

In evidence provided to the Committee on 25 August 2020, the Minister for Education advised that decisions to implement remote and flexible learning across the Victorian education sector were based on the expert advice of the Chief Health Officer.<sup>8</sup> The Minister explained that the aim of remote and flexible learning was to combat the pandemic through the reduction of community transmission:<sup>9</sup>

When you think about schools, we are talking over a million students and students' parents and carers. Limiting the movement has been the reason why we have introduced remote and flexible learning in our school system.<sup>10</sup>

At the public hearings on 2 December 2020, the Minister advised the Committee that directives on the reduction of movement in the community to combat the pandemic were received by the Victorian Crisis Council Cabinet through the National Cabinet.<sup>11</sup>

**FINDING 118:** Remote and flexible learning during the pandemic was designed to limit the movement of students and families across the State and reduce community transmission of COVID-19.

At the public hearings on 2 December 2020 the Committee asked about the decision to return regional Year 12 students to remote learning in Term 3 2020. The Committee was advised the aim was to ensure a consistent experience among Year 12 students for the purpose of calculating Australian Tertiary Admissions Rank rankings across the state, despite disparities that existed prior to the pandemic.<sup>12</sup> Interventions implemented to support Year 12 students, such as the Consideration of Educational Disadvantage process and student catch up programs, are discussed in sections 9.3.6 and 9.3.7.

The Victorian Government's roadmap out of Stage 4 restrictions released on 6 September 2020 is set out in Box 9.1.

<sup>8</sup> Hon. James Merlino MP, Deputy Premier and Minister for the Coordination of Education and Training: COVID-19, Department of Education and Training, public hearing, Melbourne, 25 August 2020, *Transcript of evidence*, p. 2; Hon. James Merlino MP, Minister for Education, Department of Education and Training, public hearing, Melbourne, 2 December 2020, *Transcript of evidence*, p. 7.

<sup>9</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 16.

<sup>10</sup> *Ibid.*, p. 2.

<sup>11</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 8.

<sup>12</sup> *Ibid.*, p. 12.

**BOX 9.1: Stage 4 restrictions and education**

- Childcare services will open for all children from 28 September 2020.
- Sessional kindergarten services will recommence on-site attendance from 5 October 2020.
- Metropolitan Melbourne students in Prep to Grade 2, students undertaking Year 11 and 12 subjects, and specialist schools will return to onsite learning from 12 October 2020.
- All regional Victorian students will return to onsite learning between 12 and 16 October 2020.
- Schools will commence a staged return to onsite learning for Grade 3 to Year 10 from 28 October 2020.
- Adult education will return to onsite learning with a COVIDSafe plan from 28 October 2020.

Source: Victorian Government, *Second Step - coronavirus road to recovery: When trigger points are met, we can take this step*, 18 September 2020, <<https://www.coronavirus.vic.gov.au/second-step-restrictions-summary-metropolitan-Melbourne>> accessed 24 September 2020.

The Victorian Government announced on 27 September 2020 that all primary school students would return to onsite learning from 12 October 2020; in advance of previously stated staged return plans.<sup>13</sup> The decision was informed by a Murdoch Children's Research Institute report commissioned by the Victorian Government. The report found that COVID-19 outbreaks in education and care settings were mainly driven by:

- community transmission, and that
- COVID-19 in children is generally mild, has no symptoms, and is rarely life threatening, and
- due to the significant indirect impacts of school closures on students, families and the community, off-site learning should be a last resort.<sup>14</sup>

The report also highlighted that evidence suggests schools are not at greater risk of infection than other public places, and household transmission remains the most common source of infection for children.<sup>15</sup>

<sup>13</sup> Hon. Daniel Andrews MP, *Statement from the Premier*, media release, Victorian Government, Melbourne, 27 September 2020.

<sup>14</sup> Murdoch Children's Research Institute, *Report Summary - COVID-19 in Victorian Schools: An analysis of child-care and school outbreak data and evidence-based recommendations for opening schools and keeping them open*, report prepared by Professor Fiona Russell, Dr Kathleen E Ryan, Dr Kathryn Snow, Associate Professor Margie Danchin, Professor Kim Mulholland, Professor Sharon Goldfeld, report for Department of Health and Human Services, Department of Education and Training, Melbourne, 25 September 2020, pp. 1-7.

<sup>15</sup> *Ibid.*, p. 5.

Based on the advice of the Chief Health Officer, on 5 October 2020 the Victorian Government announced that Year 7 students in metropolitan Melbourne would resume face-to-face learning from 12 October 2020, and students in Years 8 to 10 would return from 26 October 2020.<sup>16</sup> The decision aimed to manage the increased movement across the community with the return of staff and students to school, while implementing staggered start and finish times, physical distancing at school gates, and observing restrictions on adults who can enter school sites.<sup>17</sup>

The revised timeline for the return to onsite schooling across Victoria in Term 4 is outlined in Figure 9.2

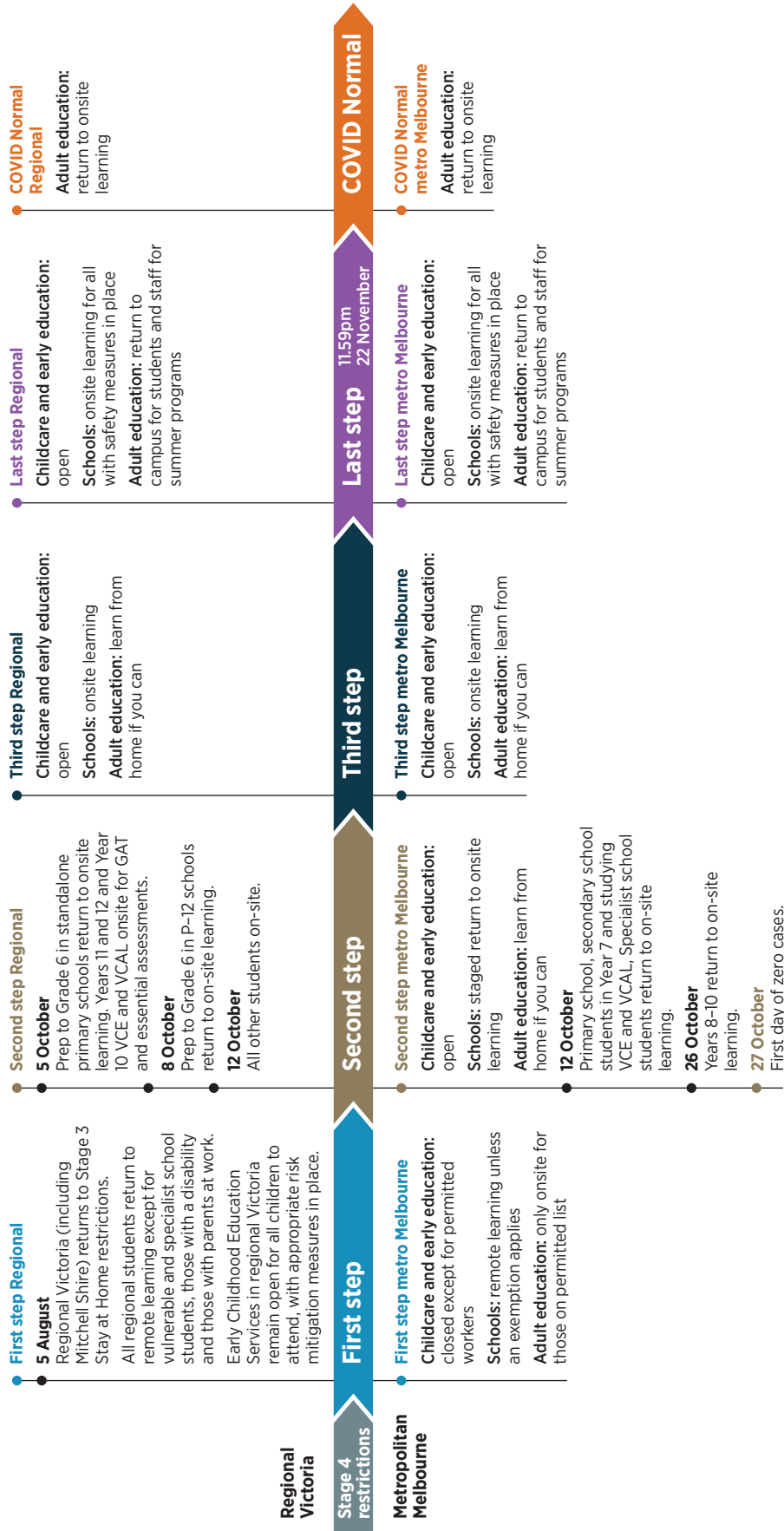
**FINDING 119:** The Victorian Government revised its timeline and approach for the return to onsite learning of primary and secondary school students. All primary school students returned to onsite schooling from 12 October 2020, with all grades returning concurrently. All secondary school students commenced a staggered return to onsite schooling, with students undertaking Year 7 and Year 11 and 12 subjects returning on 12 October 2020, and students in Years 8 to 10 returning from 26 October 2020.

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16 Hon James Merlino MP, *Roadmap for all students return to the classroom*, media release, Victorian Government, Melbourne, 5 October 2020.

17 Ibid.

Figure 9.2 Return to on-site schooling in metropolitan Melbourne and regional Victoria in Term 4 (August to November 2020)



Source: Hon. James Merlino MP, Minister for the Coordination of Education and Training: COVID-19, Department of Education and Training, *COVID-19 public hearing presentation*, supplementary evidence received 2 December 2020, p. 3.

## 9.3 Schools

The impact of the COVID-19 pandemic on schools in Victoria has been significant, due to the increased restrictions on students and the implementation of remote and flexible learning across the State. The potential ongoing impact of these disruptions is reflected in a September 2020 Organisation for Economic Cooperation and Development report on the economic impacts of learning losses. It estimates that the present value of lost Gross Domestic Product in Australia over the remainder of the century ranges from \$871 billion (USD) for a one to three year learning loss to \$1,716 billion (USD) for a two to three year learning loss.<sup>18</sup>

### 9.3.1 Student attendance

As at July 2020 there were 2,263 schools in Victoria, attended by approximately 1 million students (Table 9.2).

**Table 9.2 Schools in the Victorian education system**

School type	Government	Catholic	Independent
Primary	1,133	394	39
Primary-secondary	79	13	149
Secondary	246	86	12
Special	81	5	22
Language	4	0	0
<b>Total</b>	<b>1,543</b>	<b>498</b>	<b>222</b>

Source: Adapted from Department of Education and Training, *Summary Statistics for Victorian Schools*, July 2020, <<https://www.education.vic.gov.au/Documents/about/departmentsummarystatsjuly.pdf>>, accessed 15 September 2020, p.2

Student attendance across Victorian schools in Term 2 and Term 3 2020 was higher than the same time last year (Table 9.3).

**Table 9.3 Student attendance in Term 2 and Term 3, 2019 and 2020**

Term	2019 (%)	2020 (%)	Change (%)
Term 2	89.7	91.7	+2.0
Term 3	89.3	91.9	+2.6

Source: Adapted from Hon. James Merlino MP, Minister for the Coordination of Education and Training: COVID-19, Department of Education and Training, *COVID-19 public hearing presentation*, supplementary evidence received 2 December 2020, p. 3.

<sup>18</sup> Eric A. Hanushek and Ludger Woessmann, *The Economic Impacts of Learning Losses*, OECD Publishing, Paris, September 2020, p. 14.



At the August hearings, the Minister for Education advised the Committee that for Week 5 of Term 3 2020, 4.7% of primary students, 3.9% of specialist students, and 0.6% of secondary students attended school on-site.<sup>19</sup> The Committee was not advised of the proportion of vulnerable/at risk children who were at school during the second remote learning period.

Average student attendance rates up to Week 6 in Term 4 2020 were 92% for Prep to Year 6, 87.5% for Years 7 to 10, and 89% for Years 11 and 12.<sup>20</sup> The Committee sought information on the level of disengagement of senior secondary school students in 2020. The Minister advised that attendance rates for students in Years 11 and 12 was higher in comparison to the same time last year (87.9% in Term 4 2019).<sup>21</sup> The Committee did not receive evidence on the proportion of disadvantaged metropolitan and regional students—compared to advantaged students—that disengaged with schooling or dropped out in 2020. The Minister explained that this data was not available at 2 December 2020 due to 2021 enrolments not yet being finalised.<sup>22</sup>

**FINDING 120:** Average Victorian school student attendance rates in Term 2 to Term 4 2020 during the COVID-19 pandemic were higher in comparison to the same time last year.

### 9.3.2 Preventative measures, confirmed cases and school closures

Based on advice from the Victorian Chief Health Officer, the Victorian Government announced on 30 July 2020 that wearing face coverings outside of the home across Victoria would be mandatory from 2 August 2020.<sup>23</sup> This directive only applied in part to education settings.<sup>24</sup>

At the August and December hearings, the Minister for Education outlined the measures the Victorian Government had implemented to minimise the spread of COVID-19 in public schools during the pandemic, including:

- \$45 million in funding for enhanced cleaning in Terms 2, 3 and 4.<sup>25</sup> By 25 August 2020, this provided for the cleaning of 210 campuses where COVID-19 infections had been detected.<sup>26</sup>
- Temperature checks at schools in Term 3, through the supply of 6,000 non-contact infrared thermometers.<sup>27</sup>

<sup>19</sup> Hon. James Merlino MP, *COVID-19 public hearing presentation*, p. 6.

<sup>20</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 4.

<sup>21</sup> *Ibid.*, p. 5.

<sup>22</sup> *Ibid.*

<sup>23</sup> Hon. Daniel Andrews MP, *Statement from the Premier*, media release, Victorian Government, Melbourne, 30 July 2020.

<sup>24</sup> Department of Education and Training, *Face coverings in schools*, 8 September 2020, <<https://www.coronavirus.vic.gov.au/face-masks-study-and-school#>> accessed 18 September 2020.

<sup>25</sup> Hon. James Merlino MP, *COVID-19 public hearing presentation*, p. 6; Hon. James Merlino MP, Minister for Education, Department of Education and Training, *COVID-19 public hearing presentation*, supplementary evidence received 2 December 2020, p. 3.

<sup>26</sup> Hon. James Merlino MP, *COVID-19 public hearing presentation*, p. 6.

<sup>27</sup> *Ibid.*

- Support for hygiene practices through the supply of 60,000 units of alcohol-based sanitiser distributed to schools since the beginning of Term 1.<sup>28</sup>
- Distribution of 2.9 million single use masks to schools across all sectors.<sup>29</sup> This represents three masks for each Victorian student.
- Delivery of online infection control training for 50,660 government school staff by early November.<sup>30</sup>
- Development of the COVIDSafe Assurance Program to assist school Principals to keep schools safe, including strategies for school pick-up and drop-off, access to the school site, safe lesson planning, cleaning and physical distancing measures.<sup>31</sup>
- Establishment of the Department of Education and Training (DET) Taskforce within the Department of Health and Human Services (DHHS) to assist with contact tracing (see section 9.3.3 for further discussion).<sup>32</sup>

**FINDING 121:** COVID-19 preventative measures the Victorian Government implemented in schools in 2020 centred on enhanced cleaning, temperature checks, improved hygiene practices, face coverings, infection control training for staff and the development of the COVIDSafe Assurance Program for Principals.

As at 30 November 2020, there had been 88 outbreaks of COVID-19 in school settings, that were linked to 977 cases (Table 9.4). This represents 4.8% of the total number of cases of COVID-19 in Victoria.

**Table 9.4** COVID-19 outbreaks in Victorian schools

Location	Outbreaks	Cases
Primary-secondary combined school	16	341
Secondary school	45	442
Primary school	25	168
Additional needs school	2	26
<b>Total</b>	<b>88</b>	<b>977</b>

Source: Department of Health and Human Services, *DHHS Data Request 3*, supplementary evidence received 4 December 2020.

**FINDING 122:** As at 30 November 2020, there had been 88 outbreaks of COVID-19 in school settings, that were linked to 977 cases. This represents 4.8% of the total number of cases of COVID-19 in Victoria.

<sup>28</sup> Ibid.; Hon. James Merlino MP, *COVID-19 public hearing presentation*, p. 3.

<sup>29</sup> Hon. James Merlino MP, *COVID-19 public hearing presentation*, p. 6; Hon. James Merlino MP, *COVID-19 public hearing presentation*, p. 3.

<sup>30</sup> Hon. James Merlino MP, *COVID-19 public hearing presentation*, p. 3.

<sup>31</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 9.

<sup>32</sup> Ibid., p. 2; Hon. James Merlino MP, *COVID-19 public hearing presentation*, p. 3.

The Al-Taqwa College outbreak in Truganina is one of the largest COVID-19 clusters Victoria has experienced, with 210 cases confirmed as at 18 August 2020.<sup>33</sup> The Minister described the Al-Taqwa case as an ‘outlier’ given most Victorian schools that confirmed cases of COVID-19 only recorded one or two cases. The Minister advised the Committee that the Al-Taqwa College outbreak was reflective of the high levels of community transmission of COVID-19 in Melbourne’s western suburbs in June and July 2020.<sup>34</sup> Albanvale Primary School recorded the second highest number of cases in an education setting, with 15 confirmed cases.

**FINDING 123:** As at 18 August 2020, 210 cases of COVID-19 had been linked to the outbreak at Al-Taqwa College. The number of cases is reflective of the high levels of community transmission of COVID-19 in the Melbourne’s western suburbs in June and July 2020. The next largest outbreak in a Victorian Government school was of just 15 cases.

The Committee was not provided with updated school COVID-19 infection data at the December hearings.

### 9.3.3 Contact tracing governance and outcomes

The governance arrangements for school closures and contact-tracing during the pandemic have been shared between DHHS and DET, and they have evolved.

At the outset of the pandemic, decisions on school closures and openings were informed by the advice and directions of DHHS. However, from 19 July 2020 a protocol was implemented which saw schools immediately closed following a positive case of COVID-19. The matter would then be investigated by DHHS. From 19 July 2020 onwards the majority of closures were initiated by DET.<sup>35</sup> As at 10 September 2020, 163 government school campuses had been closed as a precautionary measure by DET under the protocol agreed with DHHS.<sup>36</sup> The Committee was not provided with updated school closure figures at the December hearings.

At the outset of the pandemic when positive cases were confirmed in schools, the Victorian School Building Authority conducted a deep clean while DHHS undertook contact tracing. Schools reopened once contact tracing was complete. The Minister for Education advised the Committee on 18 May 2020 that initially the cleaning and contacting process would be complete within three to five days.<sup>37</sup> Due to increases in community transmission in early July 2020, delays began to occur in DHHS’ contact

<sup>33</sup> Department of Health and Human Services, *Coronavirus update for Victoria: 18 August 2020*, media release, Victorian Government, Melbourne, 18 August 2020.

<sup>34</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 12.

<sup>35</sup> Hon. James Merlino MP, Minister for the Coordination of Education and Training: COVID-19, Inquiry into the Victorian Government’s Response to the COVID-19 Pandemic hearing, response to questions on notice received 10 September 2020, p. 1.

<sup>36</sup> Ibid.

<sup>37</sup> Hon. James Merlino MP, Deputy Premier and Minister for the Coordination of Education and Training: COVID-19, Department of Education and Training, public hearing, Melbourne, 18 May 2020, *Transcript of evidence*, p. 22; Hon. James Merlino MP, *Transcript of evidence*, p. 8.

tracing.<sup>38</sup> In response, a DET Taskforce was established within the DHHS contract tracing management team by the end of July 2020. The Taskforce was staffed by case managers allocated to each school which communicated directly with school leaders.<sup>39</sup>

The Committee was advised on 25 August 2020 that the establishment of the Taskforce had a positive impact on contact tracing timeframes, significantly reducing the number of school closures, and supported schools to manage closures to a much higher degree.<sup>40</sup> The Victorian Association of State Secondary Principals (VASSP) explained on 25 August 2020:

... very quickly schools that had been shut for two or three weeks were able to reopen, and the time that they are closed now is much shorter. I think that is one of the critical things as we go into next term. We have to know that we have some certainty that that process will happen very quickly, because schools can cope with having an incident and being shut down and then being reopened but when they are shut down overnight, [teachers and students]...do not have their equipment at home with them and they are out for three weeks, it just makes it very difficult...But it is a certainty that we need for the future and it is a process that was developed that seems to have worked quite well now.<sup>41</sup>

VASSP advised the Committee that some school principals had the capacity to perform a larger role in the contact tracing process given the extensive contacts and relationships they have with students and families.<sup>42</sup> However, the principals of smaller schools had a limited capacity to assist contact tracers, particularly during periods of remote and flexible learning.<sup>43</sup>

**FINDING 124:** The establishment of the Department of Education and Training Contact Tracing Taskforce by the end of July 2020 reduced the timeframes for the completion of contact tracing and reopening of schools following a confirmed case of COVID-19. Prior to the Taskforce's establishment, the Department of Health and Human Services made decisions on school closures and openings and conducted contact tracing.

### 9.3.4 Return to remote and flexible learning

To capture the insights and lessons from remote and flexible learning in Term 2 2020, the Victorian Government commissioned an analysis of the experiences of Victorian

<sup>38</sup> Hon. James Merlino MP, *Transcript of evidence*, pp. 11-12.

<sup>39</sup> Ms Jenny Atta, Secretary, Department of Education and Training, public hearing, Melbourne, 25 August 2020, *Transcript of evidence*, p. 11.

<sup>40</sup> Ms Anne Maree Kliman, President, Victorian Principals Association (Primary Schools), public hearing, Melbourne, 25 August 2020, *Transcript of evidence*, pp. 1, 6; Ms Sue Bell, President, Victorian Association of State Secondary Principals, public hearing, Melbourne, 25 August 2020, *Transcript of evidence*, p. 7.

<sup>41</sup> Ms Sue Bell, *Transcript of evidence*, p. 6.

<sup>42</sup> Ibid.

<sup>43</sup> Ms Anne Maree Kliman, *Transcript of evidence*, pp. 6-7; Ms Debra James, Deputy President, Independent Education Union (Victoria Branch), public hearing, Melbourne, 25 August 2020, *Transcript of evidence*, p. 7.

schools across the government, independent and Catholic school sectors.<sup>44</sup> The review aimed to improve remote and flexible learning in Term 3.<sup>45</sup> On 25 August 2020, the Minister advised the Committee that the insights provided by the education profession through the review were implemented in Term 3 2020.<sup>46</sup> The findings of the review are discussed where relevant to the evidence the Committee gathered.

### 9.3.5 Digital access

As outlined in the interim report to this inquiry, the reliance on online resources for remote and flexible learning highlighted technological inequalities between students across the State.<sup>47</sup>

This was reflected in the review of remote and flexible learning commissioned by DET, which found that some students lacked reliable internet connectivity in Term 2. The challenges in sourcing a large number of devices meant that some students were not able to access the technology they required until late in Term 2. The lack of access to devices and internet connectivity was most noticeable in low socioeconomic areas, including rural and regional areas.<sup>48</sup>

These findings are echoed in the 2020 Australian Digital Inclusion Index Report which highlights that Australian low-income families with school-aged children experienced complex and compounded digital exclusion during COVID-19 lockdowns. Factors such as a lack of access to technology options and suitable devices, having to pay more of their household income for these digital services than others, and having lower digital skills, impacted the level of adaptation to an online learning environment. Acknowledging that students from lower socioeconomic families which fall behind at any point are less likely than others to catch up again, the Report argues for the provision of significant support to ensure children can return to a successful educational pathway like their counterparts.<sup>49</sup>

To address these issues, during Term 3 an additional 9,401 computers and 4,821 internet access devices were loaned to students. These supplemented 62,000 computers and 23,000 internet access devices that had been loaned in Term 2.<sup>50</sup>

44 Department of Education and Training, *The Education State: Lessons from Remote and Flexible Learning*, 11 September 2020, <<https://engage.vic.gov.au/lessons-remote-and-flexible-learning>> accessed 21 September 2020; Learning First, *The experience of remote and flexible learning in Victoria*, report for Department of Education and Training, Melbourne, July 2020.

45 Department of Education and Training, *Lessons learned from Term 2 Remote and Flexible Learning*, 11 September 2020, <<https://engage.vic.gov.au/lessons-remote-and-flexible-learning/lessons-learned-term-2-remote-and-flexible-learning>> accessed 6 October 2020.

46 Hon. James Merlino MP, *Transcript of evidence*, p. 23.

47 Department of Education and Training, *Lessons from Term 2 Remote and Flexible Learning*, Melbourne, 2020, pp. 150–151.

48 *Ibid.*, p. 2.

49 Thomas, J, et al., *Measuring Australia's Digital Divide: The Australian Digital Inclusion Index 2020*, report for Telstra, RMIT University and Swinburne University of Technology, Melbourne, 2020.

50 Department of Education and Training, *Lessons from Term 2 Remote and Flexible Learning*, p. 2.

At the August hearings, Parents Victoria (PV) advised the Committee that students who experienced challenges in accessing technology in Term 2 had these issues resolved.<sup>51</sup> However some specialist schools that remained open during periods of remote and flexible learning reported that they were unable to loan out devices to families, as they were required for use by students attending school on-site.<sup>52</sup>

The Aboriginal Executive Council highlighted that Indigenous students were particularly impacted by a lack of access to technology given that:

... many of our Aboriginal parents did not have a computer, had no internet and were not literate in reading and writing but also in technology. So a take-home message after this will be that our effort has to be focusing on digital technology for Aboriginal people, given the high level of disadvantage and poverty.<sup>53</sup>

The Committee sought information on how the Victorian Government will ensure disadvantaged students have access to technology to facilitate their learning beyond the pandemic. At the August hearings, the Minister advised that schools are required to have a hardship policy in place which stipulates that students will be provided equitable access to electronic devices such as laptop computers or tablets when they seek financial contributions from parents.<sup>54</sup> In total, 11% of Victorian public school students were loaned computers and 4% were loaned internet access devices during Term 3.<sup>55</sup> This represents a sizeable gap in the Victorian school children's access to technology.

With regard to students keeping the devices provided on loan, at the August hearings the Minister for Education stated:

Those families and those children will keep those devices right through to the end of the year, and I will provide some long-term certainty for those kids before we get to the end of the year.<sup>56</sup>

The Victorian State Budget allocated \$24.5 million across 2020–21 and 2021–22 to allow government school students to permanently retain the 71,000 school-owned computer devices loaned to them during the COVID-19 pandemic to undertake remote and flexible learning. These devices will be retained where necessary to ensure students are not

51 Ms Gail McHardy, Executive Officer, Parents Victoria, public hearing, Melbourne, 25 August 2020, *Transcript of evidence*, p. 4.

52 Mr Cameron Peverett, President, Principals' Association of Specialist Schools, public hearing, Melbourne, 25 August 2020, *Transcript of evidence*, p. 7.

53 Ms Muriel Bamblett, Chief Executive Officer, Victorian Aboriginal Child Care Agency, public hearing, Melbourne, 27 August 2020, *Transcript of evidence*, p. 5.

54 Department of Education and Training, *Personal Devices — Access*, 17 June 2020, <<https://www2.education.vic.gov.au/pal/personal-devices/policy>> accessed 21 September 2020; Hon. James Merlino MP, *Transcript of evidence*, p. 8.

55 Department of Education and Training, *Victorian Schools Summary Statistics July 2020: Number of FTE enrollments*, report prepared by Performance and Evaluation Division, February 2020. 646,357.4 students in government primary, secondary special and language schools as at February 2020. Committee calculations.

56 Hon. James Merlino MP, *Transcript of evidence*, p. 8.

educationally disadvantaged.<sup>57</sup> The Victorian Student Representative Council welcomed this decision.<sup>58</sup>

**FINDING 125:** The digital divide during remote learning particularly affected low income students, Aboriginal students and students with special needs. Eleven percent of all children needed to borrow computers from their school. The 2020–21 Victorian State Budget allocates funding for government school students to permanently retain the school-owned computer devices loaned to students during the COVID-19 pandemic to ensure they are not educationally disadvantaged.

**RECOMMENDATION 22:** The Department of Education and Training in conjunction with schools develop and implement a strategy to ensure equitable access to technology for all Victorian students including low income students, Aboriginal students and specialist school students during and beyond the COVID-19 pandemic.

### 9.3.6 Assessing education outcomes

Some students thrived with remote learning, particularly self-motivated and self-directed students who were able to manage their own workloads, as outlined in the interim report to this inquiry.<sup>59</sup> DET's review found that some students who experience social anxiety in a classroom environment also enjoyed learning at home.<sup>60</sup> However, remote and flexible learning in Term 2 interrupted the assessment of students' progress and the learning outcomes of some students, such as those with poor levels of English and disengaged students. These students included those who were unable to access educational and health and wellbeing supports at home.<sup>61</sup>

Reflecting the challenges imposed by remote and flexible learning on student outcomes, on 20 March 2020 Australian education ministers agreed that the National Assessment Program-Literacy and Numeracy (NAPLAN) test scheduled to be held in May 2020 would not proceed. This was to assist school leaders, teachers and support staff to focus on the wellbeing of students and continuity of education, including potential online and remote learning.<sup>62</sup> On 15 June 2020, education ministers announced that the full transition to NAPLAN Online was deferred from 2021 to 2022, and the National Assessment Program sample assessments in information and communications technology literacy were postponed until 2021.<sup>63</sup>

<sup>57</sup> Department of Treasury and Finance, *Budget Paper No. 3: Service Delivery*, Melbourne, 2020–21, pp. 27, 31; Hon. James Merlino MP, *A Better Vocational Education For School Students*, media release, Victorian Government, Melbourne, 24 November 2020.

<sup>58</sup> Victorian School Representative Council, *VicSRC 2020–2021 Victorian Budget Response*, 25 November 2020, <<https://studentvoicehub.org.au/blog/vicsrc-2020-2021-victorian-budget-response>> accessed 9 December 2020.

<sup>59</sup> Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the Victorian Government's response to the COVID-19 Pandemic: Interim Report*, pp. 154–155.

<sup>60</sup> Department of Education and Training, *Lessons from Term 2 Remote and Flexible Learning*, p. 4.

<sup>61</sup> Ibid.

<sup>62</sup> Education Council, *Communique*, media release, Carlton, Victoria, 20 March 2020.

<sup>63</sup> National Assessment Program, *NAPLAN 2020*, 15 June 2020, <<https://www.nap.edu.au/news-details>> accessed 21 September 2020.

To assess the impact of remote and flexible learning on student achievement, DET has encouraged schools to draw on a range of data—assessments, attendance, teacher observations—to identify which students may need additional support and prioritise targeted strategies to students most in need.<sup>64</sup> At the December hearings, the Minister for Education informed the Committee that government schools must assess the impact on student learning growth by December 2020, to identify which students require additional support when schools resume in 2021.<sup>65</sup>

The Australian Education Union (AEU) advised the Committee that assessing the level of student engagement with remote learning is challenging for teachers in an online environment. Its members mainly rely on observations of students in one-on-one and small groups and having conversations with parents.<sup>66</sup> Most secondary schools have employed quizzes to monitor student learning from home, and in the absence of the NAPLAN will carry out Progressive Achievement Tests in reading and maths to determine the learning growth of each student in 2020.<sup>67</sup>

In primary schools, foundational grades Prep, 1 and 2 are crucial for ongoing learning success. At the August hearings the Victorian Principals Association (VPA) representing primary schools stated that it was yet to determine whether online literacy and numeracy tests will be undertaken to measure learning outcomes.<sup>68</sup> VPA highlighted the resource intensive nature of administering tests but also the importance of collecting data to determine gaps in student learning.<sup>69</sup>

VPA noted that departmental support for data gathering would empower schools to effectively target equity funding to address learning gaps, while establishing the need for additional resourcing.<sup>70</sup> At the August hearings, the Committee was told by the Minister that schools have been advised to use the tools they are most familiar with to identify learning gaps and the students who are most in need of support.<sup>71</sup> A centralised set of criteria for the determination of which students require support will not be developed by DET.<sup>72</sup>

At the public hearings on 25 August 2020, the Minister for Education advised the Committee that ‘one-quarter’ of Victorian school principals surveyed at the end of Term 2 stated the ‘majority of students made less than expected progress’ during the term.<sup>73</sup>

<sup>64</sup> Department of Education and Training, *Lessons from Term 2 Remote and Flexible Learning*, p. 4; Hon. James Merlino MP, *Transcript of evidence*, p. 9; Hon. James Merlino MP, *Transcript of evidence*, p. 3.

<sup>65</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 4.

<sup>66</sup> Ms Meredith Peace, Branch President, Australian Education Union Victoria, public hearing, Melbourne, 25 August 2020, *Transcript of evidence*, p. 5.

<sup>67</sup> Ms Sue Bell, *Transcript of evidence*, p. 8.

<sup>68</sup> Ms Anne Maree Kliman, *Transcript of evidence*, p. 8.

<sup>69</sup> *Ibid.*, pp. 8–9.

<sup>70</sup> *Ibid.*

<sup>71</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 10; Mr David Howes, Deputy Secretary, Schools and Regional Services, Department of Education and Training, public hearing, Melbourne, 2 December 2020, *Transcript of evidence*, p. 10.

<sup>72</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 10.

<sup>73</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 24.



As at 2 December 2020, DET estimates that 200,000 students (approximately a fifth of Victorian students) will require support to catch up.<sup>74</sup>

**FINDING 126:** The cancellation of the National Assessment Program-Literacy and Numeracy in 2020 due to the COVID-19 pandemic has limited the identification of the impacts of remote and flexible learning on the education outcomes of Victorian primary and secondary students and will limit the comparison of education outcomes across Australian jurisdictions. One quarter of Victorian school principals have indicated that the majority of students made less than expected progress in Term 2. As at 2 December 2020, an estimated 20% of students will require support to catch up.

**RECOMMENDATION 23:** The Department of Education and Training implement a study to assess the long-term effects of remote and flexible learning on the education outcomes of primary and secondary students.

At the August 2020 hearings, the Minister advised the Committee that a variety of student catch-up programs to address learning gaps will be supported through equity (needs-based) funding allocated in 2019 to 2023, consisting of small group or individual tutoring.<sup>75</sup> On 13 October 2020 the Victorian Government announced a \$250 million package for students to access tutoring sessions in 2021, including funds for the employment of:

- 3,500 tutors (80% women) in Government schools.
- 600 tutors in Victorian Catholic and Independent schools.
- 16 Koorie Engagement Support Officers and 60 multilingual and bicultural workers to support schools working with families to lift student outcomes and re-engage students with learning.<sup>76</sup>

Pre-service teachers, teachers on leave, retired teachers and casual relief teachers are being called upon to sign up to be tutors to provide targeted teaching focusing on the development of foundational skills in literacy and numeracy.<sup>77</sup> At the December hearings, the Minister advised the Committee that the Victorian Institute of Teaching will be fast-tracking the registration process for retired teachers.<sup>78</sup> The Minister did not advise whether catch up programs will only focus on literacy and numeracy, or include the development of social skills and creative pursuits.

<sup>74</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 4.

<sup>75</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 9.

<sup>76</sup> Hon. James Merlino MP, *Thousands Of Tutors To Bring Students Up To Speed* media release, Victorian Government, Melbourne, 13 October 2020; Department of Education and Training, *Summary statistics for Victorian schools: Numbers of schools, students and teachers*, July 2020; Department of Treasury and Finance, *Budget Paper No. 3*.

<sup>77</sup> Hon. James Merlino MP, *Thousands Of Tutors To Bring Students Up To Speed* media release.

<sup>78</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 11.

In October 2020, the VPA stated that funding for tutoring was modelled on the provision of three 45-minute sessions across 26 weeks.<sup>79</sup> Every school will receive at least \$15,000 to place tutors in any year level according to the needs of their students, and schools will determine which students to target with support using their best available evidence and data.<sup>80</sup> At the December hearings, the Minister told the Committee that a base level of funding will be allocated to each Victorian school, and extra funding will be accessible for targeted support based on student numbers and the level of disadvantage.<sup>81</sup>

At the December hearings, the Committee heard that the Victorian Government has worked with the Victorian Aboriginal Education Association to provide targeted support to vulnerable students and students living in high-rise public housing estates.<sup>82</sup> In their response to the 2020–21 Victorian State Budget, the Victorian Aboriginal Child Care Agency (VACCA) highlighted that some Aboriginal children and young people ‘struggled to keep engaged with their schooling’ during the pandemic. VACCA aims to work with the Government to ensure ‘culturally safe tutoring supports’ are provided through the catch up plan.<sup>83</sup>

**FINDING 127:** The Victorian Government has allocated \$250 million in the 2020–21 Budget for students to access tutoring sessions in 2021.

At the August hearings, the Association for Children with a Disability (ACD) and Amaze noted that although there are specialist school students who will require catch up support, others in transition years of Grade 6 and Year 12 may need the opportunity to repeat a year.<sup>84</sup> The Committee also heard that unlike mainstream schools, children attending specialist schools are not usually permitted to repeat their final year.<sup>85</sup> The significance of supporting students in transition years including kindergarten to Prep, was also highlighted by the AEU, VASSP and PV.<sup>86</sup> At the August hearings, the Victorian Association of State Secondary Principals noted that at that point in 2020 Year 7 students had spent more time at home than in their new school.<sup>87</sup>

<sup>79</sup> Anne-Maree Kliman, *President’s Message*, Monthly Abridged e-Letter, Victorian Principals Association, Melbourne, Issue No. 4 October 2020.

<sup>80</sup> Ibid.

<sup>81</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 4.

<sup>82</sup> Ibid., p. 7.

<sup>83</sup> Victorian Aboriginal Child Care Agency, *VACCA’s Response to the Victorian Government State Budget 2020/21*, media release, Melbourne, 25 November 2020.

<sup>84</sup> Ms Karen Dimmock, Chief Executive Officer, Association for Children with a Disability, public hearing, Melbourne, 25 August 2020, *Transcript of evidence*, p. 2.

<sup>85</sup> Ms Fiona Sharkie, Chief Executive Officer, Amaze, public hearing, Melbourne, 25 August 2020, *Transcript of evidence*, p. 3.

<sup>86</sup> Ms Meredith Peace, *Transcript of evidence*, p. 6; Ms Gail McHardy, *Transcript of evidence*, p. 3; Ms Sue Bell, *Transcript of evidence*, p. 2.

<sup>87</sup> Ms Sue Bell, *Transcript of evidence*, p. 2.

### 9.3.7 Victorian Certificate of Education and Certificate of Applied Learning

In recognition of the impact of the pandemic on Victorian Certificate of Education (VCE) and Victorian Certificate of Applied Learning (VCAL) students, the Victorian Curriculum and Assessment Authority (VCAA) introduced a new 'Consideration of Educational Disadvantage' process to calculate individual final scores, taking into account related disruptions to learning.<sup>88</sup> Under this process students whose performance had been severely impacted by factors that could not be mitigated throughout 2020 would have their circumstances considered to ensure results are fair.<sup>89</sup>

At the August hearings, the Minister advised the Committee that: the number and duration of school closures, access to technology, extended periods of absence, increases in family responsibilities, COVID-19 induced isolation, and the mental health and wellbeing of students will be taken into consideration.<sup>90</sup> The VCAA will consider a range of data provided by schools together with each student's exam results, including the General Achievement Test (GAT).<sup>91</sup>

The GAT was rescheduled from 9 September to 7 October 2020.<sup>92</sup> Apart from the Critical Thinking Test, the scheduling of end-of-year examinations were not revised, with the VCAA noting that:

The examination dates provide sufficient time for teachers and students to complete adjusted VCE Unit 4 learning and school-based assessments, and to adequately prepare for the examinations. They also allow for VCE and VCAL students to receive their results and ATARs on 30 December as per the current schedule.<sup>93</sup>

To reduce school-based assessment tasks during remote and flexible learning, VCAA undertook a review of the Unit 4 component of each study design and made reasonable adjustments in content.<sup>94</sup> VCAL students had until 18 December 2020 to complete courses and Vocational Education and Training (VET) students provided with extra time and support to access and complete work placements.<sup>95</sup> As at 2 December, 83,583 Victorian students had sat at least one VCE exam in 2020; with one exam disrupted by a positive case.<sup>96</sup>

<sup>88</sup> Department of Education and Training, *Lessons from Term 2 Remote and Flexible Learning*, p. 4; Victorian Curriculum and Assessment Authority, *COVID-19 Advice*, 2020, <<https://www.vcaa.vic.edu.au/news-and-events/latest-news/Novel%20coronavirus%20update/Pages/default.aspx>> accessed 21 September 2020.

<sup>89</sup> Department of Education and Training, *Lessons from Term 2 Remote and Flexible Learning*, p. 4.

<sup>90</sup> Hon. James Merlino MP, *Transcript of evidence*, pp. 2, 6–7.

<sup>91</sup> Victorian Curriculum and Assessment Authority, *COVID-19 Advice*.

<sup>92</sup> Ibid.; Hon. James Merlino MP, *COVID-19 public hearing presentation*, p. 4.

<sup>93</sup> Victorian Curriculum and Assessment Authority, *COVID-19 Advice*.

<sup>94</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 13.

<sup>95</sup> Department of Education and Training, *Lessons from Term 2 Remote and Flexible Learning*, p. 4.

<sup>96</sup> Hon. James Merlino MP, *COVID-19 public hearing presentation*, p. 5; Hon. James Merlino MP, *Transcript of evidence*, p. 2.

At the August hearings, the Committee sought information on how the integrity of the 'Consideration of Educational Disadvantage' process would be ensured. The Minister explained:

The VCAA will use a range of statistical methodologies to identify any anomalies in information provided by teachers or schools that would suggest any bias against or favouritism towards particular students. This system of assessment within the VCE has regularly been shown to have the highest level of integrity through the entire process of exam preparation to exam security and the processing of results.<sup>97</sup>

Government and independent secondary schools advised the Committee that they welcomed the announcement of the consideration of disruption in the calculation of scores for VCE and VCAL students.<sup>98</sup> The Victorian Association of State Secondary Principals highlighted the importance of student, family and school welfare staff input to the process to ensure that factors which teachers may not pick up on will be considered in the VCAA's assessment.<sup>99</sup>

In an open letter published on 28 August 2020, the Victorian Applied Learning Association stated that 39% of VCAL students would not complete their certificate in 2020 because of the repeated interruptions to face-to-face teaching, and the postponement of VET courses.<sup>100</sup> The VCAA has identified 97% of public secondary schools in Victoria (321) with students who could run out of time to complete their VCAL in Term 4.<sup>101</sup> In response to the specific challenges experienced by VCAL students, the Victorian Government has allocated \$4.6 million in catch up funding to cover additional costs schools may face in helping VCAL students complete applied VET studies in Term 4.<sup>102</sup> Students who do not complete their VET qualifications in 2020 will be guaranteed enrolment at a VET training provider and have their 2021 fees waived to complete their course.<sup>103</sup>

The Committee notes that it is too early in the VCAL and VCE assessment cycle to effectively determine the impact of the pandemic on students graduating in 2020.

**FINDING 128:** Victorian Certificate of Applied Learning students were at risk of not completing their certificate in 2020 due to interruptions to face-to-face teaching and the postponement of Vocational Education and Training courses. The Victorian Government allocated \$4.6 million in catch up funding to cover additional costs schools may face in helping Victorian Certificate of Applied Learning students complete applied Vocational Education and Training studies in Term 4.

<sup>97</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 7.

<sup>98</sup> Ms Sue Bell, *Transcript of evidence*, p. 7; Ms Debra James, *Transcript of evidence*, p. 2.

<sup>99</sup> Ms Sue Bell, *Transcript of evidence*, p. 7.

<sup>100</sup> Victorian Applied Learning Association, *Open letter from VALA re VCAL Certification in the pandemic*, 28 August 2020, <<https://vala.asn.au/16/open-letter-from-vala-re-vcal-certification-in-the-pandemic>> accessed 21 September 2020.

<sup>101</sup> Stephen Gniel, Chief Executive Officer, Victorian Curriculum and Assessment Authority, correspondence, 9 September 2020; Department of Education and Training, *Summary statistics for Victorian schools*. Committee calculation.

<sup>102</sup> Department of Education and Training, *Vocational Education and Training support during coronavirus (COVID-19) VET 'catch up' funding*, 6 October 2020, <<https://www.education.vic.gov.au/school/Pages/coronavirus-vc-al.aspx>> accessed 6 October 2020.

<sup>103</sup> Hon James Merlino MP, *Supporting Students To Complete VCAL And VET Studies*, media release, Victorian Government, Melbourne, 25 September 2020.

**RECOMMENDATION 24:** The Department of Education and Training evaluate the assessment process for the 2020 Victorian Certificate of Education and Certificate of Applied Learning to better understand the impact of the COVID-19 pandemic and associated restrictions on this cohort.

### 9.3.8 Student mental health and wellbeing

DET's review of remote and flexible learning in Term 2 observed that some students found it harder to maintain focus and stay motivated due to isolation and experiencing feelings of frustration.<sup>104</sup> Individual learning needs, the extent of parent or carer support, access to technology and English proficiency levels in students and families were found to have an impact on student's experiences of learning from home.<sup>105</sup> In a submission to the Committee, the Australian Muslim Social Services Agency highlighted the issue of overcrowding in public housing impacting on the capacity of students to undertake remote learning.<sup>106</sup>

Mental health support services reported increased use of their support lines in September and October in Victoria compared to the rest of Australia. Beyond Blue reported an increase of 77%, Lifeline 16% and Kids Helpline 24%.<sup>107</sup> At the public hearings on 2 December 2020, the Minister for Education advised the Committee that self-harm and suicidal ideation Emergency Department presentations decreased during the first wave of the pandemic, but increased during the second wave in Victoria. The Minister explained that the increase in presentations were not reflected in suicide numbers.<sup>108</sup>

In response to increased student mental health concerns, disengagement from education in Term 2 and to address the long-term impacts of remote and flexible learning, on 7 August 2020 the Victorian Government announced \$28.5 million in funding to support:<sup>109</sup>

- Increased capacity of the Navigator Program by a third, to assist secondary students at highest risk of disengagement from school.<sup>110</sup>
- Expansion of the LOOKOUT Program to tackle disengagement from education of highly vulnerable students in Out of Home Care, and other young Victorians who are at risk.<sup>111</sup>

<sup>104</sup> Department of Education and Training, *Lessons from Term 2 Remote and Flexible Learning*, p. 5.

<sup>105</sup> Ibid.

<sup>106</sup> Australian Muslim Social Services Agency submission, p. 5–6

<sup>107</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 19.

<sup>108</sup> Ibid., p. 20.

<sup>109</sup> Hon. Daniel Andrews MP, *Supporting Students Through The Pandemic*, media release, Victorian Government, Melbourne, 7 August 2020; Hon. James Merlino MP, *Transcript of evidence*, p. 9.

<sup>110</sup> Hon. Daniel Andrews MP, *Supporting Students Through The Pandemic*, media release; Department of Education and Training, *Lessons from Term 2 Remote and Flexible Learning*, p. 5; Department of Treasury and Finance, *Budget Paper No. 3*, pp. 28, 36.

<sup>111</sup> Ibid.

- Expanding the Mental Health in Primary Schools pilot.<sup>112</sup> As at 2 December 2020, 15 schools had been added to the pilot.<sup>113</sup>
- Expanding the Mental Health Practitioners Program to include 85 secondary and specialist schools.<sup>114</sup> As at Term 4 2020, 220 secondary school campuses across Victoria are implementing the Program.<sup>115</sup> This represents 64% of all secondary school campuses.
- Increasing Headspace mental health training programs to train an additional 1,500 school staff, to help identify at risk students as remote learning continues.<sup>116</sup>

DET also expanded the scope of online health and wellbeing resources available to teachers, students and families.<sup>117</sup> DET and DHHS support services available to students have adapted to remote delivery where required, including health and mental health practitioners, social workers, speech pathologists, behaviour coaches and the Koori Education Workforce.<sup>118</sup> The impact of the expansion of mental health and engagement support for Victorian school students on the accessibility, frequency and consistency of services is unclear to the Committee at this early stage. At the December hearings, the Committee was told that all student health and wellbeing programs will be evaluated through the collection of data such as qualitative interviews with students.<sup>119</sup>

A September 2020 report by the Victorian Commissioner for Children and Young People found that children and young people reported mixed views about changes in service delivery. Some adapted easily to telehealth or online services where they had existing relationships with mental health professionals, but most reported a preference for face-to-face services. Children and young people who had not previously accessed help for mental health concerns were unlikely to seek help for the first time by phone or online.<sup>120</sup>

**FINDING 129:** Victorian Government support for student mental health in response to the COVID-19 pandemic encompasses services provided in primary, secondary and specialist schools to assist with the identification of mental health concerns, and those of disengagement from education.

<sup>112</sup> Ibid.

<sup>113</sup> Hon. James Merlino MP, *COVID-19 public hearing presentation*, p. 4.

<sup>114</sup> Ibid.

<sup>115</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 18.

<sup>116</sup> Hon. Daniel Andrews MP, *Supporting Students Through The Pandemic*, media release; Department of Education and Training, *Lessons from Term 2 Remote and Flexible Learning*, p. 5; Department of Treasury and Finance, *Budget Paper No. 3*, pp. 28, 36.

<sup>117</sup> Department of Education and Training, *Lessons from Term 2 Remote and Flexible Learning*, p. 5.

<sup>118</sup> Ibid.; Hon. James Merlino MP, *Transcript of evidence*, p. 19.

<sup>119</sup> Mr David Howes, *Transcript of evidence*, p. 20.

<sup>120</sup> Commissioner for Children and Young People, *Snapshot - Impact of COVID-19 on children and young people: Mental Health*, Melbourne, September 2020, p. 3.

At the August hearings the Committee heard from mainstream school stakeholders that daily welfare checks undertaken by wellbeing staff were assisting with the identification of student health and wellbeing concerns and engagement with remote learning. They also provided an opportunity to refer students to external agencies if additional support was required.<sup>121</sup>

The unique challenges associated with how schools fulfilled mandatory reporting requirements of harm against children during remote and flexible learning were not discussed at the public hearings.

At the public hearings on 2 December 2020, the Minister advised that the mental health and wellbeing of students and re-engagement with schooling will be the primary focus of schools in Term 4 2020.<sup>122</sup> This Minister noted that this emphasis includes:

- Development of a planning tool to assist schools in identifying at-risk and vulnerable students that require additional support to maintain engagement and connection with education.
- Partnering with Headspace to deliver SAFEMinds and suicide risk continuum training to assist primary and secondary staff in increasing their foundational knowledge of mental health.
- Schools receiving assistance from primary welfare officers to promote whole-school approaches to health and wellbeing.<sup>123</sup>

### 9.3.9 Teaching practice

Although some teachers adapted well to remote and flexible learning in Term 2, others found the workload of transitioning from face-to-face learning challenging, as outlined in the interim report of this inquiry.<sup>124</sup>

In response to these early challenges, DET had provided a range of learning from home resources to teachers.<sup>125</sup> As at 25 August 2020, 24,000 registrations for 350 online professional learning courses had been made.<sup>126</sup>

The support provided by DET was welcomed by stakeholders. VASSP noted that DET's new Arc digital hub, offering 900 digital student learning experiences and activities,<sup>127</sup> facilitated the development of new online materials through resource sharing.<sup>128</sup> The Australian Education Union noted that professional development undertaken by

<sup>121</sup> Ms Meredith Peace, *Transcript of evidence*, pp. 3–4; Ms Sue Bell, *Transcript of evidence*, p. 5.

<sup>122</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 10.

<sup>123</sup> *Ibid.*, p. 18.

<sup>124</sup> Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the Victorian Government's response to the COVID-19 Pandemic: Interim Report*, p. 149.

<sup>125</sup> Hon. James Merlino MP, *COVID-19 public hearing presentation*, p. 5.

<sup>126</sup> *Ibid.*

<sup>127</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 7.

<sup>128</sup> Ms Sue Bell, *Transcript of evidence*, p. 3.

teachers during the pandemic had assisted in the development of online curriculum, and casual teachers found these learning opportunities helpful in maintaining relationships with schools.<sup>129</sup> However specialist schools observed a lack of professional development catered specifically to children with specific learning disorders.<sup>130</sup>

**FINDING 130:** To facilitate the remote delivery of the school curriculum, the Department of Education and Training offered a range of online professional learning courses for teachers. Support for the professional development of teachers was welcomed by the sector, but specialist schools noted a lack of learning opportunities for teachers that cater to students with special needs.

At the August hearings the Committee heard that teachers were more prepared in Term 3 and able to facilitate improved curriculum delivery through a variety of activities. The AEU advised that:

... there was more acknowledgement of the fact that perhaps trying to recreate the normal school day as much as possible was not really necessary. Obviously structure is very important for young people, but when you are learning at home and doing a lot of that in front of a screen I think schools realised that we needed to build in breaks for students and that we needed to perhaps have some less screen time and mix that up with a variety of other activities throughout the day.<sup>131</sup>

The Committee also heard that mainstream schools were better prepared to ensure that students had access to hard-copy and online materials, and the technology they required to undertake remote learning in Term 3, especially in regional and rural areas.<sup>132</sup> In particular, schools were better equipped to support disadvantaged students and their families so that they could engage with a curriculum that was more challenging to deliver, according to the AEU.<sup>133</sup>

**FINDING 131:** Teachers focussed on essential learning, increased interactive and activity-based lessons and collaboration with teachers across the state in the second round of remote and flexible learning in Term 3, 2020.

The AEU explained that schools in regional Victoria could have benefitted from the same level of preparation time as metropolitan Melbourne schools.<sup>134</sup> Schools in metropolitan Melbourne were given five pupil-free days to prepare for the second round of remote and flexible learning, while schools in regional Victoria were only given one pupil-free day.

<sup>129</sup> Ms Meredith Peace, *Transcript of evidence*, pp. 3, 7.

<sup>130</sup> Mr Matt Foran, President, SPELD Victoria, public hearing, Melbourne, 25 August 2020, *Transcript of evidence*, p. 6.

<sup>131</sup> Ms Meredith Peace, *Transcript of evidence*, p. 3.

<sup>132</sup> *Ibid.*, pp. 3–4.

<sup>133</sup> *Ibid.*, p. 3.

<sup>134</sup> *Ibid.*, p. 4.



**FINDING 132:** Schools in metropolitan Melbourne were given five pupil-free days to prepare for the second round of remote and flexible learning, while schools in regional Victoria were only given one pupil-free day.

**RECOMMENDATION 25:** When preparing for periods of remote and flexible learning in response to a pandemic, the Department of Education and Training consider providing the same number of pupil-free days in metropolitan Melbourne and regional Victoria if any further periods of remote learning are required, as well as greater learning opportunities for teachers working with children with additional needs.

## 9.4 Students with a disability

Disruptions caused by remote and flexible learning have had significant impacts on students with a disability. In evidence to the Committee, Amaze outlined the overall impact of the pandemic on these students:

We found that COVID has really highlighted and re-emphasised the general lack of successful inclusive practice for students with disabilities to choose schools. What we have been living with I guess as a society is hairline cracks in a system that became cavernous under the earthquake that is COVID. It just kind of blew really everything open.<sup>135</sup>

On 20 November 2020 the Victorian Government announced the roll out of a new \$1.6 billion Disability Inclusion Package for students with disability; to be progressively introduced in government schools over five years from mid-2021.<sup>136</sup> The AEU welcomed the significant support for students with a disability, stating the ‘investment is long overdue’.<sup>137</sup>

### 9.4.1 Access to onsite schooling

During Stage 4 Restrictions in metropolitan Melbourne and Stage 3 restrictions in regional Victoria in Term 3, on-site supervision of students was made available at all schools for:

- Children deemed vulnerable by a government agency or family violence service as requiring education and care outside the family home.
- Children with a disability and the family is experiencing severe stress.<sup>138</sup>

<sup>135</sup> Ms Fiona Sharkie, *Transcript of evidence*, p. 1.

<sup>136</sup> Hon. James Merlino MP, *Inclusive Education: Making Sure Our Kids Can Be Their Best*, media release, Victorian Government, Melbourne, 20 November 2020.

<sup>137</sup> Australian Education Union, *Victorian state budget 2020: AEU welcomes investment in education*, media release, Victoria, 24 November 2020.

<sup>138</sup> Department of Education and Training, *Operations Guide: Victorian Government Schools From 18 August 2020, updated 18 August 2020*, supplementary evidence received 25 August 2020, p. 4.

- In regional Victoria any child with a disability could access on-site learning in Term 3.<sup>139</sup>

Parents of children with a disability were concerned about the subjectivity involved in determining what constituted severe stress. Parents called for a relaxation of limitations and consideration of access to on-site schooling for children whose sibling has a disability.<sup>140</sup> Prioritisation of students with a disability for return to on-site schooling at both mainstream and special schools as restrictions eased was also requested.<sup>141</sup>

**RECOMMENDATION 26:** The Department of Education and Training establish clear, objective, publicly available guidelines on access to on-site schooling for students with a disability for any future periods of remote and flexible learning.

### 9.4.2 School attendance levels

At the public hearings on 25 August 2020, ACD advised the Committee that attendance rates at special schools during the pandemic were impacted by families making the choice to keep their medically vulnerable children at home.<sup>142</sup> Additionally, ACD advised that some students with a disability were finding the experience of remote and flexible learning to be so difficult that they refused to participate in school activities. This was reflected in higher rates of absenteeism than their peers.<sup>143</sup>

SPELD Victoria noted that students with specific learning disabilities were increasingly disengaging from school due to experiencing anxiety and depression during remote and flexible learning.<sup>144</sup>

The lack of understanding among families of the rationale for restrictions in education settings and the perceived health risks of sending children to school during a pandemic also caused parents of some children with disabilities to keep them at home.<sup>145</sup> However, the Principals Association of Specialist Schools Victoria reported that attendance rates at regional specialist schools was relatively high, with approximately 80% of students attending these schools.<sup>146</sup>

**FINDING 133:** The increased stresses associated with remote and flexible learning and heightened health risks saw a number of students with a disability disengage with school.

<sup>139</sup> Ibid., p. 5.

<sup>140</sup> Ms Karen Dimmock, *Transcript of evidence*, p. 5.

<sup>141</sup> Amaze and Association for Children with a Disability, *Victorian students with disability during COVID-19 disruptions to schooling*, supplementary evidence received 26 August 2020, p. 5.

<sup>142</sup> Ms Karen Dimmock, *Transcript of evidence*, p. 3.

<sup>143</sup> Amaze and Association for Children with a Disability, *Victorian students with disability during COVID-19 disruptions to schooling*, p. 2.

<sup>144</sup> Mr Matt Foran, *Transcript of evidence*, p. 2.

<sup>145</sup> Mr Cameron Peverett, *Transcript of evidence*, p. 9.

<sup>146</sup> Ibid., p. 7.

**RECOMMENDATION 27:** Through the new tutoring program announced on 13 October 2020, the Department of Education and Training provide targeted and tailored outreach to students with a disability that disengaged from school during the pandemic.

At the August hearings the Committee heard that the inability of Year 12 equivalent special school students to complete work placements due to the pandemic has limited their vocational exposure, impacting their transition to the workforce.<sup>147</sup> Compounded by being unable to repeat their final year of schooling, graduating specialist school students will be disadvantaged in their capacity to obtain secure work, putting young people with a disability at further risk of unemployment according to Amaze.<sup>148</sup>

**RECOMMENDATION 28:** The Department of Education and Training facilitate work experience and vocational opportunities for specialist school students graduating from their final year of schooling.

**RECOMMENDATION 29:** Specialist school students graduating from their final year of schooling be provided with the opportunity of repeating their final year if appropriate.

### 9.4.3 Support provided

The interim report to this inquiry outlined that there had been insufficient consideration of students with a disability and their access needs in the transition to remote and flexible learning.<sup>149</sup> Evidence provided to the Committee as part of the second round of hearings for the inquiry revealed that this remained the case for children with a disability who continued to learn from home.<sup>150</sup>

At the August hearings Amaze and ACD advised the Committee of several shortcomings in the support provided to students with a disability during periods of remote and flexible learning. They stated that students with complex disabilities who normally receive high levels of support at school, particularly with the use of devices, had been unable to learn effectively at home.<sup>151</sup>

Further, a September 2020 Amaze survey of 312 Victorian families of students with autism found that parents most commonly stated the support provided by schools during Term 3 2020 did not meet their child's needs.<sup>152</sup> Amaze highlights that 45.4% of

<sup>147</sup> Ms Fiona Sharkie, *Transcript of evidence*, p. 3.

<sup>148</sup> *Ibid.*

<sup>149</sup> Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the Victorian Government's response to the COVID-19 Pandemic: Interim Report*, pp. 147, 153–154.

<sup>150</sup> *Ibid.*, pp. 152–154.

<sup>151</sup> Amaze and Association for Children with a Disability, *Victorian students with disability during COVID-19 disruptions to schooling*, pp. 1–2.

<sup>152</sup> Amaze, *Learning in lockdown Results from Amaze's Term 3 School Experience Survey* Melbourne, September 2020 p. 14.

students with autism in Melbourne government schools did not have their learning needs met in Term 3, with many missing the personalised support and adjustments they required to learn.<sup>153</sup> The survey results show that the learning of 47.8% of students with autism in Melbourne, and 55% in regional schools had not progressed since learning remotely.<sup>154</sup>

Under the *Disability Discrimination Act 1992 (Cth)*, schools are required to provide students with a disability with access to education on the same basis as their peers through reasonable adjustments to curriculum. However, the Committee was advised of mainstream schools not providing modified curricula during the remote and flexible learning period, leaving parents to support their child's learning as best as they can.<sup>155</sup> Similarly, *the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability* received evidence of the lack of reasonable adjustments and supports provided to students with disability, and how restrictions related to COVID-19 exacerbated these existing barriers to education and created new ones.<sup>156</sup>

Amaze and ACD noted that vision and hearing-impaired students have been particularly impacted by a lack of accessible materials.<sup>157</sup> In addition, the Committee was informed that access to education aides for the 28,000 students with Program for Students with Disabilities (PSD) funding has been highly variable, with some reporting receiving reasonable support through regular virtual and phone contact, and others receiving little or no support.<sup>158</sup>

However, collaboration between DET and the National Disability Insurance Agency (NDIA) to clarify that students on National Disability Insurance Scheme plans can access in home disability supports during schools hours was welcomed by the sector.<sup>159</sup> Amaze and ACD have outlined that although the NDIA have committed to proactively contacting families most likely to need such supports, as at 25 August 2020, it is unclear to what extent this has been implemented to date.<sup>160</sup>

**FINDING 134:** Insufficient modifications to the curriculum, instances of inaccessible learning materials, variable access to education aides and for some the inability to use devices without support, have been significant hurdles to students with a disability trying to learn from home during the COVID-19 pandemic.

<sup>153</sup> Amaze, *Interview: Amaze CEO Fiona Sharkie on Students Returning to Schools*, media release, Melbourne, 22 September 2020.

<sup>154</sup> Amaze, *Learning in lockdown* p. 19.

<sup>155</sup> Amaze and Association for Children with a Disability, *Victorian students with disability during COVID-19 disruptions to schooling*, pp. 1-2.

<sup>156</sup> Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Interim Report*, Commonwealth of Australia, Canberra, October 2020, p. 395.

<sup>157</sup> Amaze and Association for Children with a Disability, *Victorian students with disability during COVID-19 disruptions to schooling*.

<sup>158</sup> *Ibid.*, p. 2.

<sup>159</sup> *Ibid.*, p. 3.

<sup>160</sup> *Ibid.*

**RECOMMENDATION 30:** The Victorian Government establish a standard of support for students with a disability learning remotely including minimum requirements regarding access to education support staff and personalised learning adjustments.

#### 9.4.4 Mental health impacts in specialist settings

At the August hearings Amaze stated that the mental health and wellbeing of students with autism, who are adversely impacted by changes to routine, has been badly affected by remote learning.<sup>161</sup> Amaze's survey of the school experience also found a decline in the mental health and emotional wellbeing of 68% of students with autism in Melbourne, and a 60% decline in regional schools while remote learning in Term 3 2020.<sup>162</sup>

Conversely, some students with a disability are reporting relief from the bullying and exclusion they experience at school.<sup>163</sup> As part of the Victorian Government's \$28.5 million package for student mental health, mental health expertise will be embedded in 85 Specialist Schools across Victoria.<sup>164</sup> This support was welcomed by the sector, noting that high proportions of students with disabilities have coexisting mental health conditions; usually anxiety and depression.<sup>165</sup>

Specialist school stakeholders noted the need for mental health and wellbeing support provided in schools to be leveraged to assist students undertaking remote learning.<sup>166</sup> The importance of providing mental health support for the family of a student with a disability was also identified:

One of the things that I think is always important in providing mental health support to young people, and particularly young people with disability, is that you need to be supporting the family as a whole.<sup>167</sup>

**FINDING 135:** Victorian Government support for the mental health of specialist school students, provided in response to the COVID-19 pandemic, focuses on the provision of mental health expertise in schools.

<sup>161</sup> Ms Fiona Sharkie, *Transcript of evidence*, pp. 2,4.

<sup>162</sup> Amaze, *Learning in lockdown* p. 19.

<sup>163</sup> Amaze and Association for Children with a Disability, *Victorian students with disability during COVID-19 disruptions to schooling*, p. 2.

<sup>164</sup> Hon. Daniel Andrews MP, *Supporting Students Through The Pandemic*, media release; Department of Education and Training, *Lessons from Term 2 Remote and Flexible Learning*, p. 5.

<sup>165</sup> Ms Fiona Sharkie, *Transcript of evidence*, p. 4.

<sup>166</sup> Amaze and Association for Children with a Disability, *Victorian students with disability during COVID-19 disruptions to schooling*, p. 4.

<sup>167</sup> Ms Karen Dimmock, *Transcript of evidence*, p. 4.

**RECOMMENDATION 31:** The Victorian Government ensure support for the mental health of specialist school students to assist students, and the families of students, with a disability through any future periods of remote and flexible learning.

## 9.5 Early childhood education and care

Governance arrangements for Early Childhood Education and Care (ECEC) are complex, with responsibilities shared by the Commonwealth Government, Victorian Government and local governments.<sup>168</sup> The Victorian Government has implemented various measures in response to the COVID-19 pandemic aimed at securing the viability of ECEC services, keeping the ECEC workforce employed, and ensuring that families have access to education and care for their children.

As at September 2020, there are 4,270 ECEC services operating in Victoria,<sup>169</sup> comprising:

- Centre-based Long Day Care (39%).
- Kindergarten services provided to children of 3 to 4 years of age (28%).
- Outside School Hours Care offered to primary school-age children aged 5 to 12 years (29%).
- Family Day Care provided in educator's homes (4%).<sup>170</sup>

### 9.5.1 Australian Health Protection Principal Committee directions

The Australian Health Protection Principal Committee (AHPPC) is the key advisory committee for health emergencies, comprising all state and territory Chief Health Officers and is chaired by the Australian Chief Medical Officer.<sup>171</sup> The AHPPC has maintained that the pre-emptive closure of childcare centres is not proportionate or effective as a public health intervention to prevent community transmission of COVID-19.<sup>172</sup> The AHPPC advised that it considered ECEC centres as essential services that should continue, but with risk mitigation measures in place.<sup>173</sup>

<sup>168</sup> Department of Education and Training, *Children's services regulated under State Law*, 1 July 2020, <<https://www.education.vic.gov.au/childhood/providers/regulation/Pages/vcs.aspx>> accessed 7 July 2020.

<sup>169</sup> Australian Children's Education and Care Quality Authority, *NQF Snapshot: State of the Sector*, Data as at 30 September 2020, <<http://snapshots.acecqa.gov.au/Snapshot/stateofthesector.html>> accessed 12 November 2020.

<sup>170</sup> Ibid.

<sup>171</sup> Department of Health, *Australian Health Protection Principal Committee (AHPPC)*, 20 September 2020, <<https://www.health.gov.au/committees-and-groups/australian-health-protection-principal-committee-ahppc>> accessed 24 September 2020.

<sup>172</sup> Department of Health, *Australian Health Protection Principal Committee (AHPPC) Coronavirus (COVID-19) Statement on 18 March 2020: A statement from the Australian Health Protection Principal Committee (AHPPC) about coronavirus (COVID-19)*, media release, Australian Government, Canberra, 19 March 2020.

<sup>173</sup> Department of Health, *Australian Health Protection Principal Committee (AHPPC) coronavirus (COVID-19) statement on 3 April 2020: A statement from the Australian Health Protection Principal Committee about COVID-19 in children and early childhood and learning centres*, media release, Australian Government, Canberra, 6 April 2020.

As at 9 December 2020, the AHPPC had not adjusted its advice from 25 May 2020 that there is very limited evidence of COVID-19 transmission between children, with less than 1% (0.8%) of confirmed cases in Australia having been in children under five years of age, and population screening overseas showing very low incidence of positive cases in school-aged children.<sup>174</sup>

## 9.5.2 Commonwealth Government support packages

As outlined in the interim report to this inquiry, the Commonwealth Government provided significant financial support to the early childhood sector, which was wound back across Australia from 13 July 2020.<sup>175</sup> However, with the reintroduction of Stage 3 restrictions across metropolitan Melbourne and Mitchell Shire, the Commonwealth Government announced that from Monday 13 July 2020 it would allow services located in areas subject to these restrictions and to waive parent gap fees if children were not attending child care for COVID-related reasons.<sup>176</sup>

Subsequent to the implementation of Stage 4 Restrictions in metropolitan Melbourne and Mitchell Shire, the Commonwealth Government extended its support from 5 August 2020 through an investment of \$33 million in Victorian ECEC services.<sup>177</sup> The funding helped centres remain open for vulnerable families and permitted workers, while helping Victorian parents retain their child's enrolment if they were required to keep their child at home.<sup>178</sup> Families impacted by Stage 4 and Stage 3 restrictions in Victoria also received an additional 30 days, or six weeks, of allowable absences from child care. Payments for care through the Child Care Subsidy also guaranteed revenue to ECEC services regardless of attendance.<sup>179</sup>

On 20 September 2020, the Commonwealth Government announced \$305.6 million in additional funding for the ECEC sector, to reduce costs for families, maintain service viability, and drive the COVID-19 recovery.<sup>180</sup> The Child Care Recovery Package includes targeted support for Victorian Long Day Care, Family Day Care, In Home Care and Outside School Hours Care providers operating during the second wave of the pandemic. The package comprises Recovery Payments for services and a child care fee freeze for Victorian families until 31 January 2021.<sup>181</sup> The package also provides for the continuation of the Employment Guarantee to ensure Victorian ECEC providers pass

<sup>174</sup> Department of Health, *Australian Health Protection Principal Committee (AHPPC) statement on early childhood and learning centres: A statement from the Australian Health Protection Principal Committee (AHPPC) about early childhood and learning centres*, media release, Australian Government, Canberra, 25 May 2020.

<sup>175</sup> Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the Victorian Government's response to the COVID-19 Pandemic: Interim Report*, pp. 144–145.

<sup>176</sup> Hon. Dan Tehan MP, *Statement on fee relief for Victorian parents*, media release, Department of Education, Skills and Employment, Canberra, 7 July 2020.

<sup>177</sup> Hon. Scott Morrison MP, *Support for Victorian families, childcare workers and services*, media release, Prime Minister of Australia, Canberra, 5 August 2020.

<sup>178</sup> Ibid.

<sup>179</sup> Ibid.

<sup>180</sup> Hon. Dan Tehan MP, *Child care support continues to aid COVID recovery*, media release, Department of Education, Skills and Employment, Canberra, 20 September 2020.

<sup>181</sup> Ibid.

support on to educators and employees through wages and payments. The relaxation of the activity test was extended to 4 April 2021 in recognition of Australian families whose activity level has been impacted by COVID-19.<sup>182</sup>

### 9.5.3 Victorian Government support for kindergarten services

The Victorian Government's \$45 million funded kindergarten program was extended on 24 June 2020, to provide \$230 per child for Term 3 to cover half the average cost of kindergarten fees across Victoria.<sup>183</sup> Eligible kindergarten services in metropolitan Melbourne and Mitchell Shire, received an increased level of support of \$460 for each child.<sup>184</sup> Children who identify as Aboriginal and/or Torres Strait Islander, and children or parents/guardians who hold a Commonwealth Health Care/Pensioner/Veterans Affairs Card or Refugee or Asylum Seeker Visa, were not required to pay fees in Term 3 under the existing Kindergarten Fee Subsidy program.<sup>185</sup> The reduced-fee kindergarten program was available for services not eligible for the Commonwealth's JobKeeper program.<sup>186</sup>

On 9 August 2020 the Victorian Government announced that all kindergarten services in the State would be free for Term 3, to provide regional and rural Victoria access to services already being offered in metropolitan Melbourne and Mitchell Shire under Stage 4 restrictions.<sup>187</sup> A further \$1.6 million in grants was made available via the School Readiness Funding program for kindergartens to deliver early childhood education to children learning at home through the Goodstart@home online platform.<sup>188</sup>

Regional and rural sessional kindergartens not receiving JobKeeper payments were provided with support for three-year-old kindergarten programs, including not-for-profit services, community-based, local government and school providers.<sup>189</sup>

At the public hearings on 25 August 2020 the Minister for Education provided detail on the uptake of support provided to the ECEC sector by the Victorian Government in response to the pandemic:

Approximately \$1.5 million has been already provided to more than 300 kindergarten services to offset lost parent fees for over 4000 enrolments in Term 2. It is expected that over 20,000 children at around 720 services across Victoria will access a free

<sup>182</sup> Ibid.

<sup>183</sup> Hon. James Merlino MP, *Keeping Sessional Kinder Fees Low For Term 3*, media release, Victorian Government, Melbourne, 24 June 2020.

<sup>184</sup> Hon. Daniel Andrews MP, *Return To Flexible And Remote Learning*, media release, Victorian Government, Melbourne, 12 July 2020.

<sup>185</sup> Hon. James Merlino MP, *Keeping Sessional Kinder Fees Low For Term 3*, media release; Department of Education and Training, *Free or low-cost kindergarten Kindergarten Fee Subsidy*, August 2015, <<https://www.education.vic.gov.au/Documents/childhood/providers/comms/kinderfeesubposter.pdf>> accessed 29 September 2020.

<sup>186</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 2.

<sup>187</sup> Hon. James Merlino MP, *Free Kinder For Families Through Coronavirus*, media release, Victorian Government, Melbourne, 9 August 2020.

<sup>188</sup> Ibid.; Hon James Merlino MP, *Helping Kinder Kids To Learn From Home* media release, Victorian Government, Melbourne, 8 May 2020.

<sup>189</sup> Hon. James Merlino MP, *Free Kinder For Families Through Coronavirus*, media release.



kindergarten program during Term 3 through this funding, and that is in addition to approximately 20,000 children already accessing a free kindergarten program through the kindergarten fee subsidy.<sup>190</sup>

The Minister did not provide the Committee with information on kindergarten attendance rates or service closures during the pandemic, or details of the associated impacts on the kindergarten workforce.

The Committee found that support for kindergarten programs was welcomed by the sector.<sup>191</sup> The AEU advised the Committee that:

... We advocated for and have welcomed the additional financial support from the state government for kindergarten programs, including fee gap support for parents, which has meant our younger students have been able to continue to access educational programs either on-site or remotely.<sup>192</sup>

**FINDING 136:** The Victorian Government’s support for kindergarten programs during the COVID-19 pandemic has been welcomed by the sector.

On 17 September 2020, the Victorian Government announced \$26.7 million in funding for early childhood services, including support for:

- The extension of free sessional kindergarten in Term 4, with approximately \$500 per enrolment provided to community-based, local government and school operators offering free weekly 15-hour kinder services.<sup>193</sup>
- Up to five extra hours per week of kinder for 5,300 vulnerable children, to assist them to catch up on missed or disrupted learning before starting school.<sup>194</sup> This represents the provision of catch up support for approximately 37% of Victoria’s vulnerable children.<sup>195</sup>
- Outreach services to facilitate learning re-engagement of children from Aboriginal and cultural and linguistically diverse communities.<sup>196</sup>
- Kindergarten teachers and schools to collaborate in assisting children with disabilities in their transition to primary school.<sup>197</sup>

<sup>190</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 18.

<sup>191</sup> Ms Anne Maree Kliman, *Transcript of evidence*, p. 2.

<sup>192</sup> Ms Meredith Peace, *Transcript of evidence*, pp. 1-2.

<sup>193</sup> Hon. Daniel Andrews MP, *Getting Our Kids Back To Kinder And Ready For School*, media release, Victorian Government, Melbourne, 17 September 2020.

<sup>194</sup> Ibid.

<sup>195</sup> Australian Early Development Census, *Australia, States and Territories Percentage of children developmentally vulnerable in 2018*, 2018, <<https://www.aedc.gov.au/data/data-explorer>> accessed 24 September 2020. Committee calculation. The 2018 Australian Early Development Census surveying children in their first year of full-time school found 14,232 Victorian children to be developmentally vulnerable in one or more of the following domains: Physical, social, emotional, language and communication.

<sup>196</sup> Hon. Daniel Andrews MP, *Getting Our Kids Back To Kinder And Ready For School*, media release.

<sup>197</sup> Ibid.

- Tailored professional learning for early childhood and school staff.<sup>198</sup>

To support children facing educational disadvantage, all Victorian services offering funded kindergarten in 2021 will receive up to \$200,000 in School Readiness Funding. This will provide 1,700 kindergartens across the State with access to expertise in speech and occupational therapy, language and literacy, and child psychology. The funding aims to boost the capability of both parents and teachers and improve participation and educational outcomes in communication and wellbeing.<sup>199</sup>

To boost workforce participation, support parents to work, study and train, and increase ECEC service viability as the State recovers from the pandemic,<sup>200</sup> the 2020–21 Victorian State Budget allocates \$169.6 million for free kindergarten in 2021. This includes up to \$2,000 in support for each child enrolled in funded kinder and programs offered in Long Day Care Centres. Families with children attending unfunded three-year-old programs in sessional kindergartens will receive reduced fees. For school-age children, grants of up to \$75,000 will be made available to start new Outside School Hours Care programs at up to 400 government schools.<sup>201</sup> The Committee notes support for free kinder in 2021 and additional support for Long Day Care and Outside School Hours Care services was welcomed by the sector.<sup>202</sup>

The 2020–21 Budget expands the Early Childhood LOOKOUT program to meet additional demand as a result of the COVID-19 pandemic, to provide tailored support for children with complex needs resulting from trauma.<sup>203</sup>

#### 9.5.4 Preventative measures, confirmed cases and service closures

In his presentation to the Committee on 25 August 2020, the Minister for Education outlined the preventative measures implemented by the Victorian Government to keep ECEC services safe from transmission of COVID-19 including:

- Up to \$1500 for cleaning per ECEC service with a kindergarten program.<sup>204</sup>
- \$1,500 for infectious cleaning for each room where kindergarten programs are delivered.<sup>205</sup>

<sup>198</sup> Ibid.

<sup>199</sup> Hon. Ingrid Stitt, *Helping Kids Get The Most Out Of Kinder*, media release, Victorian Government, Melbourne, 6 November 2020.

<sup>200</sup> Hon. Ingrid Stitt and Hon. James Merlino MP, *Supporting Families: Free Kinder & More Out Of Hours Care*, media release, Victorian Government, Melbourne, 10 November 2020.

<sup>201</sup> Ibid.; Department of Treasury and Finance, *Budget Paper No. 3*, p. 33.

<sup>202</sup> Early Childhood Australia, *Early Childhood Australia Welcomes Victorian Government Support For Kinder And Long Day Care*, media release, 10 November 2020; The Parenthood, *Parenthood Welcomes NSW And Victoria's Investment In Free Preschool, Urges Other States To Follow Lead*, media release, Melbourne, 11 November 2020.

<sup>203</sup> Department of Treasury and Finance, *Budget Paper No. 3*, p. 30.

<sup>204</sup> Hon. James Merlino MP, *COVID-19 public hearing presentation*, p. 8; Australian Children's Education and Care Quality Authority, *NQF Snapshot: State of the sector - Number of services by jurisdiction and service type*, Data as at 30 June 2020, <<http://snapshots.acecqa.gov.au/Snapshot/stateofthesector.html>> accessed 24 September 2020. 4,249 ECEC services operating in Victoria as at 30 June 2020; Australian Children's Education and Care Quality Authority, *NQF Snapshot*. 4,270 ECEC services operating in Victoria as at 30 September 2020.

<sup>205</sup> Hon. James Merlino MP, *COVID-19 public hearing presentation*, p. 8; Australian Children's Education and Care Quality Authority, *NQF Snapshot*. 4,249 ECEC services operating in Victoria as at 30 June 2020; Australian Children's Education and Care Quality Authority, *NQF Snapshot*. 4,270 ECEC services operating in Victoria as at 30 September 2020.

- 1,400 masks and 700 thermometers.<sup>206</sup>
- The DET Early Childhood Advice Line, which responded to 2,800 calls as at 25 August 2020.<sup>207</sup>

In response to questions on notice, DET advised that as at 21 August 2020, 97 children and 110 staff who attended Victorian ECEC services were confirmed cases of COVID-19.<sup>208</sup>

No further update on these figures was provided at the public hearings on 2 December 2020.

**FINDING 137:** Measures implemented by the Victorian Government to prevent the transmission of COVID-19 in kindergartens included funding for cleaning and information provided through the Department of Education and Training’s Early Childhood Advice Line. Masks and thermometers were also distributed to some kindergarten services.

The Committee was not provided with evidence on the number of ECEC service closures throughout the pandemic, however Australian Children’s Education and Care Quality Authority data highlights that between 9 March and 28 September 2020, 22 to 19% of Victorian ECEC services were closed at the start of three consecutive weeks (Monday 30 March; Monday 6 April; Monday 13 April) due to the impact of COVID-19.<sup>209</sup> The majority of these were preschools/kindergartens (13%).<sup>210</sup>

**RECOMMENDATION 32:** Updates on Victorian early childhood education infection rates (children and workers) and care service closures due to the COVID-19 pandemic be contained in the next Quality Assessment and Regulation Division’s annual report.

### 9.5.5 Early childhood education and care workforce

The Early Childhood Education and Care National Workforce Census<sup>211</sup> states that there are 50,674 people employed in the ECEC sector in Victoria.<sup>212</sup> Fifty six per cent of these

<sup>206</sup> Hon. James Merlino MP, *COVID-19 public hearing presentation*, p. 8; Australian Children’s Education and Care Quality Authority, *NQF Snapshot*. 4,249 ECEC services operating in Victoria, including 1,181 kindergarten services, as at 30 June 2020; Australian Children’s Education and Care Quality Authority, *NQF Snapshot*. 4,270 ECEC services operating in Victoria, including 1,180 kindergarten services, as at 30 September 2020.

<sup>207</sup> Hon. James Merlino MP, *COVID-19 public hearing presentation*, p. 8.

<sup>208</sup> Hon. James Merlino MP, response to questions on notice, p. 2.

<sup>209</sup> Australian Children’s Education and Care Quality Authority, *NQF Snapshot*; Australian Children’s Education and Care Quality Authority, Table (1b) *Number of Victorian centre-based service closures recorded in the NQA ITS at the start of each week, related to the impact of COVID-19*, accessed 13 November 2020. Committee calculation

<sup>210</sup> Australian Children’s Education and Care Quality Authority, *NQF Snapshot Q2 2020: A quarterly report from the Australian Children’s Education and Care Quality Authority*, August 2020, p. 9.

<sup>211</sup> The Early Childhood Education and Care National Workforce Census is a nationwide survey of early childhood education and care services that collects information about service usage, children with additional needs, access to preschool/kindergarten programs and staffing. It was last run in 2016.

<sup>212</sup> Social Research Centre, *2016 Early Childhood Education and Care National Workforce Census*, report for Department of Education and Training Australian National University, Canberra, September 2017, p. 14.

workers are employed in centre-based Long Day Care.<sup>213</sup> The majority of the workforce (91.1%) is female.<sup>214</sup>

The Victorian Government's Relief Package was designed to be used in conjunction with JobKeeper, however, services such as Family Day Care and In Home Care that rely on casual and contract staff and local government-run Long Day Care Centres, were and remain, ineligible for JobKeeper.<sup>215</sup> Although the Exceptional Circumstances Supplementary Payment scheme was expanded to provide support to ECEC services ineligible for JobKeeper,<sup>216</sup> it did not provide relief to all disqualified services and providers.<sup>217</sup>

The ECEC sector lost access to JobKeeper from 20 July 2020.<sup>218</sup> The Victorian Government has not provided any direct support to workers in the ECEC sector in response to the pandemic. At the August hearings, the AEU outlined the overall impact of the pandemic on the ECEC sector workforce:

Early childhood teachers, particularly in long day care settings, have been stood down or had reductions in hours, and the federal government's disastrous decision to take away access to JobKeeper in the early childhood sector has left too many members in the sector extremely vulnerable. With a highly feminised workforce, the federal government's approach has had a very negative effect on women ...<sup>219</sup>

**FINDING 138:** The Victorian early childhood education and care sector has a predominantly female workforce that has been impacted by the pandemic, with people being stood down or having their hours reduced. This has been exacerbated by the removal of Commonwealth Government support.

The Committee notes that the Commonwealth Government's Child Care Recovery Package provides support for Family Day Care and In Home Care providers.<sup>220</sup> The package was welcomed by the sector,<sup>221</sup> but calls for the implementation of long-term solutions to ECEC to increase workforce participation persist.<sup>222</sup> It is too soon for the Committee to determine the impact of the package on the employment levels of the ECEC workforce and ECEC service viability in Victoria.

<sup>213</sup> Ibid.

<sup>214</sup> Ibid., p. vii.

<sup>215</sup> Early Childhood Australia, *Early childhood education and care: the impact of policy responses to the COVID-19 pandemic*, submission to Parliament of Australia, Select Committee on COVID-19, Inquiry into the Australian Government's response to the COVID-19 pandemic, May 2020, p. 4.

<sup>216</sup> Australian Local Government Association, *Funding relief option for council childcare centres*, 9 April 2020, <<https://alga.asn.au/funding-relief-option-for-council-childcare-centres>> accessed 18 September 2020.

<sup>217</sup> Early Childhood Australia, *Early childhood education and care: the impact of policy responses to the COVID-19 pandemic*, p. 4.

<sup>218</sup> Department of Education Skills and Employment, *Early Childhood Education and Care COVID-19 Frequently Asked Questions*, 20 August 2020, <<https://www.dese.gov.au/covid-19/childcare/childcare-faq>> accessed 14 September 2020.

<sup>219</sup> Ms Meredith Peace, *Transcript of evidence*, p. 1.

<sup>220</sup> Hon. Dan Tehan MP, *Child care support continues to aid COVID recovery*, media release.

<sup>221</sup> Early Learning Association Australia, *Child Care Recovery Package targets help where it's needed* media release, Fitzroy, 21 September 2020.

<sup>222</sup> KPMG, *The Child Care Subsidy: Options for increasing support for caregivers*, 2020; Australian Council of State School Organisations Limited, *Big Spending Little Vision* media release, New South Wales, 7 October 2020.

## 9.5.6 Children of permitted workers and vulnerable children

During Stage 4 restrictions in metropolitan Melbourne and Mitchell Shire from 6 August 2020, access to on-site kindergarten and child care was maintained for the children of permitted workers and vulnerable children, including children in out of home care or known to child protection, medically/socially vulnerable children, or Aboriginal children.<sup>223</sup> The Minister for Education advised the Committee that:

The decision to restrict access to early childhood education and care services in metropolitan Melbourne under stage 4 is not because they are unsafe. The decision ... was made ... to reduce the movement of children and their families across metropolitan Melbourne to help to slow the spread of coronavirus.<sup>224</sup>

The requirements for access to ECEC services differed to schools in that only one adult in the household was required to be an employee in a permitted industry, either working onsite or from home with no alternative care or supervision available.<sup>225</sup> The Minister stated that:

The different approach for early childhood reflects that the children under school age require more intensive care and supervision by an adult than school-aged children for their development, wellbeing and safety. It is also very important that vulnerable children continue to be supported both by schools and early childhood services and that those children maintain their attendance wherever possible.<sup>226</sup>

Permitted workers that needed to attend work onsite and access child care or kindergarten were required to confirm that there was no one else in their household to supervise their child to gain an Access to Childcare Permit.<sup>227</sup> Access to Childcare Permits were not verified by the Victorian Government.<sup>228</sup> Permitted workers included construction workers;<sup>229</sup> electricity, gas, water and waste service staff;<sup>230</sup> bank branch officers;<sup>231</sup> radio and television broadcasters;<sup>232</sup> and manufacturers of essential goods.<sup>233</sup>

223 Department of Health and Human Services, *Premier's statement on business restrictions: Statement from the Premier on restrictions for business*, 3 August 2020, <<https://www.dhhs.vic.gov.au/updates/coronavirus-covid-19/premiers-statement-business-restrictions>> accessed 18 September 2020.

224 Hon. James Merlino MP, *Transcript of evidence*, p. 14.

225 Ibid.

226 Ibid.

227 Hon. Daniel Andrews MP, *Childcare And Kinder Access For Permitted Workers*, media release, Victorian Government, Melbourne 5 August 2020.

228 Ibid.

229 Department of Health and Human Services, *Construction restrictions*, 15 September 2020, <<https://www.dhhs.vic.gov.au/construction-restrictions-covid-19>> accessed 24 September 2020.

230 Department of Health and Human Services, *Electricity, gas, water and waste services restrictions*, 15 September 2020, <<https://www.dhhs.vic.gov.au/electricity-gas-water-waste-services-covid-19>> accessed 24 September 2020.

231 Department of Health and Human Services, *Financial and insurance services restrictions*, 15 September 2020, <<https://www.dhhs.vic.gov.au/financial-and-insurance-services-covid-19>> accessed 24 September 2020.

232 Department of Health and Human Services, *Information media and telecommunications restrictions*, 15 September 2020, <<https://www.dhhs.vic.gov.au/information-media-and-telecommunications>> accessed 24 September 2020.

233 Department of Health and Human Services, *Manufacturing restrictions*, 15 September 2020, <<https://www.dhhs.vic.gov.au/manufacturing-restrictions>> accessed 24 September 2020.

The Permitted Worker Scheme and Access to Childcare Permit aimed to assist childcare centres and kindergartens to verify that a permitted worker was eligible to access services, whether they were working onsite or from home.<sup>234</sup>

In areas under Stage 3 restrictions in regional Victoria, ECEC services remained open to all families. At the August hearings, the Minister advised that many regional ECEC services reported attendance rates of 80%.<sup>235</sup>

**FINDING 139:** Childcare Permits were not verified by the Victorian Government. Child care centres and kindergartens determined on face-value whether permits were accepted allowing access to services during Stage 4 restrictions in metropolitan Melbourne and Mitchell Shire.

The 2020–21 Victorian State Budget allocates \$6.2 million for early intervention specialist families and children experiencing increased or more complex vulnerability as a result of the public health response to the COVID-19 pandemic.<sup>236</sup> This includes a new \$1.5 million family group program to assist vulnerable children in their transition to school and \$3.8 million for outreach and wraparound services to support vulnerable children, including those in public housing communities, to participate in early learning.<sup>237</sup>

### 9.5.7 Learning outcomes

ECEC is an integral part of the Australian education system and lays the foundations for children's later learning and development.<sup>238</sup> It is also an area of significant government investment with \$857.6 million allocated to early childhood education in the Victorian State 2020–21 Budget.<sup>239</sup>

ECEC services that provide education and care to children under the age of 13 years on a regular basis are regulated by the Victorian DET's Quality Assessment and Regulation Division under the National Quality Framework.<sup>240</sup> Regulated services include Long Day Care, Family Day Care, Outside School Hours Care and kindergartens.<sup>241</sup> ECEC services are assessed and rated against a National Quality Standard (NQS). They are given a public quality rating of their performance against seven quality areas that are important to outcomes for children.<sup>242</sup>

<sup>234</sup> Hon. Daniel Andrews MP, *Childcare And Kinder Access For Permitted Workers*, media release.

<sup>235</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 14.

<sup>236</sup> Department of Treasury and Finance, *Budget Paper No. 3*, pp. 27, 30.

<sup>237</sup> Hon. James Merlino MP, *Helping Families Juggling It All*, media release, Victorian Government, Melbourne, 24 November 2020.

<sup>238</sup> Australian Children's Education and Care Quality Authority, submission to House of Representatives, Standing Committee on Employment, Education and Training, *Inquiry into Education in Remote and Complex Environments*, 2020, p. 3.

<sup>239</sup> Department of Treasury and Finance, *Budget Paper No. 3*, p. 165.

<sup>240</sup> Department of Education and Training, *How we regulate early childhood services*, 24 June 2020, <<https://www.education.vic.gov.au/childhood/providers/regulation/Pages/which.aspx>> accessed 21 September 2020; Australian Children's Education and Care Quality Authority, *NQF Snapshot Q2 2020*.

<sup>241</sup> Department of Education and Training, *How we regulate early childhood services*.

<sup>242</sup> Department of Education and Training, *Quality Assessment and Regulation Division: Annual Report 2018*, Victorian Government, Melbourne, 2019, p. 45.

On 2 April 2020, in recognition of the COVID-19 pandemic, Australian Education Ministers announced four critical areas for time-limited regulatory action, including the suspension of assessment and ratings. As a result, NQS quality assessment and rating visits undertaken by state and territory regulatory authorities declined by 97%: from 826 in the first quarter of 2020 to 20 in the second quarter of 2020.<sup>243</sup>

**FINDING 140:** National Quality Standard assessment and rating visits were suspended across Australia in response to the COVID-19 pandemic. This will limit reporting on the educational outcomes of early childhood learning.

## 9.6 Higher education and skills

The COVID-19 pandemic is having a significant impact on higher education. In many countries around the world campuses are closed and teaching has moved online. In Victoria, one of the most significant impacts has been the reduction in international students studying in higher education institutions. However, domestic students have also been affected, including those who had planned to commence their education in 2021.

### 9.6.1 Universities

#### Support packages

The Commonwealth Government is responsible for investment in higher education as well as regulating the sector.<sup>244</sup> As outlined in the interim report of this inquiry, the Commonwealth Government announced a higher education relief package for universities on 11 April 2020.<sup>245</sup> The package guarantees funding through the Commonwealth Grants Scheme and provides additional funding for new short courses to support upskilling and retraining of workers that lost their job due to the pandemic.<sup>246</sup>

Further Commonwealth Government support for universities in response to the COVID-19 pandemic includes:

- 19 June 2020—increased support for universities by \$2 billion from 2020 to 2024 as part of the Job Ready Graduates Package.<sup>247</sup>

<sup>243</sup> Australian Children's Education and Care Quality Authority, *NQF Snapshot - Quality rating progress: QR7: Number of service visits* Data as at 30 June, <<http://snapshots.acecqa.gov.au/Snapshot/qualityratingprogress.html>> accessed 21 September; Australian Children's Education and Care Quality Authority, *NQF Snapshot Q2 2020*, p. 3. Committee calculation.

<sup>244</sup> Peter Hurley and Nina Van Dyke, *Australian Investment in Education: Higher Education*, report prepared by Victoria University, Mitchell Institute, Melbourne 2020, p. 5.

<sup>245</sup> Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the Victorian Government's response to the COVID-19 Pandemic: Interim Report*, p. 160.

<sup>246</sup> Ibid.

<sup>247</sup> Department of Education Skills and Employment, *Job-ready Graduates Package*, 16 September 2020, <<https://www.dese.gov.au/job-ready>> accessed 21 September 2020.

- 30 September 2020—\$326 million for an additional 12,000 Commonwealth supported places at universities in 2021.<sup>248</sup>
- 4 December 2020—\$660,000 to support the mental health of university students through the provision of expert guidance and a new national University Mental Health Framework.<sup>249</sup>

The interim report of this inquiry noted that on 19 May 2020 the Victorian Government announced the \$350 million Victorian Higher Education State Investment Fund for universities, to support capital works, applied research and research partnerships.<sup>250</sup> The funding package aims to assist in the development of new technology and infrastructure to enable universities to conduct new research, commercialise Intellectual Property, retain staff and create high-value jobs.<sup>251</sup> The Committee was unable to determine what proportion of the \$350 million Fund has been distributed. The Victorian Government has not announced any further COVID-19 related support for universities.

**FINDING 141:** The Victorian Government announced the \$350 million Victorian Higher Education State Investment Fund in May 2020 to support universities to retain staff and create high-value jobs.

## 2021 university admissions

Victoria has experienced two rounds of remote and flexible learning, putting Victorian VCE students at a disadvantage with regard to the ATAR and students in other states. In consideration of the significant disruption to education experienced by VCE students, Australian universities are offering additional ways to qualify for admission to university. University admission centres have been established which base decisions on ATAR and other criteria. Direct applications are also being accepted by many universities.<sup>252</sup> State and territory governments have agreed that eligible current year 12 students will be able to complete their studies this year and receive an ATAR.<sup>253</sup> At the public hearings on 2 December 2020, the Minister for Education advised the Committee that ATAR results will be delivered on 30 December 2020.<sup>254</sup>

The Victorian Tertiary Admissions Centre's (VTAC) Special Entry Access Scheme (SEAS) allows universities to adjust student ATARs if their ranking falls short of a course's minimum entry requirement. Students can appeal for special entry to university under four categories: difficult circumstances; disability or medical condition; disadvantaged

<sup>248</sup> Hon. Dan Tehan MP, *Additional higher education places for Australians in 2021*, media release, Department of Education, Skills and Employment, Canberra, 30 September 2020.

<sup>249</sup> Hon. Greg Hunt MP, *Improving mental health support for university students*, media release, Australian Government, Canberra, 4 December 2020.

<sup>250</sup> Hon. Gayle Tierney MP, *Supporting Victorian Universities*, media release, Victorian Government, Melbourne, 19 May 2020.

<sup>251</sup> Ibid.

<sup>252</sup> Universities Australia, *2021 university admissions*, (n.d.), <<https://www.universitiesaustralia.edu.au/wp-content/uploads/2020/08/ATTACHMENT-B-UA-Statement-on-admissions-in-2021.pdf>> accessed 21 September 2020, pp. 1–2.

<sup>253</sup> Ibid., p. 1.

<sup>254</sup> Hon. James Merlino MP, *Transcript of evidence*, p. 13.



financial background; and personal circumstances including age, Indigenous identity, remote location and being of non-English-speaking background.<sup>255</sup> For the 2020–21 application period, VTAC received 30,536 applications to the SEAS under the difficult circumstances category due to the impacts of remote learning during the COVID-19 pandemic.<sup>256</sup> This represents 50% of Victorian Year 12 students.<sup>257</sup> In 2019 VTAC received 10,016 in total applications under the difficult circumstances category.<sup>258</sup>

**FINDING 142:** Half of Victorian Year 12 students applied for special entry to university due to the impacts of remote learning during the COVID-19 pandemic.

### International students

The Minister for the Coordination of Jobs, Precincts and Regions: COVID-19 (the Minister for Jobs Precincts and Regions) advised the Committee that international education generated approximately \$12.5 billion in revenue for Victoria in 2018–19.<sup>259</sup> Applications for student visas for individuals who are outside Australia are approximately 80–90% below what they were at the same time in 2019.<sup>260</sup> In Victoria there are 37% fewer international students than would otherwise be expected due to the pandemic,<sup>261</sup> and from 29 March 2020 to 25 October 2020 there was a reduction of 21,390 currently enrolled international students in Victoria.<sup>262</sup>

As noted in the interim report to this inquiry, Universities use the revenue derived from the education of international students to support activities for which there are limited alternate sources of funding, such as capital infrastructure for world-class education and research.<sup>263</sup>

Holmesglen is a large Technical and Further Education (TAFE) institute with 25,000 enrolled learners and a workforce of 1,291 staff across eight campuses in metropolitan Melbourne and rural Victoria.<sup>264</sup> It offers approximately 180 accredited and skillset VET programs.<sup>265</sup> Holmesglen advised the Committee that the \$27 million reduction in revenue the institute experienced is mainly due to the impact of the pandemic

<sup>255</sup> Victorian Tertiary Admissions Centre, Table *Special Entry Access Scheme Victoria*, 2020, accessed 9 December 2020.

<sup>256</sup> Ibid.; Department of Education and Training, *Summary statistics for Victorian schools*. Committee Calculation.

<sup>257</sup> Victorian Tertiary Admissions Centre, Table; Department of Education and Training, *Summary statistics for Victorian schools*. Committee Calculation.

<sup>258</sup> Victorian Tertiary Admissions Centre, Table.

<sup>259</sup> Hon. Martin Pakula MP, Minister for the Coordination of Jobs, Precincts and Regions: COVID 19, Department of Jobs, Precincts and Regions, public hearing, Melbourne, 12 August 2020, *Transcript of evidence*, p. 15.

<sup>260</sup> Peter Hurley, *Coronavirus and international students*, report prepared by Mitchell Institute, Victoria University, Melbourne, October 2020, p. 4.

<sup>261</sup> Ibid., p. 11.

<sup>262</sup> Ibid.

<sup>263</sup> Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the Victorian Government's response to the COVID-19 Pandemic: Interim Report*, p. 160.

<sup>264</sup> Ms Mary Faraone, Chief Executive Officer, Holmesglen, public hearing, Melbourne, 25 August 2020, *Transcript of evidence*, p. 1.

<sup>265</sup> Ibid.

on international student higher education and VET enrolments.<sup>266</sup> Further to this, Holmesglen stated that it did not expect international enrolments to return to prior levels for at least 18 months.<sup>267</sup>

In response to this outlook, Holmesglen is considering other delivery models, such as taking international education offshore in 2021, and increased levels of remote delivery for offshore students. Holmesglen was unsure what impact continued restrictions would have on international student enrolments, noting that any restrictions on entry would push the recovery of international education farther out.<sup>268</sup>

As at 8 December 2020, the Victorian Government has not yet released a plan to bring international students back to the State. The Treasurer has stated that international tourism will not commence until mid-2021, and international students are not expected to return until 2022.<sup>269</sup>

**FINDING 143:** As a result of the COVID-19 pandemic, international students' enrolment levels in higher education have reduced, causing reductions in the revenue of higher education institutions, impacting research capacity and teaching and learning programs. International students are not expected to return to Victoria until 2022.

### International student emergency relief fund

On 29 April 2020, the Victorian Government announced the \$45 million International Student Emergency Relief Fund to support students who have experienced reduced employment and financial hardship due to business shutdowns during the pandemic.<sup>270</sup>

The Minister provided an update, stating that as at 24 November 2020 33,097 students had been supported through the fund, with a total of \$34 million in payments having been distributed to international students.<sup>271</sup> This represents an average payment of \$1,027 per student.<sup>272</sup>

At the August hearings, the Minister for Jobs, Precincts and Regions also advised the Committee that the Victorian Government is assisting international students through expanded services at the Study Melbourne Student Centre. The centre provides information, advocacy and casework, and collaborates with organisations to deliver frontline support such as emergency food vouchers, rent relief, and crisis

<sup>266</sup> Ms Joanne James, Chief Financial Officer, Holmesglen, public hearing, Melbourne, 25 August 2020, *Transcript of evidence*, pp. 4–5.

<sup>267</sup> Ms Mary Faraone, *Transcript of evidence*, p. 5.

<sup>268</sup> Ibid.

<sup>269</sup> Mr David Martine, Secretary, Department of Treasury and Finance, public hearing, Melbourne, 1 December 2020, *Transcript of evidence*, p. 12.

<sup>270</sup> Hon. Daniel Andrews MP, *Emergency Support for Victoria's International Students*, media release, Victorian Government, Melbourne, 29 April 2020; Hon. Martin Pakula MP, *Transcript of evidence*, pp. 7–8.

<sup>271</sup> Hon. Martin Pakula MP, Minister for the Coordination of Jobs, Precincts and Regions: COVID 19, Department of Jobs, Precincts and Regions, public hearing, Melbourne, 3 December 2020, *Transcript of evidence*, p. 8.

<sup>272</sup> Committee calculation.

accommodation.<sup>273</sup> The centre also provides assistance with work opportunities through Working for Victoria.<sup>274</sup>

The Victorian Government provided \$1 million to support the City of Melbourne's 'Our Shout' food voucher program, providing \$200 vouchers to students to use at the Queen Victoria Market.<sup>275</sup> Applications to the program closed in May 2020.<sup>276</sup>

On 1 October 2020, the Victorian Government announced it had commissioned the Red Cross to provide financial assistance, information and referrals to those not eligible for Commonwealth support or the International Student Emergency Relief Fund. The \$50 million Extreme Hardship Support Program offers \$800 per person to temporary or provisional visas holders and undocumented migrants for living expenses. At the time of announcement, 6,588 payments supporting 8,341 individuals had been distributed, amounting to \$3.3 million in funding.<sup>277</sup>

## 9.6.2 Technical and further education

### Remote learning restrictions

Following the declaration of the state of emergency on 16 March 2020, TAFE and training providers remained open to offer face-to-face training. This was to ensure that the provision of hands-on skills-based learning could be provided, in line with health advice.<sup>278</sup>

In response to the Premier's announcement of a state of disaster and the implementation of Stage 4 restrictions in metropolitan Melbourne, on 5 August 2020, onsite attendance at metropolitan Melbourne TAFEs, training providers and universities was further limited. Only courses supporting permitted occupations and activities that could be done remotely continued to operate.<sup>279</sup>

The interim report to this inquiry highlighted the Victorian Government's \$260.8 million package for business continuity grants and ongoing viability for the overall TAFE and training sector.<sup>280</sup> At the public hearings on 2 December 2020 the Committee was advised that 76 Learn Local and adult, community and further education providers had received funding from the package, enabling them to continue to provide accredited

<sup>273</sup> Hon. Martin Pakula MP, *Transcript of evidence*, p. 14.

<sup>274</sup> Ibid.

<sup>275</sup> Ibid.

<sup>276</sup> Queen Victoria Market, 'Our Shout' Food Voucher Program, 18 May 2020, <<https://qvm.com.au/news/our-shout-food-voucher-program>> accessed 15 September 2020.

<sup>277</sup> Hon. Daniel Andrews MP, *Doubling Hardship Support For Victoria's Most Vulnerable*, media release, Victorian Government, Melbourne, 1 October 2020.

<sup>278</sup> Health Direct, *COVID-19 Restriction Checker: Education, Schools and Childcare – Victoria*, 1 July 2020, <<https://www.healthdirect.gov.au/covid19-restriction-checker/education-and-childcare/vic>> accessed 29 June 2020.

<sup>279</sup> Hon. James Merlino MP, *COVID-19 public hearing presentation*, p. 2.

<sup>280</sup> Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the Victorian Government's response to the COVID-19 Pandemic: Interim Report*, p. 164.

training during the pandemic.<sup>281</sup> \$12.7 million in funding was provided through the Adult, Community and Further Education Board to 250 Learn Local-contracted providers who deliver training which is pre-accredited specifically for foundation level studies.<sup>282</sup>

At the public hearings on 25 August 2020 Holmesglen outlined how the different restriction levels impacted on the institute's operations and course delivery:

[During Stage 4 restrictions] approximately 180 accredited and skillset VET programs are...being delivered. Of these, 14 programs are on campus, so they are for apprentices in approved construction; eight have now ceased delivery, and this includes furniture finishing, upholstery and painting and decorating apprenticeships, remedial massage, horticulture traineeships and printing pre-apprenticeships; 27 courses are fully remote and can be completed without returning to campus; and the remainder are engaged in remote delivery of theory components and require to come on campus to complete practical components when the restrictions are lifted.<sup>283</sup>

Holmesglen advised that the organisation had to 'unpack' how TAFE courses would be impacted and communicate this to domestic and international students, school partners, suppliers and contractors.<sup>284</sup>

**FINDING 144:** Victorian Government messaging on education restrictions focused on schools. The Technical and Further Education sector would have benefitted from further guidance on how restrictions applied to the delivery of courses reliant on face-to-face learning such as nursing, aged care and trades.

**RECOMMENDATION 33:** Future messaging on education restrictions cover all parts of the sector including Vocational Education and Training to ensure there is clarity regarding the implementation of any pandemic related restrictions.

To facilitate remote learning of the theory-based components of TAFE courses, the Government prepared and disseminated 50 online qualifications and units of study for regional and metropolitan students. Qualifications included community services, nursing, aged care and mental health. At the December hearings, the Committee was advised that the most significant impact of remote learning on the TAFE sector was on the completion of courses for non-permitted occupations that consisted of practical hands-on and mandatory work placement components. The Minister for Education explained that DET will be assisting these students to complete their courses in 2021.<sup>285</sup>

The Committee was told that individual TAFEs have been supporting vulnerable students to access courses remotely and identifying students that need that extra help.

<sup>281</sup> Hon. James Merlino MP, *Transcript of evidence*, pp. 16-17.

<sup>282</sup> *Ibid.*, p. 17.

<sup>283</sup> Ms Mary Faraone, *Transcript of evidence*, p. 1.

<sup>284</sup> *Ibid.*, p. 3.

<sup>285</sup> Hon. James Merlino MP, *Transcript of evidence*, pp. 15-16.

For example, Chisholm Institute loaned out laptops and/or dongles to approximately 300 students.<sup>286</sup>

**FINDING 145:** The most significant impact of remote learning on the Technical and Further Education sector was on the completion of courses for non-permitted occupations that consisted of practical hands-on and mandatory work placement components.

In response to questions on notice, DET advised the Committee that it was unable to provide statistics or data on students who did not make a transition to online learning, and dropped out or otherwise disengaged from their course. DET stated that full year training data for 2020 is not yet available and as providers have up to 60 days to submit their data to DET, it is expected that final data for the 2020 training year will be available in early 2021.<sup>287</sup>

At the public hearings for the 2020–21 Budget Estimates on 2 December 2020, the Committee heard that the Victorian Government would provide \$744 million over two years for a VET provider viability package as part of the COVID-19 response. The Committee was advised that this funding uses the appropriation which otherwise would have been spent for training delivery to ensure continuity of funding for training providers. An additional \$68.9 million allocation, not included in the previous appropriation, was made available to public sector providers to help them offset their losses from non-public sources of funding during the pandemic.<sup>288</sup>

### Apprentices and trainees

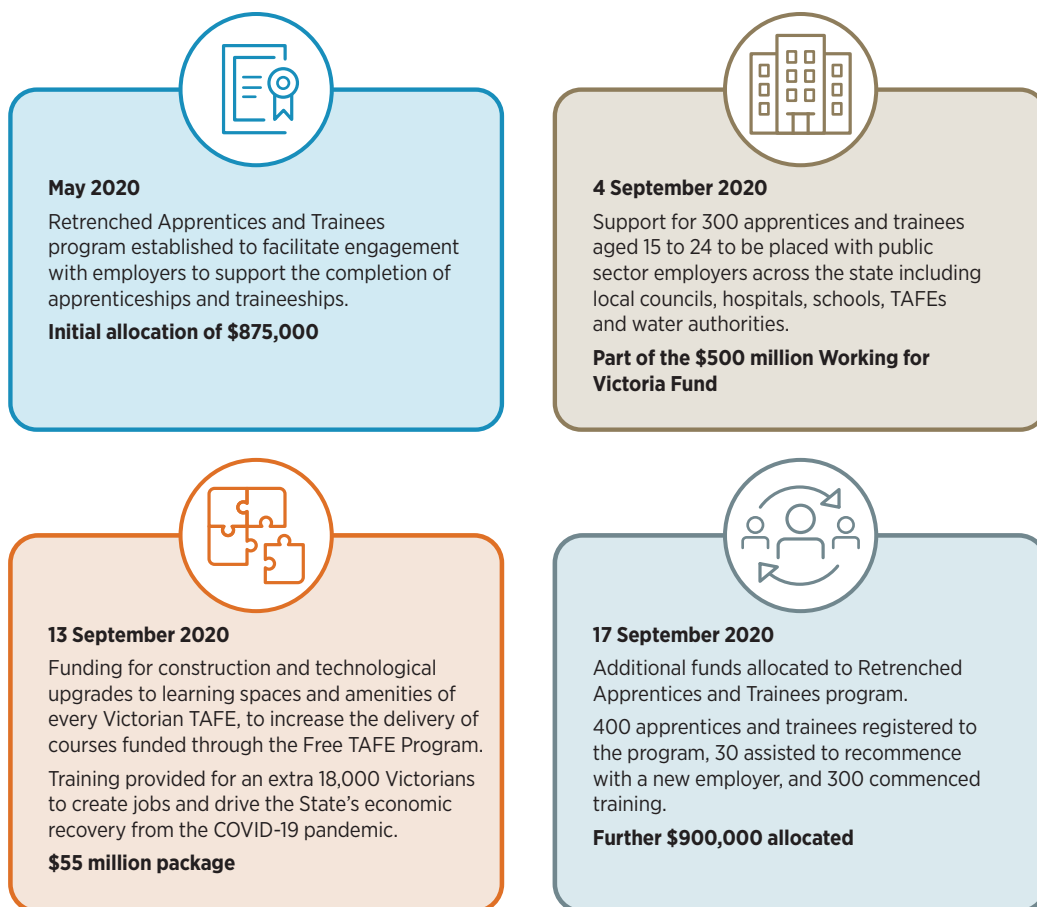
As outlined in the interim report to this inquiry, the pandemic is expected to significantly reduce the number of apprentices and trainees employed in Victoria.<sup>289</sup> Figure 9.3 highlights the Victorian Government’s response to apprentice and trainee job losses from May to September 2020.

<sup>286</sup> Ibid., p. 16.

<sup>287</sup> Hon. James Merlino MP, Minister for the Coordination of Education and Training: COVID-19, Inquiry into the Victorian Government’s Response to the COVID-19 Pandemic hearing, response to questions on notice received 15 December 2020, p. 5.

<sup>288</sup> Dr Simon Booth, Executive Director, Tertiary Education Policy and Performance, Department of Education and Training, Public Accounts and Estimates Committee, Inquiry into the 2020–21 Budget Estimates, public hearing, Melbourne, 2 December 2020, *Transcript of evidence*, p. 8.

<sup>289</sup> Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the Victorian Government’s response to the COVID-19 Pandemic: Interim Report*, p. 165.

**Figure 9.3** Victorian Government's response to apprentice and trainee job losses (May to September 2020)

Source: Department of Education and Training, *Program for retrenched apprentices and trainees*, 15 May 2020, <<https://www.education.vic.gov.au/training/Pages/program-for-retrenched-apprentices-and-trainees.aspx>> accessed 21 September 2020; Hon. James Merlino MP, *Transcript of evidence*, p. 9; Hon. James Merlino MP, *COVID-19 public hearing presentation*, p. 9; Hon. Jaala Pulford MP, *New Apprenticeships And Traineeships - Working For Victoria*, media release, Victorian Government, Melbourne, 4 September 2020; Hon. Gayle Tierney MP, *Extra Funding To Keep Apprentices Learning*, media release, Victorian Government, Melbourne, 17 September 2020.

As at 1 December 2020, the Victorian Government reports Working for Victoria has supported more than 11,000 Victorians back into work.<sup>290</sup> The Committee was unable to determine what proportion of jobs provided through the program were for apprentices or trainees.

At the August hearings, the Committee was advised that TAFEs have also provided informal support to apprentices and trainees through facilitating contact with potential new employers.<sup>291</sup>

On 5 October 2020 the Commonwealth Government announced an investment of \$1.2 billion to support Australian businesses to employ 100,000 new apprentices or trainees through a 50% wage subsidy early as part of the COVID-19 economic recovery

<sup>290</sup> Hon. Tim Pallas MP, Treasurer of Victoria, Department of Treasury and Finance, public hearing, Melbourne, 1 December 2020, *Transcript of evidence*, p. 13.

<sup>291</sup> Ms Mary Faraone, *Transcript of evidence*, p. 7.

plan.<sup>292</sup> The impact of Commonwealth support for apprentices and trainees is unclear to the Committee at this early stage.

### Training to drive economic recovery

On 24 November 2020 the Victorian Government announced an investment of \$1 billion in the 2020–21 Victorian State Budget to drive recovery from the pandemic through support for Victorians who have lost their jobs or been left in unstable work to train for high-demand sectors, through the provision of:

- \$631.4 million for 80,000 extra training places, (60,000 in Free TAFE courses such as health, and community and disability services).
- \$155.4 million for increased access to TAFEs, Learn Locals, Registered Training Organisations and other training providers for those disproportionately affected by the pandemic, including women, young people, and Victorians from diverse backgrounds.
- \$107.6 million for the Building Better TAFEs Fund, including support for the redevelopment of Chisholm Institute’s Frankston Campus and upgrade of Melbourne Polytechnic’s Collingwood Campus.
- \$57.4 million for the delivery of accredited skill sets to provide rapid training linked to jobs.<sup>293</sup>

The Australian Industry Group welcomed the emphasis in the budget on TAFE and other training places, accredited short courses, apprenticeships and traineeships, noting that these programs are central to the creation of new opportunities both for employees and businesses.<sup>294</sup> Similarly, the Master Builders Association Victoria welcomed the revamp of the VCAL program, the Big Build Apprenticeship Model and apprenticeship growth funding, noting the positive impact these programs will have on the future of the building and construction industry.<sup>295</sup>

<sup>292</sup> Hon. Scott Morrison MP, *100,000 New Apprenticeship Positions to Lead The Covid-19 Economic Recovery*, media release, Australian Government, Canberra, 5 October 2020.

<sup>293</sup> Hon. James Merlino MP, *Supporting Victorians To Train, Retrain And Find Opportunity*, media release, Victorian Government, Melbourne, 24 November 2020; Department of Treasury and Finance, *Budget Paper No. 3*, pp. 28, 38–39, 48.

<sup>294</sup> AI Group, *A Budget for Growth*, media release, Melbourne, 24 November 2020.

<sup>295</sup> Master Builders Victoria, *Master Builders Victoria Response to State Budget*, media release, Melbourne, 24 November 2020.





# 10 Justice response: Police, emergency management, courts, corrections and the Hotel Quarantine Program

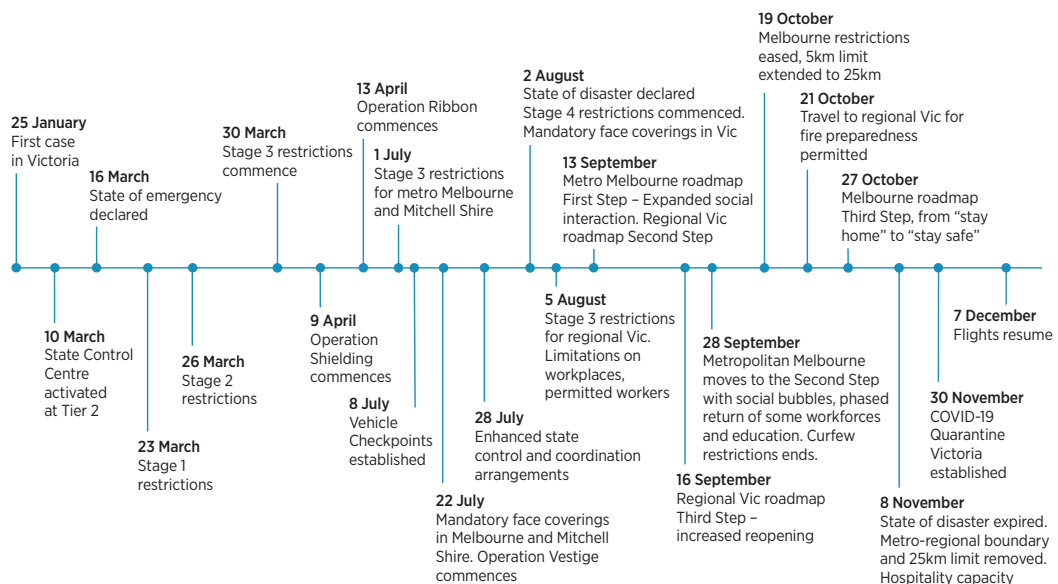
## 10.1 Introduction

The Victorian Government’s response to the COVID-19 pandemic has had wide ranging impacts on the justice system. The Committee has reviewed the role of Victoria Police, as well as the important function of Emergency Management Victoria. Developments in the court system and the corrections system are also examined in this chapter. As the Attorney-General and Department of Justice and Community Safety (DJCS) assumed responsibility for the Hotel Quarantine Program on 12 August 2020, the evidence provided to the Committee on this program is set out in this chapter.

### 10.1.1 State of emergency and state of disaster declarations

The timeline of restrictions implemented in Victoria from January to December 2020 in response to COVID-19 is outlined in Figure 10.1.

**Figure 10.1 COVID-19 emergency management timeline in Victoria**



Source: Hon. Lisa Neville MP, Minister for Police and Emergency Services, *COVID-19 Public Hearing Presentation*, supplementary evidence received 16 December 2020, p. 2

The restrictions were and continue to be underpinned by the legal framework under the state of emergency and state of disaster declarations. The state of disaster expired on 8 November 2020.

### State of emergency

A state of emergency was declared in Victoria on 16 March 2020 under the *Public Health and Wellbeing Act 2008*. As at 3 January 2021, the state of emergency has been extended 11 times. The provisions under the Act confer wide-ranging powers to the Victorian Chief Health Officer, including the power to quarantine people, prohibit mass gatherings and impose restrictions on the movement of people.<sup>1</sup> A state of emergency also allows the Chief Health Officer to give other directions to protect public health.

The Department of Health and Human Services (DHHS) delegated enforcement of the *Public Health and Wellbeing Act 2008* to Victoria Police.<sup>2</sup> Police powers under a state of emergency rely on officers acting as Authorised Officers and enforcing directions of the Chief Health Officer under the Act. These additional powers allow police to:

- Detain any person or group for as long as necessary to eliminate or reduce a risk to public health.
- Restrict the movement of any person within Victoria.
- Prevent any person or group from entering Victoria.
- Give any other direction reasonably necessary to protect public health.<sup>3</sup>

Section 198 of the *Public Health and Wellbeing Act 2008* provides that a declaration of a state of emergency does not detract from or limit any provisions in relation to a declaration of a state of emergency under any other Act.

### State of disaster

On 2 August 2020 the Victorian Government declared a state of disaster in Victoria. The declaration of a state of disaster was made by the Premier under section 23(1) of the *Emergency Management Act 2013*. Under the Act, the state of disaster provides the Government and police with substantially expanded powers.<sup>4</sup>

A state of disaster differs primarily in that it addresses matters beyond public health issues. A state of disaster was used for the first time in Victoria in January 2020 during the bushfires, although it was limited to specific geographic areas threatened by fires.

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1 *Public Health and Wellbeing Act 2008* (Vic).

2 Victorian Government, *Victorian Government Submission to the Senate Select Committee on COVID-19*, submission to Parliament of Australia, Select Committee on COVID-19, 2020, p. 13.

3 *Public Health and Wellbeing Act 2008* (Vic) s200(1).

4 *Emergency Management Act 2013* (Vic).

Along with the powers conferred to police under the state of emergency, the state of disaster allows the Minister for Police and Emergency Services to:

- suspend the application of legislation
- restrict movement
- compel evacuation
- take possession of property
- direct and co-ordinate government agencies and allocate government resources as needed to respond to the disaster.<sup>5</sup>

Section 23(6) of the Act specifically gives the Minister for Police and Emergency Services responsibility for directing the activities of all government agencies and allows the Minister's directions to prevail over anything contrary to state laws.<sup>6</sup> The Committee asked the Minister why it was necessary to implement a state of disaster in Victoria. The Minister explained that:

There were some limitations in the enforcement capacity under the Public Health and Wellbeing Act for Victoria Police. Can I give you an example: so Victoria Police members cannot be authorised officers under the Public Health and Wellbeing Act, which means there are certain things they cannot do. Under the delegation that the Chief Health Officer makes to Victoria Police they cannot delegate the ability to require names and addresses, which is obviously a really critical part of people doing the right thing and knowing what people are doing. So the state of disaster enabled me under one of the exercises of powers to give those powers to Victoria Police, some of the powers that authorised officers have, to ensure the police were able to utilise their power in an appropriate way and ensure compliance with those directives.<sup>7</sup>

Early in the pandemic, Victoria's Police Association asked the Premier to declare a state of disaster under the *Emergency Management Act 2013* to give Victoria Police greater powers to enforce self-isolation and mass gathering bans.<sup>8</sup>

On 8 November 2020 the state of disaster expired and was not renewed.<sup>9</sup> Under Section 198(7) of the *Public Health and Wellbeing Act 2008*, a state of emergency may be extended for four-week periods up to a maximum of 12 months in response to the COVID-19 pandemic.<sup>10</sup>

<sup>5</sup> Hon. Lisa Neville MP, Minister for the Coordination of Environment, Land, Water and Planning: COVID-19 and Minister for Police and Emergency Services, *COVID-19 public hearing presentation*, supplementary evidence received 26 August 2020, p. 6.

<sup>6</sup> *Public Health and Wellbeing Act 2008* (Vic) s 23.

<sup>7</sup> Hon. Lisa Neville MP, Minister for the Coordination of Environment, Land, Water and Planning: COVID-19 and Minister for Police and Emergency Services, public hearing, Melbourne, 26 August 2020, *Transcript of evidence*, p. 24.

<sup>8</sup> Richard Baker, '200 police staff in quarantine as union urges state-of-disaster declaration', *The Age*, 25 March 2020.

<sup>9</sup> Victoria, *Victoria Government Gazette*, No. S512, 11 October 2020; Victoria, *Victoria Government Gazette*, No. S643, 7 December 2020.

<sup>10</sup> *Public Health and Wellbeing Act 2008* (Vic).

### 10.1.2 **COVID-19 Omnibus (Emergency Measures) and Other Acts Amendment Act 2020**

On 15 September 2020, the Government announced the COVID-19 Omnibus (Emergency Measures) and Other Acts Amendment Bill 2020 (the Bill). The Bill sought to authorise the Secretary of DHHS to appoint individuals as Authorised Officers based on their skills, attributes or expertise, and expand the powers they can exercise to enforce compliance of health directions during the COVID-19 state of emergency.<sup>11</sup> The Attorney-General, Hon. Jill Hennessy MP, stated these additional measures aimed to:

... ensure that in instances where a person is COVID-19 positive or a close contact and is likely to refuse or fail to comply the person can be detained into quarantine to ensure the safety of their family, close contacts and the wider community.<sup>12</sup>

Several stakeholders raised concerns about aspects of the Bill, submitting that the expansion of detention powers could lead to arbitrary arrests or detention and proposing that this could be in conflict with the *Charter of Human Rights and Responsibilities Act 2006*.<sup>13</sup> The Committee also received seventeen submissions from private citizens in opposition to the expansion of powers proposed in the Bill and legislated through the Amendment Act.<sup>14</sup> The submissions were primarily concerned with the powers that the Bill granted to the Victorian Government, as well as Victoria Police and Authorised Officers.<sup>15</sup>

The Victorian Parliament passed the *COVID-19 Omnibus (Emergency Measures) and Other Acts Amendment Act 2020* on 14 October 2020, conferring powers to Authorised Officers delegated to them through the state of emergency and state of disaster declarations.

Revisions to the Bill included specification of the types of public servants who can be appointed as Authorised Officers, that is health service providers, WorkSafe inspectors, police officers, Protective Services Officers (PSOs), and public sector employees of a State or Territory other than Victoria. The revised Amendment Act also set limits on the powers Authorised Officers can exercise for the purpose of investigating, eliminating or reducing the risk to public health.<sup>16</sup>

<sup>11</sup> COVID-19 Omnibus (Emergency Measures) and Other Acts Amendment Bill 2020 (Vic).

<sup>12</sup> Ibid. Second Reading - 17 September 2020

<sup>13</sup> Victorian Bar Association, *The Victorian Bar and Australian Bar Association raised concerns about the COVID-19 Omnibus Bill 2020*, media release, Melbourne, 23 September 2020; Victorian Aboriginal Legal Service, *VALS strongly opposes preventative detention forming part of the COVID-19 response*, media release, Melbourne, 1 October 2020; Fitzroy Legal Service, *Submission 109*, received 8 October 2020.

<sup>14</sup> Alexander Mogilevsky, *Submission 122*, received 15 October 2020; Name Withheld, *Submission 129*, received 15 October 2020; Name Withheld, *Submission 139*, received 15 October 2020; Orysia Ellis, *Submission 143*, received 15 October 2020; Name Withheld, *Submission 147*; Name Withheld, *Submission 151*; Newton Reynolds, *Submission 172*, received 15 October 2020; Gloria Delahunty, *Submission 181*, received 15 October 2020; Name Withheld, *Submission 184*, received 17 October 2020; Vilmos Bajor, *Submission 192*, received 16 October 2020; Name Withheld, *Submission 194*, received 20 October 2020; Name Withheld, *Submission 196*, received 28 October 2020; Kim Cullen, *Submission 198*, received 20 October 2020; Name Withheld, *Submission 201*, received 22 October 2020; Harold Jacotine, *Submission 202*, received 23 October 2020; Toni Steinbergs, *Submission 206*, received 27 October 2020; William (Waclaw) Kurowski, *Submission 220*, received 30 October 2020.

<sup>15</sup> Alexander Mogilevsky, *Submission 122*; Gloria Delahunty, *Submission 181*; Toni Steinbergs, *Submission 206*.

<sup>16</sup> *COVID-19 Omnibus (Emergency Measures) and Other Acts Amendment Act 2020* (Vic).

## 10.2 Victoria Police

Police have undertaken a number of roles throughout the pandemic, including targeted police operations, compliance checks and enforcement and public order responses to protests.

Victoria Police has been the primary agency used to enforce COVID-19 related restrictions within the State. Following the declaration of a state of disaster on 2 August 2020 police had additional powers to enforce restrictions. The Committee considered Victoria Police's enforcement activities, use of additional powers, trends in policing and the transparency of police activities. The Committee also considered the use of PSOs and their expanded deployment throughout the pandemic.

### 10.2.1 The role of Victoria Police in the Victorian Government's pandemic response

Victoria Police has undertaken and supported significant operations to ensure compliance with restrictions implemented in response to COVID-19.<sup>17</sup> The operations include the following:

- Operation Sentinel which began following the implementation of Stage 3 directions on 30 March 2020. At the August hearings the Minister for Police and Emergency Services told the Committee that 500 police officers were available for the operation, which aimed to ensure containment measures to combat COVID-19 and support health directions implemented by the Chief Health Officer.<sup>18</sup>
- Operation Vestige began on 22 July 2020 with the objective of ensuring every positive COVID-19 case is visited at their home within a day of their positive test result. If Australian Defence Force (ADF) or DHHS personnel were unable to make contact, Victoria Police was engaged to conduct necessary checks.<sup>19</sup>
- Operation Shielding involved the use of police officers and redeployed PSOs to patrol major city activity centres, regional hubs, and suburban commercial and residential areas in highly visible teams, to prevent crime and reassure the community as they adapted to life in lockdown.<sup>20</sup>
- Operation Benessere focused on locking down nine public housing towers in Flemington and North Melbourne (see section 8.7).
- Operation Ribbon focusses on family violence (see section 8.4.1).

<sup>17</sup> Hon. Lisa Neville MP, *COVID-19 public hearing presentation*, p. 3.

<sup>18</sup> Hon. Lisa Neville MP, *Transcript of evidence*, p. 1.

<sup>19</sup> Hon. Lisa Neville MP, *COVID-19 public hearing presentation*, p. 3.

<sup>20</sup> Ibid.; Toni Brient, *Journal: PSO Members Shine During Covid-19 Pandemic*, media release, The Police Association Victoria, Melbourne, June 2020.

## 10.2.2 Compliance and enforcement

The Committee notes that with the declaration of a state of emergency and implementation of the *COVID-19 Omnibus (Emergency Measures) and Other Acts Amendment Act 2000*, the responsibilities and powers of Victoria Police have expanded significantly with direct responsibility for enforcing the public health directions made by the Chief Health Officer under *Public Health and Wellbeing Act 2008*.

The Minister for Police and Emergency Services told the Committee that community compliance with emergency directions is critical to slowing the spread of COVID-19,<sup>21</sup> noting that:

- Since the commencement of Operation Vestige on 22 July 2020 until 14 August 2020, Victoria Police had undertaken 15,054 checks on diagnosed persons and close contacts under quarantine orders.<sup>22</sup>
- As at 16 December 2020, police had carried out 533,896 checks, with 2,659,060 vehicles checked at roadblocks.<sup>23</sup>

The Minister noted that the police assistance line was a valuable tool for reporting of COVID-19 directive and restriction breaches, and for reporting crime in general.<sup>24</sup> Of the COVID-19 reports to the line:

- 90,000 were for mass gatherings.
- 24,000 were for isolation breaches.
- 37,000 were for business directive breaches.
- 2,000 were for breaches of the curfew.<sup>25</sup>

### Supreme Court challenge to the Victorian Government's curfew

As noted in Chapter 2 of this report, on 2 August 2020 the Victorian Government introduced a curfew that was in place from 8:00pm until 5:00am every evening. The curfew was removed as of 11:59pm 27 September 2020. On 14 September 2020, a challenge against the Victorian Government's curfew was filed in the Victorian Supreme Court as set out in Box 10.1.

<sup>21</sup> Hon. Lisa Neville MP, *COVID-19 public hearing presentation*, p. 3.

<sup>22</sup> Ibid.

<sup>23</sup> Hon. Lisa Neville MP, Minister for Police and Emergency Services, *COVID-19 public hearing presentation*, supplementary evidence received 16 December 2020, p. 4.

<sup>24</sup> Hon. Lisa Neville MP, Minister for Police and Emergency Services, Department of Justice and Community Safety, public hearing, Melbourne, 16 December 2020, *Transcript of evidence*, p. 21.

<sup>25</sup> Ibid.

**BOX 10.1: Supreme Court challenge to the Victorian Government's curfew (Loiello v Giles)**

On 14 September 2020 a challenge against the Victorian Government's curfew was filed in the Victorian Supreme Court.

The plaintiff in the matter of *Loiello v Giles* contended that the curfew violated her rights under the Charter of Human Rights to freedom of movement under Section 12; to liberty and security under Section 21(1); not to be subject to arbitrary detention under Section 21(2); and not to be deprived of her liberty under Section 21(3).

Justice Tim Ginnane of the Supreme Court of Victoria ruled on 2 November 2020 that the curfew was legal. Justice Ginnane acknowledged that the curfew was a major restriction of the rights and liberties of the people of Victoria, however, it was ultimately a proportionate response that did not violate the human rights of Victorians.

Sources: Supreme Court of Victoria, *Cases Filed in the Period from 09/09/2020 to 23/09/2020*, Supreme Court of Victoria, Melbourne, 2020, p. 8; *Loiello v Giles* (2020) VSC 619; *Michelle Loiello v Associate Professor Michelle Giles* (2 November 2020) [2020] VSC 722, 2-9.

**10.2.3 Curfew enforcement**

On 2 August 2020, under the state of disaster, a curfew between the hours of 8pm and 5am was implemented across metropolitan Melbourne. From 14 September 2020 until late October 2020 the curfew was shortened, taking effect between 9pm and 5am. The curfew prohibited people from leaving their home during curfew hours, with exceptions for work, medical care, caregiving and emergencies.<sup>26</sup>

The Minister for Police and Emergency Services advised the Committee that the Chief Health Officer signed off on the curfew and provided directives for its implementation.<sup>27</sup> The Committee asked the Minister how a curfew might help stop the spread of COVID-19. The Minister stated that:

Well, I suppose I take my advice and Victoria Police enforce the advice of the Chief Health Officer, and the whole range of Stage 4 directives were focused on how we stop the spread of people, because it is the spread of people, the movement of people, the interaction of people, that causes issues about the spread of the virus. And that is what we did: we followed that advice. Victoria Police are enforcing that from 8.00 pm each night.<sup>28</sup>

<sup>26</sup> Department of Health and Human Services, *Stage 4 restrictions summary*, <<https://www.dhhs.vic.gov.au/stage-4-restrictionssummary-covid-19#what-is-changing-under-stage-4-restrictions>> accessed 7 September 2020.

<sup>27</sup> Hon. Lisa Neville MP, *Transcript of evidence*, p. 16.

<sup>28</sup> *Ibid.*

The Committee was not presented with direct evidence at the public hearings that the Chief Health Officer advised the Government to implement measures to restrict movement. However, the Committee notes the ruling of *Loiello v Giles* where comments by the Chief Health Officer in a media interview on 8 September 2020 were taken into consideration:

.... [Professor Sutton] said that while the curfew is not inconsistent with public health advice, it was not the subject of his advice prior to its implementation. Professor Sutton also stated in that interview that had he ‘put [his] mind to it’ that the evening curfew would ‘probably’ have been a measure he would have recommended.<sup>29</sup>

The Victorian Equal Opportunity and Human Rights Commission (VEOHRC) has stated that the operation of the curfew was not without human rights implications. In particular, the curfew may be considered to limit the right to freedom of movement. However, the VEOHRC states that while the Charter plays a critical role in upholding Victorians’ human rights, the rights contained within it are not absolute and in certain circumstances may be restricted.<sup>30</sup>

The curfew covering metropolitan Melbourne was lifted on 28 September 2020.

#### 10.2.4 Protest enforcement

The response of Victoria Police to protests in Victoria during the COVID-19 pandemic has varied. On 6 June 2020 thousands of protestors assembled in Melbourne’s central business district (CBD) to oppose the deaths of Aboriginal and Torres Strait Islander people in police custody.<sup>31</sup> Victoria Police did not fine or arrest protesters on the day, but later fined the organisers of the protest.<sup>32</sup> On 3 November 2020 hundreds of protestors assembled outside Parliament House to protest against COVID-19 restrictions and directions.<sup>33</sup> Victoria Police made arrests and issued fines on the day for breaching Chief Health Officer directions.<sup>34</sup>

Each protest occurred while Stay at Home Directions (see Appendix 5) permitted outdoor gatherings of groups up to 10 (27 October 2020 and 3 November 2020) or 20 (6 June 2020).

At the public hearings on 16 December 2020, the Committee explored the variances in the management of protests in Victoria. The Chief Commissioner of Police explained that the protest on 6 June 2020 occurred under ‘vastly’ different circumstances

<sup>29</sup> As noted in the judgement of *Loiello v Giles* (2 November 2020) [2020] VSC 722, 78.

<sup>30</sup> Victorian Equal Opportunity and Human Rights Commission, *Statement on the metropolitan Melbourne curfew – balancing rights and restrictions*, 17 September 2020, <<https://www.humanrights.vic.gov.au/news/statement-on-the-metropolitan-melbourne-curfew-balancing-rights-and-restrictions>> accessed 24 September 2020.

<sup>31</sup> Mr Shane Patton, Chief Commissioner, Victoria Police, public hearing, Melbourne, 16 December 2020, *Transcript of evidence*, p. 18.

<sup>32</sup> Ibid.

<sup>33</sup> Professor Brett Sutton, Chief Health Officer, Department of Health and Human Services, public hearing, Melbourne, 4 December 2020, *Transcript of evidence*, pp. 10-11.

<sup>34</sup> Mr Shane Patton, *Transcript of evidence*, p. 17.



compared to the protests in October and November 2020.<sup>35</sup> While the restrictions on group gatherings were not dissimilar (20 in June compared to 10 in November), there was significant community transmission of COVID-19 leading up to the October and November protests, unlike in June when transmission was low. The Commissioner stated:

... we eventually made a decision to reluctantly allow that Black Lives Matter [protest] to go ahead because of the emotion that was in the community, because of the emotion that was being displayed across the world and because of what we had seen in other communities across the world. We had seen arson, we had seen looting, we had seen assaults. We had seen cities, and I am sure everyone here has seen the reporting on the news, that were damaged and continue to this day to still suffer the impact economically and from a reputational point of view. My major concern at that time, as a deputy commissioner then: we said, 'This should not occur', but we had ... between 10 000 and 20 000 people—who were intent on marching, so my main aim at that stage was on public order, to ensure public order so this city could then get back on with its role. That is what we did. We did fine the organisers of that protest...<sup>36</sup>

In Victoria on 6 June 2020, DHHS reported there had been a total of 1,681 cases of COVID-19 recorded in Victoria (71 active cases), with a low rate of community transmission.<sup>37</sup> Conversely, on 3 November 2020, DHHS reported 20,345 cases of COVID-19 (38 active cases) with at least 4,277 cases indicating community transmission.<sup>38</sup>

At the public hearings on 4 December 2020, the Committee sought information from the Chief Health Officer as to whether the actions of Victoria Police were consistent with public health directives aimed at reducing the risk of disease transmission. The Chief Health Officer noted that the framing of public health directives is around reducing the risk of transmission:

... It always remains the public health advice that the greater the distance you can have between people, the lesser the risk of transmission of a virus should someone be infected ... But how police tactically manage the dilemma, I guess, of people gathering against the public health directions in terms of the limitations framed in those directions on gathering sizes is a matter for Victoria Police.<sup>39</sup>

Liberty Victoria (LV) has also raised concerns about arrests of, and fines issued to, protestors. LV noted their support for the limitation of the human rights of freedom of expression and peaceful assembly protected by Section 15 and 16 of the Charter of Human Rights where such limitations are proportionate and based on expert public health advice. However, LV argue that people should be free to lawfully engage in

<sup>35</sup> Ibid., p. 18.

<sup>36</sup> Ibid.

<sup>37</sup> Department of Health and Human Services, *Coronavirus update for Victoria - 06 June 2020*, media release, Victorian Government, Melbourne, 6 June 2020.

<sup>38</sup> Department of Health and Human Services, *Coronavirus update for Victoria - 03 November 2020*, media release, Victorian Government, Melbourne, 3 November 2020.

<sup>39</sup> Professor Brett Sutton, *Transcript of evidence*, pp. 10–11.

responsible, peaceful and socially distanced protest activity while Victoria is recording no new cases of COVID-19 and health directions allow for the playing of outdoor sport and gathering in outdoor groups.<sup>40</sup> Further, LV highlights that in the Supreme Court judgment of *Loiello v Giles* the State of Victoria accepted that public authorities implementing directions under the *Public Health and Wellbeing Act 2008* are bound by Section 38(1) of the Charter.<sup>41</sup>

The Chief Health Officer advised the Committee on 4 December 2020 that providing guidance for those who wanted to participate in future protests was ‘not unreasonable ... There is nothing philosophical in the public health directions that excludes the possibility of protest.’<sup>42</sup>

The Committee also received nine private citizen submissions to the inquiry regarding the 3 November 2020 protest. The submissions raised concerns about the actions of Victoria Police and compliance with health directives.<sup>43</sup>

### 10.2.5 Fines and infringements

In its Interim Report, the Committee highlighted that the way Victoria Police has administered COVID-19 fines has changed over time to ensure policing was based around compliance, in part due to public concerns.<sup>44</sup> Since then, Victoria Police has continued to use fines and infringements as an enforcement mechanism for COVID-19 restrictions.

From 17 September 2020, the Government established a new offence for prohibited travel from metropolitan Melbourne to regional Victoria. The offence, ‘failure to comply with a requirement to remain in a restricted area’,<sup>45</sup> which carried a penalty of \$4,957,<sup>46</sup> ceased from 8 November 2020. However, the fine for gatherings in breach of Victoria’s health directives was increased from \$1,652 to \$4,957 from 27 September 2020 and is still in force.<sup>47</sup>

The Committee heard on 16 December 2020 that 39,985 COVID-19 fines had been issued to date.<sup>48</sup> Of those, 4,869 were withdrawn or cancelled, and 2,806 have been

40 Liberty Victoria, *The time has come for responsible, peaceful and socially distanced protest activity to be lawful in the State of Victoria*, media release, Melbourne, 5 November 2020.

41 Ibid.

42 Professor Brett Sutton, *Transcript of evidence*, pp. 20–21.

43 Adam Roberts, *Submission 212*, received 25 November 2020; Alyce Rivalland, *Submission 216*, received 28 November 2020; Andrea Galas, *Submission 218*, received 29 November 2020; Name Withheld, *Submission 210*, received 25 November 2020; Name Withheld, *Submission 214*, received 28 November 2020; Name Withheld, *Submission 215*, received 28 November 2020; Samuel Dales, *Submission 217*, received 28 November 2020; Tommy Batir, *Submission 223*, received 30 November 2020; William Twigg, *Submission 225*, received 30 November 2020.

44 Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the Victorian Government’s response to the COVID-19 Pandemic: Interim Report*, August 2020, p. 123.

45 *Public Health and Wellbeing Amendment (Further Infringements) Regulations 2020 S.R. No. 93/2020* (Vic).

46 The penalty for failure to comply with a requirement to remain in a restricted area incurs 30 penalty units. Each penalty unit is \$165.22.

47 *Public Health and Wellbeing Further Amendment (Infringement Offences) Regulations 2020 S.R. No. 99/2020* (Vic).

48 Hon. Lisa Neville MP, *Transcript of evidence*, p. 2.

paid in full.<sup>49</sup> At the public hearings on 28 August 2020, the Committee was advised that 528 requests have been made to have the matter determined in court.<sup>50</sup> The Chief Commissioner of Police explained that:

... there are a number of fines which people have elected to go to court on, because when you are given an infringement we have a range of different processes and checks and balances in place.<sup>51</sup>

When asked about on the spot fines, the Minister for Police and Emergency Services advised at the 16 December 2020 hearings that these were highest when COVID-19 cases were the most prevalent and restrictions were in place, and less when cases were low and restrictions were being eased, as illustrated in Figure 10.2.<sup>52</sup>

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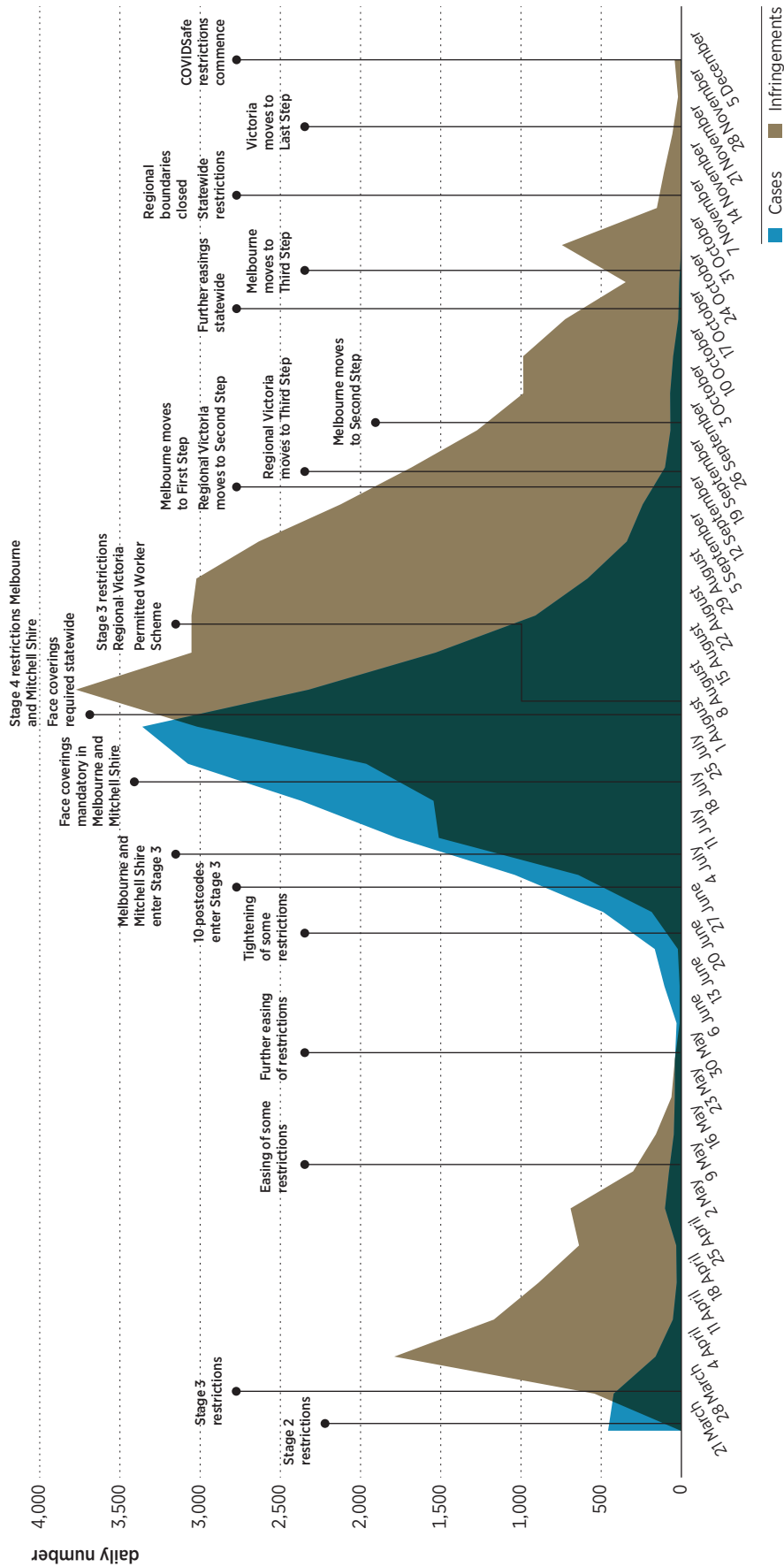
49 Ibid., p. 22.

50 Mr Shane Patton, Chief Commissioner, Victoria Police, public hearing, Melbourne, 26 August 2020, *Transcript of evidence*, p. 17.

51 Ibid.

52 Hon. Lisa Neville MP, *Transcript of evidence*, p. 16.

Figure 10.2 New COVID-19 cases in Victoria and infringements 21 March 2020 to 11 December 2020



Source: Hon. Lisa Neville MP, Minister for Police and Emergency Services, COVID-19 Public Hearing Presentation, supplementary evidence received 16 December 2020, p. 5.

Crime Statistics Agency (CSA) data as at 18 October 2020, outlining COVID-19 fines issued in the months of April to September, shows that 2,333 fines were issued in the month of April, increasing to 3,482 in May, and dropping to 249 in June.<sup>53</sup> During the second wave of the pandemic, 4,747 fines were issued in July, increasing to 11,928 in August and dropping to 9,974 in September.<sup>54</sup> The number of fines issued from April to June 2020 totalled 6,064, while the total number of fines issued from July to September 2020 was 26,649.<sup>55</sup> Four times the number of fines were issued during the second wave of the pandemic in comparison to the first wave.

The Committee's interim report found that as at 17 May 2020, the most disadvantaged Local Government Areas (LGAs) in Victoria were receiving a proportionately higher number of fines than LGAs with the highest levels of advantage.<sup>56</sup> Analysis of the incidence of fines related to COVID-19 restrictions against the Australian Bureau of Statistics' Socio-Economic Indexes for Areas (SEIFA) data shows this remained the case as at 18 October 2020. Data in Table 10.2 shows that the LGAs with the highest levels of disadvantage received 0.73% per capita of the total number of fines issued from April to September 2020, and the LGAs with the lowest levels of disadvantage received 0.36% per capita of the total number of fines.<sup>57</sup>

**FINDING 146:** The most disadvantaged Local Government Areas in Victoria received double the number of COVID-19 fines per capita from April to September 2020 than Local Government Areas with the highest levels of socioeconomic advantage

<sup>53</sup> Crime Statistics Agency, *Police-recorded crime trends in Victoria during the COVID-19 pandemic*, 18 October 2020, <<https://www.crimestatistics.vic.gov.au/research-and-evaluation/publications/police-recorded-crime-trends-in-victoria-during-the-covid-19-0>> accessed 17 December 2020. Committee Calculation.

<sup>54</sup> Ibid.

<sup>55</sup> Ibid.

<sup>56</sup> Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the Victorian Government's response to the COVID-19 Pandemic: Interim Report*, p. 125.

<sup>57</sup> Hon. Lisa Neville MP, Minister for the Coordination of Environment, Land, Water and Planning: COVID-19 and Minister for Police and Emergency Services, *Inquiry into the Victorian Government's Response to the COVID-19 Pandemic hearing*, response to questions on notice received 29 October 2020, pp. 1-3.

**Table 10.1** Comparison of COVID fines issued across the top 10 and bottom 10 Victorian Local Government Areas, ranked by relative socioeconomic disadvantage as at 18 October 2020

SEIFA Rank	Fines							LGA population	Fines per capita (%)	Proportion of total fines (%)
	April	May	June	July	Aug	Sept	Total			
<b>Central Goldfields</b>										
1	10	5	0	0	5	11	31	13,209	0.23	0.09
<b>Greater Dandenong</b>										
2	113	217	13	253	760	481	1,837	166,094	1.11	5.62
<b>Brimbank</b>										
3	58	119	11	232	600	483	1,503	208,714	0.72	4.59
<b>La Trobe</b>										
4	85	35	0	5	134	73	332	75,211	0.44	1.01
<b>Mildura</b>										
5	39	30	6	1	35	42	153	55,515	0.28	0.47
<b>Northern Grampians</b>										
6	13	18	0	2	20	21	74	11,431	0.65	0.23
<b>Yarriambiack</b>										
7	0	13	0	0	9	0	22	6,658	0.33	0.07
<b>Ararat</b>										
8	3	15	0	3	14	7	42	11,795	0.36	0.13
<b>Loddon</b>										
9	0	5	1	2	9	12	29	7,513	0.39	0.09
<b>Swan Hill</b>										
11	9	16	2	2	72	64	165	20,759	0.79	0.50
<b>Total</b>	<b>330</b>	<b>473</b>	<b>33</b>	<b>500</b>	<b>1,658</b>	<b>1,194</b>	<b>4,188</b>	<b>576,899</b>	<b>0.73</b>	<b>12.80</b>
<b>Banyule</b>										
70	9	28	8	48	179	123	395	130,237	0.30	1.21
<b>Macedon Ranges</b>										
71	8	28	0	57	44	42	179	49,388	0.36	0.55
<b>Manningham</b>										
72	1	17	0	19	87	43	167	125,508	0.13	0.51
<b>Port Phillip</b>										
73	66	50	0	120	330	405	971	113,200	0.86	2.97
<b>Glen Eira</b>										
74	8	68	1	56	187	156	476	153,858	0.31	1.46
<b>Surf Coast</b>										

SEIFA Rank	Fines							LGA population	Fines per capita (%)	Proportion of total fines (%)
	April	May	June	July	Aug	Sept	Total			
76	13	16	1	2	28	17	77	32,251	0.24	0.24
Stonnington										
77	34	43	7	118	472	272	946	1162,07	0.81	2.89
Boroondara										
78	27	27	1	45	94	101	295	181,289	0.16	0.90
Bayside										
79	9	30	1	49	98	64	251	105,718	0.24	0.77
Nillumbik										
80	1	9	0	9	35	20	74	64,941	0.11	0.23
<b>Total</b>	<b>176</b>	<b>316</b>	<b>19</b>	<b>523</b>	<b>1,554</b>	<b>1,243</b>	<b>3,831</b>	<b>1,072,597</b>	<b>0.36</b>	<b>11.71</b>

Note: Fines were not issued in Hindmarsh (SEIFA rank 10) nor Queenscliff (SEIFA rank 75). The ABS has SEIFA data for 80 LGAs—79 Councils and 1 'unincorporated parts of Victoria' category.

Source: Adapted from Crime Statistics Agency COVID 19 fines data, Australia Bureau of Statistics *Socio Economic Indexes for Areas data and Population Estimates by Local Government Area, 2017 to 2018*.

CSA data on the breach of COVID-19 restrictions in Victoria from April to September 2020 by offender gender and age (Table 10.2) shows that 74% of offenders were male, with offenders aged 25 to 34 recording the largest number of offences during the time period (5,501).<sup>58</sup> A total of 1,157 children and young people aged 10 to 17 received COVID-19 related fines.<sup>59</sup>

**Table 10.2 COVID fines issued by offender gender and age, April to September 2020**

Age group <sup>a</sup>	Male	Female
10–17 years	803	354
18–24 years	4,984	1,874
25–34 years	5,501	1,849
35–44 years	3,451	1,015
45–54 years	1,829	582
55–64 years	634	156
65 years and older	225	50
Unknown age	147	69
<b>Total</b>	<b>17,574</b>	<b>5,949</b>

a. Offender age calculated at the time they were processed by police for their first COVID-19 offence, if recorded for more than one.

Source: Crime Statistics Agency, COVID Offenders by sex and age.

<sup>58</sup> Crime Statistics Agency, *Police-recorded crime trends in Victoria during the COVID-19 pandemic*. Committee calculation.

<sup>59</sup> Ibid.

At the public hearings on 16 December 2020, the Minister for Police and Emergency Services stated that 1,553 fines were issued to children between the ages of 14–18,<sup>60</sup> and that children aged under 14 were not issued with fines.<sup>61</sup> The Committee notes the discrepancy between the figures provided by the Minister and CSA. DJCS advised that children have a range of options open to them to have fines worked off or dismissed. On 16 December, the Minister stated:

... the number of fines issued to children have been and would have been only because of deliberate, obvious and blatant breaches.<sup>62</sup>

However, children can apply to have fines reviewed by the Children’s Court through the children and young person’s infringement process.<sup>63</sup>

The Minister advised the Committee that Victoria Police had been directed to use discretion when issuing fines to children and they had engaged with residential care staff to encourage flexibility with vulnerable children who are more at risk of fines.<sup>64</sup> The Committee notes that Fines Victoria is currently conducting a review of the COVID-19 infringement process with regard to the practice of discretion in issuing fines.<sup>65</sup>

**RECOMMENDATION 34:** Fines Victoria consider publishing its review of the COVID-19 infringement process.

### 10.2.6 Use of additional powers and vulnerable Victorians

LV’s submission to the inquiry outlined reports of Victoria Police exercising its powers and issuing infringements in an arbitrary and inconsistent manner, particularly in regard to Stay at Home Directions.<sup>66</sup> In particular, LV submitted that ‘move on’ powers were being used against homeless persons.<sup>67</sup> The Committee notes that the Stay at Home Directions contain an exception for those without an ordinary place of residence, meaning a move on direction made to a homeless person is invalid.<sup>68</sup>

LV’s submission called on police to show restraint with fines and issue more warnings to people found to be breaching coronavirus lockdown rules. LV noted the disproportionate issue of fines to vulnerable people, including young people, who

<sup>60</sup> Hon. Lisa Neville MP, *Transcript of evidence*, p. 2.

<sup>61</sup> *Ibid.*, p. 9.

<sup>62</sup> *Ibid.*

<sup>63</sup> *Ibid.*

<sup>64</sup> *Ibid.*, p. 10.

<sup>65</sup> Hon. Jill Hennessy MP, Attorney-General, Department of Justice and Community Safety, public hearing, Melbourne, 15 December 2020, *Transcript of evidence*, pp. 9, 17; Ms Rebecca Falkingham, Secretary, Department of Justice and Community Safety, public hearing, Melbourne, 15 December 2020, *Transcript of evidence*, p. 17.

<sup>66</sup> Liberty Victoria, *Submission 46*, received 31 July 2020, p. 6.

<sup>67</sup> *Ibid.*

<sup>68</sup> *Ibid.*



may not have the means to pay them.<sup>69</sup> The Committee notes that the threat of large penalties may discourage people from getting tested and being honest with contact tracers.

In some instances, the Committee heard evidence that Victoria Police officers at times seemed uncertain about elements of their response, including the use of extended powers. The Australian Muslim Social Services Agency (AMSSA) told the Committee that officers who spoke to the organisation were ‘confused about what was going on themselves’.<sup>70</sup>

In their submission to the inquiry, the Victorian Aboriginal Legal Service (VALS) outlined that:

Police must responsibly exercise their expansive powers, acknowledging that around the world, policing the pandemic through fines and arrests has disproportionately impacted on marginalised communities, including Aboriginal people ... Police should prioritise providing public health messaging and supporting people to comply with the current restrictions ... Arresting people will not achieve positive outcomes for the Victorian community, and such an approach would be at odds with expert advice that we need to curb admissions to detention to prevent further outbreaks of COVID-19 in detention and in the community.<sup>71</sup>

Some stakeholders have expressed concerns that policing activity has disproportionately impacted vulnerable communities and groups.<sup>72</sup> At the public hearings on 26 August 2020, the VEOHRC told the Committee that the impacts of the virus are being felt more harshly by those who already experience discrimination and disadvantage.<sup>73</sup>

Similarly, Sacred Heart Mission (SHM) has raised concerns about enforcement activities. SHM stated that they are more likely to cause rifts in the community, rather than acting as a deterrent, while fines are not always proportionate to the offences.<sup>74</sup>

Fitzroy Legal Service (FLS) argued that criminalised, stigmatised, racialised, impoverished, and health compromised communities are unfairly and dangerously targeted.<sup>75</sup> FLS notes that as at 8 October 2020, 65% of people who had been issued with infringements had a history of criminalisation, and of the 14% of offenders

<sup>69</sup> Julia Kretzenbacher, *Only a tiny fraction of Victoria’s lockdown fines have been paid*, media release, Liberty Victoria, Melbourne, 13 October 2020.

<sup>70</sup> Australian Muslim Social Services Agency, *Submission 97*, received 7 October 2020, p. 8; Ms Adna Abdikadir, Deputy Director, Australian Muslim Social Services, public hearing, Melbourne, 27 August 2020, *Transcript of evidence*, p. 7.

<sup>71</sup> Victorian Aboriginal Legal Service, *Submission 87*, received 3 September 2020, pp. 45–46.

<sup>72</sup> Parliament of Victoria, *Emergency Powers, Public Health and COVID-19: Research Paper No. 2*, report prepared by Holly Mclean and Ben Huf, Melbourne, August 2020, p. 41.

<sup>73</sup> Ms Kristen Hilton, Commissioner, Victorian Equal Opportunity and Human Rights Commission, public hearing, Melbourne, 26 August 2020, *Transcript of evidence*, p. 2.

<sup>74</sup> Sacred Heart Mission, *Victorian Government Response to the COVID-19 Pandemic*, media release, Sacred Heart Mission, Melbourne, 18 November 2020.

<sup>75</sup> Fitzroy Legal Service, *Submission 109*, p. 12.

concurrently processed by police for another type of offence, the most commonly recorded offence was drug possession.<sup>76</sup>

In its submission to the inquiry, LV outlined that the organisation recognises that the pandemic has resulted in an extraordinary health crisis and has required a response that necessarily limits the human rights and liberties of all Victorians. However, it also stated that:

... in times of such crises, the respect for and protection of human rights becomes more important than ever. Human rights abuses can occur when uncertainty and fear in the community are heightened, and when decisions are made in haste which may have unintended consequences. There have already been reports of increased discrimination towards people of certain ethnic backgrounds, an exacerbation of existing inequalities (for example, between landlords and renters), and harsh impacts on people in contact with the criminal justice system or in closed/locked environments (such as prisons, some care facilities and immigration detention).<sup>77</sup>

The Committee heard from AMSSA that systemic issues with police have existed within the Muslim community previously and are being exacerbated by COVID-19.<sup>78</sup> AMSSA told the Committee that in their view over-policing is being experienced within the Muslim community. They submitted that Victoria Police need to be aware of the issue and work on creating positive experiences within the Muslim community.

At the public hearings on 27 August 2020, the Deputy Director of AMSSA explained to the Committee that:

With Victoria Police there is that trauma and that negative perspective, I guess. People are fearful, to be honest, because of that authoritative figure or that sense of power imbalance that is there. A lot of people feel like they are targeted by Victoria Police, and we would want to change the relationship and the stigma that is there.<sup>79</sup>

The Committee notes that there has been limited data provided in relation to police intercepts and the demographics of those who have been issued with infringement notices.

**RECOMMENDATION 35:** Victoria Police consider the release of deidentified demographic data related to all COVID-19 enforcement activities.

<sup>76</sup> Ibid., p. 8.

<sup>77</sup> Liberty Victoria, *Submission 46*, p. 2.

<sup>78</sup> Ms Adna Abdikadir, *Transcript of evidence*, p. 2.

<sup>79</sup> Ibid., p. 4.

## 10.2.7 Protective Services Officers

Since their establishment in 2011, PSOs have been used primarily to maintain a visible presence on and around Victorian train and tram stations, to act as a deterrent to crime on public transport.

The deployment of PSOs has expanded since a state of emergency was declared in Victoria. As noted above, the *COVID-19 Omnibus (Emergency Measures) and Other Acts Amendment Act 2020* expanded the powers of PSOs to respond to breaches of COVID-19 restrictions and directions. Additionally, the *Police and Emergency Legislation Amendment Act 2020*, which took force on 27 October 2020, amended the *Victoria Police Act 2013* to expand the definition of designated places where PSOs may operate to include places outside the transport network, Melbourne CBD and municipal districts of some populous Victorian cities.

The *Police and Emergency Legislation Amendment Act 2020* also expanded the functions and powers of PSOs to provide services in an emergency to the general public throughout Victoria but stipulates that in performing their functions and exercising their powers, PSOs must be supervised by police officers.<sup>80</sup>

At the public hearings on 16 December 2020, the Minister for Police and Emergency Services explained that due to the decline of public transport use across Melbourne and Victoria during the pandemic, PSOs were able to be redeployed to assist with Operation Shielding.<sup>81</sup> There were also 20 PSO teams that patrolled commercial businesses due to burglary and vandalism concerns.<sup>82</sup> The Minister outlined:

In the end we had 160 PSOs who were teamed with 80 police officers in 20 different teams, and they had 14 teams of 14 sergeants, 42 police officers and 112 PSOs—so that was quite a large number that you could deploy to particular areas—and six smaller teams. They would work 9.00 pm to 7.00 am; the others would be 12.00 pm to 10.00 pm.<sup>83</sup>

There were 81 sites identified across Melbourne and Geelong for these patrols, primarily in locations of high concern such as shopping centres and Chapel Street.<sup>84</sup> PSOs made arrests that did not include COVID-19 breaches, which ranged from arrests for theft and retail burglaries to drug and imitation weapons possession and serious assault. The Minister noted that since the ending of Operation Shielding, PSOs have now been deployed within the Hotel Quarantine Program.<sup>85</sup>

<sup>80</sup> *Police and Emergency Legislation Amendment Act 2020 (Vic)* ss 3–8.

<sup>81</sup> Hon. Lisa Neville MP, *Transcript of evidence*, pp. 2, 26.

<sup>82</sup> *Ibid.*, pp. 16, 26.

<sup>83</sup> *Ibid.*, p. 26.

<sup>84</sup> *Ibid.*

<sup>85</sup> *Ibid.*

LV expressed concerns about the expanded use of PSOs, highlighting that they receive less training than members of Victoria Police.<sup>86</sup> In its submission to the Inquiry, LV also highlighted that:

One of the top reasons PSOs arrested members of the community during the initial months of the pandemic was for public drunkenness, an offence the government has committed to abolishing due to its disproportionate impact on the vulnerable. The system of accountability and complaint management in response to issues relating to PSOs in Victoria is lacking. Liberty Victoria is concerned that with increased use of PSOs, there may be an increased risk in overpolicing of vulnerable and marginalised neighbourhoods and communities.<sup>87</sup>

### Policing during the pandemic

On 16 December 2020, the Commissioner for Police reflected on the lessons learned during the pandemic and the impact this has had on policing in Victoria:

I think in the short term and moving forward we have learned that there is a requirement for us to be agile enough to respond to the changes in the Chief Health Officer directions and to make sure that when we are policing, though, we work with the community and that we recognise that people will make honest mistakes. To keep their confidence we use appropriate discretion in those circumstances, but absolutely we enforce where it is appropriate, because there has to be carrot-and-stick approach. If there is no ramification or no consequence for actions, then no-one will adhere to the guidelines.<sup>88</sup>

## 10.3 Emergency management

### 10.3.1 Emergency Management Victoria

The Emergency Management Commissioner is responsible for the coordination of activities in response to an emergency as well as the management of the state control centre, which was directed to oversee the response to COVID-19 on 10 March 2020.<sup>89</sup> The Emergency Management Commissioner reports to the Minister for Police and Emergency services.<sup>90</sup>

A summary of emergency management activity in response to COVID-19 is illustrated in Figure 10.3.

<sup>86</sup> Liberty Victoria, *Liberty Victoria deeply concerned about expanded use of Protective Services Officers in Victoria*, media release, Melbourne, 6 July 2020.

<sup>87</sup> Liberty Victoria, *Submission 46*, p.12.

<sup>88</sup> Mr Shane Patton, Commissioner for Police, Department of Justice and Community Safety, Public Accounts and Estimates Committee, Inquiry into the 2020–21 Budget Estimates, public hearing, Melbourne, 16 December 2020, *Transcript of evidence*, p. 5.

<sup>89</sup> Hon. Daniel Andrews MP, *State Control Centre Activated To Oversee COVID-19 Response*, media release, Victorian Government, Melbourne, 10 March 2020.

<sup>90</sup> Emergency Management Victoria, *Emergency Management Manual Victoria*, Emergency Management Victoria, Melbourne, 2020., p. 3–31

Figure 10.3 COVID-19 emergency management activity



Source: Hon. Lisa Neville MP, Minister for Police and Emergency Services, *COVID-19 Public Hearing Presentation*, supplementary evidence received 16 December 2020, p. 8.

During an emergency situation, Emergency Management Victoria (EMV) has a level of responsibility in overseeing the roles and responsibilities of government agencies in Victoria. EMV is responsible for creating and updating a number of plans that guide the preparation and response to emergencies.<sup>91</sup>

While DHHS has distinct plans relating to the health response to influenza pandemics and COVID-19 specifically, EMV is responsible for plans that outline governance and emergency management relating to emergency incidents across sectors in Victoria.<sup>92</sup> During the COVID-19 pandemic a number of emergency plans that are managed by EMV have been activated.

At the commencement of the pandemic, the *Emergency Management Manual Victoria* (EMMV) contained the principle policy and planning documents for emergency management in Victoria. In accordance with these documents, the EMMV designates the control agency and lists the responsibilities of the control agency. The EMMV designates DHHS as the control agency during a 'plague or an epidemic or contamination' in the form of human disease, and advises that such a situation is part of

<sup>91</sup> Parliament of Victoria, *Emergency Powers, Public Health and COVID-19*, p. 23.

<sup>92</sup> Department of Health and Human Services, *COVID-19 Pandemic Plan for the Victorian Health Sector*, Melbourne, March 2020, pp. 8–9; Department of Health and Human Services, *Victorian Health Management Plan for Pandemic Influenza*, Melbourne, October 2014, p. 4; Emergency Management Victoria, *About Us*, 12 July 2018, <<https://www.emv.vic.gov.au/about-us>> accessed 28 September 2020; Emergency Management Victoria, *Responsibilities*, 14 July 2020, <<https://www.emv.vic.gov.au/responsibilities>> accessed 28 September 2020.

a Class 2 emergency.<sup>93</sup> The EMMV also details the process by which the appointment of a Class 2 state controller is made during a Class 2 pandemic and outlines the roles and responsibilities of the state controller.<sup>94</sup>

On 30 September 2020, the State Crisis and Resilience Council approved the *Victorian State Emergency Management Plan* (SEMP) to take effect. The SEMP replaces four parts of the EMMV:

- The State Emergency Response Plan (part 3).
- The State Emergency Relief and Recovery Plan (part 4).
- Emergency Management Agency Roles (part 7).
- Appendices and Glossary (part 8).<sup>95</sup>

EMMV parts 3, 4, 7 and 8 ceased to have effect on 30 September 2020 with the release of the SEMP, while the remaining parts of the EMMV ceased to have effect on 1 December 2020.<sup>96</sup> Under the SEMP, DHHS is still designated as the control agency during a 'plague or an epidemic or contamination' in the form of human disease, which remains a Class 2 emergency.<sup>97</sup>

There are 12 sub-plans of the SEMP that relate to emergency response and planning in different scenarios. As of 30 September 2020, these 12 sub-plans have transitioned to be sub-plans under the SEMP.<sup>98</sup> The *Victorian Action Plan for Pandemic Influenza* and the *State Health Emergency Response Plan* (SHERP) are the two EMV sub-plans that have relevance to the COVID-19 pandemic.<sup>99</sup>

As noted in Chapter 2, the *Victorian Action Plan for Pandemic Influenza* was developed in 2015, in response to the swine flu pandemic. The *Victorian Action Plan for Pandemic Influenza* provides the basis for the principles and proposed actions outlined in DHHS's *COVID-19 Pandemic Plan for the Victorian Health Sector*.

DHHS's *COVID-19 Pandemic Plan for the Victorian Health Sector* clarifies that the plan is only relevant to the health sector, while the broader, non-health sector plan is in development by EMV, stating:

The *Victorian Action Plan for COVID-19 Pandemic* is under development and will be available from the Emergency Management Victoria website once complete.<sup>100</sup>

<sup>93</sup> Emergency Management Victoria, *Emergency Management Manual Victoria: Part 7: Emergency Management Agency Roles*, Melbourne, July 2020, p. 3.

<sup>94</sup> Emergency Management Victoria, *Emergency Management Manual Victoria: Part 3: State Emergency Response Plan*, Melbourne, August 2016, p. 10.

<sup>95</sup> Emergency Management Victoria, *Victorian State Emergency Management Plan*, Emergency Management Victoria, Melbourne, September 2020, p. 7.

<sup>96</sup> Ibid.

<sup>97</sup> Emergency Management Victoria, *State Emergency Management Plan Roles and Responsibilities*, Emergency Management Victoria, Melbourne, September 2020, p. 15.

<sup>98</sup> Emergency Management Victoria, *Emergency Management Manual Victoria*.

<sup>99</sup> Emergency Management Victoria, *State Emergency Plans*, 10 April 2019, <<https://www.emv.vic.gov.au/responsibilities/state-emergency-plans>> accessed 28 September 2020.

<sup>100</sup> Department of Health and Human Services, *COVID-19 Pandemic Plan for the Victorian Health Sector*, p. 7.

**FINDING 147:** Emergency Management Victoria has not made the *Victorian Action Plan for COVID-19 Pandemic* available on its website.

**RECOMMENDATION 36:** Emergency Management Victoria publish the *Victorian Action Plan for COVID-19 Pandemic* on its website.

In contrast to DHHS's specific health sector and COVID-19 pandemic plans, the SHERP is a generalised plan for response to all health emergencies in Victoria and describes the role of DHHS; collaboration between DHHS, the Emergency Management Commissioner, EMV and other government agencies; and the roles and responsibilities of government agencies and departments in Class 2 health emergencies.<sup>101</sup> The plan includes information about planning and preparedness for the health response in emergencies.<sup>102</sup> According to the SHERP, its purpose is to:

... describe the integrated approach and shared responsibility for health emergency management between DHHS, Ambulance Victoria, the emergency management sector, the health system and the community and how these differ to, or elaborate upon, the arrangements in the SERP.<sup>103</sup>

DHHS is responsible for reviewing and updating the SHERP plan every three years, with more frequent reviews to be undertaken if required. The three-year review mark was passed in September 2020.<sup>104</sup>

**FINDING 148:** The *State Health Emergency Response Plan* is to be reviewed every three years, unless reviewed earlier. The current *State Health Emergency Response Plan* was due to be reviewed and updated by September 2020.

**RECOMMENDATION 37:** The Department of Health and Human Services update the *State Health Emergency Response Plan*.

## 10.4 Courts

In response to COVID-19, courts of law around the world are adopting different approaches to hearing matters. They are limiting the range of matters that can be brought before them to only the most urgent, while postponing all others.<sup>105</sup> As outlined

<sup>101</sup> Emergency Management Victoria, *State Health Emergency Response Plan: Edition 4*, Melbourne, September 2017, pp. 21–41.

<sup>102</sup> *Ibid.*, p. 2.

<sup>103</sup> *Ibid.*

<sup>104</sup> *Ibid.*, p. 4.

<sup>105</sup> International Commission of Jurists, *The Courts and COVID-19*, 5 May 2020, <<https://www.icj.org/wp-content/uploads/2020/05/Universal-ICJ-courts-covid-Advocacy-Analysis-brief-2020-ENG.pdf>> accessed 2 October 2020.

in the interim report to this inquiry, the impact of the COVID-19 pandemic has been profound at all levels of the Victorian court system.

The *COVID-19 Omnibus (Emergency Measures) Act 2020* (the Omnibus Act) passed by the Victorian Parliament on 24 April 2020 made amendments to the operation of the justice system to allow it to continue to operate while complying with COVID-19 health restrictions.<sup>106</sup> The *COVID-19 Omnibus (Emergency Measures) and Other Acts Amendment Act 2020* (the Amendment Act) further extended the operation of temporary measures due to sunset six months after they commenced on 25 October 2020, the ability to perform judge-only trials and the extension of family violence orders.

### 10.4.1 Remote court hearings

The Omnibus Act and the Amendment Act allowed courts to hear a greater number of matters by audio visual and audio link (videolink), deal with matters without a hearing and modify their internal procedures including arranging alternatives to physically accessing court rooms.<sup>107</sup>

The 2020–21 Victorian State Budget allocated \$20.7 million in 2020–21 to support the effective and efficient operation of Victorian Courts during the COVID-19 pandemic, including funding for: physical distancing infrastructure across the court network, upgrades to courtroom technology and additional videolink technology, and development of the Online Magistrates' Court program (OMC).<sup>108</sup>

From 13 July 2020 the Magistrates' Court of Victoria commenced operating from OMC, hearing a wide range of matters including:

- Family violence and personal safety intervention order hearings and applications where safe.
- Workcover applications and contested hearings subject to witness availability.
- Civil applications and contested matters.
- Victims of Crime Assistance Tribunal hearings.<sup>109</sup>
- Magistrates' Court matters that were adjourned due to the pandemic began to be heard from 9 November 2020 through the OMC due to ongoing restrictions.<sup>110</sup>

<sup>106</sup> Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the Victorian Government's response to the COVID-19 Pandemic: Interim Report*, p. 135.

<sup>107</sup> Hon. Jill Hennessy MP, *Temporary Emergency Measures To Manage Coronavirus Crisis*, media release, Victorian Government, Melbourne, 21 April 2020.

<sup>108</sup> Department of Treasury and Finance, *Budget Paper No. 3: Service Delivery*, Melbourne, 2020–21, pp. 146, 148. Funding amount includes Courts output and asset initiatives. Committee calculation.

<sup>109</sup> Magistrates' Court of Victoria, *Chief Magistrate Judge Lisa Hannan introduces the Online Magistrates' Court*, media release, Magistrates' Court of Victoria, Melbourne, 16 July 2020.

<sup>110</sup> Magistrates' Court of Victoria, *Adjourned Magistrates' Court matters to resume online*, Magistrates' Court of Victoria, media release, Melbourne, 9 November 2020.



The Attorney-General, Hon. Jill Hennessy MP, advised the Committee that in July 2020 there were 3,260 hearings via videolink, which represented 96% of the matters involving prisoners. This compared to 56% of all matters involving prisoners being heard remotely in July 2019.<sup>111</sup> In addition, the Chief Executive Officer (CEO) of Court Services Victoria stated that the Supreme Court had been running matters almost predominantly online during the Stage 4 restrictions and had reduced in-person attendance to only critical and priority matters.<sup>112</sup>

The Committee was not provided with updated statistics at the December 2020 hearings. In its submission to the inquiry Maurice Blackburn Lawyers noted that most Victorian Courts had been able to adapt to conducting remote hearings relatively quickly, and that even complex matters had been heard with relative success, even with parties not physically located within courtrooms.<sup>113</sup>

However, the Committee heard of some concerns regarding the implementation of online hearings, with Maurice Blackburn Lawyers advising that the Magistrates Court had found it more difficult than the other courts to offer electronic hearings and other e-capability, with remote hearings only being offered from 13 July 2020.<sup>114</sup>

The Gippsland Community Legal Service advised the Committee that they had experienced a number of mistakes through the Magistrate's Court, largely due to poor communication around changing practices and inadequate IT equipment.<sup>115</sup> Technology issues included Magistrates being unable to hear the solicitor's submissions, solicitors not being telephoned in, minutes of consent not appearing on the court files and ultimately clients being left with inadequate outcomes.<sup>116</sup>

Justice Connect's submission to the inquiry also noted that there was a lack of clear communication with court users about changes in practice. It cited the example of an Aboriginal man who was imprisoned for two weeks in April 2020 after warrants were issued when he did not attend a hearing. The man was not required to attend the hearing due to a Magistrates' Court practice direction to reduce the number of people at the court.<sup>117</sup>

Access to appropriate technology was also raised as a concern by Justice Connect. It advised the Committee of instances where homeless clients were unable to attend remote hearings as they did not have access to technology.<sup>118</sup> Women's Legal Service

111 Hon. Jill Hennessy MP, Attorney-General and Minister for the Coordination of Justice and Community Safety: COVID-19, Department of Justice and Community Safety, public hearing, Melbourne, 26 August 2020, *Transcript of evidence*, p. 14.

112 Ms Louise Anderson, Chief Executive Officer, Court Services Victoria, public hearing, Melbourne, 26 August 2020, *Transcript of evidence*, p. 16.

113 Maurice Blackburn, *Submission 53*, received 31 July 2020, p. 2.

114 *Ibid.*

115 Gippsland Community Legal Service, *Submission 42*, received 31 July 2020, p. 5.

116 *Ibid.*

117 Justice Connect, *Submission 54*, received 31 July 2020, p. 16.

118 *Ibid.*, p. 17.

Victoria identified issues in ensuring that parties have access to the technology required to support participation in remote hearings.<sup>119</sup>

The Federation of Community Legal Centres (FCLC) also advised that there was a need to improve the infrastructure at courts to allow the participation of clients who do not have access to technology.<sup>120</sup> The FCLC welcomed the 2020–21 Victorian State Budget allocation of \$47.3 million to improve audio-visual technology in courts to provide ‘greater flexibility and, most importantly, greater access to justice’ for those in regional areas or with responsibilities or impediments that have made attending court challenging prior to and during the pandemic.<sup>121</sup>

**FINDING 149:** Access to appropriate technology was a barrier to some Victorians participating in remote court proceedings at the height of the COVID-19 pandemic.

**RECOMMENDATION 38:** The Department of Justice and Community Safety work with Victorian Courts to ensure equitable access to technology for individuals required to attend remote hearings in the future.

On 15 December 2020, the Attorney-General, Hon. Jill Hennessy MP, outlined several positive outcomes of investments in technology upgrades and the use of videolinks:

- increased prosecutor connectivity to courts and corrections facilities<sup>122</sup>
- increased access to courts and justice for rural and regional Victorians<sup>123</sup>
- facilitation of ‘best practice’ for remote assistance to child witnesses and intermediaries<sup>124</sup>
- increased access to victim support officers for vulnerable participating in court processes<sup>125</sup>
- early resolution of cases through increased capacity at justice service centres and custody courts to facilitate provision of legal advice and timely bail applications.<sup>126</sup>

119 Women’s Legal Service Victoria, *Submission 63*, received 6 August 2020, p. 5.

120 Federation of Community Legal Centres, *Submission 101*, received 30 September 2020, p. 9.

121 Ibid.

122 Hon. Jill Hennessy MP, *Transcript of evidence*, p. 8.

123 Hon. Jill Hennessy MP, Attorney-General, Department of Justice and Community Safety, Public Accounts and Estimates Committee, Inquiry into the 2020–21 Budget Estimates, public hearing, Melbourne, 15 December 2020, *Transcript of evidence*, p. 18.

124 Ibid.

125 Ibid.

126 Ibid.

## 10.4.2 Backlogs

In its 2020 *Report on Government Services*, the Productivity Commission highlighted the existence of backlogs in Victorian Courts, with no Victorian Courts meeting the national benchmarks for processing matters in a timely manner.<sup>127</sup>

The Attorney-General, Hon. Jill Hennessy MP, noted that the aforementioned \$47.3 million to improve audio-visual technology in courts supports access to videolink in correctional facilities to ensure that transport and transfer of prisoners to court for the purpose of hearings is not required.<sup>128</sup>

New jury trials in Victoria were suspended from 16 March 2020 due to social distancing directions.<sup>129</sup> Both the Supreme Court and the County Court had planned for the resumption of a limited number of jury trials from 20 July 2020 to late September 2020,<sup>130</sup> however, on 8 July 2020 these were postponed due to the increasing rate of COVID-19 transmission within the community, and the subsequent tightening of restrictions.

The County Court had planned to resume jury trials on 5 October 2020, however the commencement of jury trials was further postponed on 31 August 2020. It was advised that all jury trials which had trial dates set down for 2020 would be vacated.<sup>131</sup>

As a consequence of the adjournment of large numbers of cases, the backlog of pending cases has increased. At the public hearings on 26 August 2020 Court Services Victoria stated:

The backlog: we often refer to it more as ‘pending cases’. All courts have cases that are pending, requiring a further hearing date or finalisation. But, yes, there is no denying that that has increased due to the number of adjournments of non-urgent matters.<sup>132</sup>

To create efficiencies and reduce pressure on the court system, the Amendment Act provided registrars of Children’s and Magistrates’ Courts in criminal proceedings with new powers to change the date, time or place at which proceedings are listed, and abridge or extend the bail of a person granted bail.<sup>133</sup>

A limited number of jury trials resumed in the Supreme Court and County Courts from 16 November 2020, as a result of physical distancing requirements.<sup>134</sup> A range of

<sup>127</sup> Productivity Commission, *Report on Government Services 2020: Courts*, 2020, <<https://www.pc.gov.au/research/ongoing/report-on-government-services/2020/justice/courts>> accessed 18 September 2020.

<sup>128</sup> Hon. Jill Hennessy MP, *Transcript of evidence*, p. 7; Hon. Jill Hennessy MP, *Transcript of evidence*, p. 18.

<sup>129</sup> Supreme Court of Victoria, *New jury trials suspended from Monday, 16 March*, media release, Supreme Court of Victoria, Melbourne, 15 March 2020.

<sup>130</sup> Supreme Court of Victoria, *Update on Jury Trials*, media release, Supreme Court of Victoria, Melbourne, 15 June 2020.

<sup>131</sup> County Court, *Term 4 Melbourne criminal jury trials*, media release, County Court, Melbourne, 31 August 2020.

<sup>132</sup> Ms Louise Anderson, *Transcript of evidence*, p. 16.

<sup>133</sup> COVID-19 Omnibus (Emergency Measures) and Other Acts Amendment Bill 2020 (Vic.), Explanatory Memorandum

<sup>134</sup> Supreme Court of Victoria, *Resumption of criminal jury trials*, media release, Melbourne, 20 October 2020.

preventative measures have been put in place to mitigate risk of COVID-19 infection, including:

- Avoiding the need for the physical gathering of large jury pools.
- Physical distancing arrangements within courtrooms and jury rooms.
- The wearing of masks in accordance with current directions.
- Procedural changes to minimise the need for handling of objects.
- Frequent cleaning of high touch surfaces and other hygiene measures.<sup>135</sup>

At the public hearings on 26 August 2020, the Attorney-General, Hon. Jill Hennessy MP, advised the Committee that although Victorian Courts will be facing backlogs, work was ongoing to reduce these.<sup>136</sup> All homicide cases were being fast-tracked, by ceasing committal hearings at the Magistrates' Court and cross-examining witnesses at the Supreme Court.<sup>137</sup> In addition, there has been an increase in the number of matters being heard on papers.<sup>138</sup>

VALS were supportive of this and advised the Committee that:

... summary pleas on the papers are less stressful for VALS' clients, as they do not have to attend court, and are also less resource-intensive. Bail variations by consent on the papers is less resource and time intensive, while also allowing VALS lawyers to appear in more matters, meaning there are fewer Aboriginal people unrepresented before the court.<sup>139</sup>

However, it is expected that post the pandemic there will still be a large backlog given the decision by the Magistrates' Court to delay all non-urgent hearings by at least six months from March 2020, and the reduction in cases that can be heard using remote technology.<sup>140</sup>

**FINDING 150:** The Victorian Courts are expected to face a large backlog in cases as a result of the pandemic and associated restrictions. This will impact on the courts, as well as the broader legal sector including the community legal sector.

The 2020–21 Victorian State Budget allocated \$37.2 million in 2020–21 and \$17.5 million in 2021–22 for frontline legal assistance services and to address delays in the criminal justice system during the COVID-19 pandemic.<sup>141</sup> The budget allocation provides support for Victoria Legal Aid to provide more legal services and information and

<sup>135</sup> County Court of Victoria, *Resumption of jury trials*, media release, Melbourne, 21 October 2020.

<sup>136</sup> Hon. Jill Hennessy MP, *Transcript of evidence*, p. 15.

<sup>137</sup> *Ibid.*, p. 14.

<sup>138</sup> Ms Louise Anderson, *Transcript of evidence*, p. 16.

<sup>139</sup> Victorian Aboriginal Legal Service, *Submission 87*, pp. 50–51.

<sup>140</sup> Justice Connect, *Submission 54*, p. 16.

<sup>141</sup> Department of Treasury and Finance, *Budget Paper No. 3*, pp. 105, 110.

communications technology upgrades to improve connectivity and increase access to digital hearing services for disadvantaged and remote Victorians. Funding was provided for:

- Video kiosks in Victoria Legal Aid’s metropolitan, regional, and rural locations.
- Increasing the Office of Public Prosecutions’ capacity to participate in remote hearings.
- A Cross-System Scheduling Pilot and Virtual Court Support Program.
- Victims and Child Witness Services and Remote Witness Rooms.<sup>142</sup>

### 10.4.3 Family law matters

In an effort to provide increased protection to those at risk of family violence, the Government extended the expiry of Interim Family Violence Intervention Orders (FVIOs) and Personal Safety Intervention Orders from 28 days to three months. In March 2020, the Children’s Court introduced practice directions in response to the COVID-19 pandemic, which provided for non-urgent matters in the family division to be adjourned for a period of 12 weeks (for children in out-of-home care) or 20 weeks (for children in the care of a parent).<sup>143</sup> In addition, FVIOs could be applied for online.<sup>144</sup>

The Amendment Act provided registrars with the power to alter the timetable, adjourn, abridge or extend the adjournment of a criminal proceeding under the *Family Violence Protection Act 2008*, the *Personal Safety Intervention Orders Act 2010* or the *National Domestic Violence Order Scheme Act 2016*, to more efficiently manage the listing and re-listing of matters required as a consequence of the COVID-19 pandemic.<sup>145</sup>

In its submission to the inquiry, the FCLC advised that:

Important gains have been made towards ensuring people are offered legal advice relating to FVIO matters, whether or not they attend court. There have been a number of practice changes made to enable legal services to provide remote advice, assistance and representation to clients who have experienced or used family violence during the pandemic.<sup>146</sup>

At the public hearings on 26 August 2020, the Attorney-General, Hon. Jill Hennessy MP, advised the Committee that between March and June 2020, family violence matters had been prioritised by Victorian Courts, and that there had been 6,400 FVIO cases, and

<sup>142</sup> Ibid., pp. 105, 110, 113. Funding covers output and asset initiatives for Public Prosecutions and Legal Assistance - Addressing coronavirus (COVID-19) related delays across the justice system. Committee calculation.

<sup>143</sup> Children’s Court of Victoria, *Media Statement*, Children’s Court of Victoria media release, Melbourne, 20 March 2020.

<sup>144</sup> Hon. Jill Hennessy MP, *Transcript of evidence*, p. 15.

<sup>145</sup> *COVID-19 Omnibus (Emergency Measures) and Other Acts Amendment Act 2020* (Vic).

<sup>146</sup> Federation of Community Legal Centres, *Submission 101*, p. 8.

1,400 personal safety intervention cases.<sup>147</sup> Between March and June 2019, there were 13,827 FVIO cases heard in the Magistrates' Court.<sup>148</sup>

On 15 December 2020 the Victorian Government announced \$23.1 million in funding (see 10.4.1), including \$7.8 million to expand the specialist family violence legal services model which focuses on early legal advice—helping to resolve family violence matters outside of court.<sup>149</sup> This aims to reduce pressure on the courts through shortening court lists and supporting the safety of family violence victim survivors through the provision of early legal assistance.<sup>150</sup> In its submission to the inquiry, the Women's Legal Service Victoria (WLSV) advised that the adjournment of non-urgent matters in the Children's Court and the direction that parties to child protection proceedings were not able to attend court, limited the ability of legal representatives to challenge the merits of child protection decisions save in relation to a reduced range of protection applications.<sup>151</sup>

In addition, WLSV stated that interim accommodation orders were being automatically extended with no judicial consideration of the suitability of child placements and contested matters remained largely unresolved.<sup>152</sup> This was further highlighted by Gender Equity Victoria in its submission to the inquiry, which stated:

Of particular concern is the lack of judicial discretion to make orders returning children to the care of their parents beyond 24 months, where this is in the child's best interests. The statutory timeframes on reunification means that too many children are permanently removed from the care of their mothers. The impact of COVID-19 on access to support services, delays in court proceedings, and the separation of children and parents during the pandemic means that unnecessary removals are more likely to occur at this time. Changes to the Child Protection Bill are urgently needed to address this issue and ensure that vulnerable women and children are not further disadvantaged by COVID-19.<sup>153</sup>

The Committee notes that Section 8 of the *COVID-19 Omnibus (Emergency Measures) and Other Acts Amendment Act 2020* attempts to address these concerns, stipulating that family reunification orders cannot place a child in out of home care for a cumulative period that is more than 30 months.<sup>154</sup>

The Royal Victorian Association of Honorary Justices' (RVAHJ) submission to the inquiry raised concerns about temporary measures implemented under Section 25 of the Omnibus Act, which suspended the requirement that a Bail Justice review DHHS

147 Hon. Jill Hennessy MP, *Transcript of evidence*, p. 15.

148 Crime Statistics Agency, *Family Violence Intervention Orders – Magistrates' Court Data Tables 2018–19*, December 2019, <[https://www.crimestatistics.vic.gov.au/sites/default/files/embridge\\_cache/emshare/original/public/2020/07/b3/b7f3bc8ae/Magistrates%27](https://www.crimestatistics.vic.gov.au/sites/default/files/embridge_cache/emshare/original/public/2020/07/b3/b7f3bc8ae/Magistrates%27> Court Data Tables 2018–19.xlsx)> Court Data Tables 2018–19.xlsx> accessed 22 September 2020.

149 Hon. Jill Hennessy MP, *Investing In Court Recovery And Family Violence Support* media release, Victorian Government, Melbourne, 15 December 2020.

150 Ibid.

151 Women's Legal Service Victoria, *Submission 63*, p. 5.

152 Ibid.

153 Gender Equity Victoria, *Submission 48*, received 31 July 2020, p. 29.

154 *COVID-19 Omnibus (Emergency Measures) and Other Acts Amendment Act 2020* (Vic) s 5.

applications for after-hours Interim Accommodation Orders. RVAHJ argue that this layer of scrutiny is an essential component of acting in the best interests of the child, helps improve decision making by all concerned and increases the perception of procedural fairness for parents. Further RVAHJ highlighted that the decision was made unilaterally and without discussion or consultation with Bail Justices and suggested conducting the process through the use of online meeting technology, instead of a total suspension of the process.<sup>155</sup>

**FINDING 151:** Delays in court hearings, as well as limited judicial discretion to intervene in family violence and child protection cases during the pandemic, may result in some unnecessary removals and inappropriate placements for children.

**RECOMMENDATION 39:** The Department of Justice and Community Safety, in conjunction with Victorian Courts, explore options to amend the *Children, Youth and Families Amendment (Out of Home Care Age) Act 2020* to enable judicial consideration of children's placements through the Children's Court.

#### 10.4.4 Human rights

Although the COVID-19 pandemic has required governments to take unprecedented steps to implement protection measures, including through the limitation of particular rights, such measures must satisfy requirements of legality, non-discrimination, necessity, proportionality, and time-limitedness.<sup>156</sup>

The *Victorian Charter of Human Rights and Responsibilities Act 2006* (the Charter) requires all Bills introduced to the Parliament to be accompanied by a statement of compatibility showing that the proposed laws are not inconsistent with the Charter.

This promotes human rights throughout the process of developing legislation. The Government has provided a Statement of Compatibility with the Omnibus Act and the Amendment Act, which outlines how the Government has considered the impact of the Bills on human rights considerations.<sup>157</sup>

At the public hearings on 26 August 2020, the Attorney-General, Hon. Jill Hennessy MP, advised the Committee that the Government made the decision not to suspend the Charter during the state of emergency and advised the Committee that Victorians are able to challenge the Victorian Government in the courts if they feel that their rights have been impacted or that they have been denied natural justice.<sup>158</sup>

<sup>155</sup> Royal Victorian Association of Honorary Justices, *Submission 204*, received 25 October 2020, pp. 1–3.

<sup>156</sup> International Commission of Jurists, *The Courts and COVID-19*.

<sup>157</sup> Victorian Government, *Statement of Compatibility - COVID-19 Omnibus (Emergency Measures) Bill 2020*, Victorian Government, Melbourne, 23 April 2020.

<sup>158</sup> Hon. Jill Hennessy MP, *Transcript of evidence*, p. 9.

LV has argued that the Stay at Home Directions issued under the *Public Health and Wellbeing Act 2008* are subordinate instruments made under an Act and have a 'legislative character' pursuant to the definition of 'subordinate instrument' under Section 38 of the *Interpretation of Legislation Act 1984* (Vic). Consequently, LV have stated that Section 32(1) of the Charter should apply to the Stay at Home Directions (and other Directions).<sup>159</sup>

At the public hearings on 15 December 2020, the Committee sought information on the avenues open to citizens to contest public health directions and restrictions on the basis that they have disproportionately limited their rights and freedoms under the Charter. The Attorney-General, Hon. Jill Hennessy MP, explained:

... Every decision-maker, whether it is the CHO in the context of public health orders, bears the responsibility around ensuring that it is compliant with the Charter. Any Victorian is free to go and challenge the validity of that decision...in the Supreme Court. They may make a complaint of discrimination, and they could pursue that at the Victorian Equal Opportunity Commission, but as a matter of course does every decision across government that involves perhaps a restriction or an enhancement or a consideration of the impact on the human rights charter—every single one of those—go to the Victorian Equal Opportunity and Human Rights Commission? The answer to that is no in my understanding, and I will stand to be corrected if I am wrong.<sup>160</sup>

The Attorney-General, Hon. Jill Hennessy MP, added that assessment of limitations of rights and freedoms under the Charter is also undertaken through the inclusion of a statement of compatibility when a Bill is before the Parliament, and via the review activities of the Victorian Scrutiny of Acts and Regulations Parliamentary Committee.<sup>161</sup>

**FINDING 152:** The Victorian Government has not suspended the *Victorian Charter of Human Rights and Responsibilities* during the pandemic. Consequently, Victorians are able to challenge the Victorian Government in the courts if they feel that their rights have been unduly impacted.

### 10.4.5 Justice Recovery Plan

At the public hearings on 15 December 2020, the Attorney-General, Hon. Jill Hennessy MP, outlined the Victorian Government's Justice Recovery Plan, to address the impacts of COVID-19 on the courts, particularly with regard to the significant increase in backlogs<sup>162</sup> which are having a flow on impact on corrections' numbers.<sup>163</sup> The Attorney-General, Hon. Jill Hennessy MP, explained that in addition to the 2020–21 Victorian State Budget allocations noted above, the Victorian Government announced

<sup>159</sup> Liberty Victoria, *Submission 46*, pp. 2–3.

<sup>160</sup> Hon. Jill Hennessy MP, *Transcript of evidence*, p. 10.

<sup>161</sup> *Ibid.*, pp. 9–10.

<sup>162</sup> *Ibid.*, p. 6.

<sup>163</sup> Ms Rebecca Falkingham, *Transcript of evidence*, p. 19.



\$23.1 million in funding to provide greater flexibility in court and justice processes, while keeping all court users safe.<sup>164</sup> The package includes:

- \$3.6 million to boost audio-visual technology support staff in the Magistrates’ Court, Children’s Court and the Victorian Civil and Administrative Tribunal—allowing more matters to be heard remotely and safely.
- \$5.7 million for the appointment of new judicial registrars and support staff to focus on simpler cases to free up time for Magistrates to determine more complex matters. These roles form part of an expansion of the OMC and the Children’s Court Online Case Management.
- \$6 million to support the Victoria Legal Aid Help Before Court service to assist people prepare before their court date both online and at new legal service hubs for regional Aboriginal Victorians.<sup>165</sup>

The Attorney-General, Hon. Jill Hennessy MP, added that the Victorian Government’s investment in the development of the new Wyndham Law Court is expected to ease pressure on the Sunshine courts and the Melbourne Custody Centre.<sup>166</sup> Specialist courts such as a children’s court, family violence court and drug court are included in the development.

The Committee was not advised how the Victorian Government will measure the outcomes of its investments in courts and the justice system to address delays and backlogs. The Attorney-General, Hon. Jill Hennessy MP, explained:

I am not going to pretend that it is not going to take a long time for us to get things back to normal in terms of some of the list, and I cannot give you a precise date around those, but in announcing a ... clear recovery plan that is backed by very ...significant investments, we are very, ... determined to make sure that we get things done very, ... quickly.<sup>167</sup>

## 10.5 Corrections

### 10.5.1 Prisons—Victorian Government’s response

Ensuring the health and well-being of prisoners, prison officers, other prison personnel and visitors, while respecting the fundamental safeguards outlined in the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), is important.<sup>168</sup> In response to the COVID-19 pandemic, the Communicable Diseases Network Australia (CDNA) developed guidelines to prevent and manage COVID-19 outbreaks in detention and correctional facilities. The guidelines were endorsed by

<sup>164</sup> Hon. Jill Hennessy MP, *Investing In Court Recovery And Family Violence Support* media release.

<sup>165</sup> Ibid.

<sup>166</sup> Department of Treasury and Finance, *Budget Paper No. 3*, p. 148.

<sup>167</sup> Hon. Jill Hennessy MP, *Transcript of evidence*, p. 6.

<sup>168</sup> United Nations Office of Drugs and Crime, *Position paper: COVID-19 preparedness and responses in prison*, Vienna, 2020.

the National Health Protection Principal Committee. The Committee understands that the Victorian Corrections Commissioner's Requirement *1.4.9 Management of prisoners during the COVID-19 pandemic* is consistent with these guidelines.

The Victorian Government introduced a series of measures to prevent COVID-19 entering prisons and youth detention centres and to minimise the transmission of the virus in these settings. These measures, previously noted in the Committee's interim report, were again outlined by the Attorney-General, Hon. Jill Hennessy MP, at the public hearings on 26 August 2020.<sup>169</sup> Since the public hearings in May 2020 the CDNA guidelines were updated three times to include new guidance on:

- Outbreak identification and management.
- Infection prevention and control.
- Quarantine arrangements for new admissions to facilities from geographic areas of community transmission.
- Quarantine of inmates/detainees transferred from other facilities.<sup>170</sup>

Additionally, since the Committee tabled the interim report, there has been the introduction of exclusivity to workplace requirements, a 'stepped up' cleaning regime and the introduction of transfer quarantine. At the public hearings on 26 August 2020 the Commissioner, Corrections Victoria explained to the Committee that:

... transfer quarantine ... is for prisoners who are going between the system or through the system, to ensure that when they arrive at the future destination they are COVID free.<sup>171</sup>

At the public hearings on 15 December 2020, the Attorney-General, Hon. Jill Hennessy MP, explained that procedures had been implemented in the Victorian prison system to manage confirmed cases of COVID-19, including the establishment of an Outbreak Management Team, testing of close contacts, and the quarantine of prisoners who displayed any COVID-19 symptoms. The Attorney-General, Hon. Jill Hennessy MP, credits the absence of the virus in the general prison population to the implementation of these procedures.<sup>172</sup>

The Committee asked the Commissioner, Corrections Victoria about the use of Emergency Management Days (EMD) as part of the response to the COVID-19 pandemic. Under the *Corrections Act 1986* EMDs can be used to reduce the length of a sentence of imprisonment, or the length of the non-parole period, of a prisoner demonstrating good behaviour. The Committee was advised that:

<sup>169</sup> Hon. Jill Hennessy MP, Minister for the Coordination of Justice and Community Safety: COVID-19, Department of Justice and Community Safety, *COVID-19 public hearing presentation*, supplementary evidence received 26 August 2020, p. 3; Dr Emma Cassar, Commissioner, Corrections Victoria, public hearing, Melbourne, 26 August 2020, *Transcript of evidence*, p. 19.

<sup>170</sup> Communicable Diseases Network Australia, *Coronavirus Disease 2019 (COVID-19) Outbreaks in Correctional and Detention Facilities: CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Correctional and Detention Facilities in Australia*, Canberra, 2020, p. 1.

<sup>171</sup> Dr Emma Cassar, *Transcript of evidence*, p. 19.

<sup>172</sup> Hon. Jill Hennessy MP, *Transcript of evidence*, p. 20.

As part of the COVID-19 response in prisons, prisoners have experienced restrictive regimes, such as significantly less hours out of cell or lockdowns, or being placed in a quarantine regime, such as 14 days in protective quarantine upon reception into prison. In many instances, quarantine regimes result in prisoners being held in their cells for 23–24 hours per day.

EMDs are a vital part of ensuring compliance with infection prevention and control measures (including mask wearing and social distancing), as EMDs are not granted for prisoners who demonstrate poor behaviour and do not comply with infection prevention measures. This approach has helped maintain a settled prison system despite significant restrictions being introduced for many prisoners.

Whether EMDs should be granted is determined after considering the extent of disruption or deprivation and whether the prisoner was of good behaviour.

As at 17 December 2020, 129,568 days have been granted to 4,927 sentenced prisoners (average of 26.3 days).

An additional 203,343 (approximately 61 per cent of EMDs) have been applied to prisoners on remand and may never be realised. For remandees, EMDs granted are applied to a sentence of imprisonment, if one eventuates.<sup>173</sup>

The Committee notes that an EMD equivalent does not exist in the youth justice system.

The Committee also asked the Commissioner, Corrections Victoria, about how many lock-downs had occurred in prisons during the pandemic. The Committee was advised that lockdowns have been used on the following occasions since March:

- The Melbourne Assessment Prison, Metropolitan Remand Centre and Port Phillip Prison commenced half day lockdowns across several units in late March 2020 to support physical distancing across the prisons.
- Loddon Prison was locked down for one day on 3 April 2020.
- Ravenhall, Hopkins Correctional Centre, Langi Kal Kal, Barwon Prison, Fulham and Loddon were in lockdown from 21 July 2020. All but Fulham and Ravenhall returned to normal operations on 23 July 2020. Fulham returned to normal operations on 24 July; Ravenhall returned to normal operations on 25 July 2020.
- Loddon (including Middleton annex) and Tarrengower prisons on the morning of 24 July 2020; the prisons resumed normal operations on the evening of 24 July 2020.
- Lockdown measures were taken at Port Phillip Prison on 15 August; the prison resumed normal operations on 19 August 2020.<sup>174</sup>

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<sup>173</sup> Hon. Natalie Hutchins MP, Minister for Corrections, Inquiry into the 2020–21 Budget Estimates hearing, response to questions on notice received 8 January 2021, p. 1.

<sup>174</sup> Ibid.

At the public hearings on 26 August 2020, the Attorney-General, Hon. Jill Hennessy MP, noted that there is significant over-representation of Aboriginal people in the justice system.<sup>175</sup>

As at the end of July 2020 Aboriginal people made up 10% of the prison population and less than 1% of the Victorian population.<sup>176</sup> The Victorian Aboriginal and Child Care Agency highlighted in its submission that Aboriginal and children are 16 times more likely to be involved in the youth justice system.<sup>177</sup> According to the Australian Institute of Health and Welfare Aboriginal children are 22 times more likely to be in detention.<sup>178</sup>

To address this, the Victorian Government established a \$10 million Aboriginal community response and recovery fund aimed at supporting Aboriginal Victorians to deliver community-led initiatives to respond to the impacts of the virus.<sup>179</sup> The 2020–21 Victorian State Budget allocated \$103.6 million in 2020–21 to equip Victoria's corrections and youth justice operations to respond to the COVID-19 pandemic.<sup>180</sup> \$17.1 million in funding is allocated in 2020–21 and across the forward estimates for a range of improvements to the youth justice system, including to address immediate COVID-19 risks.<sup>181</sup>

## 10.5.2 Case numbers

At the first COVID-19 hearing with the Attorney-General, Hon. Jill Hennessy MP, on 19 May 2020 there were no COVID-19 cases in prison or youth justice facilities. By the second hearing on 26 August 2020 there were 23 prisoners and six staff that had tested positive for COVID-19.<sup>182</sup> In the youth justice system there were 19 young people in custody, five people supervised by youth justice in the community and four staff in custodial settings that had tested positive.<sup>183</sup> The Attorney-General, Hon. Jill Hennessy MP, stated at the public hearings on 26 August 2020 that:<sup>184</sup>

... I am really pleased to say that the great work that the Corrections Victorian team have done has kept the system safe. We have had the 23 positive cases. That include the four inconclusive results from Hopkins, and all of these have come in through community

<sup>175</sup> Hon. Jill Hennessy MP, *Transcript of evidence*, p. 2.

<sup>176</sup> Australian Bureau of Statistics, *Census QuickStats - People — Demographics and Education*, cat. no. 2016, <[https://quickstats.censusdata.abs.gov.au/census\\_services/getproduct/census/2016/quickstat/2](https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/2)> accessed 2 October 2020; Corrections Victoria, *Prisoner and offender statistics: Part of Corrections Victoria's data release strategy*, 21 August 2020, <<https://www.corrections.vic.gov.au/prisons/prisoner-and-offender-statistics>> accessed 2 October 2020; Australian Bureau of Statistics, *2016 Census QuickStats - Dwellings — Dwelling Structure*, cat. no. 2900.0, 2016, <[https://quickstats.censusdata.abs.gov.au/census\\_services/getproduct/census/2016/quickstat/2?opendocument](https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/2?opendocument)> accessed 1 September 2020.

<sup>177</sup> Victorian Aboriginal Child Care Agency, *Submission 78*, received 14 August 2020, p. 17.

<sup>178</sup> Australian Institute of Health and Welfare, *Youth Justice*, 15 May 2020, <<https://www.aihw.gov.au/reports/australias-welfare/youth-justice>> accessed 2 October 2020.

<sup>179</sup> Hon. Jill Hennessy MP, *Transcript of evidence*, p. 2.

<sup>180</sup> Department of Treasury and Finance, *Budget Paper No. 3*, p. 104.

<sup>181</sup> *Ibid.*, pp. 105, 112.

<sup>182</sup> Hon. Jill Hennessy MP, *Transcript of evidence*, p. 2.

<sup>183</sup> *Ibid.*

<sup>184</sup> *Ibid.*

transmission. That means that the strategies put in place are doing exactly what they were planned to do.<sup>185</sup>

The Attorney-General, Hon. Jill Hennessy MP, advised the Committee on 15 December 2020 that a further five prisoners were positive cases.<sup>186</sup> As at 15 December 2020, there were a total of 62 cases and zero active cases.<sup>187</sup> The CDNA defines a single confirmed case of COVID-19 in an inmate or staff member of a correctional or detention facility as constituting an 'outbreak'.<sup>188</sup>

In Queensland there has been an outbreak in a youth justice facility.<sup>189</sup> The New South Wales (NSW) Department of Communities and Justice website contains current information on infection rates. As at 15 December 2020 there had been a total of one confirmed case of COVID-19 in the prison population of NSW and no correctional centre staff had tested positive.<sup>190</sup> Two healthcare employees working in correctional settings had tested positive. The NSW prison population is larger than Victoria's.

The Victorian cases come against a backdrop of a declining prison population. Figure 10.4 shows that the numbers of female and male prisoners have declined since late January.

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185 Ibid., p. 19.

186 Hon. Jill Hennessy MP, *Transcript of evidence*, p. 19.

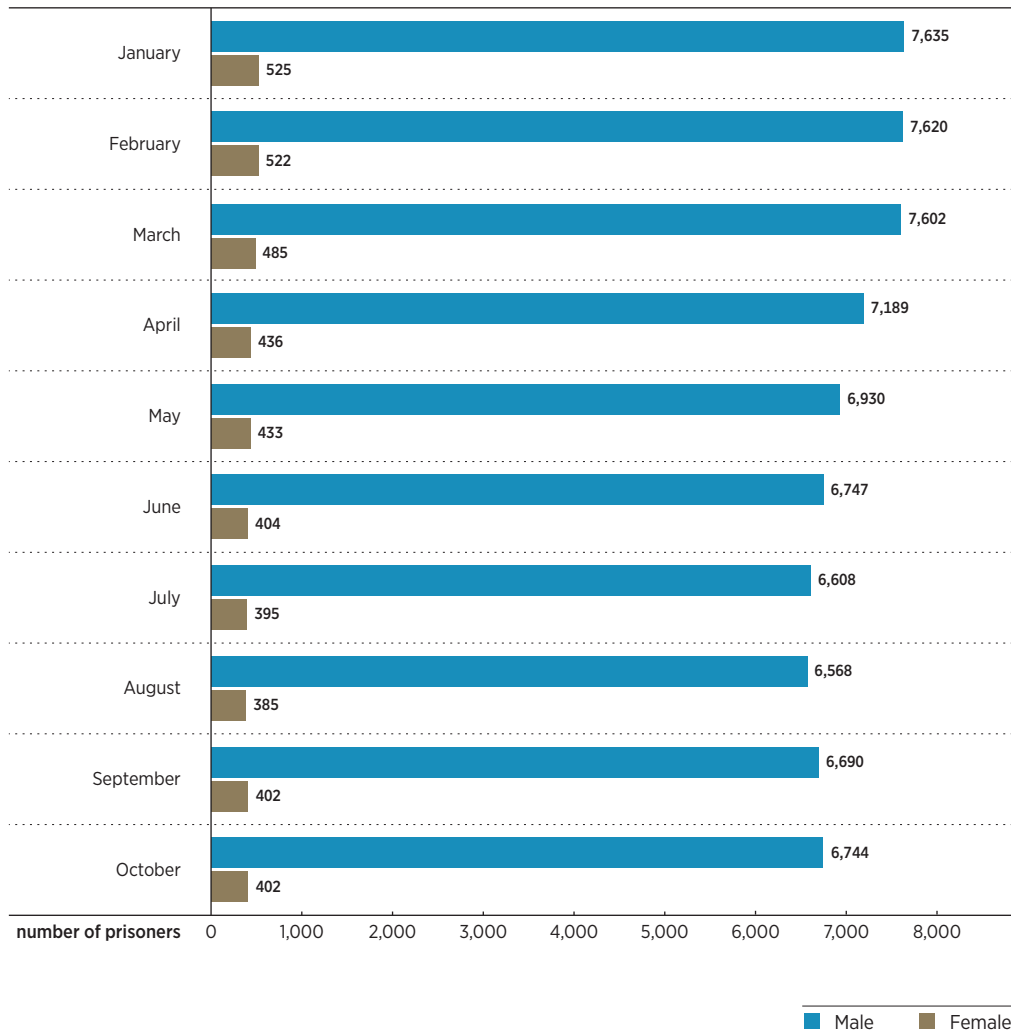
187 Ibid.; Committee calculation.

188 Communicable Diseases Network Australia, *Coronavirus Disease 2019 (COVID-19) Outbreaks in Correctional and Detention Facilities*, p. 23.

189 Queensland Health, *COVID-19 case identified in Ipswich*, media release, Queensland Government, 20 August 2020; Queensland Health, *Urgent new COVID-19 measures after youth detention centre cluster detected*, media release, Queensland Government, 22 August 2020.

190 NSW Government, Communities and Justice, *COVID-19 (coronavirus response) Corrective Services*, 13 November 2020, <<https://www.coronavirus.dcj.nsw.gov.au/services/corrective-services>> accessed 15 December 2020.

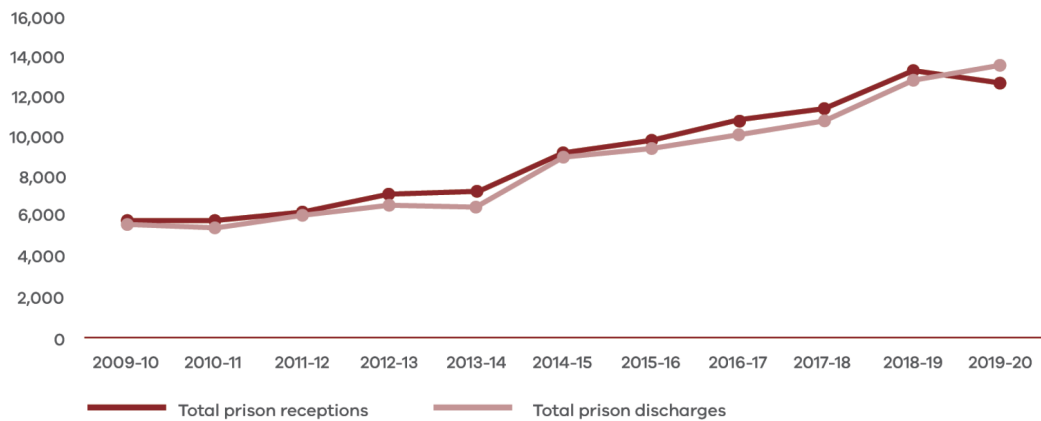
Figure 10.4 Victoria’s pre COVID-19 and COVID-19 pandemic prison population, 2020



Source: Corrections Victoria, *Monthly prisoner and offender statistics 2020–21: Prisoner and offender numbers according to prison location, region and selected demographic characteristics*, 13 November 2020, <<https://www.corrections.vic.gov.au/monthlyprisoner-and-offender-statistics-2020-21>> accessed 22 November 2020.

This is in contrast to a steadily increasing incarceration rate over the medium to longer term, as illustrated in Figure 10.5.

**Figure 10.5** Total prison receptions and discharges trend in Victoria

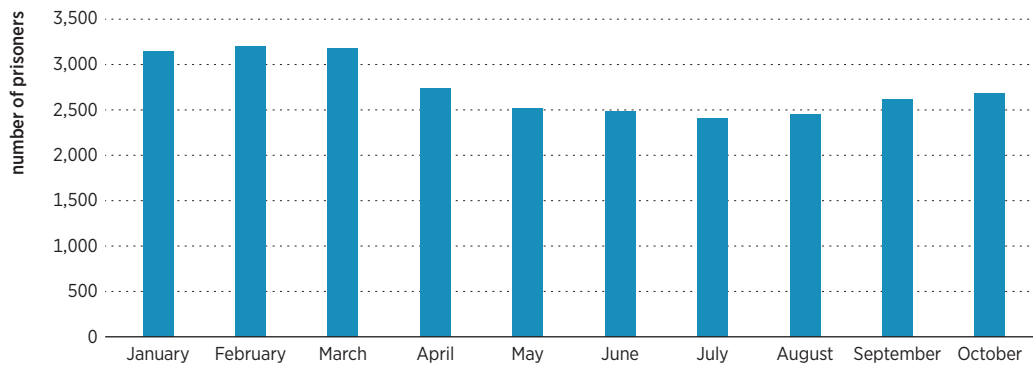


Note: Prisoner and offender numbers according to prison location, region and selected demographic characteristics.

Source: Corrections Victoria, Monthly prisoner and offender statistics 2020–21: *Prisoner and offender numbers according to prison location, region and selected demographic characteristics*, 13 November 2020, <<https://www.corrections.vic.gov.au/monthlyprisoner-and-offender-statistics-2020-21>> accessed 22 November 2020.

The number of unsentenced prisoners in the system declined from February to July 2020, and has increased since August,<sup>191</sup> as illustrated in Figure 10.6.

**Figure 10.6** The number of unsentenced prisoners in prison during the COVID-19 pandemic in Victoria



Note: Prisoner and offender numbers according to prison location, region and selected demographic characteristics.

Source: Corrections Victoria, Monthly prisoner and offender statistics 2020–21: *Prisoner and offender numbers according to prison location, region and selected demographic characteristics*, 13 November 2020, <<https://www.corrections.vic.gov.au/monthlyprisoner-and-offender-statistics-2020-21>> accessed 22 November 2020.

### 10.5.3 Access to rehabilitation programs

At the public hearings on 26 August 2020 the Attorney-General, Hon. Jill Hennessy MP, advised the Committee that drug and alcohol programs, and some education

<sup>191</sup> Corrections Victoria, *Monthly prisoner and offender statistics 2020–21: Prisoner and offender numbers according to prison location, region and selected demographic characteristics*, 13 November 2020, <<https://www.corrections.vic.gov.au/monthly-prisoner-and-offender-statistics-2020-21>> accessed 22 November 2020.

and behavioural change programs, are being delivered in ways that support physical distancing, and remotely where possible.<sup>192</sup>

However, LV suggested in its submission to the inquiry that programs aimed at prisoner rehabilitation had been dramatically reduced or ceased altogether, with many prisoners unable to access mental health programs, anger management counselling, alcohol and drug counselling and other courses.<sup>193</sup>

**FINDING 153:** Some rehabilitations programs have continued to be delivered in prisons during the COVID-19 pandemic. However some prisoners were unable to access adequate mental health programs, anger management counselling, alcohol and drug counselling and other courses.

**RECOMMENDATION 40:** The Department of Justice and Community Safety report on access and completion rates of rehabilitation programs in prisons and youth justice facilities during the pandemic in its next annual report.

#### 10.5.4 Use of lockdowns, isolation and suspension of personal visits

Following a meeting by the National Cabinet on 20 March 2020, the Victorian Government made the decision to suspend personal visits to prisoners in Victorian prisons from 21 March 2020. Professional visitors were still permitted, with these visitors screened and temperature checked prior to entering the facility.<sup>194</sup>

In light of the suspension of personal visits, additional allowances were granted to prisoners to maintain family connection, such as increased use of the phone and access to videos, letters and emails.<sup>195</sup> At the public hearings on 15 December 2020, the Attorney-General, Hon. Jill Hennessy MP, advised the Committee that the use of iPads for virtual visits had allowed children to maintain a connection with their parents.<sup>196</sup>

In its submission to the inquiry Jesuit Social Services describes the use of isolation and lockdowns as a way of ‘managing’ the health risks of COVID-19 in prisons as very troubling.<sup>197</sup> Jesuit Social Services has previously detailed the physical and mental impact of isolation in prison settings and its program participants have spoken to them about the toll of isolation. The Castan Centre for Human Rights Law highlights the importance of the United Nations Minimum Rules for the Treatment of Prisoners to be upheld during the pandemic, including respect for and preservation of contact with

<sup>192</sup> Hon. Jill Hennessy MP, *Transcript of evidence*, p. 2.

<sup>193</sup> Liberty Victoria, *Submission 46*, pp. 9–10.

<sup>194</sup> Corrections Victoria, *Our response to coronavirus (COVID-19)*, 26 November 2020, <<https://www.corrections.vic.gov.au/covid19>> accessed 21 December 2020.

<sup>195</sup> Hon. Jill Hennessy MP, Attorney-General, Department of Justice and Community Safety, public hearing, Melbourne, 19 May 2020, *Transcript of evidence*, p. 2.

<sup>196</sup> Hon. Jill Hennessy MP, *Transcript of evidence*, p. 20.

<sup>197</sup> Jesuit Social Services, *Submission 70*, received 13 August 2020, p. 2.



family.<sup>198</sup> It notes that ‘restrictions on contact with family members while aiming to contain the spread of COVID-19 may have a negative impact on the mental health of a person deprived of liberty’.<sup>199</sup> A recent United Nations paper on COVID-19 preparedness and responses in prisons calls on prisons to abstain from suspending family contacts altogether during the pandemic.<sup>200</sup>

### 10.5.5 Drugs

The Minister for Corrections stated there had been a significant reduction in the level of contraband and drugs in the Victorian prison system,<sup>201</sup> However the Committee raised concerns at the public hearings on 15 December 2020 regarding the continued presence of drugs in prisons throughout the pandemic, despite the discontinuation of personal visitors from March 2020.<sup>202</sup> Corrections Victoria’s most recent Drugs in Victorian Prisons Report noted that there were 21 seizures equalling 385 units, of the drug buprenorphine, from visitors to Barwon, Port Phillip and Ravenhall prisons in August 2020.<sup>203</sup> Other seizures from visitors and prisoners included powders and crystals, cannabis and home brew.<sup>204</sup>

There were also 305 positive drug tests of prisoners between April and August 2020.<sup>205</sup>

The Attorney-General, Hon. Jill Hennessy MP, advised that the Victorian Government had introduced additional measures to reduce the introduction of drugs into prisons, including providing corrections staff with the authority to photocopy incoming mail, and a new drone system detection program which has been operational since November 2020.<sup>206</sup> In addition, X-ray scanning machines have been installed in all public prisons that are walled.<sup>207</sup>

**FINDING 154:** Despite the discontinuation of personal visitors in Victorian prisons from March 2020, drugs continued to enter prisons throughout the pandemic. In response, the Victorian Government instituted a new drone system protection program and X-ray scanning machines.

<sup>198</sup> Castan Centre for Human Rights Law, *Submission 68a*, received 7 August 2020, p. 48.

<sup>199</sup> *Ibid.*, p. 50.

<sup>200</sup> United Nations Office of Drugs and Crime, *Position paper*, p. 3.

<sup>201</sup> Hon. Natalie Hutchins MP, Minister for Corrections, Department of Justice and Community Safety, Public Accounts and Estimates Committee, Inquiry into the 2020–21 Budget Estimates, public hearing, Melbourne, 15 December 2020, *Transcript of evidence*, p. 2.

<sup>202</sup> Hon. Jill Hennessy MP, *Transcript of evidence*, pp. 13–14.

<sup>203</sup> Corrections Victoria, *Drugs in Victorian Prisons Report - August 2020*, Corrections Victoria, Melbourne, 2020, p. 19.

<sup>204</sup> *Ibid.*

<sup>205</sup> Hon. Jill Hennessy MP, *Transcript of evidence*, p. 13.

<sup>206</sup> Hon. Natalie Hutchins MP, *Transcript of evidence*, pp. 2–4.

<sup>207</sup> *Ibid.*, p. 4.

### 10.5.6 Young people

Youth justice facilities contain children and young people between the ages of 10 and 21.<sup>208</sup> As at 31 October 2020, 13% of the adult prison population in Victoria was made up of prisoners who are less than 25 years of age.<sup>209</sup>

In its submission to the inquiry the Castan Centre for Human Rights Law (CCHRL) advised that Committee that international human rights law recognises that children are physically and psychologically vulnerable in different ways than adults, due to their vastly different stages of development.<sup>210</sup> According to the United Nations Committee on the Rights of the Child, a child must never be placed in solitary confinement—confinement for 22 hours or more a day without meaningful human contact.<sup>211</sup> The Castan Centre for Human Rights Law’s submission to the inquiry makes reference to the United Nations Children’s Fund’s *Technical note: COVID-19 and children deprived of their liberty*. The technical notes states that authorities should:

Make any decisions to place a child in medical isolation based only on medical necessity as a result of a clinical decision and subject to authorization by law or the regulation;

Inform children placed in isolation for medical reasons of the reason why they are being isolated. If physical distancing or isolation is needed to safeguard the health of the child or others, then home-based or health-facility quarantine should be used consistent with WHO [World Health Organisation] guidelines;

Never place a child in solitary confinement for any reason, as it is forbidden under international law, including for health reasons; health-related isolation should not be used *de facto* as solitary confinement or as a punishment.<sup>212</sup>

LV stated in its submission that:

The responses to COVID-19 in within youth detention centres have involved an increase in isolation of children for health purposes. Liberty Victoria understands that under the present conditions children and young offenders in detention are regularly in lockdown, and have been denied access to rehabilitation programs. The Victorian Ombudsman has unambiguously recognised the long-term harm that results from practices of isolation, separation, seclusion and lockdown of young people and children. Liberty Victoria is concerned about the deleterious impact on children of these measures.<sup>213</sup>

<sup>208</sup> Department of Justice and Community Safety, *Custody in the youth justice system*, 12 May 2020, <<https://www.justice.vic.gov.au/justice-system/youth-justice/custody-in-the-youth-justice-system>> accessed 18 January 2021.

<sup>209</sup> Corrections Victoria, *Monthly prisoner and offender statistics 2020–21*. Committee calculation.

<sup>210</sup> Castan Centre for Human Rights Law, *Submission 68a*, p. 53.

<sup>211</sup> United Nations General Assembly, *United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)*: A/RES/70/175, Vienna, 17 December 2015. Rule 44, 45.

<sup>212</sup> The Alliance for Child Protection in Humanitarian Action - UNICEF, *Technical Note: COVID-19 and Children Deprived of their Liberty*, New York, 8 April 2020.

<sup>213</sup> Liberty Victoria, *Submission 46*, p. 11.

The Committee noted in its interim report that children and young people in youth detention can be isolated under pandemic related changes to the *Children, Youth and Families Act 2005*.<sup>214</sup>

**RECOMMENDATION 41:** The Attorney-General review:

- a. the changes to the *Children, Youth and Families Act 2005* that allow for children in youth justice facilities to be isolated for health purposes during the pandemic
- b. the use of isolation in youth detention facilities during the pandemic and set out the findings in the next Department of Justice and Community Safety's annual report.

**RECOMMENDATION 42:** A scheme comparable to the Emergency Management Days available to incarcerated adults under the *Corrections Act 1986*, be developed for children and young people.

### 10.5.7 Aboriginal prison population

Like the general prison population, the number of Aboriginal people in prison fell from February to July 2020, and has increased since August,<sup>215</sup> as illustrated in Figure 10.7. VALS attributed the decline to:

... a focus on bail applications and courts taking into account the COVID-19 situation when making those judgements but also a concerted effort by the civil society sector to work together as collaboratively as possible to ensure that we had a place for people to reside in...<sup>216</sup>

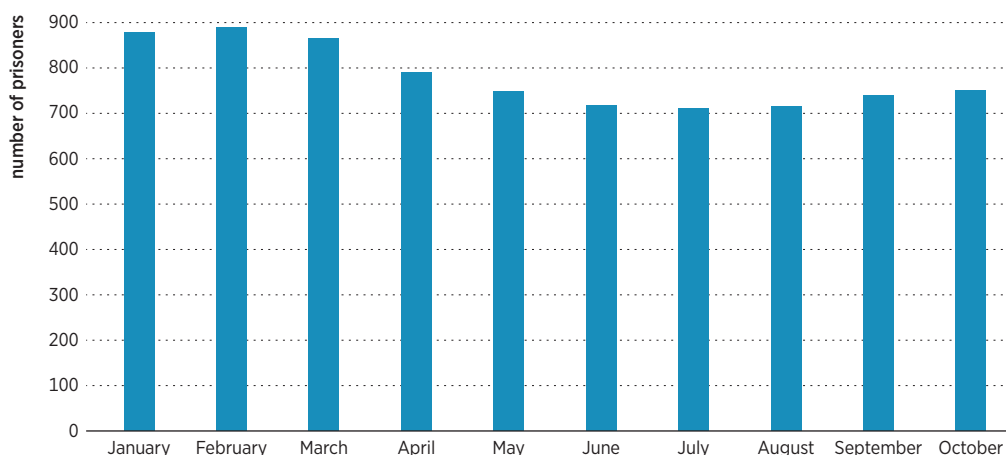
The Committee was unable to find the published numbers of Aboriginal children in Victorian youth justice facilities between January and December 2020. The Australian Institute of Health and Welfare has stated that approximately half the children in Australian youth justice facilities at any time are Aboriginal.<sup>217</sup>

<sup>214</sup> Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the Victorian Government's response to the COVID-19 Pandemic: Interim Report*, p. 134.

<sup>215</sup> Corrections Victoria, *Monthly prisoner and offender statistics 2020–21*.

<sup>216</sup> Victorian Aboriginal Legal Service, *Submission 87*, p. 7.

<sup>217</sup> Australian Institute of Health and Welfare, *Youth detention population in Australia 2019*, Australian Government, Canberra, February 2020.

**Figure 10.7** Victoria's pre COVID-19 and COVID-19 pandemic Aboriginal prison population, 2020

Note: Prisoner and offender numbers according to prison location, region and selected demographic characteristics.

Source: Corrections Victoria, *Monthly prisoner and offender statistics 2020–21: Prisoner and offender numbers according to prison location, region and selected demographic characteristics*, 13 November 2020, <<https://www.corrections.vic.gov.au/monthlyprisoner-and-offender-statistics-2020-21>> accessed 22 November 2020.

The Committee received submissions and evidence from several organisations setting out their concerns about Aboriginal children, young people and adults in the corrections system during the pandemic. Some of the issues identified reflect those of the mainstream prison population but others are unique to the Aboriginal community. A number of the key issues identified are discussed below.

### 10.5.8 Mental health issues and separation from cultural activities

Deterioration of mental health, in some cases leading to self-harm and people being unable to participate in cultural activities were identified as problems during welfare checks of Aboriginal people in custody at the Melbourne Custody Centre.<sup>218</sup>

In its submission to the inquiry VALS stated its concern about the health and wellbeing of Aboriginal people in quarantine and note that the Royal Commission into Aboriginal Deaths in Custody recommended Aboriginal people should not be held alone in rooms or cells. Prolonged solitary confinement—in excess of 15 consecutive days—is defined under United Nations Standard Minimum Rules for the Treatment of Prisoners as torture. VALS advised the Committee that in protective quarantine men have only 15 minutes out of a cell a day and women 40 minutes.<sup>219</sup>

VALS recommended that people in protective quarantine should be provided supports and services (including mental health services and cultural supports and services provided by Aboriginal Controlled Community Organisations (ACCOs) and means by

<sup>218</sup> Victorian Aboriginal Legal Service, *Submission 87*, pp. 17–18.

<sup>219</sup> *Ibid.*, p. 16.

which to contact family, lawyers, independent oversight bodies and ACCOs, including VALS.<sup>220</sup>

**RECOMMENDATION 43:** People in protective quarantine should be provided supports and services (including mental health services and cultural supports and services provided by Aboriginal Controlled Community Organisations) and means by which to contact family, lawyers, independent oversight bodies and Aboriginal Community Controlled Organisations, including the Victorian Aboriginal Legal Service.

### 10.5.9 Protective isolation powers in youth detention

Protective isolation powers can be used in youth detention under amendments in the *COVID-19 Omnibus (Emergency Measures) Act* to the *Children, Youth and Families Act*. VALS advocates for increased testing as a preventative measure, as opposed to relying on isolation for prevention. VALS expressed concern that children, some as young as ten years old, may be placed in isolation for 14 days and not be allowed time out of isolation on the basis of security concerns.<sup>221</sup>

VALS was concerned that isolation may be authorised on more than one occasion with no explicit prohibition of back-to-back 14 day periods of isolation. There are no provisions allowing for a reduction in sentence if a child is placed in isolation as is the case for adult prisoners.<sup>222</sup> VALS recommended that no children should ever be placed in solitary confinement, particularly children with mental or physical disabilities, or histories of trauma.<sup>223</sup>

### 10.5.10 Access to family and legal representation

In the early stages of the pandemic, the Victorian Aboriginal Child Care Agency (VACCA) experienced difficulties accessing clients involved with its justice programs and conducting welfare checks due to limited access to phones and other technology.<sup>224</sup> Similarly, VALS reported initial challenges in accessing clients.<sup>225</sup> However this improved considerably for clients in prisons. VALS highlighted the ability of lawyers being able to speak to clients in the Melbourne Custody Centre over the phone as a positive development. Previously lawyers had to attend the centre in person. The Koorie Youth Council noted that the circumstances of the pandemic have influenced positive developments in the use of technology in the youth justice system.<sup>226</sup>

<sup>220</sup> Ibid., p. 7.

<sup>221</sup> Ibid.

<sup>222</sup> Ibid., pp. 20–21.

<sup>223</sup> Ibid., p. 6.

<sup>224</sup> Victorian Aboriginal Child Care Agency, *Submission 78*, p. 19.

<sup>225</sup> Victorian Aboriginal Legal Service, *Submission 87*, p. 50.

<sup>226</sup> Mr Indi Clarke, Executive Officer, Koorie Youth Council, public hearing, Melbourne, 27 August 2020, *Transcript of evidence*, p. 8.

**RECOMMENDATION 44:** Enhanced options for communication via technology between Aboriginal people in the justice system, and their families and legal representation, be maintained after the COVID-19 pandemic.

### 10.5.11 Post release housing and outreach

VACCA advised the Committee that despite the additional emergency housing options made available to its clients in the process of leaving custody, the inability to conduct essential post-release outreach is a significant barrier to adequately supporting client's wellbeing, living needs and smooth transition into accommodation and everyday life.<sup>227</sup> VALS stated that:

... the lack of housing is just endemic. It is one of the big things and the major factor that really goes against our community members when it comes to bail application, because often enough they are either couch surfing at a home, they are going from family to family or they are living rough on the streets.<sup>228</sup>

### 10.5.12 Victorian Government investment in Aboriginal youth justice

The 2020–21 Victorian State Budget allocated \$11.8 million over four years to fund Aboriginal community-led responses within the youth justice system, to reduce over-representation of Aboriginal children and young people.<sup>229</sup> VACCA welcomed the investment in more effective, culturally safe and trauma-informed alternatives to the current justice system, noting that to be effective, youth justice responses must be co-designed with the voice of Aboriginal children and young people as central to the process.<sup>230</sup> Youth Affairs Council Victoria also welcomed the funding, but recommended that the Victorian Government raise the age of criminal responsibility.<sup>231</sup> VALS agreed with this recommendation, while highlighting that in their view the 2020–21 budget did not adequately provide funding for ACCO's to invest in Aboriginal justice more broadly.<sup>232</sup>

<sup>227</sup> Victorian Aboriginal Child Care Agency, *Submission 78*, p. 19.

<sup>228</sup> Ms Nerita Waight, Chief Executive Officer, Victorian Aboriginal Legal Service, public hearing, Melbourne, 27 August 2020, *Transcript of evidence*, p. 7.

<sup>229</sup> Department of Treasury and Finance, *Budget Paper No. 3: 2020–21 Service Delivery*, Melbourne 2020, p. 10.

<sup>230</sup> Victorian Aboriginal Child Care Agency, *VACCA's Response to the Victorian Government State Budget 2020/21*, media release, Melbourne, 25 November 2020.

<sup>231</sup> Youth Affairs Council Victoria (YACVic), *Victoria's Budget is the First Step in Our Collective COVID-19 Recovery*, media release, Melbourne, 25 November 2020.

<sup>232</sup> Victorian Aboriginal Legal Service, *The Victorian Government's Budget Has Left Aboriginal People Behind*, media release, Melbourne, 25 November 2020.

### 10.5.13 Temporary or early release of vulnerable people from incarceration

The main recommendation of stakeholders that made submissions and gave evidence to the inquiry was the temporary or early release of vulnerable people in prisons and youth detention facilities to minimise the risks to their health and wellbeing.<sup>233</sup> Vulnerable people identified included children aged under 14 years old, young people with chronic health conditions, young people on remand and young people involved in the residential care system. They also included those on remand (presumed innocent), the elderly and those with underlying health conditions, Aboriginal and Torres Strait Islander people and those serving short sentences.<sup>234</sup>

International experts have encouraged governments worldwide to take such preventative action by releasing people who are detained and curbing admissions, in anticipation of and in response to COVID-19 entering places of detention. Local experts including 119 Criminal and Legal Practitioners released an open letter on 27 March 2020 to the Attorney-General, Hon. Jill Hennessy MP, and Minister for Corrections calling for humane decarceration during the COVID-19 pandemic.<sup>235</sup>

In its interim report the Committee stated:

Not only does the nature of a closed environment such as a prison influence the risk of people becoming infected with the COVID-19 virus, the vulnerability of the population in the closed environment must also be taken into account. The Communicable Disease Network Australia states in its guidelines in relation to COVID-19 outbreaks in correctional detention facilities: 'While all respiratory viruses can cause outbreaks and significant morbidity and mortality, COVID-19 is acknowledged as a significant health risk particularly for individuals at higher risk of developing severe illness ...'<sup>236</sup>

**RECOMMENDATION 45:** Corrections Victoria undertake a comprehensive long-term review of the health risks, including mental health and long terms risks, associated with imprisonment of vulnerable and adults and children during pandemics, including the COVID-19 pandemic.

### 10.5.14 Easing of restrictions in custodial settings

The Attorney-General, Hon. Jill Hennessy MP, updated the Committee on the safe easing of restrictions in all custodial settings across Victoria, as set out in Figure 10.8.

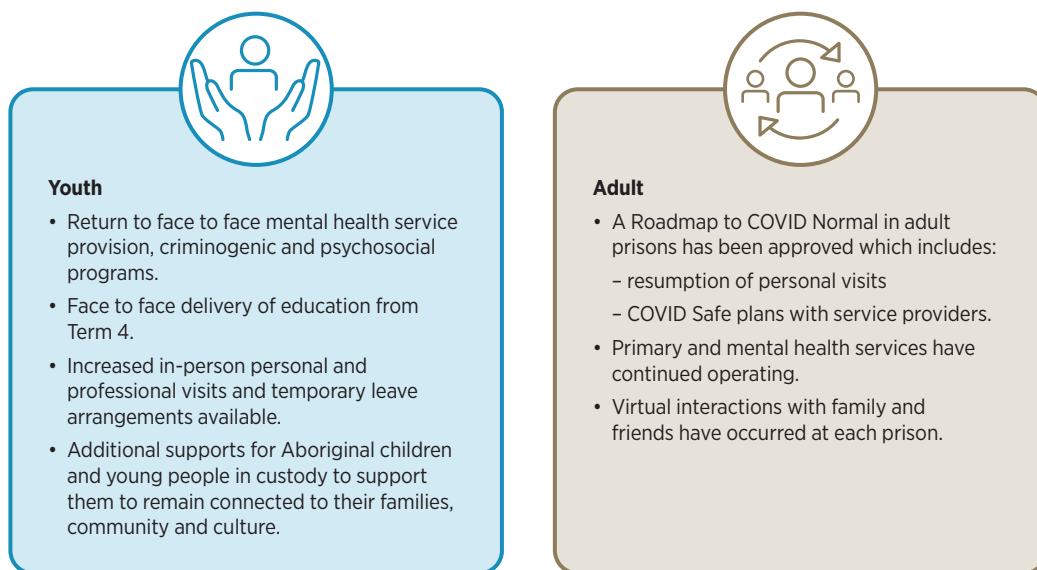
<sup>233</sup> Ms Nerita Waight, *Transcript of evidence*, p. 7; Jesuit Social Services, *Submission 70*, p. 2; Victorian Aboriginal Child Care Agency, *Submission 78*, p. 20; Liberty Victoria, *Submission 46a*, p. 10; Federation of Community Legal Centres, *Submission 101*, p. 26.

<sup>234</sup> Liberty Victoria, *Submission 46*, p. 10.

<sup>235</sup> Liberty Victoria, *Liberty Victoria supports the calls for humane decarceration during the COVID-19 pandemic: You cannot social distance in a cramped prison*, 29 March 2020, <<https://libertyvictoria.org.au/content/liberty-victoria-supports-calls-humane-decarceration-during-covid-19-pandemic-you-cannot>> accessed 2 October 2020.

<sup>236</sup> Parliament of Victoria, Public Accounts and Estimates Committee, *Inquiry into the Victorian Government's response to the COVID-19 Pandemic: Interim Report*, p. 128.

Figure 10.8 Easing of restrictions in custodial settings



Source: Hon. Jill Hennessy MP, Attorney-General, Department of Justice and Community Safety, *COVID-19 public hearing presentation*, supplementary evidence received 15 December 2020, p.6.

On 15 December 2020, the Attorney-General, Hon. Jill Hennessy MP, advised the Committee that the Office of the Public Advocate’s (OPA) Prison Visitors Program had recommenced, providing visitation to people who do not have anyone to come and see them.<sup>237</sup> The OPA protects and promotes the rights, interests and dignity of people with disability (specifically intellectual impairment, mental disorder, brain injury or dementia) living in Victoria, including provision of guardianship, advice, education, information, research, advocacy and support.<sup>238</sup>

**FINDING 155:** The Victorian Office of the Public Advocate’s Prison Visitor Program was suspended during the COVID-19 pandemic. The capacity for prisoners with a disability to raise concerns with the Victorian Office of the Public Advocate were limited during the pandemic.

## 10.6 Hotel Quarantine Program

### 10.6.1 Establishment and objectives of the program in Victoria

At the beginning of the pandemic there were substantial numbers of COVID-19 cases among returned travellers and small community outbreaks associated with these travellers. On 27 March 2020 the National Cabinet agreed that all travellers arriving in Australia would be required to undertake mandatory 14-day self-isolation at designated

<sup>237</sup> Hon. Jill Hennessy MP, *Transcript of evidence*, p. 21.

<sup>238</sup> Victorian Office of the Public Advocate, *Our Work*, 2020, <<https://www.publicadvocate.vic.gov.au/our-services>> accessed December 2020



facilities, such as a hotel, as soon as possible but no later than 11.59pm Saturday 28 March.<sup>239</sup> Under these arrangements, travellers were to be transported directly to designated facilities after appropriate immigration, customs and enhanced health checks. The aim of this measure was explained in the Prime Minister’s media release that day:

In order to help drive down this concerning number of imported cases, National Cabinet has agreed to take action to further restrict the movement of incoming travelers and to increase compliance checks on travelers who are already undertaking their mandatory self-isolation period at home. This is about reducing the spread of the virus in Australia and saving lives.<sup>240</sup>

In Victoria, the enforced quarantine came into force from 11.59pm on Saturday 28 March 2020.<sup>241</sup> The Premier’s media release stated that the enforced quarantine for returned travellers would not only ‘help slow the spread of the virus’ but ‘also support hospitality workers who are facing significant challenges at this time’. At the public hearings on 12 May 2020, the Premier advised the Committee that:

I made the point at national cabinet, and I was quickly supported by my colleagues, that whilst we would always support people’s right to return home, those people did pose a risk, a really significant risk, and it needed to be taken seriously. And of course we had already had many discussions—not one discussion, not a single discussion, but many discussions—over time with the hotel sector. And the rooms were empty. The rooms were there. There was an opportunity for us to do this, and I think it has been a really wise investment and a policy where New South Wales and Victoria have carried the larger share of that load given the sheer number of overseas flights, international flights, returning to Sydney and Melbourne airports. But it is a very significant number of people, and it will continue as we see more and more people—although those numbers are dropping off—coming back to Australia, back to Victoria from overseas. They too will be quarantined for a mandatory 14 days. That is how we keep all Victorians safe.<sup>242</sup>

Enforced quarantine became known as the Hotel Quarantine Program in Victoria. It had a dual purpose as the Treasurer reiterated to the Committee:

On 28 March we announced funding to secure 5,000 hotel rooms and care packages for newly returned travellers. It was not only an important health measure, it provided vital support to businesses and workers in the hotel and accommodation industry.<sup>243</sup>

<sup>239</sup> Hon. Scott Morrison MP, *Update on coronavirus measures*, media release, Department of the Prime Minister and Cabinet, Canberra, 27 March 2020.

<sup>240</sup> *Ibid.*

<sup>241</sup> Hon. Daniel Andrews MP, *Enforced Quarantine For Returned Travellers To Combat Coronavirus*, media release, Victorian Government, Melbourne, 27 March 2020.

<sup>242</sup> Hon. Daniel Andrews MP, Premier, Department of Premier and Cabinet, public hearing, Melbourne, 12 May 2020, *Transcript of evidence*, p. 22.

<sup>243</sup> Hon. Tim Pallas MP, Minister for the Coordination of Treasury and Finance: COVID-19, Department of Treasury and Finance, public hearing, Melbourne, 13 May 2020, *Transcript of evidence*, p. 4.

**FINDING 156:** The Hotel Quarantine Program was established to keep the Victorian community safe - minimising the risk of the COVID-19 virus spreading from returning international travellers to the wider community.

## 10.6.2 Governance arrangements in Victoria

The Committee sought clarification on the roles of different government departments and agencies for the Hotel Quarantine Program. The evidence provided by Ministers, Secretaries and other executives to the Committee is set out in Table 10.3.

**Table 10.3** The different roles of departments and agencies in the Hotel Quarantine Program set out in evidence to the Committee

Agency	Roles
Department of Premier and Cabinet	<ul style="list-style-type: none"> <li>National Cabinet and Victorian Cabinet approved of set of arrangements for Hotel Quarantine. The Victorian Cabinet funded and endorsed the Hotel Quarantine Program.</li> </ul>
Department of Health and Human Services	<ul style="list-style-type: none"> <li>Operational control and infection control.</li> <li>Supporting the development of an operational plan for the multiple agencies that were involved in the delivery of the program.</li> <li>Overseeing the delivery of health and wellbeing supports for returned travellers.</li> <li>Issuing legal directions under the <i>Public Health and Wellbeing Act 2008</i>.</li> <li>Issued Direction and Detention Notice to returned overseas travellers.</li> </ul>
Department of Jobs, Precincts and Regions	<ul style="list-style-type: none"> <li>Sourcing accommodation and managing the industry and accommodation provider relationship. Managed over 150 expressions of interest from accommodation providers. Undertook a rapid assessment of suitable hotel accommodation.</li> <li>Under the Working for Victoria Fund supported 1,350 jobseekers to find employment in roles connected to the quarantine program.</li> <li>The Department of Jobs, Precincts and Regions was primarily responsible for procurement and logistics—the booking of rooms, the organising of meals and laundry, procurement for private security. The Department of Jobs, Precincts and Regions was responsible for the procurement of security guards. The operationalisation of the security force was a multi-agency endeavour. Three security firms were engaged by the department.</li> </ul>
Emergency Management Victoria	<ul style="list-style-type: none"> <li>Emergency Management Commissioner appointed the first State Controller for Health.</li> <li>Emergency Management Commissioner appointed a Deputy Health Coordinator whose sole role was to manage Operation Soteria: quarantine of overseas travellers.</li> <li>Commissioner signed off on the Hotel Quarantine operational plan on the recommendation of the governance group.</li> </ul>
Department of Transport	<ul style="list-style-type: none"> <li>Transferred passengers from the airport to Hotel Quarantine. Commissioned SkyBus to provide this service.</li> </ul>
Department of Justice and Community Safety	<ul style="list-style-type: none"> <li>Some of the legal powers and authorities were transferred under the <i>Public Health and Wellbeing Act 2008</i> to the Attorney-General from the Minister for Health for the purposes of Hotel Quarantine on 12 August.</li> </ul>

Agency	Roles
Department of Treasury and Finance	<ul style="list-style-type: none"> <li>Not directly involved in the Hotel Quarantine Program. Assisted in briefings on the allocation of funding to engage in Hotel Quarantine. General responsibility for state purchasing contract arrangements and procurement in general. \$80 million allocated from consolidated revenue for the Hotel Quarantine Program.<sup>a</sup></li> </ul>
Department of Energy, Land, Water and Planning	<ul style="list-style-type: none"> <li>The Governance group was initially chaired or coordinated by a Deputy Controller Class 2 – Health from DELWP.</li> </ul>
Victoria Police	<ul style="list-style-type: none"> <li>Reception at the airport.</li> <li>Reception at the hotel.</li> <li>When people were departing the hotel after the 14 days of mandatory detention.</li> <li>Response to the hotel when required.</li> </ul>

a. Includes Hotel for Heroes program.

Sources: Hon. Daniel Andrews MP, Premier, Department of Premier and Cabinet, public hearing, Melbourne, 11 August 2020, *Transcript of evidence*, p. 11; Mr Andrew Crisp, Emergency Management Commission, Emergency Management Victoria, public hearing, Melbourne, 26 August 2020, *Transcript of evidence*, p. 21; Hon. Jill Hennessy MP, Attorney-General and Minister for the Coordination of Justice and Community Safety: COVID-19, Department of Justice and Community Safety, public hearing, Melbourne, 26 August 2020, *Transcript of evidence*, p. 4; Mr David Martine, Secretary, Department of Treasury and Finance, public hearing, Melbourne, 12 August 2020, *Transcript of evidence*, p. 5; Hon. Jenny Mikakos MLC, COVID-19 public hearing presentation, supplementary evidence received 12 May 2020; Hon. Lisa Neville MP, Minister for the Coordination of Environment, Land, Water and Planning: COVID-19 and Minister for Police and Emergency Services, Department of Justice and Community Safety, public hearing, Melbourne, 19 May 2020, *Transcript of evidence*, p. 13; Hon. Martin Pakula MP, Minister for the Coordination of Jobs, Precincts and Regions: COVID 19, Department of Jobs, Precincts and Regions, public hearing, Melbourne, 13 May 2020, *Transcript of evidence*, p. 2, 4-5, 9; Hon. Martin Pakula MP, Minister for the Coordination of Jobs, Precincts and Regions: COVID 19, Department of Jobs, Precincts and Regions, public hearing, Melbourne, 12 August 2020, *Transcript of evidence*, pp. 3-4; Hon. Tim Pallas MP, Minister for the Coordination of Treasury and Finance: COVID-19, Department of Treasury and Finance, public hearing, Melbourne, 12 August 2020, *Transcript of evidence*, p. 3; Ms Kym Peake, Secretary, Department of Health and Human Services public hearing, Melbourne, 11 August 2020, *Transcript of evidence*, p. 13, 17; Mr Simon Phemister, Secretary, Department of Jobs, Precincts and Regions, public hearing, Melbourne, 12 August 2020, *Transcript of evidence*, p. 5, 12-13; Victoria, *Victoria Government Gazette*, No. S410, 12 August 2020; Mr Paul Younis, Secretary, Department of Transport, public hearing, Melbourne, 13 August 2020, *Transcript of evidence*, pp. 12-13.

At the public hearings on 11 August 2020 the Secretary of DHHS, Ms Kym Peake, described responsibility for the Hotel Quarantine Program as a ‘shared’ one.<sup>244</sup> The Secretary, Ms Kym Peake, advised that under Operation Soteria, an overarching governance group was established to share intelligence, monitor the progress of the program and respond to any issues that emerged that could not be managed by the individual agencies. While the membership of the governance group fluctuated over time, it comprised mainly representatives from the following departments: DHHS, the Department of Jobs, Precincts and Regions (DJPR), the Department of Premier and Cabinet (DPC), the Department of Transport, EMV and Victoria Police. The governance group was initially chaired/co-ordinated by the Deputy Controller Class 2 – Health, and subsequently by the COVID-10 Accommodation Commander.<sup>245</sup> The governance group was ultimately responsible for the whole Hotel Quarantine Program. DHHS advised:

There was a deputy state controller that was established initially with emergency management expertise to establish that governance [for the first month]. And then in about the middle of April there was an emergency operations centre that was created to support that governance, with a COVID-19 accommodation commander [DHHS] who chaired that governance group.<sup>246</sup>

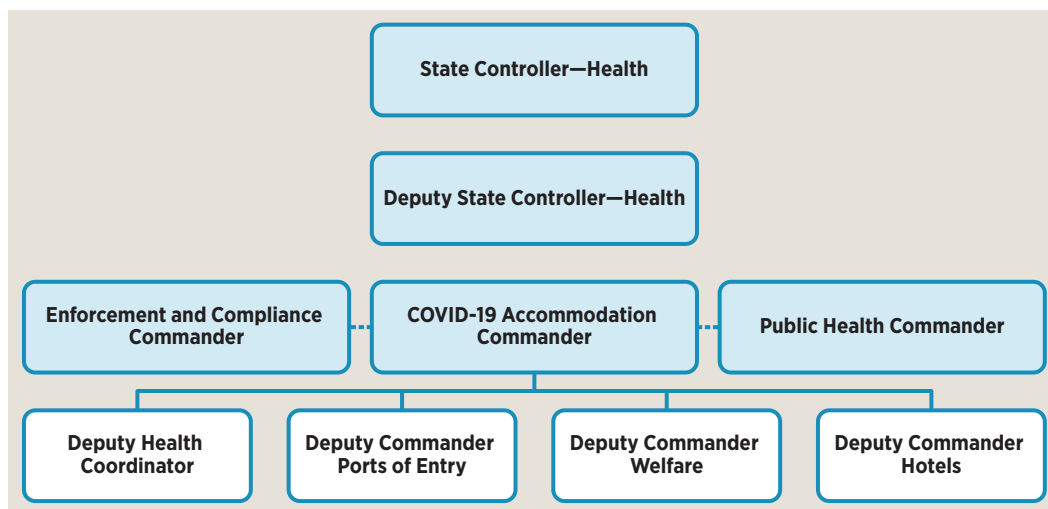
<sup>244</sup> Ms Kym Peake, *Transcript of evidence*, p. 14.

<sup>245</sup> Hon. Jenny Mikakos MLC, Inquiry into the Victorian Government’s Response to the COVID-19 Pandemic hearing, response to questions on notice received 2 September 2020, pp. 10-11.

<sup>246</sup> Ms Kym Peake, *Transcript of evidence*, pp. 13-14.

Functions held by DHHS as part of the Hotel Quarantine Program are set out in Figure 10.9.<sup>247</sup>

**Figure 10.9 COVID-19 Operation Soteria Emergency Operation Centre Command Structure (April 2020)**



Source: Hon. Jenny Mikakos MLC, Minister for the Coordination of Health: COVID 19, Inquiry into the Victorian Government’s Response to the COVID-19 Pandemic hearing, response to questions on notice received 2 September 2020, p.11.

Responsibilities held by the Health Minister in relation to the Hotel Quarantine program were transferred to the Attorney-General on 12 August 2020.<sup>248</sup>

**FINDING 157:** The Hotel Quarantine Program was a ‘multi-agency response.’ The Department of Health and Human Services was responsible for infection control in quarantine hotels.

### 10.6.3 Role of the Australian Defence Force

In relation to the Hotel Quarantine Program security, the Premier advised the Committee on 11 August 2020 that:

I do not believe ADF support was on offer, and ADF support has been provided in very limited circumstances in New South Wales, not to provide security as such but to provide transportation from the airport to hotels. So again I think it is fundamentally incorrect to assert that there were hundreds of ADF staff on offer and somehow someone said no. That is just not in my judgement accurate.

Well, there was a proposal drawn up. It was essentially already operating at some significant scale but would need to go to another level. It was running quarantine and support services for a range of different people—whether it be health workers,

<sup>247</sup> Hon. Jenny Mikakos MLC, response to questions on notice, pp. 10–11.

<sup>248</sup> Victoria, *Victoria Government Gazette*.

vulnerable Victorians, women and children fleeing family violence. The best answer I can give you is that this Hotel Quarantine model was simply an extension of those arrangements, arrangements that had until that point—and I have no evidence to the contrary—worked well in those cohorts. It was simply amended to include the returned travellers, and it was stood up within the specified time frame, and they are the decisions that were made. It was essentially an extension of a program that we had already stood up, nothing more, nothing less.<sup>249</sup>

The Prime Minister made reference to how the ADF could be used in relation to the quarantine of returning travellers in his media release of 27 March 2020. He stated in relation to the mandatory 14-day self isolation at designated facilities:

National Cabinet agreed that:

... These requirements will be implemented under state and territory legislation and will be enforced by state and territory governments, with the support of the Australian Defence Force (ADF) and the Australian Border Force (ABF) where necessary

The Commonwealth will provide support through the ABF and ADF for these arrangements across Australia ...

The Australian Defence Force will begin assisting state and territory government to undertake quarantine compliance checks of those who are required to be in mandatory isolation after returning from overseas ...

ADF assistance will be provided under the Defence Assistance to the Civil Community arrangements ...

These new requirements will build on the existing support the Australian Defence Force is providing to the COVID-19 response ...<sup>250</sup>

The Premier's media release of 17 March 2020 stated that 'It has also been agreed that the Australian Defence Force will be engaged to support the implementation of these arrangements [enforced quarantine for returned travellers]'.<sup>251</sup>

At the meetings on 27 and 28 March 2020 at the State Control Centre to establish Operation Soteria, ADF representatives were in attendance. The ADF had been assisting with planning and logistics.<sup>252</sup> The Emergency Management Commissioner advised the Committee that:

With the meetings on 27<sup>th</sup> and 28<sup>th</sup> March, when we were standing up Operation Soteria, there was not an offer from the ADF in relation to the support for Hotel Quarantine and nor did I request that support.<sup>253</sup>

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249 Hon. Daniel Andrews MP, *Transcript of evidence*, pp. 11–12.

250 Hon. Scott Morrison MP, *Update on coronavirus measures*, media release.

251 Hon. Daniel Andrews MP, *Enforced Quarantine For Returned Travellers To Combat Coronavirus*, media release.

252 Mr Andrew Crisp, *Transcript of evidence*, p. 4.

253 Ibid.

The Committee also asked why a request to the Australian Government for 850 ADF personnel was made on 24 June 2020 and then withdrawn within 24 hours. At the public hearings on 11 August 2020 the Premier advised the Committee that:

That request was not made by me. That request was not made by the Crisis Council of Cabinet. The request for defence personnel—there have been many of them; they have all been met—the request you are referring to, you would need to speak to the person who made that request, because it was not made by anybody in a position of authority within the Victorian government.<sup>254</sup>

The Emergency Management Commissioner confirmed that he had made the request for 850 ADF personnel on 24 June 2020.<sup>255</sup> The Commissioner advised the Committee that there were meetings on 25 and 26 June 2020 to discuss different options available to the Victorian government in relation to resources to go into the the Hotel Quarantine program and the replacement of private security guards with airline staff and residential support officers. The Commissioner stated that, following a meeting on 26 June 2020:

It was at that time that there was a decision about progressing an option around Corrections Victoria, and that decision was then taken and I understand went to Cabinet to formalise that particular position.<sup>256</sup>

#### 10.6.4 Role of Victoria Police

Victoria Police had four roles in the Hotel Quarantine Program:

- reception at the airport
- reception at the hotel
- when people were departing the hotel after the 14 days of mandatory detention
- response to the hotel when required.<sup>257</sup>

The Minister for Police and Emergency Services advised the Committee on 19 May 2020 that Victoria Police would meet travellers at the airport but were also available to provide support for security within hotels if required.<sup>258</sup>

... Operation Soteria, which is the quarantine from all our overseas travellers, Andrew Crisp appointed a deputy health coordinator whose sole role is to manage that, and that has been an extraordinary operation—over 10,600 people have been in quarantine during that period—managing food relief, managing mental health issues. Police have played a massive role meeting everyone at the airport as they arrive, and obviously there is security that is provided at those hotels, but also Victoria Police are there if there are any incidents. So State Control Centre has really been there, and the emergency

<sup>254</sup> Hon. Daniel Andrews MP, *Transcript of evidence*, p. 13.

<sup>255</sup> Mr Andrew Crisp, *Transcript of evidence*, p. 22.

<sup>256</sup> *Ibid.*

<sup>257</sup> *Ibid.*, p. 21.

<sup>258</sup> Hon. Lisa Neville MP, *Transcript of evidence*, pp. 13–14.

management arrangements that we have in Victoria are there to make sure that we are very early prepared and able to best respond and then will be playing a significant role in the recovery process, which will be a long process in terms of both economic recovery and all the other challenges that COVID has put in play in front of us.<sup>259</sup>

The Committee was advised at the public hearings on 12 August 2020 that DJPR made representations to the Deputy State Controller about the need for a police presence at the quarantine hotels,<sup>260</sup> the day after the program was established.<sup>261</sup> At the public hearings on 11 August 2020 the Committee asked the Secretary of DHHS, Ms Kym Peake, about police oversight of the Hotel Quarantine Program. The Secretary, Ms Kym Peake, stated that in relation to the issue of returned guests absconding early in the program:

That was escalated to the health controller position—the DHHS health controller. On 29 March the Chief Health Officer wrote to the commissioner of Victoria Police requesting assistance in the enforcement of CHO directions, which is a requirement under the *Public Health and Wellbeing Act*. That was agreed, and there was work that was done in the next few days about protocols to deal with the escalation of any non-compliance by authorised officers to Victoria Police. Those protocols were finalised on or about 4 April, and the program operated under those protocols.

So under those protocols Victoria Police responded to any issues that required escalation to law enforcement. Then in the middle of April Victoria Police suggested that in addition to being able to have an escalation path through authorised officers, that it would make sense for the security guards to be able to directly escalate any issues to them, which was agreed to. So that was the enforcement regime that was in place for the duration of the program.<sup>262</sup>

**FINDING 158:** While private security was initially the primary security force for the original Hotel Quarantine Program, Victoria Police did assist from the beginning and were available to provide ongoing support.

### 10.6.5 Outbreaks in Hotel Quarantine

On 27 May 2020 DHHS reported a case of COVID-19 that was detected in a staff member at the Rydges on Swanston, Melbourne, a hotel that was engaged in the Hotel Quarantine Program.<sup>263</sup> By 30 May 2020 the number of cases grew to six cases.<sup>264</sup> On 17 June 2020, DHHS identified a new case of COVID-19 in a contractor working at the

<sup>259</sup> Ibid., p. 14

<sup>260</sup> Hon. Martin Pakula MP, *Transcript of evidence*, p. 18; Mr Simon Phemister, *Transcript of evidence*, p. 18.

<sup>261</sup> Mr Andrew Crisp, *Transcript of evidence*, p. 13.

<sup>262</sup> Ms Kym Peake, *Transcript of evidence*, pp. 13–14.

<sup>263</sup> Department of Health and Human Services, *Coronavirus update for Victoria - 27 May 2020*, media release, Department of Health and Human Services, Melbourne, 27 May 2020.

<sup>264</sup> Department of Health and Human Services, *Coronavirus update for Victoria - Saturday 30 May 2020*, media release, Department of Health and Human Services, Melbourne, 30 May 2020.

Stamford Plaza, another hotel that was engaged in the Hotel Quarantine Program.<sup>265</sup> On 19 June 2020 five of the daily Victorian cases were security guards working at the Stamford Plaza Hotel.<sup>266</sup>

At the public hearings on 11 August 2020 the Minister for Health, Hon. Jenny Mikakos MLC, stated she was made aware of the infection control issues relating to the program on 26 May 2020 when the first security guard was diagnosed with COVID-19 at Rydges.<sup>267</sup> The Chief Health Officer advised the Committee that he was informed on 26 May 2020 of the confirmed case at Rydges Hotel, and on 16 June 2020 of the confirmed case at Stamford Plaza.

On 26 August 2020 WorkSafe Victoria's Chief Executive Officer advised the Committee that it has launched an investigation into the health and safety practices of the Hotel Quarantine Program under the *Occupational Health and Safety Act*.<sup>268</sup> In response to questions on notice, WorkSafe identified the following sites were being investigated as at 2 October 2020:

- Travelodge Melbourne.
- Travelodge Melbourne Southbank.
- Stamford Plaza.
- Rydges on Swanston.
- Park Royal Melbourne Airport.
- Holiday Inn Melbourne Airport.
- Holiday Inn Flinders Lane.
- Four Points Sheraton Docklands.<sup>269</sup>

WorkSafe confirmed that as at 15 December 2020, there was one active investigation into the initial Hotel Quarantine Program, covering 'multiple sites and multiple duty holders.'<sup>270</sup>

In addition to the WorkSafe Victoria investigations, the Chief Commissioner of Victoria Police confirmed that as at 16 December 2020 four cases of breach of license with relation to the Hotel Quarantine Program had been investigated and were 'not being proceeded with' due to insufficient or no evidence.<sup>271</sup>

<sup>265</sup> Department of Health and Human Services, *Coronavirus update for Victoria - 17 June 2020*, media release, Department of Health and Human Services, Melbourne, 17 June 2020.

<sup>266</sup> Department of Health and Human Services, *Coronavirus update for Victoria - 19 June 2020*, media release, Department of Health and Human Services, Melbourne, 19 June 2020.

<sup>267</sup> Hon. Jenny Mikakos MLC, Minister for the Coordination of Health and Human Services: COVID-19, Department of Health and Human Services, public hearing, Melbourne, 11 August 2020, *Transcript of evidence*, p. 4.

<sup>268</sup> Mr Colin Radford, Chief Executive Officer, WorkSafe Victoria, public hearing, Melbourne, 26 August 2020, *Transcript of evidence*, p. 2.

<sup>269</sup> Mr Colin Radford, Chief Executive Officer, WorkSafe Victoria, Inquiry into the Victorian Government's Response to the COVID-19 Pandemic hearing, response to questions on notice received 2 October 2020, p. 2.

<sup>270</sup> Hon. Jill Hennessy MP, *Transcript of evidence*, p. 12.

<sup>271</sup> Hon. Lisa Neville MP, *Transcript of evidence*, p. 22.



There were also 10 incident reports from DJPR regarding private security working in the Hotel Quarantine Program. While some of these were being addressed internally by the companies, as at 16 December, ‘three or four matters’ were being investigated by Victoria Police’s licensing and regulation department. Individuals were the subject of the investigations, rather than companies. The Chief Commissioner confirmed that no criminal charges were expected.<sup>272</sup>

### 10.6.6 Submissions made to the Inquiry

The Committee received a number of submissions from organisations and individuals regarding the Victorian Government’s Hotel Quarantine Program.

In its submission to the inquiry dated 31 July 2020, the Australian Medical Association (AMA) stated the largest issue driving transmission of COVID-19 between May and July was the ‘mismanagement’ of Victoria’s Hotel Quarantine system.<sup>273</sup> The AMA stated that when those involved in the Hotel Quarantine Program had concerns about its operation, they had nowhere to voice these concerns due to a lack of planning, collaboration and two-way communication between DHHS and the stakeholders involved in the program.<sup>274</sup>

The AMA added that a lack of clarity around who had oversight on different parts of the program and the absence of a central point of contact to communicate concerns meant that issues in Hotel Quarantine were not addressed:<sup>275</sup>

Depending on which individual responded to an inquiry, concerns that were raised could be thwarted and communication might be ineffective, inadvertently blocked or even lost or forgotten.<sup>276</sup>

In its submission the Grattan Institute highlighted the need for a successful program of quarantining international arrivals, calling this strategy:

... paramount to the success of any suppression attempts in Australia.<sup>277</sup>

The Grattan Institute compared this with Victoria’s Hotel Quarantine Program, stating the privatised model of Victoria’s program must end as it was not able to ‘assure the quality’ in staffing and training needed to successfully quarantine overseas arrivals.<sup>278</sup>

The Committee received several submissions from individuals who had been in Hotel Quarantine in Victoria. Submissions 21 and 80 set out concerns about the use of personal protective equipment (PPE) by staff in hotels, cleanliness and infection

<sup>272</sup> Ibid.

<sup>273</sup> Australian Medical Association, *Submission 55*, received 31 July 2020, pp. 2–3.

<sup>274</sup> Ibid.

<sup>275</sup> Ibid., pp. 4–5.

<sup>276</sup> Ibid., p. 5.

<sup>277</sup> Grattan Institute, *Submission 91b*, received 18 September 2020, p. 53.

<sup>278</sup> Ibid.

management. Submission 21 stated that vacuum cleaners were shared between rooms, while mattress tops were not washed between different guests stays.<sup>279</sup> In submission 80 Mr Lewis Blanch told the Committee he had been hospitalised prior to entering Hotel Quarantine and during quarantine, found it difficult to get medical attention.<sup>280</sup> Mr Blanch stated:

The situation had no controls or management, nobody to complain to, and we felt that we had less rights than a prisoner in a jail. The inside of our rooms were never checked. Domestic violence could have continued for many days because nobody entered our rooms.<sup>281</sup>

### 10.6.7 Staffing of hotel security

The Committee sought information around staffing arrangements for hotel security, particularly around the number of private security and Corrections Victoria staff engaged. The Committee asked DJPR how many security guards in total worked in the Hotel Quarantine Program.<sup>282</sup> In a response to a question taken on notice, the department advised the Committee that:

Throughout the course of the Hotel Quarantine Program, security staff numbers at individual hotels were adjusted based on arrival/exit numbers at those hotels on each day.

DJPR is undertaking a review of the security services provided under the contracts, with the cooperation of each of the security companies and their legal representatives. The number of security guards that worked on the Hotel Quarantine Program will be finalised as part of this review.<sup>283</sup>

The Committee also questioned why a particular security company was contracted to provide security services in Hotel Quarantine when they were not on a pre-approved list.<sup>284</sup>

**RECOMMENDATION 46:** The Department of Jobs, Precincts and Regions consider publicly releasing the results of the review of security services used in the Hotel Quarantine Program.

### Audit of security contracts

At the public hearings on 12 August 2020, the Committee questioned the Minister for the Coordination of Jobs, Precincts and Regions: COVID-19 about reports of

<sup>279</sup> Christine Cocks, *Submission 21*, received 20 July 2020; Milnes Ellis, *Submission 80*, received 15 August 2020.

<sup>280</sup> Lewis Blanch, *Submission 71*, received 12 August 2020.

<sup>281</sup> Ibid.

<sup>282</sup> Hon. Martin Pakula MP, *Transcript of evidence*, p. 22.

<sup>283</sup> Hon. Martin Pakula MP, Minister for the Coordination of Jobs, Precincts and Regions: COVID 19, Inquiry into the Victorian Government's Response to the COVID-19 Pandemic hearing, response to questions on notice received 25 September 2020.

<sup>284</sup> Hon. Jill Hennessy MP, *Transcript of evidence*, p. 12.

underpayment of contractors involved in the Hotel Quarantine Program. The Secretary of DJPR told the Committee that the Department was undertaking a forensic audit of all contracts associated with the Hotel Quarantine Program.<sup>285</sup> The audit was investigating any allegation of misbehaviour during the life of the contracts, with the cooperation of all three security firms. The Committee notes that contracts used for the Hotel Quarantine Program allowed for the use of subcontracts with departmental approval.<sup>286</sup>

**RECOMMENDATION 47:** The Government consider making public the results of the forensic audit relating to contracts for the Hotel Quarantine Program.

### 10.6.8 Board of Inquiry—Hotel Quarantine Program

The Chief Health Officer provided advice that a number of cases of COVID-19 in the community had been linked through genomic sequencing to an outbreak in the Hotel Quarantine Program following an infection control breach. As such, on 2 July 2020 the Victorian Premier announced the establishment of a Board of Inquiry for the Hotel Quarantine Program. The Premier stated:

It is abundantly clear that what has gone on here is completely unacceptable and we need to know exactly what has happened.

The Board of Inquiry was established under Section 53(1) of the *Inquiries Act 2014* and was required to inquire into, report and make any recommendations considered appropriate in relation to the terms of reference set out in Box 10.2.

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<sup>285</sup> Mr Simon Phemister, *Transcript of evidence*, p. 23.

<sup>286</sup> *Ibid.*

### BOX 10.2: Board of Inquiry Terms of Reference

1. The decisions and actions of Victorian government agencies, hotel operators and Private Service Providers, including their staff/contractors and any other relevant personnel involved in the Quarantine Program (each Relevant Personnel), relating to COVID-19 Quarantine Containment.
2. Communications between Victorian government agencies, hotel operators and Private Service Providers relating to COVID-19 Quarantine Containment.
3. The contractual arrangements in place across Victorian government agencies, hotel operators and Private Service Providers to the extent they relate to COVID-19 Quarantine Containment.
4. The information, guidance, training and equipment provided to Relevant Personnel for COVID-19 Quarantine Containment and whether such guidance or training was followed, and such equipment was properly used.
5. The policies, protocols and procedures applied by Relevant Personnel for COVID-19 Quarantine Containment.
6. Any other matters necessary to satisfactorily resolve the matters set out in paragraphs 1 to 5.

Source: Victoria, *Victoria Government Gazette*, No. S 338, 2 July 2020.

The Board of Inquiry's final report was released on 21 December 2020. The report incorporated and adopted the 69 recommendations presented in the Interim Report and made an additional 12 recommendations to the Government. Some key findings of the inquiry were:

- The Commonwealth Pandemic Plan and the Victorian Pandemic Plan were updated following the Review of Australia's Health Sector Response to Pandemic (H1N1) 2009, with work regarding the policy on quarantine and isolation to be clarified. However, the work regarding the policy on quarantine and isolation was not undertaken following the Review being published in 2011.
- The decision to embark on a Hotel Quarantine Program in Victoria involved the State Government assuming responsibility for managing the risk of COVID-19 transmission. But even though that risk was assumed by the Government, and as critical 'decisions' were made with respect to enforcement measures, there was no detailed consideration of the risks that would be involved in such a program. This was a failure in the establishment of the Program.
- Enforcement of quarantine was a crucial element of the Program that the Premier had committed Victoria to adopting, but neither he nor his Ministers had any active role in, or oversight of, the decision about how that enforcement would be achieved. This was at odds with any normal application of the principles of the Westminster system of responsible government.

- There were no infection prevention and control experts stationed at the hotel sites to give guidance, oversight or supervision on the range of risks to which hotel staff would be exposed and what they needed to do to mitigate those risks.
- Although the use of hotels as a setting for mass quarantine may have been unprecedented, factors that played a part in the outbreaks from Rydges and the Stamford should have been foreseen had there been an appropriate level of health focus in the Program. It was an inescapable conclusion that the second wave that hit Victoria was linked to transmission events out of both of those hotels from returned travellers to personnel on-site and then into the community.

### Expenditure on legal representation at the Coate Inquiry

The Committee sought information from the Government on the costs associated with legal representation for the COVID-19 Hotel Quarantine Inquiry. The table below outlines the available information for legal representation for relevant government departments as at 16 December 2020 (Table 10.4).

**Table 10.4 Government legal representation and costs for the COVID-19 Hotel Quarantine Inquiry**

Agency	Legal representation	Use of internal legal resources	Costs
DJPR <sup>a</sup>	Corrs Chambers Westgarth	Yes	Not available
DTF	Gilbert and Tobin	Unknown	\$446,000 as at 1 December 2020 (approximate and excluding GST)
DPC	Unknown	Unknown	\$190,714 as at 11 August 2020
DJCS	Unknown	Unknown	Not available
DELWP	Unknown	Unknown	Not provided

- a. DJPR's response to the Committee stated that DJPR has not yet received an estimate of total costs likely to be incurred or any invoices for legal costs by Corrs Chambers Westgarth in relation to the Board of Inquiry process. DJPR will be covered by its insurer for all reasonable costs incurred by the external legal team in relation to the Board of Inquiry process.

Sources: Mr Chris Eccles AO, Secretary of the Department of Premier and Cabinet, Inquiry into the Victorian Government's Response to the COVID-19 Pandemic hearing, response to questions on notice received 21 August 2020; Hon. Jill Hennessy MP, Attorney-General and Minister for the Coordination of Justice and Community Safety: COVID-19, Inquiry into the Victorian Government's Response to the COVID-19 Pandemic hearing, response to questions on notice received 21 January 2020; Hon. Martin Pakula MP, response to questions on notice, p.5; Hon. Tim Pallas MP, Minister for the Coordination of Treasury and Finance: COVID-19, Inquiry into the Victorian Government's Response to the COVID-19 Pandemic hearing, response to questions on notice received 21 August 2020, pp. 3-4; Mr David Martine, Secretary, Department of Treasury and Finance, public hearing, Melbourne, 1 December 2020, *Transcript of evidence*.

Both DPC and the Department of Treasury and Finance told the Committee that they expected to be indemnified by their insurer for legal costs related to the Hotel Quarantine inquiry. The Committee notes that seven departments and two agencies were represented at the inquiry.

### 10.6.9 Revised Hotel Quarantine Program (12 August 2020 to present)

A revised Hotel Quarantine Program was announced on 30 November 2020, as part of the Government's response to the interim report of the Hotel Quarantine Inquiry.<sup>287</sup> The Minister advised the Committee that Victoria's revised Quarantine Program consists of two health arrangements: 1) health hotels, and 2) Mandatory Quarantine hotels.<sup>288</sup>

The health hotel is operated by Alfred Health and was established in July 2020 for returned travellers who test positive to COVID-19, as well as travellers requiring complex non-COVID related care.<sup>289</sup> The health hotel employs a range of doctors and nurses and has transfer access to the Alfred Hospital. An unconfirmed number of people have been transferred to the Alfred Hospital for non-COVID health issues.<sup>290</sup> The maximum number of COVID-positive residents that can be accommodated in the health hotel is 490.<sup>291</sup> The Victorian Government intends to increase the number of health hotels in Victoria to two.<sup>292</sup> Victoria began receiving overseas travellers from 7 December 2020, with arrivals capped at 160 people a day averaged over the week.<sup>293</sup>

Mandatory Quarantine is operated by Healthcare Australia, for the purpose of accommodating asymptomatic returned travellers who have not yet been tested for COVID-19. If a positive test is received, the traveller is transferred to the health hotel.<sup>294</sup> Healthcare Australia's contract commenced in late November 2020.<sup>295</sup> Travellers accommodated in Mandatory Quarantine have access to nurses, doctors, paediatricians and mental health professionals.<sup>296</sup>

The Committee notes that the capped arrivals is separate to the Mandatory Quarantine set up for the 2021 Australian Open tennis tournament. From 14 January 2021, 1,200 players, officials and support staff arrived in Melbourne for two weeks mandatory quarantine.<sup>297</sup> Three hotels were added to the Hotel Quarantine Program to accommodate the group and ensure that capacity remains for returned travellers.<sup>298</sup> Additional COVID-19 Quarantine Victoria (CQV) staff have been brought on to manage infection control, including testing and enforcement by Victoria Police.<sup>299</sup>

<sup>287</sup> Hon. Daniel Andrews MP, *A Stronger Quarantine Program to Protect What We've Built*, media release, Victorian Government, Melbourne, 30 November 2020.

<sup>288</sup> Hon. Lisa Neville MP, *Transcript of evidence*, p. 11.

<sup>289</sup> *Ibid.*, pp. 8, 11, 13.

<sup>290</sup> *Ibid.*, p. 11.

<sup>291</sup> *Ibid.*, p. 12.

<sup>292</sup> *Ibid.*, p. 11.

<sup>293</sup> *Ibid.*, p. 7.

<sup>294</sup> *Ibid.*, p. 11.

<sup>295</sup> *Ibid.*, p. 14.

<sup>296</sup> *Ibid.*, p. 13.

<sup>297</sup> Hon. Daniel Andrews MP, *Strict quarantine rules to serve up safe Australian Open*, media release, Victorian Government, Melbourne, 12 January 2021.

<sup>298</sup> *Ibid.*

<sup>299</sup> *Ibid.*

### 10.6.10 Governance and accountability

The Minister for Police and Emergency Services assumed responsibility for the Hotel Quarantine Program from the Attorney-General on 27 November 2020.<sup>300</sup>

On 30 November 2020, the Victorian Government established CQV, headed by Dr Emma Cassar, who reports to the Minister on a daily basis.<sup>301</sup> CQV is responsible for overseeing all aspects of the quarantine program, including the Frontline Worker Accommodation program and Emergency Accommodation for local residents.<sup>302</sup>

The Minister outlined the new State Control Team governance structure:

1. State Controller—responsible for quarantine operations (Head of CQV).
2. Deputy Chief Health Officer.
3. Deputy Controller—responsible for security and enforcement (Deputy Commissioner of Police).<sup>303</sup>

The Deputy Commissioner advised the Committee that the new governance structure allows for improved consultation across quarantine, health and enforcement matters, resulting in increased clarity, and less ambiguity.<sup>304</sup>

### 10.6.11 Security and enforcement

Victoria Police are responsible for the majority of security and enforcement for CQV, with senior officers providing oversight at each hotel.<sup>305</sup> Victoria Police have two officers stationed per floor at the health hotel to ensure travellers do not leave their rooms to prevent safety and infection control breaches.<sup>306</sup> Victoria Police are also responsible for perimeter monitoring.<sup>307</sup>

The Committee was informed that ADF assistance with CQV had been requested as there was a desire to have ADF assisting Victoria Police with floor monitoring and luggage handling, but so far this been limited to tasks such as staff ID checks in the hotel foyers.<sup>308</sup>

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<sup>300</sup> Hon. Lisa Neville MP, *Transcript of evidence*, pp. 2, 7.

<sup>301</sup> Hon. Daniel Andrews MP, *A Stronger Quarantine Program to Protect What We've Built*, media release.

<sup>302</sup> Hon. Lisa Neville MP, *Transcript of evidence*, p. 12.

<sup>303</sup> *Ibid.*, p. 17.

<sup>304</sup> Mr Shane Patton, *Transcript of evidence*, p. 5.

<sup>305</sup> Hon. Lisa Neville MP, *Transcript of evidence*, p. 8.

<sup>306</sup> *Ibid.*

<sup>307</sup> *Ibid.*

<sup>308</sup> *Ibid.*

As at 16 December 2020, there were 1,300 Resident Support Officers and 528 Victoria Police members involved in CQV.<sup>309</sup> Approximately 300 of the Victoria Police members are PSOs.<sup>310</sup>

**FINDING 159:** Victoria Police, including Protective Services Officers, are responsible for the majority of security and enforcement for COVID-19 Quarantine Victoria, with senior officers providing oversight at each hotel. Australian Defence Force and Resident Support Officers provide support with travellers entering and exiting quarantine.

## 10.6.12 Infection control and testing

The following infection controls have been introduced in CQV:

- All staff working in the hotel quarantine program are employed or directly contracted by CQV, except for cleaning staff who are on secure, fixed term contracts with Alfred Health.
- Cleaners and hotel staff are receiving additional training for cleaning and waste disposal.<sup>311</sup>
- Daily testing of staff and voluntary regular testing of their family and household members, supported by a centralised contact tracing team and advanced contact mapping of all staff.<sup>312</sup> At 16 December 2020, 5,000 tests of staff and 900 tests of travellers had been undertaken.<sup>313</sup>
- Staff are banned from undertaking face-to-face secondary employment.<sup>314</sup>
- Frontline staff to work in ‘bubbles’ to reduce contact with other staff and to ensure that if a staff member becomes unwell, the bubble can be stood down with minimal disruption.
- Requirement of and support for staff to isolate from anyone in their household working in the aged care sector, including access to Frontline Worker Accommodation if required.
- Residents of hotel quarantine will no longer be allowed to leave their rooms, including for fresh air or exercise breaks, while they are in isolation or quarantine unless there are medical, mental health or compassionate reasons. Only accredited food services are permitted delivery, and no food or care packages are allowed from family or friends.

<sup>309</sup> Ibid., pp. 13–14.

<sup>310</sup> Ibid., p. 14.

<sup>311</sup> Hon. Daniel Andrews MP, *A Stronger Quarantine Program to Protect What We’ve Built*, media release.

<sup>312</sup> Hon. Daniel Andrews MP, Public Accounts and Estimates Committee, Department of Premier and Cabinet, public hearing, Melbourne, 27 November 2020, *Transcript of evidence*, p. 8.

<sup>313</sup> Hon. Lisa Neville MP, *Transcript of evidence*, p. 2.

<sup>314</sup> Hon. Daniel Andrews MP, *A Stronger Quarantine Program to Protect What We’ve Built*, media release.



- Due to these increased restrictions on residents, people will have access to structured daily activities, specialised family friendly activities, exercise programs, and mental health and wellbeing programs.<sup>315</sup>
- Contact tracing is embedded in the program, to ensure that any outbreaks are responded to immediately.<sup>316</sup>

The Minister confirmed that infection controls for staff working in all areas of the program have been updated since the interim report, including increased use of hand sanitiser and PPE throughout the hotels and at the airport:

We have got PPE spotters who are watching people put it on as well, checking each other, building a culture of sharing information between each other about what is working and what is not working.<sup>317</sup>

### 10.6.13 Fees for travellers

The Victorian Government is charging overseas travellers a contribution fee for the cost of mandatory hotel quarantine. The proposed legislation sets fees at \$3,000 per adult, \$1,000 for each additional adult in a room and \$500 for children aged between three and 18 years. No fees will be charged for children under three years old. The Victorian Government has noted that the fees are the same or comparable to other Australian states and territories.<sup>318</sup>

Once regulations are in place to charge these fees, the Government intends on backdating fees to 7 December 2020. Hardship provisions will be available for travellers to apply for fees to be waived once the regulations are place. The Minister for Police and Emergency Services confirmed that the criteria for hardship will be income-based. For people receiving Centrelink payments, costs will automatically be waived once an application is made.<sup>319</sup>

**This report was adopted by the Public Accounts and Estimates Committee at its meeting held on 21 January 2021 via videoconference.**

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<sup>315</sup> Ibid.

<sup>316</sup> Hon. Lisa Neville MP, *Transcript of evidence*, p. 6.

<sup>317</sup> Ibid., p. 15.

<sup>318</sup> Hon. Daniel Andrews MP, *Quarantine Contribution Fee to be Introduced*, media release, Victorian Government, Melbourne, 4 December 2020.

<sup>319</sup> Hon. Lisa Neville MP, *Transcript of evidence*, p. 10.



# Appendix 1

## About the Inquiry

### A1.1 Submissions

As at 18 December 2020, the Committee has received and accepted 228 submissions from both individuals and organisations. Submissions were received from the following:

1	Tenants Victoria	27	Ian Tredinnick
2	Children and Young People with Disability Australia	28	Citrus Australia
3	Youth Affairs Council Victoria	29	Andrew Turner
4	Association for Children with a Disability	30	Susan Rennie
5	Name withheld	31	Pharmaceutical Society of Australia
6	Benjamin Cronshaw	32	Australian Physiotherapy Association
7	Name withheld	33	Leslie Sims
8	Bus Association Victoria Inc.	34	Ethnic Communities' Council of Victoria
9	Shop, Distributive and Allied Employees' Association Victoria	35	Royal Australian and New Zealand College of Psychiatrists
10	Rungkarn Ratanaporn	36	Australian Museums and Galleries Association Victoria
11	Behind Closed Doors	37	Djirra
12	Paz Bempekli	38	The Pharmacy Guild of Australia
13	Name withheld	39	Joe Garra
14	Brianna Melville	40	Victorian Public Tenants Association
15	Evgenia Lega	41	RSPCA Victoria
16	SPELD Victoria	42	Gippsland Community Legal Service
17	Aged Care Crisis Inc.	43	Arts Industry Council of Victoria
18	Volunteering Victoria	44	Exercise Sports Science Australia (ESSA)
19	James Groombridge	45	Monash Gender and Family Violence Prevention Centre
20	Jacqueline Wright	46	Liberty Victoria
21	Christine Cocks	47	Australian Institute of Health and Safety
22	Name Withheld	48	Gender Equity Victoria
23	Kon Kostopoulos	49	Multicultural Centre for Women's Health
24	Medical Insurance Group Australia	50	Aboriginal Housing Victoria
25	Name Withheld		
26	Marie dela Rama		

51	Melbourne School of Population and Global Health and Melbourne Graduate School of Education, The University of Melbourne	86	Name Withheld
52	Centre for Multicultural Youth	87	Victorian Aboriginal Legal Service
53	Maurice Blackburn	88	Victorian Pride Lobby
54	Justice Connect	89	Council on the Ageing Victoria
55	Australian Medical Association	90	John Smith
56	Flat Out Inc and Harm Reduction Victoria	91	Grattan Institute
57	Parents Victoria Inc.	92	Andrew Andreotti
58	Sex Work Law Reform Victoria	93	Mark Gendala
59	The Society of Hospital Pharmacists of Australia	94	Michel Canetti
60	La Trobe City Council	95	Fiona Macdonald
61	Eric Windholz	96	Ruth Featherby
62	Name Withheld	97	Australian Muslim Social Services Agency
63	Women's Legal Service Victoria	98	Cedar Meats
64	Victorian Council of Social Service	99	Early-and Mid-Career Researcher Forum
65	Consumer Action Law Centre	100	Commission for Children and Young People
66	Consumer Policy Research Centre	101	Federation of Community Legal Centres
67	Financial Counselling Victoria	102	Sacred Heart Mission
68	Castan Centre for Human Rights Law	103	Public Transport Users Association
69	Rebecca Lagalla	104	Cohealth
70	Jesuit Social Services	105	Palliative Care Victoria
71	Lewis Blanch	106	Melissa Murphy-Webster
72	Thomas Anthony	107	Mallee Family Care
73	Australian Industry Group	108	Victorian Alcohol and Drug Association
74	Loddon Mallee Aboriginal Reference Group	109	Fitzroy Legal Service
75	Andrew Jakubowicz	110	George Dickson
76	Aboriginal Executive Council	111	Elaine Wilson
77	Victorian Aboriginal Community Controlled Health Organisation	112	Anthony Michael Dunn
78	Victorian Aboriginal Child Care Agency	113	Ellena Tsatsos
79	Victorian Healthcare Association	114	Jakub Mancewicz
80	Milnes Ellis	115	Rowdat Mandour
81	Renters and Housing Union (RAHU) VIC	116	Arjun Singh
82	Name Withheld	117	Name Withheld
83	Julie Perrie	118	Name Withheld
84	Orygen	119	Kassandra Mouzis Brudenell
85	Ronald Medicott	120	Name Withheld
		121	Gerredina Kovac
		122	Alexander Mogilevsky

123	Ross Angelo	160	Name Withheld
124	Thor Thuess	161	Paul Drummond
125	Vicente Tommasi	162	Name Withheld
126	Katrina Vincent	163	Name Withheld
127	Natalie Taouk	164	Name Withheld
128	John Dinsdale	165	John Grigg
129	Name Withheld	166	Name Withheld
130	Name Withheld	167	Veena Veena
131	Eamonn Beamish	168	Nikki Tuck
132	Bernhard Lademann	169	Tania Betts
133	Diane McCann	170	Daniel McOwan
134	Name Withheld	171	Lucinda Baulch
135	Name Withheld	172	Newton Reynolds
136	Gillian David	173	Kimberly Fleury
137	Darryl Hill	174	Name Withheld
138	Name Withheld	175	Carl Nolet
139	Name Withheld	176	Rosemary Konig
140	Ann Morey	177	Name Withheld
141	Name Withheld	178	Nicole Newell
142	Simon Shields	179	Peter Morey
143	Orysia Ellis	180	Name Withheld
144	Name Withheld	181	Gloria Delahunty
145	Natalie Faulkner	182	Name Withheld
146	Michael Skolnik	183	Name Withheld
147	Name Withheld	184	Name Withheld
148	Michelino Allocca	185	John Baiter
149	Sarah Nicholson	186	Wendy Donnellan
150	Name Withheld	187	Name Withheld
151	Name Withheld	188	Name Withheld
152	Guenter Nichols	189	Name Withheld
153	Name Withheld	190	Deb Griffiths
154	Name Withheld	191	Name Withheld
155	Name Withheld	192	Vilmos Bajor
156	Name Withheld	193	Name Withheld
157	Name Withheld	194	Name Withheld
158	Name Withheld	195	Timothy Mapperson
159	Lindsay Tighe	196	Name Withheld

197	Irene Crabtree	213	Michael Doyle
198	Kim Cullen	214	Alexandra Smith
199	Warren Howden	215	Name Withheld
200	Name Withheld	216	Alyce Rivalland
201	Name Withheld	217	Samuel Dales
202	Harold Jacotine	218	Andrea Galas
203	Michael Keane	219	Australian Centre for Justice Innovation
204	Royal Victorian Association of Honorary Justices	220	William (Waclaw) Kurowski
205	Name Withheld	221	Name Withheld
206	Toni Steinbergs	222	Name Withheld
207	Name Withheld	223	Tommy Batir
208	Robert Braxton	224	Public Pathology Australia
209	Youthlaw	225	William Twigg
210	Name Withheld	226	Name Withheld
211	Lynn Nash	227	Vaughn Brandenburg
212	Adam Roberts	228	Carers Victoria

## A1.2 Witnesses

### Tuesday 11 August 2020

Name	Position	Organisation
Hon. Daniel Andrews MP	Premier	Department of Premier and Cabinet
Chris Eccles AO	Secretary	
Tim Ada	Deputy Secretary, Economic Policy and State Productivity	
Hon. Jenny Mikakos MLC	Minister for the Coordination of Health and Human Services: COVID-19	Department of Health and Human Services
Professor Brett Sutton	Chief Health Officer	
Professor Allen Cheng	Deputy Chief Health Officer	
Kym Peake	Secretary	
Terry Symonds	Deputy Secretary, Health and Wellbeing	
Greg Stenton	Deputy Secretary, Corporate Services	
Professor Euan Wallace	Chief Executive Officer, Safer Care Victoria	
Associate Professor Julian Rait OAM	President (Victorian Branch)	Australian Medical Association
Alison Verhoeven	Chief Executive	Australian Healthcare and Hospitals Association
Lisa Fitzpatrick	State Secretary (Victoria)	Australian Nursing and Midwifery Federation
Professor Mary-Louise McLaws	Epidemiologist	University of New South Wales
Professor Sharon Lewin	Director	Peter Doherty Institute for Infection and Immunity

**Wednesday 12 August 2020**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>
Hon. Tim Pallas MP	Minister for the Coordination of Treasury and Finance: COVID-19	Department of Treasury and Finance
David Martine	Secretary	
Matt O'Connor	Deputy Secretary	Department of Premier and Cabinet
Hon. Martin Pakula MP	Minister for the Coordination of Jobs, Precincts and Regions: COVID-19	Department of Jobs, Precincts and Regions
Simon Phemister	Secretary	
Penelope McKay	Associate Secretary and Deputy Secretary Corporate Services	
David Latina	Deputy Secretary Jobs, Innovation and Business Engagement	
Andrew Abbott	Deputy Secretary Creative, Sport and Visitor Economy	
Tim Piper	Head of Victoria Branch	Australian Industry Group (AIGroup)
Julie Toth	Chief Economist	
Professor Gigi Foster	Director of Education	University of New South Wales Business School

**Thursday 13 August 2020**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>
Hon. Jacinta Allan MP	Minister for the Coordination of Transport: COVID-19	Department of Transport
Paul Younis	Secretary	
Nick Foa	Head of Transport Services	
Corey Hannett	Director-General	Major Transport Infrastructure Authority
Sally Capp	Lord Mayor	City of Melbourne
Justin Hanney	Chief Executive Officer	
Steven Csiszar	Chief Executive Officer	Med-Con
Joe Toohey	Co-Convenor	Arts Industry Council Victoria
Emma Dawson	Executive Director	Per Capita



## Tuesday 25 August 2020

Name	Position	Organisation
Hon. James Merlino MP	Deputy Premier and Minister for the Coordination of Education and Training: COVID-19	Department of Education and Training
Jenny Atta	Secretary	
David Howes	Deputy Secretary, Schools and Regional Services	
Anthony Bates PSM	Deputy Secretary, Financial Policy and Information Services	
Chris Keating	Chief Executive Officer, Victorian School Building Authority	
Lee Watts	Assistant Deputy Secretary, Higher Education and Skills	
Susan McDonald	Acting Deputy Secretary, Early Childhood Education	
John Batho	Acting Deputy Secretary, Fairer Victoria	Department of Premier and Cabinet
Elly Patira	Executive Director, Aboriginal Affairs Policy	
Anne-Maree Kliman	President	Victorian Principals Association
Sue Bell	President	Victorian Association of State Secondary Principals
Debra James	General Secretary	Independent Education Union Victoria Tasmania
Loretta Cotter	Deputy Secretary	
Meredith Peace	Branch President	Australian Education Union Victoria
Justin Mullaly	Deputy President	
Fiona Sharkie	Chief Executive Officer	Amaze
Karen Dimmock	Chief Executive Officer	Association for Children with a Disability
Matt Foran	President	SPELD Victoria (Specific Learning Disabilities)
Cameron Peverett	President	Principals' Association of Specialist Schools
Mary Faraone	Chief Executive	Holmesglen
Joanne James	Chief Financial Officer	
Gail McHardy	Executive Officer	Parents Victoria
Leanne McCurdy	Operations and Support	

**Wednesday 26 August 2020**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>
Hon. Jill Hennessy MP	Attorney-General and Minister for the Coordination of Justice and Community Safety: COVID-19	Department of Justice and Community Safety
Rebecca Falkingham	Secretary	
Colin Radford	Chief Executive	WorkSafe Victoria
Dr Emma Cassar	Commissioner	Corrections Victoria
Louise Anderson	Chief Executive Officer	Court Services Victoria
Hon. Lisa Neville MP	Minister for the Coordination of Environment, Land, Water and Planning: COVID-19 Minister for Police and Emergency Services	Department of Environment, Land, Water and Planning
John Bradley	Secretary	
Rebecca Falkingham	Secretary	Department of Justice and Community Safety
Shane Patton	Chief Commissioner	Victoria Police
Andrew Crisp	Emergency Management Commissioner	Emergency Management Victoria
Kristen Hilton	Commissioner	Victorian Equal Opportunity and Human Rights Commission
Emily Howie	Head of Legal and Dispute Resolution	
Catherine Dixon	Executive Director	

**Thursday 27 August 2020**

Name	Position	Organisation
Emma King	Chief Executive Officer	Victorian Council of Social Service
Brooke McKail	Manager, Policy and Research	
Deborah Fewster	Manager, Advocacy and Engagement	
Indi Clarke	Executive Officer, Koori Youth Council	Aboriginal Executive Council
Nerita Waight	Chief Executive Officer Victorian Aboriginal Legal Service	
Muriel Bamblett	Chief Executive Officer, Victorian Aboriginal Child Care Agency	
Jill Gallagher	Chief Executive Officer, Victorian Aboriginal Community Controlled Health Organisation	
James Atkinson	Chief Executive Officer, Victorian Aboriginal Community Elders Service	
Adjunct Professor Stephen Cornelissen	Group Chief Executive Officer	Mercy Health Aged Care
Fardawsa Haji	Secretary	Australian Muslim Social Services Agency
Adna Abdikadir	Deputy Director	
Eddie Micallef	Chairperson	Ethnic Communities Council of Victoria
Chris Christoforou	Executive Officer	
Professor Patrick McGorry AO	Executive Director	Orygen
Kerryn Pennell	Director, Strategic Relations and Policy	
Katherine Ellis	Chief Executive Officer	Youth Affairs Council Victoria
Thomas Feng	Media and Communications Manager	

**Friday 27 November 2020**

Name	Position	Organisation
Hon. Daniel Andrews MP	Premier	Department of Premier and Cabinet
Jeremi Moule	Secretary	
Kate Houghton	Deputy Secretary, Social Policy	
Tim Ada	Deputy Secretary, Economic Policy & State Productivity	

## Tuesday 1 December 2020

Name	Position	Organisation
Hon. Tim Pallas MP	Victorian Treasurer	Department of Treasury and Finance
David Martine	Secretary	
Trudy Hart	Deputy Secretary, Economic Division	
Jamie Driscoll	Deputy Secretary, Budget and Finance Division	
Matt O'Connor	Deputy Secretary, Industrial Relations Victoria	

## Wednesday 2 December 2020

Name	Position	Organisation
Hon. James Merlino MP	Deputy Premier and Minister for Education	Department of Education and Training
Jenny Atta	Secretary	
Anthony Bates PSM	Deputy Secretary, Financial Policy and Information Services	
Lee Watts	Acting Deputy Secretary, Higher Education and Skills	
Kim Little	Deputy Secretary, Early Childhood Education	
David Howes	Deputy Secretary, Schools and Regional Services	
Chris Keating	Chief Executive Officer, Victorian School Building Authority	
Stephen Gniel	Chief Executive Officer, Victorian Curriculum and Assessment Authority	

## Thursday 3 December 2020

Name	Position	Organisation
Hon. Martin Pakula MP	Minister for Jobs, Precincts and Regions	Department of Jobs, Precincts and Regions
Simon Phemister	Secretary	
Penelope McKay	Associate Secretary	
Lill Healy	Deputy Secretary, Industry Coordination and Recovery	
David Latina	Deputy Secretary Jobs, Innovation and Business Engagement	

## Friday 4 December 2020

Name	Position	Organisation
Hon. Martin Foley MP	Minister for Health	Department of Health and Human Services
Professor Euan Wallace	Secretary	
Terry Symonds	Deputy Secretary, Health and Wellbeing	
Argiri Alisandratos	Deputy Secretary, Children, Families, Communities; Disability Commander Operation Beneserre	
Ben Rimmer	Associate Secretary; Deputy Secretary, Housing; CEO, Homes Victoria	
Greg Stenton	Deputy Secretary, Corporate Services	
Professor Brett Sutton	Chief Health Officer	
Professor Allen Cheng	Deputy Chief Health Officer	
Sandy Pitcher	Deputy Secretary, COVID-19 Case Management, Contact and Outbreak	
Jeroen Weimar	Deputy Secretary, COVID-19 Community Engagement and Testing; Commander, Operation Drasi	
Chris Hotham	Deputy Secretary, Infrastructure	

## Tuesday 15 December 2020

Name	Position	Organisation
Hon. Jill Hennessy MP	Attorney-General	Department of Justice and Community Safety
Rebecca Falkingham	Secretary	
Dr Emma Cassar	Commissioner, COVID-19 Quarantine Victoria	
Colin Radford	Chief Executive	WorkSafe Victoria
Louise Anderson	Chief Executive Officer	Court Services Victoria

**Wednesday 16 December 2020**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>
Hon. Lisa Neville MP	Minister for Water Minister for Police and Emergency Services	Department of Environment, Land, Water and Planning
John Bradley	Secretary	
Shane Patton	Chief Commissioner	Victoria Police
Andrew Crisp	Emergency Management Commissioner	Emergency Management Victoria
Rebecca Falkingham	Secretary	Department of Justice and Community Safety
Corri McKenzie	Deputy Secretary, Police, Fines and Crime Prevention	
Dr Emma Cassar	Commissioner, COVID-19, Quarantine Victoria	

**Thursday 17 December 2020**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>
Hon. Jacinta Allan MP	Minister for Transport Infrastructure	Department of Transport
Paul Younis	Secretary	
Nick Foa	Deputy Secretary, Transport Services	
Corey Hannett	Director-General, Major Transport Infrastructure Authority	

## Appendix 2

# Countries that have implemented a curfew in response to COVID-19

Albania	Italy
Algeria	Jamaica
Aruba	Jordan
The Bahamas	Kenya
Barbados	Kuwait
Belize	Kyrgyz Republic
Bosnia and Herzegovina	Lebanon
Burkina Faso	Liberia
Chad	Libya
Chile	Luxembourg
The Kingdom of the Netherlands—Curaçao	Madagascar
Côte d'Ivoire	Mali
Dominican Republic	Mauritania
Antigua and Barbuda	Mauritius
Montserrat	Montenegro
St Kitts and Nevis	Niger
Ecuador	Nigeria
Egypt	Panama
Fiji	Paraguay
France	Peru
Gabon	Portugal
The Gambia	Rwanda
Georgia	Saudi Arabia
Guatemala	Senegal
Guinea	Sierra Leone
Guyana	The Kingdom of the Netherlands—Sint Maarten
Haiti	Somalia
Honduras	South Africa
Hungary	Republic of South Sudan
Iran	Sri Lanka
Iraq	Sudan

**Appendix 2** Countries that have implemented a curfew in response to COVID-19

Suriname	Uganda
Togo	Ukraine
Tonga	Vanuatu
Tunisia	Yemen
Turkey	

Source: Adapted from International Monetary Fund, *Policy Responses to COVID-19*, 4 December 2020, <<https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19>> accessed 18 December 2020.

A2



# Appendix 3

## **Victoria's COVIDSafe Summer restrictions**

A3

### A3.3 How we work in Victoria

COVIDSafe principles

- Wear a face mask
- Physical distancing (1.5 metres)
- Good hand hygiene
- Don't go to work unwell
- Cough and sneeze into tissue or elbow
- Outdoor activities

#### COVIDSafe Summer

From 11.59pm, 6 December 2020, unless otherwise stated

COVIDSafe plan for onsite operations	
<b>All businesses</b>	Open with COVIDSafe requirements.
<b>Construction</b>	Open with COVIDSafe requirements.
<b>Manufacturing</b>	Open with COVIDSafe requirements.
<b>Wholesale trade &amp; warehousing</b>	Open with COVIDSafe requirements.*
<b>Postal distribution centres</b>	Open with COVIDSafe requirements.*
<b>Supermarket and food distribution</b>	Open with COVIDSafe requirements.*
<b>Offices and professional services</b>	Open with COVIDSafe requirements: up to 25 per cent of workforce. Offices will be able to increase to 50 per cent from 11 January 2021 or—for workplaces with fewer than 40 staff, up to 20 staff onsite—subject to public health advice.
<b>Agriculture</b>	Open with COVIDSafe requirements.*
<b>Meat and seafood processing</b>	Open with COVIDSafe requirements.*
<b>Hospitality</b>	Open with COVIDSafe requirements: density quotient of 1 per 2sqm if using electronic record keeping must be used. Otherwise density quotient of 1 per 4sqm applies if manual record keeping used. A hospitality venue can host up to 25 patrons before density quotients apply.
<b>Retail</b>	Open with COVIDSafe requirements: density quotient of 1 per 2sqm. Record keeping required where practical and electronic preferred.
<b>Personal care and body art services</b>	Open with COVIDSafe requirements: density quotient of 1 per 2sqm if using electronic record keeping. Otherwise density quotient of 1 per 4sqm applies if using manual record keeping.
<b>Repairs and maintenance</b>	Open with COVIDSafe requirements

<b>COVIDSafe Summer</b> From 11.59pm, 6 December 2020, unless otherwise stated	
<b>Real estate services</b>	Open with COVIDSafe requirements: density quotient of 1 per 2sqm if using electronic record keeping. Otherwise density quotient of 1 per 4sqm applies if using manual record keeping.
<b>Mining</b>	Open with COVIDSafe requirements
<b>Ports and freight</b>	Open with COVIDSafe requirements*
<b>Accommodation</b>	Open with COVIDSafe requirements: private gathering limits apply, density quotient of 1 per 2sqm for communal spaces if using electronic record keeping. Otherwise density quotient of 1 per 4sqm applies if using manual record keeping
<b>Tourism operators</b>	Open with COVIDSafe requirements: density quotient of 1 per 2sqm if using electronic record keeping must be used. Otherwise density quotient of 1 per 4sqm applies if using manual record keeping. Masks must be used for transport.
<b>Media and film production</b>	Open with COVIDSafe requirements
<b>Creative studios</b>	Open with COVIDSafe requirements: density quotient of 1 per 2sqm if using electronic record keeping. Otherwise density quotient of 1 per 4sqm applies if using manual record keeping.
<b>Outdoor entertainment venues</b> (e.g. zoos, outdoor cinemas)	Open with COVIDSafe requirements: 75 per cent fixed seated capacity up to 1000 patrons, no density quotient in seated areas. Density quotient of 1 per 2sqm in other areas and non-seated venues if using electronic record keeping. Otherwise density quotient of 1 per 4sqm applies if using manual record keeping. Venues with capacity over 500 must publish COVIDSafe Plan. Events are subject to the Public Events Framework.
<b>Museums and galleries</b> (indoor)	Open with COVIDSafe requirements: 50 per cent capacity up to 1000 patrons, density quotient of 1 per 2sqm if using electronic record keeping. Otherwise density quotient of 1 per 4sqm applies if using manual record keeping. Venues with capacity over 500 must publish COVIDSafe Plan. Events are subject to the Public Events Framework.
<b>Indoor entertainment venues</b> (including cinemas, performing arts and music venues)	Open with COVIDSafe requirements: 75 per cent fixed seated capacity up to 1000 patrons, density quotient of 1 per 2sqm if using electronic record keeping. Otherwise density quotient of 1 per 4sqm applies if using manual record keeping. Venues with capacity over 500 must publish COVIDSafe Plan. Events are subject to the Public Events Framework.
<b>Nightclubs</b>	Open with COVIDSafe requirements: density quotient of 1 per 2sqm. Dance floors have density quotient of 1 per 4sqm and maximum of 50 patrons. Electronic record keeping must be used.
<b>Gaming and casinos</b>	Open with COVIDSafe requirements: density quotient of 1 per 4sqm and for the casino, up to 50 per cent of casino area capacity. Electronic record keeping must be used.
<b>Adult entertainment and brothels</b>	Open with COVIDSafe requirements: density quotient of 1 per 4sqm for all venues and cap of up to 100 patrons for brothels and sex on premises venues. Electronic record keeping must be used.
<b>Professional sport and racing*</b>	Open with COVIDSafe requirements. Events are subject to the Public Events Framework.

\* Major events will be the subject of additional work and further consideration.

**COVIDSafe Summer**

From 11.59pm, 6 December 2020, unless otherwise stated

<b>Indoor physical recreation facilities</b> (e.g. gyms, fitness centres and studios)	✓	Open with COVIDSafe requirements: density quotient of 1 per 4sqm for all venues. Classes limited to 50 patrons and electronic record keeping is recommended. COVID Marshals required when staffed. When gyms are unstaffed, a density quotient of 1 per 8sqm applies. Signage must state the number of people permitted inside, disinfectant must be supplied for use by patrons, and record keeping is required.
<b>Early childhood education and care</b>	✓	Open with COVIDSafe requirements
<b>Schools</b>	✓	Open with COVIDSafe requirements
<b>Adult education</b>	✓	Open with COVIDSafe requirements
<b>Community facilities and libraries</b>	✓	Open with COVIDSafe requirements: density quotient of 1 per 2sqm if using electronic record keeping must be used. Otherwise density quotient of 1 per 4sqm applies if using manual record keeping.
<b>Courts</b>	✓	Open with COVIDSafe requirements
<b>Commercial cleaning</b>	✓	Open with COVIDSafe requirements*
<b>Commercial passenger vehicles</b>	✓	Open with COVIDSafe requirements: drivers and passengers must wear face masks*
<b>Public transport</b>	✓	Open with COVIDSafe requirements: workers and passengers must wear face masks*
<b>Healthcare and social assistance</b>	✓	Open with COVIDSafe requirements*
<b>Veterinary and pet care services</b>	✓	Open with COVIDSafe requirements
<b>Emergency and safety services</b> (including frontline COVID response activities)	✓	Open with COVIDSafe requirements
<b>Utilities and waste services</b>	✓	Open with COVIDSafe requirements

\*The Workplace (Additional Industry Obligations) Directions impose some extra obligations on these industries or on parts of these industries, such as daily cleaning, pre-shift health declarations, surveillance testing, and COVID Marshals. These obligations vary between industries. See each industry's Industry Restart Guidelines for more detail on additional obligations.

Source: Department of Health and Human Services, *How we live - Information for all Victorians*, 2 January 2021, <<https://www.coronavirus.vic.gov.au/how-we-live>> accessed 4 January 2021.

## A3.4 How we live in Victoria

**COVIDSafe principles**  Wear a face mask

**Physical distancing**  (1.5 metres)

**Good hand hygiene** 

**Don't go to work unwell** 

**Cough and sneeze into tissue or elbow** 

**Outdoor activities** 

### COVIDSafe Summer

From 11.59pm, 6 December 2020, unless otherwise stated

#### Social

**Leave home:** No restriction on reasons to leave home but stay safe.

**Public gatherings:** Up to 100 people can gather outdoors from any number of households, infants under 12 months are not included in the cap.

**Visitors to the home:** Up to 30 visitors can visit a home in a day (infants under 12 months are not counted in the cap). Visitors may be from any number of households and may visit either together or separately. Front and backyards are considered part of the home.

#### Face masks

**Face masks:** Must be carried at all times. Mandatory when inside shopping centres, retail stores inside shopping centres, department stores, electronics stores, furniture stores, hardware stores or supermarkets, when travelling on public transport or when travelling in a commercial passenger vehicle (unless a lawful exemption applies). Any person diagnosed or suspected of having COVID-19, or who is a close contact of someone diagnosed with COVID-19, must wear a face covering if leaving home/accommodation for a permitted reason, such as medical care. Face coverings are recommended, but not mandatory, when leaving home and physical distancing cannot be maintained, for example, while shopping.

#### Education and childcare

**Childcare and early education:** Open.

**Schools:** Onsite learning.

**Adult education:** Open with no density quotient required in classroom settings.

#### Work

Continued phased return to on-site work for workers who have been working from home, capped at no more than 25 per cent of a workforce on-site. Offices will be able to increase to 50 per cent from 11 January 2021 —or for workplaces with fewer than 40 staff, up to 20 staff onsite—subject to public health advice.

The Victorian Public Service can commence a phased return to work at 25 per cent from 11 January and increase to 50 per cent from 8 February 2021, subject to public health advice. All workplaces with onsite workers require a COVIDSafe Plan.

#### Eating and drinking out

**Hospitality:** Density quotient of 1 per 2sqm for indoor and outdoor hospitality venues. Up to 25 patrons are permitted in a venue before the density quotient applies. No requirement for seated service. Density quotient of 1 per 4sqm on a dancefloor up to a maximum of 50 people. All venues are required to use electronic record keeping when applying the density quotient of 1 per 2 sqm. In venues not using electronic record a density quotient of 1 per 4 sqm applies.

**Food courts:** Indoor and outdoor food courts open with a density quotient of 1 per 2 sqm. No patron cap for indoor food courts.

**COVIDSafe Summer**

From 11.59pm, 6 December 2020, unless otherwise stated

**Exercise and recreation**

**Indoor physical recreation and community sport:** No patron caps with a density quotient of 1 per 4sqm for each space. Gym and exercise classes limited to 50 people (excluding anyone necessary for running the class). COVID Marshals required when gyms are staffed. At times when gyms are unstaffed, a density quotient of 1 per 8 sqm applies. Signage must state the number of people permitted inside, wipes and disinfectant must be supplied for use by patrons, and record keeping is required and venues with capacity of greater than 500 patrons must publish a COVIDSafe Plan online.

**Outdoor physical recreation and community sport:** Up to a maximum of 100 patrons for outdoor fitness classes with a density quotient of 1 per 2sqm. Record keeping is required and venues with capacity of greater than 500 patrons must publish a COVIDSafe Plan online.

**Pools, spas, saunas, steam rooms and springs:** Indoor venues open with a density quotient of 1 per 4 sqm. Outdoor pools open with a density quotient of 1 per 2 sqm. Record keeping is required.

**Ceremonies and special occasions**

**Weddings:** No maximum attendee caps indoors or outdoors, density quotient of 1 per 2 sqm applies when using electronic record keeping. In venues not using electronic record a density quotient of 1 per 4 sqm applies. If held in a private residence, up to 30 guests can attend. Density quotient of 1 per 4sqm on a dancefloor up to a maximum of 50 people.

**Funerals:** No maximum attendee caps indoors or outdoors, density quotient of 1 per 2sqm applies when using electronic record keeping. In venues not using electronic record a density quotient of 1 per 4 sqm applies. If held in a private residence, up to 30 guests can attend.

**Ceremonies and religious gatherings:** Density quotient of 1 per 2sqm applies. Venues using the density quotient of 1 per 2sqm must use electronic record keeping. In venues not using electronic record a density quotient of 1 per 4 sqm applies. Indoor and outdoor ceremonies can occur at the same time.

**Community venues, including libraries and toy libraries**

**Community venues and facilities including libraries and toy libraries:** No patron caps with a density quotient of 1 per 2sqm, subject to use of electronic record keeping. If not using electronic record keeping a density quotient of 1 per 4sqm applies.

**Creative arts facilities:** No patron caps with a density quotient of 1 per 2sqm, subject to use of electronic record keeping.

**Real estate**

**Real estate:** Inspections and auctions operating with a density quotient of 1 per 2sqm, subject to use of electronic record keeping. If not using electronic record keeping a density quotient of 1 per 4sqm applies.

**Entertainment facilities**

**Seated entertainment venues (indoors and outdoors):** Open, up to 75 per cent of fixed seated capacity with maximum patron cap of 1000 people, density quotient of 1 per 2sqm in foyers, bars, bathrooms etc when using electronic record keeping. In venues not using electronic record a density quotient of 1 per 4 sqm applies. Venues with capacity of greater than 500 patrons must publish a COVIDSafe Plan online. Arrangements for large events determined on an individual basis under the Public Events Framework.

**Indoor non-seated venues (such as galleries):** Open, up to 50 per cent total capacity with maximum patron cap of 1000 people. Density quotient of 1 per 2sqm when using electronic record keeping. In venues not using electronic record a density quotient of 1 per 4 sqm applies. Venues with capacity of greater than 500 patrons must publish a COVIDSafe Plan online.

Arrangements for large events determined on an individual basis under the Public Events Framework.

**Outdoor non-seated entertainment venues (such as Zoos, live museums):** Open, density quotient of 1 per 2sqm when using electronic record keeping. In venues not using electronic record a density quotient of 1 per 4 sqm applies. Group limits removed. Indoor spaces at outdoor venues open, subject to restrictions relevant to the space (e.g. hospitality or retail). Venues with capacity of greater than 500 patrons must publish a COVIDSafe Plan online.

## COVIDSafe Summer

From 11.59pm, 6 December 2020, unless otherwise stated

### Entertainment facilities (continued)

**Arcades, escape rooms, bingo centres:** Open, no maximum patron caps and a density quotient of 1 per 2sqm applies when using electronic record keeping. In venues not using electronic record a density quotient of 1 per 4 sqm applies.

**Drive in cinemas:** Open, in areas outside of vehicles density quotient of 1 per 2sqm applies when using electronic record keeping. In venues not using electronic record a density quotient of 1 per 4 sqm applies. Venues with capacity of greater than 500 patrons must publish a COVIDSafe Plan online.

**Amusement parks:** Open, up to 75 per cent of venue capacity. Density quotient of 1 per 4sqm applies indoors. Density quotient of 1 per 2sqm applies outdoors, when using electronic record keeping. In venues not using electronic record a density quotient of 1 per 4 sqm applies. Venues with capacity of greater than 500 patrons must publish a COVIDSafe Plan online.

**Gaming:** Open, with a density quotient of 1 per 4sqm, every second machine turned off, and no seated service requirement. Electronic record keeping required.

**Adult entertainment:** Brothels and sex on premises venues open, with a density quotient of 1 per 4sqm and a patron cap of 100. Electronic record keeping required.

Strip club venues open, with a density quotient of 1 per 4 sqm and no seated service requirement.

**Nightclubs:** Open, standing service permitted. Density quotient of 1 per 4sqm on a dancefloor up to a maximum of 50 people. Density quotient of 1 per 2sqm elsewhere in the venue, with no maximum patron limit. Electronic record keeping required.

### Shopping, hairdressing and personal care

**Retail:** (e.g. supermarkets, other retail) Density quotient of 1 per 2sqm, with record keeping where practicable.

**Hairdressing, beauty and personal care services:** Density quotient of 1 per 2sqm applies, when using electronic record keeping. In venues not using electronic record a density quotient of 1 per 4 sqm applies. Face masks no longer required.

### Accommodation and travel

**Accommodation:** Bookings restricted to the private gathering limit. The person or household booking the accommodation can have up to 30 visitors.

**Tourism spaces and groups:** No patron cap on tour groups. Masks must be worn on tour transport.

**Intrastate travel:** Allowed.

**Interstate travel:** Continued international border controls. State border controls activated in case of outbreaks.

### Care facilities and hospitals

**Visitors:** No restrictions on purpose, number or time limits of visits. Symptomatic individuals (e.g. sore throat), close contacts and returned international travellers excluded from visiting.

Source: Department of Health and Human Services, How we live - Information for all Victorians, 2 January 2021. <<https://www.coronavirus.vic.gov.au/how-we-live>> accessed 4 January 2021.





# Appendix 4

## Outbreaks in Victoria

Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases
25 February 2020	Other	Cruise ships	Other - cruise ship	4
10 March 2020	Education	Primary-Secondary combined school	Boroondara (C)	7
11 March 2020	Other	Other mass transport	Stonnington (C)	5
12 March 2020	Other	Family and Social gathering	Stonnington (C)	12
13 March 2020	Other	Family and Social gathering	Boroondara (C)	4
16 March 2020	Workplace/Industry	Office or call centre	Yarra (C)	4
17 March 2020	Education	Secondary school	Greater Geelong (C)	9
	Other	Cruise ships	Other - cruise ship	12
18 March 2020	Other	Family and Social gathering	Wollongong (C)	10
19 March 2020	Other	Family and Social gathering	Stonnington (C)	11
	Hospitality and Entertainment	Food premises	Yarra (C)	14
20 March 2020	Other	Family and Social gathering	Bayside (C)	3
	Accommodation and Housing	Hotels and Serviced apartments	Brimbank (C)	5
	Workplace/Industry	Supermarket	Monash (C)	7
21 March 2020	Other	Family and Social gathering	Port Phillip (C)	4
	Other	Family and Social gathering	Knox (C)	6
22 March 2020	Other	Other mass transport	Baw Baw (S)	2
	Other	Other mass transport	Yarra Ranges (S)	6
	Other	Family and Social gathering	Hume (C)	7
	Other	Family and Social gathering	Whittlesea (C)	12
	Other	Cruise ships	Other - cruise ship	34
23 March 2020	Hospital/Health care	Acute Hospital	Wyndham (C)	4
	Other	Family and Social gathering	Mornington Peninsula (S)	4

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Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases
23 March 2020	Other	Family and Social gathering	Frankston (C)	7
	Other	Family and Social gathering	Port Phillip (C)	13
	Other	Cruise ships	Other - cruise ship	24
	Hospital/Health care	Acute Hospital	Melbourne (C)	31
25 March 2020	Other	Cruise ships	Other - cruise ship	2
	Other	Cruise ships	Other - cruise ship	13
	Hospital/Health care	Allied health services	Frankston (C)	28
	Hospitality and Entertainment	Bars and Music venues	Banyule (C)	59
26 March 2020	Other	Other	Casey (C)	6
	Other	Family and Social gathering	Monash (C)	21
28 March 2020	Disability Services	Disability services	Knox (C)	7
29 March 2020	Hospitality and Entertainment	Food premises	Banyule (C)	6
	Other	Family and Social gathering	Melbourne (C)	8
	Hospitality and Entertainment	Food premises	Moonee Valley (C)	14
30 March 2020	Other	Family and Social gathering	Darebin (C)	2
	Hospital/Health care	Acute Hospital	Frankston (C)	4
	Other	Family and Social gathering	Glen Eira (C)	6
	Accommodation and Housing	Hotels and Serviced apartments	Manningham (C)	6
	Hospitality and Entertainment	Food premises	Banyule (C)	6
31 March 2020	Workplace/Industry	Office or call centre	Boroondara (C)	5
	Hospital/Health care	Acute Hospital	Whitehorse (C)	10
2 April 2020	Other	Sports and Recreation venues	Banyule (C)	4
	Hospital/Health care	Acute Hospital	Whittlesea (C)	12
3 April 2020	Disability Services	Disability services	Port Phillip (C)	3
4 April 2020	Education	Primary school	Moonee Valley (C)	2
	Hospital/Health care	Sub-Acute Hospital, Transitional care and Other hospital	Port Phillip (C)	18
10 April 2020	Other	Cruise ships	Other - cruise ship	15
	Other	Cruise ships	Other - cruise ship	16

Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases
17 April 2020	Other	Cruise ships	Wellington (S)	11
24 April 2020	Food Industry	Abattoir	Brimbank (C)	111
27 April 2020	Other	Other	Boroondara (C)	5
3 May 2020	Hospital/Health care	Acute Hospital	Brimbank (C)	4
7 May 2020	Hospitality and Entertainment	Food premises	Hume (C)	13
8 May 2020	Aged/Residential care	Aged care facility	Campaspe (S)	3
11 May 2020	Justice and Emergency	Prison	Ararat (RC)	4
18 May 2020	Aged/Residential care	Aged care facility	Glen Eira (C)	2
	Aged/Residential care	Aged care facility	Boroondara (C)	4
27 May 2020	Other	Family and Social gathering	Brimbank (C)	13
	Accommodation and Housing	Hotels and Serviced apartments	Melbourne (C)	17
11 June 2020	Hospital/Health care	Primary Care services	Maroondah (C)	6
13 June 2020	Other	Family and Social gathering	Moreland (C)	17
14 June 2020	Other	Family and Social gathering	Casey (C)	8
16 June 2020	Accommodation and Housing	Hotels and Serviced apartments	Melbourne (C)	49
18 June 2020	Other	Family and Social gathering	Brimbank (C)	27
19 June 2020	Other	Family and Social gathering	Darebin (C)	38
21 June 2020	Education	Primary school	Brimbank (C)	15
22 June 2020	Education	Secondary school	Whittlesea (C)	18
23 June 2020	Hospital/Health care	Primary Care services	Maribyrnong (C)	3
	Other	Family and Social gathering	Moonee Valley (C)	15
24 June 2020	Other	Family and Social gathering	Casey (C)	6
	Education	Primary school	Brimbank (C)	9
	Other	Family and Social gathering	Brimbank (C)	17
	Other	Family and Social gathering	Knox (C)	19
	Workplace/Industry	Food Distribution	Wyndham (C)	34
25 June 2020	Childcare	Childcare	Moonee Valley (C)	3
	Other	Family and Social gathering	Moreland (C)	6

Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases
26 June 2020	Education	Primary school	Melton (C)	3
	Hospital/Health care	Acute Hospital	Moreland (C)	39
27 June 2020	Disability Services	Disability services	Hume (C)	4
	Hospital/Health care	Allied health services	Maribyrnong (C)	5
	Workplace/Industry	Warehouse (not food)	Wyndham (C)	5
	Education	Additional needs school	Melbourne (C)	6
	Education	Primary school	Wyndham (C)	6
	Workplace/Industry	Retail (not supermarket)	Stonnington (C)	8
	Other	Family and Social gathering	Hume (C)	10
	Other	Family and Social gathering	Brimbank (C)	18
	Education	Secondary school	Hume (C)	18
	Other	Family and Social gathering	Hume (C)	42
	Education	Primary-Secondary combined school	Wyndham (C)	209
28 June 2020	Education	Secondary school	Boroondara (C)	4
	Education	Primary-Secondary combined school	Hume (C)	11
29 June 2020	Childcare	Childcare	Whittlesea (C)	5
	Education	Primary school	Hume (C)	13
30 June 2020	Childcare	Childcare	Brimbank (C)	4
	WORK_LOGISTICS	WORK_LOGISTICS	Hume (C)	5
	Education	TAFE/University	Moreland (C)	5
	Workplace/Industry	Office or call centre	Melbourne (C)	6
	Education	Kindergarten	Melton (C)	6
	Education	Primary-Secondary combined school	Hume (C)	11
	Education	Secondary school	Cardinia (S)	12
	Education	Secondary school	Wyndham (C)	13
1 July 2020	Education	Primary school	Moonee Valley (C)	6
2 July 2020	Workplace/Industry	Other workplace	Boroondara (C)	13
	Hospital/Health care	Acute Hospital	Whittlesea (C)	30
	Hospital/Health care	Acute Hospital	Melbourne (C)	42
3 July 2020	Education	Primary school	Moonee Valley (C)	4
	Hospital/Health care	Acute Hospital	Brimbank (C)	5

Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases
3 July 2020	Childcare	Childcare	Melbourne (C)	6
	Justice and Emergency	Emergency services	Wyndham (C)	7
	Workplace/Industry	Supermarket	Moonee Valley (C)	13
4 July 2020	Workplace/Industry	Construction	Cardinia (S)	3
	Education	Other education/ training	Wyndham (C)	4
5 July 2020	Workplace/Industry	Retail (not supermarket)	Melbourne (C)	4
	Education	Primary school	Melbourne (C)	4
	Workplace/Industry	Office or call centre	Monash (C)	5
	Workplace/Industry	Retail (not supermarket)	Moreland (C)	5
	Workplace/Industry	Food Distribution	Maribyrnong (C)	9
	Education	Primary school	Hume (C)	9
	Hospitality and Entertainment	Food premises	Brimbank (C)	11
	Education	Primary school	Moonee Valley (C)	12
	Other	Sports and Recreation venues	Melbourne (C)	12
	Aged/Residential care	Aged care facility	Wyndham (C)	109
6 July 2020	Childcare	Childcare	Yarra (C)	2
	Education	Secondary school	Moonee Valley (C)	4
	Workplace/Industry	Office or call centre	Maribyrnong (C)	4
	Aged/Residential care	Aged care facility	Melbourne (C)	5
	Hospitality and Entertainment	Food premises	Maribyrnong (C)	7
	Aged/Residential care	Aged care facility	Banyule (C)	8
	Workplace/Industry	Office or call centre	Melbourne (C)	8
	Workplace/Industry	Other workplace	Darebin (C)	12
	Workplace/Industry	Warehouse (not food)	Melton (C)	13
	Hospital/Health care	Acute Hospital	Melbourne (C)	21
	Workplace/Industry	Construction	Maribyrnong (C)	23
	Other	Places of worship	Melbourne (C)	24
	Aged/Residential care	Aged care facility	Port Phillip (C)	48
7 July 2020	Aged/Residential care	Aged care facility	Yarra Ranges (S)	2
	Childcare	Childcare	Moonee Valley (C)	5
	Workplace/Industry	Food Distribution	Hume (C)	8
	Childcare	Childcare	Moreland (C)	15

Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases
7 July 2020	Workplace/Industry	Retail (not supermarket)	Wyndham (C)	15
	Hospital/Health care	Acute Hospital	Brimbank (C)	18
	Aged/Residential care	Aged care facility	Hobsons Bay (C)	76
8 July 2020	Aged/Residential care	Aged care facility	Manningham (C)	2
	Aged/Residential care	Aged care facility	Yarra Ranges (S)	2
	Aged/Residential care	Aged care facility	Manningham (C)	3
	Justice and Emergency	Emergency services	Melbourne (C)	5
	Hospital/Health care	Sub-Acute Hospital, Transitional care and Other hospital	Darebin (C)	6
	Aged/Residential care	Aged care facility	Banyule (C)	8
	Aged/Residential care	Aged care facility	Melbourne (C)	10
	Hospitality and Entertainment	Food premises	Yarra (C)	13
	Aged/Residential care	Aged care facility	Moonee Valley (C)	68
	Aged/Residential care	Aged care facility	Moonee Valley (C)	84
	Food Industry	Abattoir	Brimbank (C)	169
	Aged/Residential care	Aged care facility	Moreland (C)	223
	9 July 2020	Workplace/Industry	Retail (not supermarket)	Hume (C)
Workplace/Industry		Manufacturing (not food)	Hume (C)	9
Education		Secondary school	Banyule (C)	9
Workplace/Industry		Manufacturing (not food)	Brimbank (C)	10
Workplace/Industry		Logistics	Melton (C)	67
Aged/Residential care		Aged care facility	Moonee Valley (C)	71
Aged/Residential care		Aged care facility	Brimbank (C)	165
10 July 2020	Education	Primary school	Moreland (C)	2
	Hospital/Health care	Acute Hospital	Maribyrnong (C)	2
	Aged/Residential care	Aged care facility	Monash (C)	2
	Workplace/Industry	Logistics	Brimbank (C)	4
	Aged/Residential care	Aged care facility	Manningham (C)	4
	Food Industry	Factory based food production	Whittlesea (C)	4
	Hospital/Health care	Acute Hospital	Melbourne (C)	7
	Workplace/Industry	Manufacturing (not food)	Greater Dandenong (C)	9

Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases
10 July 2020	Hospital/Health care	Sub-Acute Hospital, Transitional care and Other hospital	Boroondara (C)	9
	Hospital/Health care	Acute Hospital	Monash (C)	10
	Workplace/Industry	Office or call centre	Melbourne (C)	13
	Workplace/Industry	Supermarket	Moonee Valley (C)	36
	Food Industry	Factory based food production	Maribyrnong (C)	40
	Food Industry	Meat processing	Maribyrnong (C)	166
11 July 2020	Hospital/Health care	Primary Care services	Melbourne (C)	2
	Workplace/Industry	Supermarket	Macedon Ranges (S)	3
	Workplace/Industry	Other workplace	Moonee Valley (C)	3
	Workplace/Industry	Manufacturing (not food)	Moreland (C)	4
	Workplace/Industry	Retail (not supermarket)	Yarra (C)	5
	Workplace/Industry	Supermarket	Hume (C)	9
	Workplace/Industry	Office or call centre	Whitehorse (C)	11
	Hospital/Health care	Acute Hospital	Whitehorse (C)	14
	Hospital/Health care	Acute Hospital	Banyule (C)	28
	Other	Sports and Recreation venues	Casey (C)	34
	Aged/Residential care	Aged care facility	Manningham (C)	42
12 July 2020	Education	Primary-Secondary combined school	Moreland (C)	2
	Hospital/Health care	Acute Hospital	Hume (C)	4
	Education	Secondary school	Hobsons Bay (C)	6
	Aged/Residential care	Aged care facility	Melton (C)	6
	Other	Family and Social gathering	Stonnington (C)	10
	Justice and Emergency	Emergency services	Frankston (C)	12
	Hospital/Health care	Acute Hospital	Maribyrnong (C)	13
	Workplace/Industry	Office or call centre	Whittlesea (C)	23
	Aged/Residential care	Aged care facility	Hume (C)	106
	Hospital/Health care	Acute Hospital	Melbourne (C)	182
	13 July 2020	Accommodation and Housing	High density housing	Boroondara (C)
Aged/Residential care		Aged care facility	Moreland (C)	3
Workplace/Industry		Office or call centre	Melbourne (C)	4

Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases
13 July 2020	Justice and Emergency	Emergency services	Melbourne (C)	6
	Hospital/Health care	Sub-Acute Hospital, Transitional care and Other hospital	Boroondara (C)	18
	Food Industry	Abattoir	Wyndham (C)	35
	Aged/Residential care	Aged care facility	Banyule (C)	122
14 July 2020	Hospital/Health care	Allied health services	Kingston (C)	2
	Aged/Residential care	Aged care facility	Moonee Valley (C)	2
	Aged/Residential care	Aged care facility	Banyule (C)	2
	Hospitality and Entertainment	Food premises	Moreland (C)	3
	Hospital/Health care	Primary Care services	Greater Dandenong (C)	3
	Aged/Residential care	Aged care facility	Brimbank (C)	5
	Childcare	Family day care	Wyndham (C)	5
	Laboratory	Laboratory	Whitehorse (C)	7
	Workplace/Industry	Office or call centre	Moonee Valley (C)	7
	Hospital/Health care	Acute Hospital	Banyule (C)	8
	Food Industry	Factory based food production	Hume (C)	10
	Childcare	Childcare	Boroondara (C)	43
	15 July 2020	Aged/Residential care	Aged care facility	Maroondah (C)
Hospital/Health care		Acute Hospital	Hobsons Bay (C)	4
Workplace/Industry		Retail (not supermarket)	Moonee Valley (C)	4
Workplace/Industry		Manufacturing (not food)	Whittlesea (C)	5
Food Industry		Factory based food production	Hume (C)	5
Workplace/Industry		Retail (not supermarket)	Whittlesea (C)	5
Laboratory		Laboratory	Melbourne (C)	5
Workplace/Industry		Retail (not supermarket)	Casey (C)	6
Hospital/Health care		Acute Hospital	Banyule (C)	10
Hospital/Health care		Acute Hospital	Yarra (C)	15
Education		Secondary school	Wyndham (C)	21
Aged/Residential care		Aged care facility	Maribyrnong (C)	63
Workplace/Industry		Food Distribution	Monash (C)	69
Aged/Residential care	Aged care facility	Bayside (C)	79	



Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases
16 July 2020	Aged/Residential care	Aged care facility	Ballarat (C)	5
	Workplace/Industry	Office or call centre	Melbourne (C)	6
	Workplace/Industry	Other workplace	Brimbank (C)	6
	Education	Secondary school	Boroondara (C)	6
	Aged/Residential care	Aged care facility	Nillumbik (S)	97
	Aged/Residential care	Aged care facility	Moreland (C)	104
	Aged/Residential care	Aged care facility	Melbourne (C)	105
	Aged/Residential care	Aged care facility	Wyndham (C)	260
17 July 2020	Aged/Residential care	Aged care facility	Greater Bendigo (C)	2
	Disability Services	Disability services	Darebin (C)	4
	Education	Primary school	Whitehorse (C)	5
	Food Industry	Abattoir	Whittlesea (C)	5
	Justice and Emergency	Prison	Melton (C)	6
	Education	Primary-Secondary combined school	Casey (C)	8
	Workplace/Industry	Retail (not supermarket)	Glenelg (S)	8
	Education	Secondary school	Wyndham (C)	8
	Education	Other education/ training	Melbourne (C)	8
	Hospitality and Entertainment	Food premises	Stonnington (C)	8
	Justice and Emergency	Prison	Melbourne (C)	10
	Disability Services	Disability services	Brimbank (C)	14
	Disability Services	Disability services	Knox (C)	14
	Workplace/Industry	Office or call centre	Yarra (C)	15
	Workplace/Industry	Logistics	Hume (C)	16
	Workplace/Industry	Warehouse (not food)	Greater Dandenong (C)	17
	Disability Services	Disability services	Moonee Valley (C)	34
	Aged/Residential care	Aged care facility	Kingston (C)	85
	Food Industry	Abattoir	Colac-Otway (S)	88
	18 July 2020	Education	Other education/ training	Melbourne (C)
Hospital/Health care		Acute Hospital	Glenelg (S)	2
Hospital/Health care		Primary Care services	Moreland (C)	3
Food Industry		Meat processing	Wyndham (C)	5
Workplace/Industry		Logistics	Hume (C)	5

Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases
18 July 2020	Workplace/Industry	Manufacturing (not food)	Hobsons Bay (C)	7
	Childcare	Childcare	Port Phillip (C)	8
	Education	After school care	Frankston (C)	8
	Disability Services	Disability services	Whittlesea (C)	9
	Education	Secondary school	Hume (C)	11
	Education	Secondary school	Whittlesea (C)	20
	Education	Secondary school	Greater Dandenong (C)	21
	Aged/Residential care	Aged care facility	Yarra Ranges (S)	139
	Food Industry	Meat processing	Whittlesea (C)	212
19 July 2020	Aged/Residential care	Aged care facility	Kingston (C)	2
	Hospital/Health care	Acute Hospital	Whittlesea (C)	3
	Education	Primary-Secondary combined school	Moonee Valley (C)	3
	Childcare	Childcare	Stonnington (C)	3
	Aged/Residential care	Aged care facility	Moonee Valley (C)	4
	Childcare	Childcare	Wyndham (C)	4
	Workplace/Industry	Supermarket	Whittlesea (C)	4
	Childcare	Childcare	Frankston (C)	5
	Disability Services	Disability services	Melton (C)	5
	Accommodation and Housing	Hotels and Serviced apartments	Melbourne (C)	7
	Hospitality and Entertainment	Food premises	Wyndham (C)	8
	Hospital/Health care	Acute Hospital	Wyndham (C)	12
	20 July 2020	Education	Primary school	Casey (C)
Education		Other education/training	Melbourne (C)	4
Workplace/Industry		Retail (not supermarket)	Melbourne (C)	4
Hospital/Health care		Primary Care services	Whittlesea (C)	4
Education		Primary school	Greater Geelong (C)	5
Education		TAFE/University	Melbourne (C)	5
Education		Secondary school	Wyndham (C)	6
Workplace/Industry		Manufacturing (not food)	Hume (C)	7
Food Industry		Poultry processing	Greater Dandenong (C)	10
Food Industry		Meat processing	Hume (C)	11

Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases
20 July 2020	Justice and Emergency	Prison	Macedon Ranges (S)	13
	Disability Services	Disability services	Melbourne (C)	13
	Aged/Residential care	Aged care facility	Brimbank (C)	19
	Aged/Residential care	Aged care facility	Latrobe (C)	23
	Workplace/Industry	Manufacturing (not food)	Maroondah (C)	23
	Hospital/Health care	Sub-Acute Hospital, Transitional care and Other hospital	Hobsons Bay (C)	40
	Childcare	Childcare	Whittlesea (C)	48
	Aged/Residential care	Aged care facility	Whittlesea (C)	219
20 July 2020	Aged/Residential care	Aged care facility	Darebin (C)	2
	Hospital/Health care	Other Healthcare	Hume (C)	3
	Hospital/Health care	Acute Hospital	Banyule (C)	4
	Childcare	Childcare	Melbourne (C)	5
	Accommodation and Housing	High density housing	Melbourne (C)	7
	Education	Secondary school	Moreland (C)	8
	Aged/Residential care	Aged care facility	Casey (C)	9
	Workplace/Industry	Food Distribution	Wyndham (C)	10
	Hospital/Health care	Acute Hospital	Melbourne (C)	11
	Hospital/Health care	Sub-Acute Hospital, Transitional care and Other hospital	Moonee Valley (C)	14
	Hospitality and Entertainment	Food premises	Brimbank (C)	14
	Disability Services	Disability services	Moreland (C)	15
	Justice and Emergency	Prison	Melbourne (C)	17
	Aged/Residential care	Aged care facility	Manningham (C)	17
	Food Industry	Poultry processing	Whittlesea (C)	34
	Hospital/Health care	Acute Hospital	Whittlesea (C)	34
	Education	Secondary school	Brimbank (C)	53
	Aged/Residential care	Aged care facility	Brimbank (C)	124
22 July 2020	Hospital/Health care	Other Healthcare	Port Phillip (C)	2
	Justice and Emergency	Other correctional facility	Melton (C)	4
	Hospital/Health care	Allied health services	Melbourne (C)	4
	Education	Primary school	Macedon Ranges (S)	4

Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases
22 July 2020	Disability Services	Supportive Residential Service (SRS)	Whittlesea (C)	7
	Hospital/Health care	Acute Hospital	Whittlesea (C)	10
	Justice and Emergency	Emergency services	Brimbank (C)	11
	Education	Secondary school	Maribyrnong (C)	20
	Workplace/Industry	Other workplace	Melbourne (C)	30
	Workplace/Industry	Food Distribution	Hume (C)	35
	Aged/Residential care	Aged care facility	Greater Dandenong (C)	116
	Aged/Residential care	Aged care facility	Darebin (C)	132
23 July 2020	Aged/Residential care	Aged care facility	Brimbank (C)	2
	Aged/Residential care	Aged care facility	Glen Eira (C)	2
	Workplace/Industry	Retail (not supermarket)	Moreland (C)	2
	Aged/Residential care	Aged care facility	Brimbank (C)	3
	Education	Other education/training	Whittlesea (C)	5
	Education	Primary-Secondary combined school	Greater Dandenong (C)	10
	Workplace/Industry	Warehouse (not food)	Knox (C)	14
	Food Industry	Meat processing	Mount Alexander (S)	19
	Education	Secondary school	Casey (C)	21
24 July 2020	Aged/Residential care	Aged care facility	Monash (C)	3
	Workplace/Industry	Supermarket	Maribyrnong (C)	3
	Workplace/Industry	Construction	Monash (C)	3
	Aged/Residential care	Aged care facility	Whitehorse (C)	4
	Education	Kindergarten	Brimbank (C)	6
	Education	Secondary school	Melbourne (C)	7
	Accommodation and Housing	Hostels and Backpackers accommodation	Port Phillip (C)	8
	Workplace/Industry	Residential worksite	Melton (C)	8
	Aged/Residential care	Aged care facility	Cardinia (S)	10
	Workplace/Industry	Manufacturing (not food)	Brimbank (C)	10
	Workplace/Industry	Supermarket	Greater Dandenong (C)	18
25 July 2020	Aged/Residential care	Aged care facility	Yarra Ranges (S)	2
	Education	Primary school	Colac-Otway (S)	3
	Food Industry	Food production	Moreland (C)	5

Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases
25 July 2020	Aged/Residential care	Aged care facility	Wyndham (C)	8
	Education	Secondary school	Yarra Ranges (S)	10
	Workplace/Industry	Manufacturing (not food)	Hume (C)	11
	Workplace/Industry	Logistics	Melbourne (C)	11
	Food Industry	Factory based food production	Hobsons Bay (C)	16
	Hospital/Health care	Acute Hospital	Frankston (C)	90
26 July 2020	Aged/Residential care	Aged care facility	Nillumbik (S)	3
	Education	Secondary school	Melton (C)	3
	Workplace/Industry	Other workplace	Mornington Peninsula (S)	4
	Aged/Residential care	Aged care facility	Macedon Ranges (S)	5
	Education	Secondary school	Brimbank (C)	5
	Hospital/Health care	Primary Care services	Hume (C)	5
	Workplace/Industry	Construction	Wyndham (C)	5
	Workplace/Industry	Manufacturing (not food)	Brimbank (C)	5
	Disability Services	Disability services	Moreland (C)	7
	Education	Primary school	Yarra (C)	10
	Workplace/Industry	Logistics	Hume (C)	13
	Hospital/Health care	Sub-Acute Hospital, Transitional care and Other hospital	Frankston (C)	35
	Food Industry	Poultry processing	Greater Geelong (C)	55
27 July 2020	Aged/Residential care	Aged care facility	Monash (C)	2
	Workplace/Industry	Supermarket	Yarra (C)	2
	Workplace/Industry	Supermarket	Wyndham (C)	2
	Childcare	Childcare	Melbourne (C)	5
	Accommodation and Housing	Hotels and Serviced apartments	Mansfield (S)	5
	Aged/Residential care	Aged care facility	Maribyrnong (C)	5
	Workplace/Industry	Other workplace	Hobsons Bay (C)	6
	Workplace/Industry	Warehouse (not food)	Wyndham (C)	7
	Education	Secondary school	Macedon Ranges (S)	8
	Workplace/Industry	Manufacturing (not food)	Hume (C)	8
	Education	Secondary school	Brimbank (C)	11
	Childcare	Childcare	Melton (C)	12

Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases	
27 July 2020	Aged/Residential care	Aged care facility	Greater Geelong (C)	66	
	Aged/Residential care	Aged care facility	Brimbank (C)	109	
28 July 2020	Workplace/Industry	Manufacturing (not food)	Darebin (C)	2	
	Education	Primary school	Melton (C)	5	
	Education	Secondary school	Melton (C)	5	
	Workplace/Industry	Manufacturing (not food)	Brimbank (C)	6	
	Disability Services	Disability services	Casey (C)	11	
	Workplace/Industry	Office or call centre	Whittlesea (C)	11	
	Workplace/Industry	Other workplace	Greater Dandenong (C)	12	
	Workplace/Industry	Logistics	Wyndham (C)	12	
	Education	Secondary school	Maribyrnong (C)	14	
	Aged/Residential care	Aged care facility	Greater Dandenong (C)	23	
	Hospital/Health care	Acute Hospital	Wyndham (C)	44	
	Aged/Residential care	Aged care facility	Wyndham (C)	96	
	29 July 2020	Workplace/Industry	Construction	Casey (C)	2
		Childcare	Childcare	Casey (C)	2
Disability Services		Disability services	Melbourne (C)	3	
Aged/Residential care		Aged care facility	Wyndham (C)	3	
Education		Primary school	Boroondara (C)	3	
Workplace/Industry		Food Distribution	Whittlesea (C)	3	
Disability Services		Disability services	Whittlesea (C)	4	
Workplace/Industry		Other workplace	Melbourne (C)	4	
Hospital/Health care		Acute Hospital	Moreland (C)	5	
Childcare		Childcare	Monash (C)	5	
Food Industry		Meat processing	Wyndham (C)	6	
Justice and Emergency		Emergency services	Melbourne (C)	7	
Workplace/Industry		Manufacturing (not food)	Wyndham (C)	8	
Aged/Residential care		Aged care facility	Monash (C)	11	
Food Industry		Meat processing	Greater Dandenong (C)	11	
Childcare		Family day care	Hume (C)	11	
Workplace/Industry		Construction	Melbourne (C)	27	
Aged/Residential care		Aged care facility	Whittlesea (C)	78	
30 July 2020		Aged/Residential care	Aged care facility	Whitehorse (C)	2
		Aged/Residential care	Aged care facility	Moorabool (S)	2

Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases
30 July 2020	Education	Secondary school	Stonnington (C)	2
	Aged/Residential care	Aged care facility	Bayside (C)	2
	Workplace/Industry	Construction	Wyndham (C)	2
	Disability Services	Disability services	Whitehorse (C)	2
	Education	Secondary school	Yarra (C)	3
	Aged/Residential care	Aged care facility	Whittlesea (C)	3
	Workplace/Industry	Manufacturing (not food)	Whittlesea (C)	4
	Workplace/Industry	Construction	Whittlesea (C)	5
	Workplace/Industry	Manufacturing (not food)	Hume (C)	6
	Education	Secondary school	Port Phillip (C)	8
	Education	Primary-Secondary combined school	Greater Geelong (C)	8
	Aged/Residential care	Aged care facility	Brimbank (C)	9
	Food Industry	Meat processing	Moreland (C)	11
	Education	Secondary school	Wyndham (C)	12
	Workplace/Industry	Warehouse (not food)	Port Phillip (C)	14
	Education	Primary school	Greater Bendigo (C)	19
	Other	Sports and Recreation venues	Port Phillip (C)	26
	Aged/Residential care	Aged care facility	Hobsons Bay (C)	47
	Aged/Residential care	Aged care facility	Bayside (C)	87
	31 July 2020	Accommodation and Housing	Hotels and Serviced apartments	Frankston (C)
Aged/Residential care		Aged care facility	Maribyrnong (C)	2
Workplace/Industry		Logistics	Hobsons Bay (C)	3
Workplace/Industry		Warehouse (not food)	Hobsons Bay (C)	4
Education		Other education/training	Brimbank (C)	4
Justice and Emergency		Other correctional facility	Melbourne (C)	4
Workplace/Industry		Office or call centre	Melbourne (C)	4
Education		Secondary school	Greater Bendigo (C)	5
Education		Primary-Secondary combined school	Wyndham (C)	6
Workplace/Industry		Office or call centre	Greater Dandenong (C)	29
Aged/Residential care		Aged care facility	Maribyrnong (C)	91
Aged/Residential care		Aged care facility	Darebin (C)	127

Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases
1 August 2020	Aged/Residential care	Aged care facility	Nillumbik (S)	2
	Disability Services	Disability services	Glen Eira (C)	3
	Workplace/Industry	Retail (not supermarket)	Moreland (C)	3
	Education	Primary school	Casey (C)	3
	Hospital/Health care	Primary Care services	Casey (C)	4
	Childcare	Childcare	Latrobe (C)	6
	Aged/Residential care	Aged care facility	Darebin (C)	35
	Food Industry	Poultry processing	Greater Bendigo (C)	41
	Aged/Residential care	Aged care facility	Brimbank (C)	60
2 August 2020	Workplace/Industry	Logistics	Wyndham (C)	2
	Food Industry	Factory based food production	Monash (C)	2
	Workplace/Industry	Supermarket	Maribyrnong (C)	3
	Aged/Residential care	Aged care facility	Moonee Valley (C)	3
	Workplace/Industry	Food Distribution	Melbourne (C)	4
	Childcare	Childcare	Greater Geelong (C)	5
	Hospitality and Entertainment	Food premises	Ballarat (C)	6
	Hospital/Health care	Acute Hospital	Maroondah (C)	6
	Education	Primary school	Colac-Otway (S)	10
	Disability Services	Disability services	Yarra Ranges (S)	18
	Education	Primary-Secondary combined school	Casey (C)	37
	Aged/Residential care	Aged care facility	Bayside (C)	73
	Aged/Residential care	Aged care facility	Port Phillip (C)	75
	Aged/Residential care	Aged care facility	Hume (C)	123
	3 August 2020	Aged/Residential care	Aged care facility	Hume (C)
Workplace/Industry		Construction	Hume (C)	2
Education		Secondary school	Monash (C)	4
Workplace/Industry		Other workplace	Glen Eira (C)	4
Workplace/Industry		Office or call centre	Monash (C)	4
Aged/Residential care		Aged care facility	Darebin (C)	6
Education		Primary-Secondary combined school	Greater Geelong (C)	7
Hospital/Health care		Acute Hospital	Boroondara (C)	7
Hospitality and Entertainment		Food premises	Greater Geelong (C)	10



Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases
3 August 2020	Childcare	Childcare	Whittlesea (C)	26
	Aged/Residential care	Aged care facility	Melton (C)	83
4 August 2020	Workplace/Industry	Manufacturing (not food)	Wyndham (C)	2
	Workplace/Industry	Retail (not supermarket)	Maribyrnong (C)	3
	Workplace/Industry	Retail (not supermarket)	Hume (C)	3
	Education	TAFE/University	Latrobe (C)	3
	Disability Services	Disability services	Brimbank (C)	3
	Education	Other education/training	Port Phillip (C)	5
	Workplace/Industry	Food Distribution	Wyndham (C)	9
	Workplace/Industry	Construction	Port Phillip (C)	11
	Workplace/Industry	Food Distribution	Hobsons Bay (C)	11
	Aged/Residential care	Aged care facility	Hume (C)	22
	Aged/Residential care	Aged care facility	Monash (C)	42
	Aged/Residential care	Aged care facility	Brimbank (C)	51
	Aged/Residential care	Aged care facility	Whittlesea (C)	67
	Aged/Residential care	Aged care facility	Moreland (C)	68
	5 August 2020	Workplace/Industry	Manufacturing (not food)	Greater Dandenong (C)
Aged/Residential care		Aged care facility	Greater Dandenong (C)	2
Workplace/Industry		Logistics	Wyndham (C)	3
Education		Secondary school	Greater Geelong (C)	4
Workplace/Industry		Other workplace	Banyule (C)	5
Hospital/Health care		Sub-Acute Hospital, Transitional care and Other hospital	Frankston (C)	5
Workplace/Industry		Manufacturing (not food)	Brimbank (C)	8
Education		Primary school	Moonee Valley (C)	9
Food Industry		Poultry processing	Wyndham (C)	11
Aged/Residential care		Aged care facility	Mornington Peninsula (S)	39
6 August 2020	Other	Other	Whitehorse (C)	2
	Other	Sports and Recreation venues	Glen Eira (C)	2
	Hospitality and Entertainment	Food premises	Cardinia (S)	2

Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases
6 August 2020	Aged/Residential care	Aged care facility	Melton (C)	3
	Disability Services	Disability services	Darebin (C)	3
	Workplace/Industry	Retail (not supermarket)	Greater Geelong (C)	3
	Education	Secondary school	Casey (C)	4
	Food Industry	Factory based food production	Hume (C)	4
	Aged/Residential care	Aged care facility	Moreland (C)	5
	Education	Secondary school	Greater Geelong (C)	7
	Workplace/Industry	Retail (not supermarket)	Maroondah (C)	8
	Aged/Residential care	Aged care facility	Greater Shepparton (C)	9
	Education	Secondary school	Cardinia (S)	10
	Hospital/Health care	Acute Hospital	Frankston (C)	11
	Aged/Residential care	Aged care facility	Kingston (C)	55
7 August 2020	Aged/Residential care	Aged care facility	Banyule (C)	2
	Hospitality and Entertainment	Food premises	Whittlesea (C)	2
	Disability Services	Disability services	Maribyrnong (C)	2
	Hospital/Health care	Acute Hospital	Ballarat (C)	3
	Workplace/Industry	Supermarket	Casey (C)	3
	Workplace/Industry	Other workplace	Frankston (C)	4
	Hospital/Health care	Acute Hospital	Knox (C)	5
	Workplace/Industry	Logistics	Brimbank (C)	6
	Education	TAFE/University	Greater Shepparton (C)	6
	Hospital/Health care	Sub-Acute Hospital, Transitional care and Other hospital	Glen Eira (C)	8
	Disability Services	Disability services	Casey (C)	9
	Hospital/Health care	Acute Hospital	Melbourne (C)	21
8 August 2020	Education	Secondary school	Greater Dandenong (C)	2
	Workplace/Industry	Other workplace	Glenelg (S)	2
	Disability Services	Disability services	Frankston (C)	3
	Workplace/Industry	Office or call centre	Brimbank (C)	3
	Workplace/Industry	Manufacturing (not food)	Brimbank (C)	4
	Workplace/Industry	Logistics	Hume (C)	4
	Disability Services	Disability services	Greater Dandenong (C)	5

Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases
8 August 2020	Workplace/Industry	Other workplace	Stonnington (C)	9
	Workplace/Industry	Office or call centre	Port Phillip (C)	12
9 August 2020	Workplace/Industry	Office or call centre	Moonee Valley (C)	2
	Workplace/Industry	Construction	Monash (C)	2
	Education	Primary-Secondary combined school	Wyndham (C)	3
	Education	Primary-Secondary combined school	Wyndham (C)	3
	Workplace/Industry	Construction	Port Phillip (C)	3
	Disability Services	Disability services	Whitehorse (C)	3
	Workplace/Industry	Supermarket	Darebin (C)	3
	Workplace/Industry	Warehouse (not food)	Greater Dandenong (C)	4
	Education	Primary-Secondary combined school	Greater Dandenong (C)	4
	Education	Secondary school	Melton (C)	6
	Childcare	Childcare	Moonee Valley (C)	7
	Education	Secondary school	Macedon Ranges (S)	9
	10 August 2020	Workplace/Industry	Logistics	Wyndham (C)
Workplace/Industry		Office or call centre	Yarra (C)	3
Workplace/Industry		Office or call centre	Melbourne (C)	3
Workplace/Industry		Logistics	Wyndham (C)	3
Aged/Residential care		Aged care facility	Hobsons Bay (C)	4
Hospitality and Entertainment		Food premises	Greater Shepparton (C)	7
Workplace/Industry		Manufacturing (not food)	Moreland (C)	7
11 August 2020	Education	Secondary school	Greater Dandenong (C)	2
	Workplace/Industry	Retail (not supermarket)	Brimbank (C)	2
	Workplace/Industry	Other workplace	Ballarat (C)	4
	Workplace/Industry	Food Distribution	Hume (C)	5
	Hospital/Health care	Acute Hospital	Mornington Peninsula (S)	5
	Disability Services	Disability services	Whittlesea (C)	6
	Hospital/Health care	Sub-Acute Hospital, Transitional care and Other hospital	Knox (C)	7
	Education	Secondary school	Latrobe (C)	8
Workplace/Industry	Construction	Boroondara (C)	9	

Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases
11 August 2020	Disability Services	Disability services	Yarra Ranges (S)	13
	Hospital/Health care	Acute Hospital	Yarra (C)	13
	Hospital/Health care	Acute Hospital	Brimbank (C)	13
12 August 2020	Hospitality and Entertainment	Food premises	Melbourne (C)	2
	Workplace/Industry	Warehouse (not food)	Wyndham (C)	2
	Hospital/Health care	Sub-Acute Hospital, Transitional care and Other hospital	Yarra (C)	11
13 August 2020	Aged/Residential care	Aged care facility	Bayside (C)	2
	Aged/Residential care	Aged care facility	Kingston (C)	2
	Hospitality and Entertainment	Food premises	Glenelg (S)	2
	Food Industry	Factory based food production	Kingston (C)	2
	Workplace/Industry	Manufacturing (not food)	Greater Dandenong (C)	2
	Workplace/Industry	Retail (not supermarket)	Darebin (C)	2
	Workplace/Industry	Construction	Monash (C)	2
	Education	Secondary school	Ballarat (C)	3
	Disability Services	Disability services	Yarra Ranges (S)	9
14 August 2020	Childcare	Childcare	Darebin (C)	2
	Food Industry	Factory based food production	Brimbank (C)	2
	Disability Services	Disability services	Casey (C)	2
	Workplace/Industry	Office or call centre	Greater Bendigo (C)	3
	Hospital/Health care	Other Healthcare	Yarra (C)	3
	Disability Services	Disability services	Casey (C)	4
	Workplace/Industry	Other workplace	Wyndham (C)	5
	Disability Services	Disability services	Melton (C)	6
	Disability Services	Disability services	Port Phillip (C)	18
15 August 2020	Aged/Residential care	Aged care facility	Cardinia (S)	2
	Workplace/Industry	Supermarket	Boroondara (C)	2
	Disability Services	Disability services	Whittlesea (C)	3
	Hospital/Health care	Acute Hospital	Monash (C)	3
	Workplace/Industry	Supermarket	Moreland (C)	6
	Hospital/Health care	Acute Hospital	Brimbank (C)	12

Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases
15 August 2020	Aged/Residential care	Aged care facility	Moonee Valley (C)	22
16 August 2020	Workplace/Industry	Office or call centre	Melbourne (C)	2
	Hospital/Health care	Acute Hospital	Bayside (C)	5
	Aged/Residential care	Residential facility	Kingston (C)	5
	Workplace/Industry	Other workplace	Moyne (S)	7
17 August 2020	Workplace/Industry	Supermarket	Monash (C)	3
	Education	Additional needs school	Wyndham (C)	20
18 August 2020	Workplace/Industry	Warehouse (not food)	Greater Dandenong (C)	2
	Justice and Emergency	Emergency services	Moreland (C)	2
	Workplace/Industry	Supermarket	Stonnington (C)	2
	Hospital/Health care	Acute Hospital	Darebin (C)	4
19 August 2020	Workplace/Industry	Manufacturing (not food)	Hume (C)	3
	Hospital/Health care	Acute Hospital	Kingston (C)	4
	Hospital/Health care	Primary Care services	Melbourne (C)	7
	Aged/Residential care	Residential facility	Bayside (C)	84
20 August 2020	Hospital/Health care	Other Healthcare	Melbourne (C)	2
	Hospital/Health care	Primary Care services	Maribyrnong (C)	2
	Aged/Residential care	Residential facility	Frankston (C)	4
	Hospital/Health care	Sub-Acute Hospital, Transitional care and Other hospital	Melbourne (C)	8
	Workplace/Industry	Manufacturing (not food)	Greater Dandenong (C)	64
21 August 2020	Education	Secondary school	Moonee Valley (C)	2
	Hospital/Health care	Acute Hospital	Casey (C)	2
	Workplace/Industry	Office or call centre	Melbourne (C)	6
	Hospital/Health care	Acute Hospital	Greater Dandenong (C)	8
22 August 2020	Aged/Residential care	Aged care facility	Stonnington (C)	3
	Workplace/Industry	Warehouse (not food)	Knox (C)	4
23 August 2020	Aged/Residential care	Aged care facility	Casey (C)	2
24 August 2020	Disability Services	Supportive Residential Service (SRS)	Wyndham (C)	5
	Workplace/Industry	Office or call centre	Hobsons Bay (C)	8
	Workplace/Industry	Other workplace	Melbourne (C)	19
25 August 2020	Hospitality and Entertainment	Food premises	Wyndham (C)	11
26 August 2020	Aged/Residential care	Aged care facility	Melbourne (C)	2

Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases
26 August 2020	Hospital/Health care	Acute Hospital	Monash (C)	5
	Food Industry	Poultry processing	Brimbank (C)	6
	Hospital/Health care	Acute Hospital	Yarra (C)	8
27 August 2020	Other	Other	Hume (C)	2
	Hospital/Health care	Acute Hospital	Yarra (C)	2
	Aged/Residential care	Aged care facility	Frankston (C)	3
	Education	Primary school	Moonee Valley (C)	5
	Disability Services	Supportive Residential Service (SRS)	Darebin (C)	6
	Aged/Residential care	Aged care facility	Maribyrnong (C)	8
29 August 2020	Workplace/Industry	Logistics	Wyndham (C)	2
	Workplace/Industry	Food Distribution	Melbourne (C)	7
	Other	Family and Social gathering	Greater Geelong (C)	9
31 August 2020	Disability Services	Supportive Residential Service (SRS)	Darebin (C)	2
	Aged/Residential care	Aged care facility	Latrobe (C)	3
1 September 2020	Hospital/Health care	Sub-Acute Hospital, Transitional care and Other hospital	Kingston (C)	2
	Food Industry	Factory based food production	Hume (C)	2
	Workplace/Industry	Other workplace	Wyndham (C)	8
	Education	Kindergarten	Colac-Otway (S)	17
	Justice and Emergency	Emergency services	Greater Dandenong (C)	19
	Food Industry	Factory based food production	Colac-Otway (S)	20
2 September 2020	Aged/Residential care	Aged care facility	Monash (C)	2
3 September 2020	Food Industry	Meat processing	Casey (C)	3
	Workplace/Industry	Retail (not supermarket)	Colac-Otway (S)	3
	Disability Services	Disability services	Monash (C)	5
4 September 2020	Hospital/Health care	Acute Hospital	Greater Dandenong (C)	4
	Childcare	Family day care	Hobsons Bay (C)	9
	Other	Family and Social gathering	Casey (C)	45
6 September 2020	Workplace/Industry	Office or call centre	Melbourne (C)	2
	Aged/Residential care	Aged care facility	Moonee Valley (C)	23
	Aged/Residential care	Aged care facility	Hobsons Bay (C)	46

Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases
7 September 2020	Workplace/Industry	Logistics	Brimbank (C)	2
	Education	TAFE/University	Yarra (C)	5
	Food Industry	Meat processing	Greater Dandenong (C)	6
9 September 2020	Aged/Residential care	Aged care facility	Manningham (C)	3
11 September 2020	Hospital/Health care	Sub-Acute Hospital, Transitional care and Other hospital	Wyndham (C)	2
	Hospital/Health care	Acute Hospital	Maribyrnong (C)	20
	Aged/Residential care	Aged care facility	Brimbank (C)	52
12 September 2020	Hospital/Health care	Acute Hospital	Melbourne (C)	12
15 September 2020	Workplace/Industry	Construction	Nillumbik (S)	5
20 September 2020	Hospital/Health care	Other Healthcare	Whitehorse (C)	2
24 September 2020	Accommodation and Housing	Temporary accommodation	Greater Dandenong (C)	8
26 September 2020	Other	Other	Frankston (C)	13
27 September 2020	Hospital/Health care	Acute Hospital	Casey (C)	3
28 September 2020	Hospital/Health care	Primary Care services	Monash (C)	7
	Workplace/Industry	Supermarket	Stonnington (C)	39
29 September 2020	Workplace/Industry	Manufacturing (not food)	Greater Dandenong (C)	2
1 October 2020	Accommodation and Housing	Temporary accommodation	Whitehorse (C)	5
5 October 2020	Aged/Residential care	Aged care facility	Darebin (C)	5
	Hospitality and Entertainment	Food premises	Mitchell (S)	6
6 October 2020	Food Industry	Fruit or vegetable farming	Casey (C)	2
	Hospital/Health care	Acute Hospital	Whitehorse (C)	15
8 October 2020	Other	Family and Social gathering	Port Phillip (C)	4
9 October 2020	Other	Family and Social gathering	Monash (C)	9
	Other	Family and Social gathering	Banyule (C)	28
11 October 2020	Workplace/Industry	Other workplace	Casey (C)	2
	Workplace/Industry	Other workplace	Monash (C)	3
13 October 2020	Workplace/Industry	Other workplace	Greater Shepparton (C)	4
14 October 2020	Other	Family and Social gathering	Wyndham (C)	5
21 October 2020	Education	Primary-Secondary combined school	Darebin (C)	12

#### Appendix 4 Outbreaks in Victoria

Outbreak start date (calculated using diagnosis date)	Site category	Sub category	Location (LGA)	Cases
23 October 2020	Aged/Residential care	Aged care facility	Banyule (C)	4
24 October 2020	Childcare	Childcare	Whittlesea (C)	2
<b>Total</b>				<b>11,328</b>

Source: Department of Health and Human Services, *DHHS Data Request 3*, supplementary evidence received 4 December 2020.



# Appendix 5

## Health directions

Date	Direction	Description
22 July 2020	Stay Safe Directions (No. 7)	Replaced Stay Safe Directions (No. 6) and required everyone who ordinarily resides in Victoria, other than in the Restricted Areas, to limit their interactions with others by placing restrictions on gatherings and the return to workplaces. These restrictions included that those residing outside of the Restricted Area must comply with the safe covering requirements in the Stay at Home Directions (restricted Areas) (No. 4) when entering a Restricted Area.
	Restricted Activity Directions (No. 14)	Replaced the Restricted Activity Directions (No. 13) and restricted the operation of certain businesses and other organisations, and limited recreational, cultural and entertainment activities in areas other than Restricted Areas in Victoria. Included that an employer must comply with the face covering requirements in the Restricted Activity Directions (Restricted Areas) (No. 3) in respect to employees who reside in the Restricted Area.
	Stay at Home Directions (Restricted Areas) (No. 4)	Replaced the Stay at Home Directions (Restricted Areas) (No. 3) and required everyone who normally resides in the Restricted Areas to limit their interactions with others by restricting the circumstances in which they may leave the premises they normally reside, and placing restrictions on gatherings, including prohibiting private gatherings. Included face covering requirements, requiring a person residing in the Restricted Area to wear a face covering at all times when they leave their premises except in limited circumstances.
	Restricted Activity Directions (Restricted Areas) (No. 3)	Replaced the Restricted Activity Directions (Restricted Areas) (No. 2) and restricted the operation of certain businesses and undertakings in the Restricted Areas to limit the spread of 2019-nCoV. Included revisions to require that, where an employer permits an employee to perform work at the employer's premises in the Restricted Area in accordance with the direction, the employer must take reasonable steps to ensure the employee wears a face covering at all times when working there except in limited circumstances.
	Diagnosed Persons and Close Contacts Directions (No. 7)	Revoked the Diagnosed Persons and Close Contacts Directions (No. 5) and Diagnosed Persons and Close Contacts Directions (No. 6) and require persons diagnosed with Novel Coronavirus 2019 (2019-nCoV) to self-isolate, and those who are living with a diagnosed person, or who have been in close contact with a diagnosed person to self-quarantine, in order to limit the spread of 2019-nCoV.
	Care Facilities Directions (No. 8)	Replaced the Care Facilities Directions (No. 7). The purpose of these directions is to make provision for restricted access to care facilities in order to limit the spread of Novel Coronavirus 2019 (2019-nCoV) within a particularly vulnerable population. These directions expanded the categories of persons excluded from entering and remaining at a care facility, among other revisions.
	Hospital Visitor Directions (No. 9)	Replaced the Hospital Visitor Directions (No. 8). Prohibited non-essential visits to hospitals in order to limit the spread of Novel Coronavirus 2019 (2019-nCoV) and included some revisions regarding visits to hospital patients.

Date	Direction	Description
30 July 2020	Stay Safe Directions (No. 8)	Replaced Stay Safe Directions (No. 7) and required everyone who ordinarily resides in Victoria, other than in the Restricted Areas, to limit their interactions with others by placing restrictions on gatherings and the return to workplaces. These Directions sought to extend restrictions on private social gatherings to Greater Geelong and the surrounding areas.
	Restricted Activity Directions (No. 15)	Replaced Restricted Activity Directions (No. 14) and restricted the operation of certain businesses and other organisations, and limited recreational, cultural and entertainment activities in areas other than Restricted Areas in Victoria. These Directions included specific restrictions in relation to the operation of accommodation facilities.
	Area Directions (No. 5)	Replaced Area Directions (No. 4) and Identified areas within Victoria which have a higher prevalence of, or risk of exposure to, 2019-nCoV and which are subject to specific directions which are reasonably necessary to protect public health.
	Stay at Home Directions (Restricted Areas) (No. 5)	Replaced Stay at Home Directions (Restricted Areas) (No. 4) and required everyone who normally resides in the Restricted Areas to limit their interactions with others by restricting the circumstances in which they may leave the premises they normally reside, and placing restrictions on gatherings, including prohibiting private gatherings. This Direction included minor revisions.
2 August 2020	Stay Safe Directions (No. 9)	Replaced Stay Safe Directions (No. 8) and required everyone who ordinarily resides in Victoria, other than in the Restricted Areas, to limit their interactions with others by placing restrictions on gatherings and the return to workplaces. This Direction required that persons residing outside the Restricted Area must wear a face covering at all time when they leave their premises except in limited circumstances.
	Restricted Activity Directions (No. 16)	Replaced Restricted Activity Directions (No. 15) and restricted the operation of certain businesses and other organisations, and limited recreational, cultural and entertainment activities in areas other than Restricted Areas in Victoria. This Direction required that where an employer permits an employee to perform work at the employer's premises, the employer must take reasonable steps to ensure the employee wears a face covering at all times when working there except in limited circumstances.
	Restricted Activity Directions (Restricted Areas) (No. 4)	Replaced Restricted Activity Directions (Restricted Areas) (No. 3) and restricted the operation of certain businesses and undertakings in the Restricted Areas to limit the spread of 2019-nCoV. Included revisions clarifying the exceptions to the face covering requirement and other minor revisions.
	Stay at Home Directions (Restricted Areas) (No. 6)	Replaced Stay at Home Directions (Restricted Areas) (No. 5) and required everyone who normally resides in the Restricted Areas to limit their interactions with others by restricting the circumstances in which they may leave the premises they normally reside, and placing restrictions on gatherings, including prohibiting private gatherings. Included revisions clarifying the exceptions to the face covering requirement and to expressly state that a person from the Restricted Area is not permitted to enter a premises outside of the Restricted Area unless it is for one of the specified reasons (for example, for work or education purposes). This Direction also imposed further travel restrictions, a curfew and distance limits on travel for exercise and goods and services.
	Restricted Activity Directions (Restricted Areas) (No. 5)	Replaced Restricted Activity Directions (Restricted Areas) (No. 4) and restricted the operation of certain businesses and undertakings in the Restricted Areas to limit the spread of 2019-nCoV. Included revisions preventing the operation of physical recreational facilities, except in certain circumstances.

Date	Direction	Description
2 August 2020	Stay at Home Directions (Restricted Areas) (No. 7)	Replaced Stay at Home Directions (restricted Areas) (No. 6) and required everyone who normally resides in the Restricted Areas to limit their interactions with others by restricting the circumstances in which they may leave the premises they normally reside, and placing restrictions on gatherings, including prohibiting private gatherings, including minor revisions.
3 August 2020	Diagnosed Persons and Close Contacts Directions (No. 8)	Replaced Diagnosed Persons and Close Contacts Directions (No. 7) and required persons diagnosed with Novel Coronavirus 2019 (2019-nCoV) to self-isolate, and those who are living with a diagnosed person, or who have been in close contact with a diagnosed person to self-quarantine, in order to limit the spread of 2019-nCoV. Included amendments regarding permitted reasons that a person who is required to self-isolate or self-quarantine may leave their premises.
	Care Facilities Directions (No. 9)	Replaced Care Facilities Directions (No. 8). The purpose of these directions is to make provision for restricted access to care facilities in order to limit the spread of Novel Coronavirus 2019 (2019-nCoV) within a particularly vulnerable population. These Directions allowed a worker who has had known contact with a person who has been diagnosed with COVID-19 to work in a residential aged care facility if authorised by the facility and the Chief Health Officer or a person authorised by the Chief Health Officer.
5 August 2020	Area Directions (No. 6)	Replaced Area Directions (No. 5) and removed references to the Safety Area and Mitchell Shire from the definition of the Restricted Area, being the aggregate area consisting of the municipal districts, suburbs, localities and addressed within greater Melbourne.
	Stay at Home Directions (Restricted Areas) (No. 8)	Replaced the Stay at Home Directions (Restricted Areas) (No. 7) and required everyone who normally resides in the Restricted Areas to limit their interactions with others by restricting the circumstances in which they may leave the premises they normally reside, and placing restrictions on gatherings, including prohibiting private gatherings. Included revisions to impose stricter restrictions on weddings and on persons leaving their premises to attend work or obtain educational services.
	Restricted Activity Directions (Restricted Areas) (No. 6)	Replaced the Restricted Activity Directions (Restricted Areas) (No. 5) and contained the same restrictions but also required more strict workplace restrictions in the Restricted Area including the requirement that only Permitted Work premises can operate onsite, unless an exemption such as schools applied.
	Stay at Home Directions (Non-Melbourne)	Replaced the Stay at Home Directions (No. 9) and required everyone living outside of the Restricted Area to further limit gatherings and leaving home.
	Restricted Activity Directions (Non-Melbourne)	Replaced the Restricted Activity Directions (No. 16) further limiting facilities operating outside of the Restricted Area
	Workplace Directions	Introduced restrictions on number of people in workplaces and obligations on employers to have a COVIDSafe Plan to reduce frequency and scale of COVID-19 outbreaks. Intended to manage the risk association with COVID-19, particularly in management by employers and workers of suspected and confirmed cases of COVID-19.
	Permitted Worker Permit Scheme Directions	Introduced the Permitted Worker Scheme and the Access to Onsite Childcare/Kindergarten Permit Scheme to support the Workplace Directions relating to essential/permitted workers could attend onsite work premises and/or access to onsite childcare.

Date	Direction	Description
6 August 2020	Stay at Home Directions (Restricted Areas) (No. 9)	Replaced the Stay at Home Directions (Restricted Areas) (No. 8) and contained the same restrictions with minor technical revisions.
8 August 2020	Stay at Home Directions (Restricted Areas) (No. 10)	Replaced the Stay at Home Directions (Restricted Areas) (No. 9) and contained the same restrictions with revisions to for clarification regarding childminding and childcare.
	Permitted Worker Permit Scheme Directions (No. 2)	Replaced the Permitted Worker Permit Scheme Directions and contained the same obligations on Permitted Employers but included minor revisions to exclude additional categories of workers needing to hold a Permit.
	Workplace Directions (No. 2)	Replaced the Workplace Directions and contained the same obligations on employers but clarified that workplaces located outside of the Restricted Area were not required to have a COVIDSafe plan. Included that confirmed cases in a workplace is up until the diagnosed individual received clearance from the Department.
	Workplace (Additional Industry Obligations) Directions	Established obligations on each Additional Obligation Industry Work Premises.
	Workplace (Additional Industry Obligations) Directions (No. 2)	Replaced the Workplace (Additional Industry Obligations) Directions and included the same restrictions with minor technical revisions.
11 August 2020	Workplace (Additional Industry Obligations) Directions (No. 3)	Replaced the Workplace (Additional Industry Obligations) Directions and included the same restrictions with clarifications on existing and additional obligations on employers and workers in specific industries.
13 August 2020	Stay at Home Directions (Restricted Areas) (No. 11)	Replaced the Stay at Home Directions (Restricted Areas) (No. 10) and included the same restrictions with revisions to reasons to leave home to access/provide childcare, care for animals. Included clarifications to leaving home to access education, and that only permitted workers can attend work.
	Restricted Activity Directions (Restricted Areas) (No. 7)	Replaced the Restricted Activity Directions (Restricted Areas) (No. 6) and included the same restrictions with clarifications to operational hours of education and childcare services. Provided clarification that workplaces with multiple functions was only permitted to operate functions covered by the directions.
	Stay at Home Directions (Non-Melbourne) (No. 2)	Replaced the Stay at Home Directions (Non-Melbourne) and included the same restrictions with revisions to reasons to leave home to access/provide childcare, care for animals. Included clarifications to leaving home to access education.
	Restricted Activity Directions (Non-Melbourne) (No. 2)	Replaced the Restricted Activity Directions (Non-Melbourne) (No. 9) and included the same restrictions with revisions to allow representatives of the Department in relation to an individual's self-isolation clearance, and clarification that those required to self-isolate or quarantine can leave home to get a COVID-19 test.
	Permitted Worker Permit Scheme Directions (No. 3)	Replaced the Permitted Worker Permit Scheme Directions (No. 2) and included the same restrictions with revisions to ensure that individuals residing in the Restricted Area who work outside the Restricted area have the directions applied to them. Also allowed students attending clinical placement to obtain a Permitted Worker Permit and Access to Onsite Childcare Permit, as well as links to different templates for the permit forms for different areas.

Date	Direction	Description
16 August 2020	Area Directions (No. 7)	Continued the restrictions in Area Directions (No. 6) into the extended state of emergency with minor technical revisions.
	Stay at Home Directions (Restricted Areas) (No. 12)	Continued the restrictions in Stay at Home Directions (Restricted Areas) (No. 11) into the extended state of emergency with minor technical revisions.
	Restricted Activity Directions (Restricted Areas) (No. 8)	Continued the restrictions in Restricted Activity Directions (Restricted Areas) (No. 7) into the extended state of emergency with revisions to include recruitment sites as Permitted Work Premises. Also clarified circumstances of operation of childcare services.
	Stay at Home Directions (Non-Melbourne) (No. 3)	Continued the restrictions in Stay at Home Directions (Non-Melbourne) (No. 2) into the extended state of emergency with minor technical revisions.
	Restricted Activity Directions (Non-Melbourne) (No. 3)	Continued the restrictions in Restricted Activity Directions (Non-Melbourne) (No. 2) into the extended state of emergency with minor technical revisions. Also clarified the circumstances in which childcare facilities can offer services to a person with parents/guardians from the Restricted Area.
	Diagnosed Persons and Close Contacts Directions (No. 10)	Continued the restrictions in the Diagnosed Persons and Close Contact Directions (No. 9) into the extended state of emergency with minor technical revisions.
	Hospital Visitor Directions (No. 10)	Continued the restrictions in the Hospital Visitor Directions (No. 9) into the extended state of emergency with minor technical revisions.
	Care Facilities Directions (No. 10)	Continued the restrictions in the Care Facilities Directions (No. 9) into the extended state of emergency with minor technical revisions.
	Permitted Worker Permit Scheme Directions (No. 4)	Continued the restrictions in the Permitted Worker Permit Scheme Directions (No. 3) into the extended state of emergency with minor technical revisions. Revised to exclude government intelligence and security agency employees from requirement to hold a Permitted Worker Permit or Access to Onsite Childcare/ Kindergarten Permit.
	Workplace Directions (No. 3)	Continued the restrictions in the Workplace Directions (No. 2) into the extended state of emergency with minor technical revisions.
	Workplace (Additional Industry Obligations) Directions (No. 4)	Replaced the Workplace (Additional Industry Obligations) Directions (No. 3) but continued the same restrictions into the extended state of emergency with revisions allowing workers to meet obligations or requirements related to movement between construction sites. Also clarified restrictions relating to early state land development sites and large-scale construction sites.
20 August 2020	Stay at Home Directions (Restricted Areas) (No. 13)	Replaced the Stay at Home Directions (Restricted Areas) (No. 12) but continued the same restrictions with minor revisions to clarify vehicle use when leaving home for exercise.
27 August 2020	Stay at Home Directions (Restricted Areas) (No. 14)	Replaced the Stay at Home Directions (Restricted Areas) (No. 13) but continued the same restrictions with minor revisions to gatherings at funerals.

Date	Direction	Description
13 September 2020	Stay at Home Directions (Non-Melbourne) (No. 4)	Continued the restrictions in the Stay at Home Directions (Non-Melbourne) (No. 3) into the extended state of emergency with revisions to require employers to have a COVIDSafe plan at any work place in Victoria (instead of just in the Restricted Area), unless they have fewer than five workers.
	Workplace (Additional Industry Obligations) Directions (No. 5)	Continued the restrictions in the Workplace (Additional Industry Obligations) Directions (No. 4) with minor technical revisions and revisions expanding the definition of specialist contractor to include additional contractors.
	Restricted Activity Directions (Restricted Areas) (No. 9)	Continued the restrictions in the Restricted Activity Directions (Restricted Areas) (No. 8) into the extended state of emergency with revisions to permit the use of outdoor playgrounds, outdoor communal exercise equipment and for libraries to operate contactless services.
	Restricted Activity Directions (Non-Melbourne) (No. 4)	Continued the restrictions in the Restricted Activity Directions Restricted Activity Directions (Non-Melbourne) (No. 3) into the extended state of emergency with revisions clarifying circumstances for library services and outdoor exercise activities. Permitted use of outdoor swimming pools, playground and exercise equipment. Permitted outdoor religious gatherings.
	Stay at Home Directions (Restricted Areas) (No. 15)	Continued the restrictions in the Stay at Home Directions (Restricted Areas) (No. 14) into the extended state of emergency with revisions to ease some restrictions. Curfew started at 9pm instead of 8pm, exercise permitted for two hours, outdoor social interaction with people in household or one other person and home visits permitted for single person and single parent households. Also allowed some activities related to LGA elections.
	Permitted Worker Permit Scheme Directions (No. 5)	Continued the restrictions in the Permitted Worker Permit Scheme Directions (No. 4) into the extended state of emergency with minor technical revisions. Also revised to clarify Access to Onsite Childcare/Kindergarten Permits for people in the Relevant Area.
	Stay at Home Directions (Non-Melbourne) (No. 5)	Continued the restrictions in the Stay at Home Directions (Non-Melbourne) (No. 4) into the extended state of emergency with revisions to allow greater social interaction including outdoor socialisation with up to four other people from a maximum of two different premises, and home visits for single person and single parent households. Also allowed some activities related to LGA elections.
	Care Facilities Directions (No. 11)	Continued the restrictions in the Care Facilities Directions (No. 10) into the extended state of emergency with minor technical revisions.
	Diagnosed Persons and Close Contacts Directions (No. 11)	Continued the restrictions in the Diagnosed Persons and Close Contacts Directions (No. 10) into the extended state of emergency with minor technical revisions.
	Hospital Visitor Directions (No. 11)	Continued the restrictions in the Hospital Visitor Directions (No. 10) into the extended state of emergency.
Area Directions (No. 8)	Continued the restrictions in the Area Directions (No. 8) into the extended state of emergency with minor technical revisions.	

Date	Direction	Description
16 September 2020	Restricted Activity Directions (Non-Melbourne) (No. 5)	Replaced the Restricted Activity Directions (Non-Melbourne) (No.4) but continued the same restrictions with revisions to ease restrictions on some activities and facilities in regional Victoria. Included, for example, allowing use of outdoor skateparks, outdoor areas and limited indoor areas in food and drink facilities, hairdressing, and holiday accommodation to reopen. Permitted up to 10 people to participate in outdoor activities and the resumption of some community sports in certain circumstances. Conditions applied, including the requirement for food and drink and accommodation facilities to ensure that a person does not reside in the Restricted Area prior to providing the person with service.
	Stay Safe Directions (Non-Melbourne)	Replaced the Stay at Home Directions (Non-Melbourne) (No. 5). Contained the same restrictions, with revisions to ease restrictions on leaving home and on outdoor gatherings, weddings and funerals in regional Victoria. Established a household bubble system allowing two premises in Victoria to interact in each other's premises.
	Workplace Directions (No. 5)	Replaced the Workplace Directions (No. 4). Contained the same restrictions, with revisions to amend the definition of 'density quotient' for outdoor spaces of food and drink facilities in regional Victoria.
27 September 2020	Restricted Activity Directions (Restricted Areas) (No. 10)	Replaced the Restricted Activity Directions (Restricted Areas) (No. 9). Contained the same restrictions with revisions to permit operation of activities such as personal training, places of worship and school and childcare facilities.
	Stay at Home Directions (Restricted Areas) (No. 16)	Replaced the Stay at Home Directions (Restricted Areas) (No. 15). Contained the same restrictions but revised to lift the curfew from 28 September 2020 and exclude face shields from permitted face coverings (from 11.59pm 11 October). Provided for return to school, allowed religious gatherings up to 10 people plus one faith leader and provided access to end of life activity.
	Permitted Worker Permit Scheme Directions (No. 6)	Replaced the Permitted Worker Permit Scheme Directions (No. 5). Continued the same restrictions for the Permitted Worker Permit but discontinued the Access to Onsite Childcare/ Kindergarten Permit. Consistent with other directions at the time that any parent or guardian can access childcare facilities.
	Workplace Directions (No. 6)	Replaced the Workplace Directions (No. 5). Continued the same restrictions with revisions to clarify the application of the density quotient to schools and of COVIDSafe Plans to all businesses working onsite (specific exceptions applied).
	Workplace (Additional Industry Obligations) Directions (No.6)	Replaced the Workplace (Additional Industry Obligations) Directions (No.5). Continued the same restrictions with revisions to increase the number of workers allowed at specific Work Premises, as well as establishing additional obligations for employers in high-risk food industries, and capacity limits on high risk industries. Ability to amend the Work Premises to vary workplace capacity where there is a risk to food supply.
	Care Facilities Directions (No. 12)	Replaced the Care Facilities Directions (No. 11). Continued the same restrictions with revisions to permit certain workers otherwise excluded to continue to work in care facilities. Amended the reasons for and limitations on visiting a care facility. Required operators to take reasonable steps to facilitate electronic communication to support residents.
	Hospital Directions (No. 12)	Replaced the Hospital Directions (No. 12). Continued the same restrictions. Amended the reasons for and limitations on visiting a hospital. Required operators to take reasonable steps to facilitate electronic communication to support patients.

Date	Direction	Description
4 October 2020	Restricted Activity Directions (Restricted Areas) (No.11)	Replaced the Restricted Activity Directions (Restricted Areas) (No.10). Contained the same restrictions but revised and updated details on return of students to schools and clarified the types of non-residential swimming pools permitted to open.
	Stay at Home Directions (Restricted Areas) (No. 17)	Replaced the Stay at Home Directions (Restricted Areas) (No. 16). Contained the same restrictions but revised and updated details on return of students to schools and removed restriction on leaving home once per day for necessary goods and services.
	Stay Safe Directions (Non-Melbourne) (No. 3)	Replaced the Stay Safe Directions (Non-Melbourne) (No. 2). Contained the same restrictions but revised and updated the requirements on return of students to schools and on travelling to the Restricted Area for necessary goods or services in accordance with the Stay at Home Directions (Restricted Areas) (No. 17).
	Workplace (Additional Industry Obligations) Directions (No. 7)	Replaced the Workplace (Additional Industry Obligations) Directions (No. 6). Continued the same restrictions with revisions to ensure that any perishable food Work Premises in a chilled distribution facility to subject to additional obligations as a high-risk food industry. Clarified record-keeping obligations of employers in high-risk industries.
11 October 2020	Area Directions (No. 9)	Continued the Area Directions (No. 8) into the extended state of emergency with minor technical amendments.
	Restricted Activity Directions (Restricted Areas) (No.12)	Continued the Restricted Activity Directions (Restricted Areas) (No.11) into the extended state of emergency with revisions and updates for the return of students to school and allow work premises otherwise not allowed to open to operate for people to undertake essential school educational assessments.
	Stay at Home Directions (Restricted Areas) (No.18)	Continued the Stay at Home Directions (Restricted Areas) (No.17) into the extended state of emergency with revisions and updates for the return of students to school, circumstances in which a wedding can be held indoors and the definition of 'vulnerable child and young person.' Clarifications also included face covering requirements and the ordinary residence of seasonal workers.
	Restricted Activity Directions (Non-Melbourne) (No.7)	Continued the Restricted Activity Directions (Non-Melbourne) (No.6) into the extended state of emergency with revisions and updates including but not limited to, the return of students to school, additional requirements on businesses in relation to people from metropolitan Melbourne wanting to access their services.
	Stay Safe Directions (Non-Melbourne) (No. 4)	Continued the Stay Safe Directions (Non-Melbourne) (No. 3) into the extended state of emergency with revisions and updates on return of students to school and face covering requirements.
	Permitted Worker Permit Scheme Directions (No.7)	Continued the Permitted Worker Permit Scheme Directions (No.7) into the extended state of emergency with minor technical revisions.
	Workplace Directions (No. 7)	Continued the Workplace Directions (No. 6) into the extended state of emergency with clarification of the application of the density quotient in childcare and early childhood services.
	Workplace (Additional Industry Obligations) Directions (No.8)	Continued the Workplace (Additional Industry Obligations) Directions (No.7) into the extended state of emergency, revised to impose obligations on horticulture operations using seasonal workers and update existing obligations on employers to ensure a COVIDSafe workplace in specified industries.



Date	Direction	Description
11 October 2020	Diagnosed Persons and Close Contacts Directions (No.12)	Continued the Diagnosed Persons and Close Contacts (No.11) into the extended state of emergency, revised to impose additional obligations on close contacts of diagnosed persons, and impose an extended period of quarantine for any person who refuses a COVID-19 test during self-quarantine. Clarified Departmental requirements.
	Hospital Visitor Directions (No. 13)	Continued the Hospital Visitor Directions (No. 12) into the extended state of emergency with minor technical revisions.
	Care Facilities Directions (No. 13)	Continued the Care Facilities Directions (No. 12) into the extended state of emergency with minor technical revisions.
18 October 2020	Stay at Home Directions (Restricted Areas) (No. 19)	Replaced the Stay at Home Directions (Restricted Areas) (No. 18). Contained the same restrictions with revisions to ease restrictions on travel, social gatherings and activities for metropolitan Melbourne. Minor technical revisions.
	Stay Safe Directions (Non-Melbourne) (No. 5)	Replaced the Stay Safe Directions (Non-Melbourne) (No. 4). Contained the same restrictions with revisions to ease restrictions on social gatherings in regional Victoria.
	Care Facilities Directions (No. 14)	Replaced the Care Facilities Directions (No. 13). Contained the same restrictions with revisions on permitted visits to care facilities. Included revision to exclude persons required to quarantine under the Diagnosed Persons and Close Contacts Directions (No.12).
	Restricted Activity Directions (Restricted Areas) (No.13)	Replaced the Restricted Activity Directions (Restricted Areas) (No.12). Contained the same restrictions with revisions to ease restrictions on outdoor physical activity and recreation and allowing the operation of some businesses such as hairdressing.
	Restricted Activity Directions (Non-Melbourne) (No. 8)	Replaced the Restricted Activity Directions (Non-Melbourne) (No. 8). Contained the same restrictions with revisions to ease restrictions on activities and business operations in regional Victoria.
	Workplace (Additional Industry Obligations) Directions (No.9)	Replaced the Workplace (Additional Industry Obligations) Directions (No.8). Contained the same restrictions with revisions to clarify obligations of employers and labour hire providers in certain high-risk industries.
	Area Directions (No.9) - Exclusion of locality from Restricted Area	Exclusion of the locality known as 'Little River' from the Restricted Area.
25 October 2020	Restricted Activity Directions (Non-Melbourne) (No.9)	Replaced the Restricted Activity Directions (Non-Melbourne) (No.8). Contained the same restrictions with revisions to ease restrictions on indoor dining limits in the City of Greater Shepparton in line with the rest of regional Victoria.
26 October 2020	Restricted Activity Directions (Restricted Areas) (No.14)	Replaced the Restricted Activity Directions (Restricted Areas) (No.13). Contained the same restrictions with revisions to allow business that were to be allowed to reopen to member of the public within 48 hours, to operate for the purpose of pre-opening activities in limited circumstances.
	Permitted Worker Permit Scheme Directions (No.8)	Replaced the Permitted Worker Permit Scheme Directions (No.7). Contained the same restrictions with revisions to allow workers to attend certain workplaces for pre-opening activities in line with the Restricted Activity Directions (Restricted Areas) (No.14) without a permit.

Date	Direction	Description
27 October 2020	Stay Safe Directions (Melbourne)	Replaced the Stay at Home Directions (Restricted Areas) (No.19). Contained the same restrictions with revisions to ease restrictions on the movement and gathering of people in metropolitan Melbourne.
	Restricted Activity Directions (Melbourne)	Replaced the Restricted Activity Directions (Restricted Areas) (No.14). Contained the same restrictions with revisions to ease restrictions on the activities and operation of businesses in metropolitan Melbourne.
	Stay Safe Directions (Non-Melbourne) (No.6)	Replaced the Stay Safe Directions (Non-Melbourne) (No.5). Contained the same restrictions with revisions to ease restrictions on weddings, funerals and religious gatherings in regional Victoria. Confirmed that people could enter metropolitan Melbourne for certain activities related to property.
	Restricted Activity Directions (Non-Melbourne) (No.10)	Replaced the Restricted Activity Directions (Non-Melbourne) (No.9). Contained the same restrictions with revisions to ease restrictions the activities and operation of businesses in regional Victoria.
	Workplace Directions (No. 8)	Replaced the Workplace Directions (No. 7) with the same restrictions. Revised to remove the requirement to notify WorkSafe when a worksite was intending to reopen following a confirmed case of COVID-19 on site.
	Workplace (Additional Industry Obligations) Directions (No. 10)	Replaced the Workplace (Additional Industry Obligations) Directions (No.9) with the same restrictions. Revised to remove, reduce or clarify obligations in certain industries.
	Metro-Regional Work Travel Permit Scheme Directions	Replaced the Permitted Worker Permit Scheme Directions (No.8) and applied to employers and workers where employees were required to travel between metropolitan Melbourne and regional Victoria.
28 October 2020	Stay Safe Directions (Melbourne) (No. 2)	Replaced the Stay Safe Directions (Melbourne) (No. 1) with the same restrictions and revisions to clarify services available to a person from metropolitan Melbourne when visiting regional Victoria.
	Restricted Activity Directions (Non-Melbourne) (No. 11)	Replaced Restricted Activity Directions (Non-Melbourne) (No. 10). Contained the same restrictions with revisions to ensure a person from metropolitan Melbourne did not access, enter or use the facilities of certain services in regional Victoria except in limited circumstances.
	Care Facilities Directions (No. 15)	Replaced the Care Facilities Directions (No. 14). Contained the same restrictions with revisions to allow certain people otherwise excluded, to visit care facilities for end of life support if exempted by the CHO and director of the care facility.
8 November 2020	Stay Safe Directions (Victoria)	Replaced the Stay Safe Directions (Melbourne) (No. 2) and the Stay Safe Directions (Non-Melbourne) (No. 6) in the extended state of emergency and implemented consistent restrictions on leaving home and social gatherings across the State of Victoria.
	Restricted Activity Directions (Victoria)	Replaced the Restricted Activity Directions (Melbourne) and the Restricted Activity Directions (Non-Melbourne) (No. 11) in the extended state of emergency and implemented consistent restrictions on activities and operation of businesses across the State of Victoria.
	Diagnosed Persons and Close Contacts Directions (No. 13)	Continued the restrictions of the Diagnosed Persons and Close Contacts Directions (No. 12) in the extended state of emergency and clarified the circumstances in which a close contact's period of self-quarantine may be extended due to refusal to take a COVID-19 test.

Date	Direction	Description
8 November 2020	Hospital Visitor Directions (No. 14)	Continued the restrictions of Hospital Visitor Directions (No. 13) in the extended state of emergency with revisions to ease restrictions on visitors to a hospital.
	Care Facilities Directions (No. 16)	Continued the restrictions of Care Facilities Directions (No. 15) in the extended state of emergency with revisions to ease restrictions on visitors and hairdressers to a care facility.
	Workplace Directions (No. 9)	Continued the restrictions of Workplace Directions (No. 8) in the extended state of emergency with revisions to alter the records requirement and definition of density quotient.
	Workplace (Additional Industry Obligations) Directions (No. 11)	Continued the Workplace (Additional Industry Obligations) Directions (No. 10) in the extended state of emergency with revisions to ease restrictions on certain industries while continuing key measures including reflecting the issuing of the Stay Safe Directions (Victoria).
	Revocation of Area Directions	Replaced the Area Directions (No. 9) to ensure consistency in restrictions throughout the State of Victoria.
	Revocation of Metro-Regional Work Travel Permit Scheme Directions	Replaced the Metro-Regional Work Travel Permit Scheme Directions to allow intrastate travel without a permit.
15 November 2020	Workplace (Additional Industry Obligations) Directions (No. 12)	Continued the Workplace (Additional Industry Obligations) Directions (No. 11) with revisions to clarify requirements for additional health screenings for certain high risk food industries, and requirements for workers travelling to and from those facilities.
19 November 2020	Community Transmission Zone Directions	Prevented persons from entering Victoria from South Australia in the past 14 days unless an exception applied due to community transmission of COVID-19 in South Australia. Any person from South Australia who entered and did not immediately depart Victoria was required to self-quarantine under the Diagnosed Persons and Close Contacts Directions (No. 13).
21 November 2020	Border Crossing Permit Scheme Directions	Replaced the Community Transmission Zone Directions. Continued the restrictions and introduced a permit scheme for restricted travellers.
22 November 2020	Stay Safe Directions (Victoria) (No. 2)	Continued the Stay Safe Directions (Victoria) (No. 1) restrictions with revisions to ease requirements on face coverings, gathering limits and reasons to leave home.
	Restricted Activity Directions (Victoria) (No. 2)	Continued the Restricted Activity Directions (Victoria) (No. 1) with revisions to ease restrictions on the operation of a range of businesses and undertakings in Victoria. Introduced the Public Events Framework.
	Hospital Visitor Directions (No. 15)	Continued the Hospital Visitor Directions (No. 14) restrictions with revisions to ease restrictions on access to hospitals by visitors of patients, with some exclusions remaining.
	Care Facilities Directions (No. 17)	Continued the Care Facilities Directions (No. 16) restrictions with revisions to ease restrictions on access to care facilities by visitors of residents, with some exclusions remaining.
	Workplace Directions (No. 10)	Continued the Workplace Directions (No. 9) restrictions with clarification of requirements imposed on employers, including bringing the face covering requirements in line with the Stay Safe Directions (No. 2). Imposed new requirement on workers awaiting COVID-19 test results.

Date	Direction	Description
22 November 2020	Workplace (Additional Industry Obligations) Directions (No. 13)	Continued the Workplace (Additional Industry Obligations) Directions (No. 13) restrictions with revisions to remove or reduce obligations on certain industries. Imposed requirements to reduce work across multiple care facilities.
29 November 2020	Stay Safe Directions (No. 3)	Continued the Stay Safe Directions (No. 2) restrictions with revisions to facilitate the return to onsite office-based work in accordance with the Directions already in force.
	Workplace Directions (No. 11)	Continued the Workplace Directions (No. 10) restrictions with revisions to obligations on employers regarding workers attending work premises and requirements for COVIDSafe Plans for office-based premises. Increase in number of workers permitted in office-based premises.
6 December 2020	Border Crossing Permit Scheme Directions (No. 2)	Continued the Border Crossing Permit Scheme Directions restrictions in the extended state of emergency with minor technical revisions.
	Stay Safe Directions (Victoria) (No. 4)	Continued the Stay Safe Directions (Victoria) (No. 3) restrictions in the extended state of emergency, with revisions to ease requirements on face coverings and increased gathering limits. The Diagnosed Persons and Close Contacts Directions (No. 14) and Restricted Activity Directions (Victoria) (No. 3) must be complied with.
	Restricted Activity Directions (Victoria) (No. 3)	Continued the Restricted Activity Directions (Victoria) (No. 2) restrictions in the extended state of emergency with revisions to further ease restrictions on operation of businesses and undertakings in Victoria.
	Hospital Visitor Directions (No. 16)	Continued the Hospital Visitor Directions (No. 16) restrictions in the extended state of emergency with minor technical revisions.
	Care Facilities Directions (No. 18)	Continued the Care Facilities Directions (No. 17) restrictions in the extended state of emergency with minor technical revisions.
	Diagnosed Persons and Close Contact Directions (No.14)	Continued the Diagnosed Persons and Close Contact Directions (No. 13) restrictions in the extended state of emergency with minor technical revisions.
	Workplace Directions (No.12)	Continued the Workplace Directions (No.11) in the extended state of emergency with revisions to clarify the face coverings requirement, impose additional record-keeping requirements on employers and revise existing requirements imposed on employers.
	Workplace (Additional Industry Obligations) Directions (No.14)	Continues the Workplace (Additional Industry Obligations) Directions (No.13) in the extended state of emergency with revisions to add hospitals to the list of high risk industries subject to additional obligations. Clarified or revised requirements imposed on employers and workers in those industries.

Source: Hon. Martin Foley MP, *Report to Parliament on the Extension of the Declaration of a State of Emergency: Report under section 198(8A) of the Public Health and Wellbeing Act 2008*, 9 December 2020, Department of Health and Human Services, Melbourne.

# Appendix 6

## Translations of COVID-19 messaging

Date uploaded to DHHS Website	Language
5 March 2020	Mandarin/Simplified Chinese
	Vietnamese
	Arabic
	Khmer (Cambodian)
	Assyrian
6 March 2020	Farsi
	Hazaragi
10 March 2020	Italian
	Greek
	Cantonese/Traditional Chinese
	Turkish
	Punjabi
	Hindi
	Dari
	Dinka
	Macedonian
	Thai
	Tamil
	Indonesian
	Croatian
	Gujarati
11 March 2020	Korean
12 March 2020	Burmese
20 March 2020	Somali
21 March 2020	Spanish
	Russian
	Serbian
	Amharic
	Bengali

Date uploaded to DHHS Website	Language
21 March 2020	Chaldean (Iraq)
	French
	Japanese
	Karen
	Maltese
	Oromo
	Polish
	Swahili (Kiswahili)
	Tigrinya
	Zomi
23 March 2020	Urdu
	Filipino/Tagalog
	Nepali
	Pashto
	Portuguese
31 March 2020	Sinhalese
	Chin (Hakha Chin)
7 April 2020	Nuer (Thok Nath)
	Malay
24 April 2020	Rohingya
20 June 2020	Samoan
	Cook Island Maori (Rarotongan)
	Tongan
25 June 2020	Fijian
	Niue (Niue - Vagaha Niue)
3 July 2020	Bosnian
13 July 2020	Hakka
24 September 2020	Malayalam

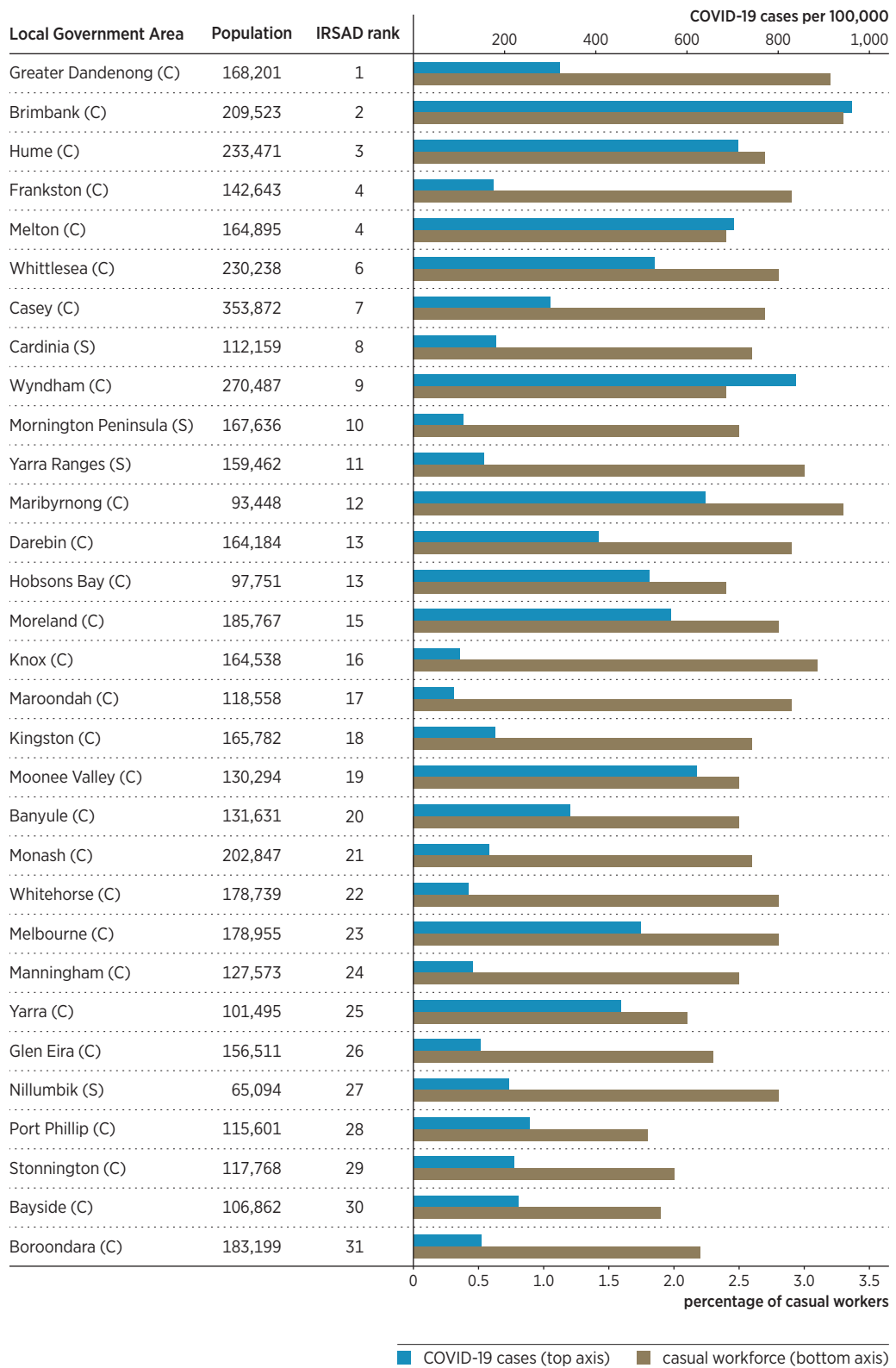
Source: Department of Health and Human Services, *DHHS Responses 2a 2b 3 3a 4*, supplementary evidence received 30 November 2020, pp. 6-7.

## Appendix 7

# Casual work and COVID-19 cases, Metropolitan Melbourne

This figure outlines the Local Government Areas (LGAs) of Metropolitan Melbourne and ranks them according to their score in the Index of Relative Socio-Economic Advantage and Disadvantage (IRSAD). The figure also shows how many cases of COVID-19 were reported in the LGA per 100,000 population, and the proportion of the workforce in that LGA who are casual workers.

## A7.1 Casual work and COVID-19 cases, Metropolitan Melbourne— at 1 December 2020



Source: Victorian Parliament Library Services.



# Appendix 8

## Victorian Government support for businesses and industry

Initiative	Objective	Duration	Expenditure and Outputs as at 4 December 2020
Small business digital adaptation program	A \$20 million initiative to help Victorian sole traders, micro and small businesses adapt to a digital operating environment. Applicants receive a purchase rebate of \$1,200 to cover 12 months' access to a chosen digital product.	13 September 2020 to 28 February 2021	Information not available.
First Peoples' COVID-19 Business Support Fund	\$3 million to support Aboriginal businesses that have been subject to temporary closure, trading restrictions or otherwise impacted by the pandemic. Eligible businesses are provided with a grant of up to \$10,000.	26 November 2020 to 29 January 2021	Information not available.
Sole Trader Support Fund	The fund provides \$100 million to support non-employing Victorian sole traders. Eligible sole traders will receive a grant of \$3,000.	14 September 2020 to 30 December 2020	Grants have been paid to over 4,000 sole traders, representing more than \$12 million.
Global Gateway Program	The \$15.7 million program provides Victorian exporters with grants of up to \$50,000 to stabilise their export activity or adapt export strategies in order to mitigate the impact of the pandemic.	13 September 2020 to 17 January 2021	Information not available.
Outdoor Eating and Entertainment Package	A \$58 million program to help businesses adapt their operations to outdoor dining. Eligible businesses can apply for a grant of \$5,000.	14 September 2020 to 11 December 2020	\$28 million spent to provide 5,612 grants.
CBD Small Hospitality Grant	\$10 million in targeted assistance to businesses in the Central Business District. Eligible businesses are provided a one-off grant of either \$5,000 or \$15,000 based on food service seating capacity.	20 August 2020 to 30 November 2020	Information not available.
Melbourne City Recovery Fund	The Victorian Government provided \$50 million to this \$100 million fund, which included \$30 million to support businesses, \$30 million to support COVIDSafe events and cultural activities, and \$40 million towards providing physical improvements to the CBD streetscape.	14 September 2020 to 28 October 2020	Information not available.

A8

Initiative	Objective	Duration	Expenditure and Outputs as at 4 December 2020
Hospitality Business Grant Program	A \$30 million program for businesses that provide food services in the hospitality industry. Eligible businesses can apply for a grant of \$25,000, with an additional \$5,000 for each additional premises located within the Melbourne Metropolitan LGAs or Mitchell Shire.	10 August 2020 to 30 November 2020	Grants have been provided to 100 businesses.
Liquor licence fee waiver for 2020 and 2021	Businesses have had their liquor licensing fees waived for 2020 and 2021. Those businesses that had paid for a license prior to 21 March 2020 had their fees refunded.	21 March 2020 to 31 December 2021	Information not available.
Licensed Hospitality Venue Fund	The \$251 million program supports eligible liquor licensees with hospitality venues impacted by restrictions during the pandemic.  Grants of up to \$30,000 are available to eligible liquor licensees, based on venue location and patron capacity.	13 September 2020 to 30 November 2020	6,008 businesses supported with over \$122 million approved for payment.
Night-time Economy Business Support Initiative	\$40 million to provide commercial rental relief for licensed businesses. Support includes reimbursement of up to \$20,000 for expenses incurred to access specialist information and advice on tenancy issues, free of charge mediation services, and Commercial Rental Hardship financial support of up to \$150,000 per business group.	3 May 2020 to 30 November 2020	\$1 million in funding dispersed to 5 business groups, operating a total of 73 venues.
Commercial Tenancy Relief Scheme	Part of a \$500 million package to support tenants and landlords. In addition to a free mediation service, the program provides land tax relief to commercial or industrial landlords that provide rent relief to their tenants.	15 April 2020 to 31 December 2020	Information not available.
Business recovery and resilience mentoring	Under this \$10 million program, eligible business owners can receive up to four 2-hour mentoring sessions that provide tailored guidance.	19 August 2020, ongoing	Information not available.
Wellbeing and Mental Health Support for Victorian Small Businesses	\$26 million provided to address the mental health needs of sole traders and small and medium business owners and their workers. Provides accredited mental health support training to Victorian chambers of commerce and embeds mental health specialists in industry and business associations.	12 August 2020, ongoing to 2022	Information not available.

Initiative	Objective	Duration	Expenditure and Outputs as at 4 December 2020
Business Support Fund	An initial package of \$500 million to support small businesses that employ staff and are subject to closure or highly impacted by the shutdown restrictions due to the pandemic. Grants of \$10,000 are available for businesses through the fund.	7 April 2020 to 1 June 2020	\$776 million was paid out to 77,600 eligible businesses in the first round of the fund. Overall, 129,000 businesses have been supported through three rounds of the Business Support Fund.
Business Support Fund Expansion	Additional grants were made available through the expansion, \$5,000 for businesses in regional Victoria and \$10,000 for businesses located in metropolitan Melbourne or Mitchell Shire.	6 August 2020 to 14 September 2020	sharing in over \$2.6 billion worth of grants.
Business Support Fund Third Round	An \$822 million program targeted at 75,000 businesses in specific industry sectors. Eligible businesses will receive grants of \$10,000, \$15,000 or \$20,000, based on the business' payroll size.	18 September 2020 to 23 November 2020	
Working for Victoria Program	A \$500 million program to help people who have lost their jobs to find paid work that supports the Victorian community.	21 March 2020, ongoing	11,000 new jobs have been created, and more than 3,500 candidates registered for the program have been matched into jobs without funding support.
Experience Economy Survival Package	\$150 million to support Victorian sport, tourism and creative industries. This includes \$40 million for community sport and recreation bodies, \$44 million for the State's racing industry, and \$32 million for creative agencies and initiatives.	13 May 2020, ongoing	The package has supported 771 independent artists, creative practitioners, micro-organisations and more than 6,500 community sporting clubs.
COVID-19 Worker Support Payment	\$1,500 in financial assistance paid to COVID-19 positive workers, carers or close contacts to self-isolate. Replaced on 5 August 2020 by the Commonwealth's Pandemic Leave Disaster Payment	20 June 2020 to 5 August 2020	Since 20 June 2020, the Commonwealth and Victorian Governments have paid over 13,500 claims worth more than \$20 million of Pandemic Leave and Worker Support Payments.
COVID-19 Test Isolation Payment	\$300 paid to workers who have to self-isolate while awaiting the results of a COVID-19 test. Increased to \$450 on 12 August 2020.	23 July 2020, ongoing	Since 23 July 2020, the Test Isolation Payment scheme has paid more than 114,000 claims worth more than \$48.9 million.
Payroll Tax Refund	Under this program, businesses with annual taxable wages up to \$3 million had their payroll tax for the 2019-20 financial year waived.	2019-20	Information not available.

Initiative	Objective	Duration	Expenditure and Outputs as at 4 December 2020
Payroll Tax Deferral	Following the 2020–21 Victorian State Budget eligible businesses with annual Victorian payrolls of up to \$10 million can defer their payroll tax for 2020-21.	2020–21	Information not available.
Regional Tourism Accommodation Support Program	This \$40 million package supported tourism operators by providing a refund of up to \$225 per cancelled booking per night, capped at \$1,125 per bookable offering.	2 August 2020 to 14 September 2020	Information not available.
Victorian Tourism Recovery Package	The package contains \$465 million to support the Victorian tourism sector. This includes \$150 million for the Regional Tourism Investment Fund, \$150 million to build new visitor accommodation and improve major tourist trails, and \$28 million for up to 120,000 \$200 vouchers to offset the cost of accommodation, attractions and tours in regional Victoria.	2020–21	Information not available.
Grants for Business Chambers and Trader Groups Program	This \$3 million program provides funding to Victorian business chambers and trader groups for initiatives that will help support their members. Grants of \$10,000, \$20,000 or \$50,000 will be awarded to eligible groups through a competitive application process.	13 September 2020 to 12 October 2020	Information not available.

Source: Hon. Martin Pakula MP, Minister for the Coordination of Jobs, Precincts and Regions: COVID-19, Department of Jobs, Precincts and Regions, COVID Response: Presentation, supplementary evidence received 3 December 2020; Victorian Government, Business grants and support: Information about grants and support to help your workplace plan and respond to coronavirus (COVID-19). 26 November 2020, <<https://www.coronavirus.vic.gov.au/business-grants-and-support>> accessed 4 December 2020.

# Extract of proceedings

The Committee divided on the following questions during consideration of this report. Questions agreed to without division are not recorded in these extracts.

## Committee Meeting—21 January 2021

Motion: That Chapter 8—Response to the social impacts of the pandemic and associated restrictions, as amended, be adopted and stand part of the Report.

Moved: Tim Richardson MP

### The Committee divided.

Ayes (6)	Noes (4)
Lizzie Blandthorn MP	David Limbrick MLC
Sam Hibbins MP	Danny O'Brien MP
Gary Maas MP	Richard Riordan MP
Pauline Richards MP	Bridget Vallence MP
Tim Richardson MP	
Nina Taylor MLC	

### Resolved in the affirmative.

Motion: That Chapter 9—Education, as amended, be adopted and stand part of the Report.

Moved: Gary Maas MP

### The Committee divided.

Ayes (6)	Noes (4)
Lizzie Blandthorn MP	David Limbrick MLC
Sam Hibbins MP	Danny O'Brien MP
Gary Maas MP	Richard Riordan MP
Pauline Richards MP	Bridget Vallence MP
Tim Richardson MP	
Nina Taylor MLC	

### Resolved in the affirmative.

Motion: That Chapter 10—Justice response: Police, emergency management, courts, corrections and the Hotel Quarantine Program, as amended, be adopted and stand part of the Report.

Moved: Pauline Richards MP

**The Committee divided.**

Ayes (6)	Noes (4)
Lizzie Blandthorn MP	David Limbrick MLC
Sam Hibbins MP	Danny O'Brien MP
Gary Maas MP	Richard Riordan MP
Pauline Richards MP	Bridget Vallence MP
Tim Richardson MP	
Nina Taylor MLC	

**Resolved in the affirmative.**

Motion: That the draft final report, as amended, together with the correction of any typographical errors be the Report of the Committee and tabled on Tuesday 2 February 2021.

Moved: Gary Maas MP

**The Committee divided.**

Ayes (6)	Noes (4)
Lizzie Blandthorn MP	David Limbrick MLC
Sam Hibbins MP	Danny O'Brien MP
Gary Maas MP	Richard Riordan MP
Pauline Richards MP	Bridget Vallence MP
Tim Richardson MP	
Nina Taylor MLC	

**Resolved in the affirmative.**

# Minority reports

## Minority Report – Sam Hibbins

### Victorian Government's Response to the COVID-19 Pandemic

#### Health and Human Services

The COVID-19 pandemic has demonstrated the critical need for Victoria to have well-funded, properly structured health and human services systems.

I have supported the government's health-led approach; however, it is clear the pandemic, and in particular the second wave, have exposed systemic shortcomings in both our health and human services systems.

Failings in hotel quarantine, the contact tracing system, outbreaks amongst health care workers, inadequate communication with multicultural communities and the mismanagement of the public housing lockdown are all cause for a comprehensive review of our health and human services departments.

The Grattan Institute cited under-investment in public health in their submission, stating that the failings in contact tracing were *"a symptom of under-investment in public health, and public health IT, by both sides of politics over decades."*

They also recommended *"the Victorian government needs to reinvest in public health staffing and infrastructure."*

Looking ahead, it would be a mistake for any failures and subsequent recommendations for improvement, to be explained away as relating to just to a 'one-in-100-year event'.

Responding to emergencies, managing disease outbreaks, protecting public health, looking after people most in need and engaging with multicultural communities are not one-in-100-year events that are at the periphery of government responsibilities, but core functions that are at the centre of both our health and human services systems.

I therefore support an independent, external review of the new Department of Health and Department of Families, Fairness and Housing, to determine how they can best meet the needs of the Victorian community.

Both these departments together formed the Department of Health and Human Services until the machinery of government changes come into effect on 1 February 2021.

The review should look at whether both departments have the necessary level of funding, staffing, and resourcing, as well as the most appropriate structure to meet the needs of the Victorian community.

The review should be undertaken external of government by individuals with relevant expertise and experience, be open to submissions, and be made public upon its completion.

**Recommendation 1: The Victorian Government undertake an independent, external review of the Department of Health and the Department of Families, Fairness and Housing.**

**Recommendation 2: The Victorian Government significantly increase recurrent funding for public health.**



I note the submission of the Australian Medical Association which stated:

*AMA Victoria supports reforms to drive the structural changes necessary to support the delivery of a more cohesive and efficiently coordinated public health system in Victoria; one that is less siloed and more accountable and effective.<sup>iii</sup>*

They recommended:

*...that a Royal Commission be called into the Victoria's Response to the COVID-19 pandemic. This type of inquiry will be necessary in order to learn and apply lessons learned from this pandemic and build a sustainable and resilient workforce and health system for the future.<sup>iv</sup>*

I also note the public comments made by infectious disease expert Dr Lindsay Grayson in support of reform to Victoria's Health Department citing both funding and structural issues.

*Watching the recent rise in Victoria's COVID-19 numbers, it's time to discuss the reality – namely, that the Victorian Health Department is one of the worst-funded and dysfunctionally organised in the nation.<sup>v</sup>*

*...now is a good time to start planning a revitalised post-COVID-19 structure that could better serve Victoria. We don't need an expensive review by KPMG or PWC – we simply need to look at what aspects of the current Victorian structure are worth saving, then assess the health structures of other states that have managed COVID better than Victoria, to identify those elements that could be emulated.<sup>vi</sup>*

Furthermore, an article by Paul Sakkal in The Age in response to the hotel quarantine inquiry stated:

*Melbourne University infectious disease expert Dr Lindsay Grayson said the inquiry raised "crucially important" questions about whether the Health Department was fit-for-purpose to protect public health.*

*"The government should be asking if it's reasonable the department be left to restructure itself or if there should be an external review given the seriousness of the findings," he said*

*And Australian Medical Association Victorian president Julian Rait supported the call for an external audit, saying a panel of experts including governance experts, health experts and people from interstate, should probe the agency's structure.*

*"Given the scope and depth of the problems, you'd have to ask why would you not do a root-and-branch review of the department and its failings to ensure Victorians were better served in future by a properly functioning department," he said.<sup>vii</sup>*

I also note numerous submissions to this inquiry recommended reforms and additional funding to Victoria's healthcare system.

It would be appropriate for these recommendations to be considered by an external inquiry looking specifically out our health and human service systems.

## **Environment**

As discussed in the interim report, the government has delayed the implementation of new environmental laws and decisions on critical environmental matters, citing COVID-19 as the reason, namely:

### **Environment Protection Amendment Act 2017**

The Environment Protection Amendment Act 2017 introduced stronger laws to protect the environment and increased the powers of the Environmental Protection Agency. The implementation of these laws was delayed by 1 year following the passage of the *COVID-19 Omnibus (Emergency Measures) Act 2020*.

### **Climate Change Act 2017**

Interim carbon emissions reductions targets for 2025 and 2030 were required by law to be decided by the Victorian Government on 31 March 2020 and tabled in parliament within 10 sitting days.

### **2018 Victorian State of the Environment Report**

The 2018 Victorian State of the Environment Report showed a significant decline in Victoria's natural environment as well as increasing rates of native species extinction. The report also included recommendations to improve environmental outcomes for Victoria.

The Victorian Government was due to respond to the report on 23 April 2020.

### **Victorian Environmental Assessment Council's Central West Investigation.**

The Victorian Environmental Assessment Council's Central West Investigation proposed an increase of 58,115 hectares in protected areas including national parks, conservation parks, nature reserves, bushland reserves and heritage rivers.

The Victorian Government's response was due by late February 2020.

Despite delaying critical environmental decisions, the Government has also made several environmentally damaging decisions during the pandemic, including:

- Lifting the moratorium on onshore gas drilling in Victoria
- Signing a ten-year logging deal with the federal government, which will give the logging industry an exemption from environment laws.
- Continuing with the environmental effects statement process of the Western Port gas import terminal despite environmental and community groups seeking a delay in hearings until after lockdown.

Action on climate change and environmental protection should not become a casualty of the pandemic. Indeed, they should be at the forefront of the government's recovery efforts. Dropping the ball on climate and environment now will have significant, detrimental effects for Victorians long into the future.

**Recommendation 3: The Victorian Government finalise its decision on interim climate change targets and responses to the 2018 State of the Environment report and the Victorian Environmental Assessment Council's Central West Investigation as a priority.**

**Recommendation 4: The Victorian Government prioritise investment in climate action and environmental protection as part of Victoria's economic recovery.**

## National Centre for Disease Control

Australia's response to the pandemic has been hindered by divisions between state and federal health systems, and public and private health services. Victoria's extensive network of general practitioners have been largely sidelined.

A national centre for disease control would assist with the COVID-19 vaccine rollout and help us to deliver a coordinated response for future pandemics.

The President of the Australian Medical Association Victoria gave evidence in support of a national centre for disease control.

*Mr HIBBINS: I just want to just touch on preparing for future outbreaks. A number of other countries do have centres for disease control and prevention that ensure all sectors of the health system work together in responding to infectious threats. Do you think this is something that we should have here in Australia?*

*Assoc. Prof. RAIT: Absolutely. In fact in April last year I met with Sharon Lewin, the head of the Doherty Institute, and had some meetings also with Angie Bone of the Department of Health and Human Services and Terry Symonds as well to try and cultivate perhaps or encourage a centre for disease control to be established in Victoria.*

*Now obviously there are politics around which state it should be located in, but I would have thought that the Doherty Institute in Melbourne would be ideal for exactly this purpose. I think that throughout this pandemic we have seen mixed messaging and we have seen some variations in the different things that different states do, and I think that there would be much better coordination if there was a national centre for disease control.<sup>viii</sup>*

### **Recommendation 5: The Victorian Government support the establishment of a national centre for disease control in Melbourne.**



Sam Hibbins MP  
Greens Member for Prahran

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<sup>i</sup> Grattan Institute Submission

<sup>ii</sup> Grattan Institute Submission

<sup>iii</sup> Australian Medical Association Submission

<sup>iv</sup> Australian Medical Association Submission

<sup>v</sup> *Politics lies at the heart of the Victorian Health Department's problems - 7 July 2020 -*

<https://www.theage.com.au/national/victoria/politics-lies-at-the-heart-of-the-victorian-health-department-s-problems-20200707-p559pp.html>

<sup>vi</sup> *Victoria's Health Department needs a total restructure – 22 September 2020 -*

<https://www.theage.com.au/national/victoria/victoria-s-health-department-needs-a-total-restructure-20200922-p55y1e.html>

<sup>vii</sup> *'Disaster': Calls for external audit of health department after scathing hotel quarantine assessment – Paul Sakkal 21 December 2020 -* <https://www.theage.com.au/national/victoria/disaster-calls-for-external-audit-of-health-department-after-scathing-hotel-quarantine-assessment-20201221-p56pcu.html>

<sup>viii</sup> Associate Professor Julian Rait OAM President Australian Medical Association (Victoria), Hearing Transcript 12 May 2020



# THE MINORITY REPORT

## Inquiry into the Victorian Government's response to the COVID-19 pandemic.

### INTRODUCTION

On 23 April 2020, in the Victorian Parliament during Question Time, the Premier of Victoria, the Hon Daniel Andrews MP, stated confidently:

*"[The Public Accounts and Estimates Committee] is the pre-eminent committee in our Parliament, and it ought to be given the opportunity to review the performance of the government. I am confident that it will do that without fear or favour."*<sup>1</sup>

The Andrews Labor Government's handling of the Coronavirus (COVID-19) pandemic, in particular the deadly second wave outbreak of infections, has been nothing short of disastrous. It has had dramatic impacts on all Victorians, with the loss of more than 800 lives, hundreds of thousands of jobs, many thousands of businesses and the deprivation of the liberty of millions of Victorians.

The Public Accounts and Estimates Committee (PAEC) was given the task of reviewing the Government's handling of the biggest health, social and economic crisis in generations. In the view of the minority members of the Committee, this was the wrong choice. A committee dominated by Labor Government members and chaired by a Labor Government member, with both a deliberative and a casting vote on all matters, would never deliver the necessary critical examination or accountability necessary in this crisis. Evidence gathered in preparation for this Inquiry showed that Victoria was the only jurisdiction in Australia with a Parliamentary committee reviewing a government response to the pandemic, with a government majority.

When fundamental mistakes made by government caused a second wave of COVID-19 that cost 800 Victorian lives, deepened and extended Victoria's social and economic misery and led to enormous imposts of the liberty of Victorians, a committee dominated by a Labor Government majority was entirely inappropriate.

In the view of the minority, the majority report has catalogued the events of 2020 and some of the Government's measures in the handling of the crisis, made some minor recommendations to the public service, but has failed dismally to hold the Government to account on behalf of the people of Victoria.

Contrary to Premier Daniel Andrews' confidence back in April 2020, PAEC has not held the Government to account "without fear of favour".

The Victorian Government is not responsible for Coronavirus – but its abjectly negligent handling of the Hotel Quarantine Program – genomically linked to 99 per cent of second wave outbreak cases – combined with deficient infection control and contact tracing practices and harsh lockdown restrictions has devastated Victoria and Victorians. This is not something a reader would appreciate from reading the majority report of this Committee.

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<sup>1</sup> Victoria, *Parliamentary Debates*, Legislative Assembly, 23 April 2020, 1319 (The Hon Daniel Andrews MP)

## **Conduct of the Inquiry**

The minority was concerned from the start that the inquiry would not have the requisite opportunity to fully interrogate officials and Government Ministers. This fear was borne out during hearings and in the calling of witnesses.

It is acknowledged that any public hearings will have some limitations on time and resources. But the Labor MPs' dominance of PAEC (the Committee) wasted valuable time during hearings, with repeated "Dorothy Dixer" questions allowing Ministers and officials to filibuster endlessly with information that was irrelevant or already publicly available (for example, the former Minister for Health and Human Services, the Hon Ms Jenny Mikakos, advising the Committee at its first hearings that the "outbreak began in Wuhan, in China").

With Government members holding 50 per cent of the Committee's membership, 50 per cent of time during the Inquiry's hearings was lost to such questioning. It is common PAEC practice to evenly distribute time among members, however the seriousness of the pandemic and the Government's response to it required a more transparent and accountable approach.

The limited time that non-government members had to question Ministers in particular, was also curtailed. Ministers would regularly avoid answering questions, and we were alarmed at the lengths the Labor Chair of the Committee would go to interrupt questioning, waste time or even mute non-government members' microphones on matters that Ministers were sensitive about. On some occasions, legitimate questions within the terms of reference, were ruled out of order with no explanation or ability to put points of debate.

Given the significance of the Hotel Quarantine program failures and the role of private security guards instead of an appropriately disciplined and skilled workforce to manage quarantining arrangements, it was extraordinary that none of the private security firms, or even their representative bodies, were invited by the Committee to appear during the hearings, despite attempts by the minority to have them included on the witness list.

## **Health care worker – Heroes**

We wish to acknowledge and pay tribute to the thousands of dedicated medical professionals and health care workers who put their lives on the line to stop the spread of Coronavirus. We applaud their dedication and unwavering commitment to helping keep Victorians safe. They are true heroes.

We also wish to acknowledge and thank everyone working on the frontline during the pandemic, including but not limited to emergency services workers, cleaners, caterers, and food and essential services retailers.

To the families and friends who lost love ones during the second wave, you have our deepest condolences.

# CHAPTER 1 – FATALLY FLAWED HOTEL QUARANTINE PROGRAM

## Introduction

On 12 May 2020, the first day of hearings of this Committee, the Premier of Victoria made the following statement in relation to the Hotel Quarantine Program:

*“I think it has served us really well”.*<sup>2</sup>

How wrong this statement proved to be.

The Hotel Quarantine program designed and implemented by the Andrews Labor Government, which put untrained and ill-equipped private security guards in charge of quarantining returned international travellers from virus hotspots to protect Victorians from the spread of Coronavirus, was an unmitigated catastrophe. Genomic sequencing has confirmed that 99 per cent of Victoria’s second wave of COVID-19 infections originated from the Hotel Quarantine outbreak.<sup>3</sup>

The Hotel Quarantine program was plagued by systemic failings in responsibility and accountability on a scale never before seen in Australia. It was characterised by a myriad of failures in deficient design and a complete lack of any chain of responsibility in order to hold anyone accountable for its deadly consequences. What makes this situation so tragic is the undisputable fact that these failures could have been easily avoided. No other State in Australia has experienced a major second wave outbreak of Coronavirus infections – not in New South Wales, Queensland, Western Australia, South Australia, Tasmania, the Australian Capital Territory or the Northern Territory. Victoria remains the only State to suffer from a second wave and have stage 4 restrictions imposed. Many of the deaths that resulted from the outbreak of the virus from the Hotel Quarantine program were undoubtedly preventable.

Ministerial accountability is one of the finest traditions of the Westminster system. Regretfully, it’s a tradition that has been trashed by the Andrews Labor Government.

Following the unsuccessful ‘Bay of Pigs’ invasion of Cuba by the United States, President John F Kennedy observed “... *victory has 100 fathers and defeat is an orphan*”.<sup>4</sup>

That statement encapsulates how the Andrews Labor Government has at every turn sought to avoid and shirk any responsibility for its disastrous Hotel Quarantine Program, which caused Victoria’s second wave outbreak of the virus and resulted in more than 800 Victorians losing their lives.

During the course of the Committee’s hearings the Premier, Ministers and Departmental Secretaries were repeatedly asked who was responsible for the Hotel Quarantine Program, a program designed to protect Victorians from COVID-19, not infect them with it. Not one Minister, not one Secretary, not even the Premier himself, could tell the Committee who was ultimately responsible for the Hotel Quarantine Program.

The fact the Andrews Labor Government could not even explain who was in charge of Hotel Quarantine, a central program in the Government’s response to the COVID-19 pandemic,

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<sup>2</sup> The Hon Daniel Andrews MP, Premier, public hearing, Melbourne, 12 May 2020, *Transcript of evidence*, p. 10.

<sup>3</sup> COVID-19 Hotel Quarantine Inquiry Final Report and Recommendations Volume 1, p. 14.

<sup>4</sup> <https://www.presidency.ucsb.edu/documents/the-presidents-news-conference-213>

demonstrates the extent of the epic failures in accountability and governance structures the Andrews Labor Government presided over to supposedly protect Victorians. The evidence provided by the Premier, Ministers and Senior Public Servants was mostly self-serving and sought to avoid questions, rather than answer them. The hearings were not assisted by the fact that a Labor MP presided as Chair and acted in a thoroughly partisan manner. The evidence given during the inquiry demonstrated a Government which was more concerned with protecting itself, rather than its citizens and a Government bureaucracy that sought to deflect and cover up any chains of responsibility for the program.

Given the many limitations placed on the Committee in relation the time allowed to ask questions, to put questions on notice and seek documents, we have also relied on evidence and materials provided to the Hotel Quarantine Inquiry<sup>5</sup> conducted by former Judge the Hon Jennifer Coate AO in order to make our findings. Given evidence and documents were disclosed in public hearings with the assistance of legal representation and subject to significant examination, we consider ourselves duty bound to have regard to this material in making our findings in relation to the Labor Government's response to the COVID-19 pandemic.

## 1. Genesis of the Hotel Quarantine Program

1.1 According to evidence given by the Premier at the hearings, the Hotel Quarantine Program was an initiative of Premier Daniel Andrews and his Labor Government at the National Cabinet meeting on 27 March 2020.

1.2 The Premier said:

*“And of course the army of people who are working in our accommodation hotels under a plan put forward by Victoria at the national cabinet to move to a compulsory hotel quarantine model, which was very quickly adopted around that national cabinet table by all states and territories. I think it has served us really well.”<sup>6</sup>*

1.3 On 26 March 2020, the day before National Cabinet met, Victoria's Chief Health Officer, Professor Brett Sutton, sent his proposed amendments to a paper to be discussed at the National Cabinet concerning additional measures required to stop the spread of the virus. A key amendment made by Professor Sutton was that returning international travellers be subject to mandatory quarantine for 14 days in a hotel facility, not at home.<sup>7</sup>

1.4 Professor Sutton sent his proposed amendments to the Secretary of the Department of Health and Human Services (DHHS), Mr Kym Peake, for her consideration.

1.5 On 27 March 2020, the Prime Minister announced that from midnight 28 March 2020, all travellers arriving in Australia would be required to undertake 14 days of isolation at a designated facility, such as a Hotel.<sup>8</sup>

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<sup>5</sup> A Board of Inquiry established pursuant s 53 of the *Inquiries Act 2014*

<sup>6</sup> The Hon Daniel Andrews MP, Premier, public hearing, Melbourne, 12 May 2020, *Transcript of evidence*, p. 10.

<sup>7</sup> Exhibit HQI0192b\_RP DHHS draft advice to National Cabinet available at <https://www.quarantineinquiry.vic.gov.au/exhibits>

<sup>8</sup> The Hon Scott Morrison MP, Prime Minister, Update on Coronavirus Measures, media release, 27 March 2020, <https://www.pm.gov.au/media/update-coronavirus-measures-270320>



## 2. Fateful decision to use Private Security in Hotel Quarantine Program

- 2.1 On 27 March 2020, the National Cabinet meeting endorsed Victoria's changes to implement mandatory hotel quarantining of returning travellers. It also became apparent that arrangements would need to be made quickly to operationalise the National Cabinet decision.
- 2.2 During the course of 27 March, then Chief Commissioner of Victoria Police, Graham Ashton, began receiving information from his Commonwealth counterparts in relation to how hotel quarantining arrangements would be set up.
- 2.3 Mr Ashton sent a text message at 1.16pm to Mr Chris Eccles, then Secretary of the Department of Premier and Cabinet (DPC) to ask how arrangements for hotel quarantine would work. The text message read:

*Chris I am getting word from Canberra for a plan whereby arrivals from overseas are to be subjected to enforced isolation from tomorrow. The suggestion is Victorian arrivals are conveyed to a hotel somewhere where they are guarded by police for 14 days. Are you aware of anything in this regard?? Graham <sup>9</sup>*

- 2.4 Mr Ashton did not receive a reply text message from Mr Eccles.
- 2.5 When asked at the Hotel Quarantine Inquiry, under oath, if he had made inquiries of his records in relation to whether he had called Mr Ashton in response to his text message, Mr Eccles said he had checked his records and the records "didn't reveal that contact" with Mr Ashton.<sup>10</sup> That response proved to be false. When Mr Eccles phone records were subsequently subpoenaed by the Hotel Quarantine Inquiry, the phone records indeed revealed that Mr Eccles had called Mr Ashton at 1.17pm, one minute after the text message from Mr Ashton, with the call lasting for 2 minutes and 15 seconds.<sup>11</sup>
- 2.6 Following the revelation of the phone records, Mr Eccles, then the most senior public servant within the Victorian Government, a right-hand man to the Premier, resigned. In a subsequent affidavit filed with the Hotel Quarantine Inquiry, following the revelation of Mr Eccles inconsistent evidence, Mr Eccles maintained he had no recollection of telephoning or speaking with Mr Ashton. **However**, Mr Eccles was able to categorically state that he "would not and could not" have said anything to Mr Ashton in relation to engaging private security guards to manage Hotel Quarantine arrangements.<sup>12</sup>
- 2.7 Mr Eccles evidence is hard to believe. It defies all logic that on the one hand Mr Eccles could say that he could not remember the phone call, but on the other hand, say with absolute certainty that the phone call did not relate to the engagement of private security guards despite it being one minute after Mr Ashton's text message about that very topic. How is it possible, let alone credible, for anyone to categorically rule out anything discussed in a conversation they can't remember?

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<sup>9</sup> Exhibit HQI0174a\_RP Annexures to first witness statement of former Chief Commissioner Graham Ashton AM APM, see <https://www.quarantineinquiry.vic.gov.au/exhibits>

<sup>10</sup> Transcript of Evidence before Coate Inquiry, 21 September 2020, pp 1795-1796.

<https://www.quarantineinquiry.vic.gov.au/hearings-transcripts>

<sup>11</sup> Exhibit HQI0238a\_RP - Further DPC documents, see <https://www.quarantineinquiry.vic.gov.au/exhibits>

<sup>12</sup> Exhibit HQI0237a\_P - Affidavit of Mr Christopher Eccles at [3] and [9], see <https://www.quarantineinquiry.vic.gov.au/exhibits>

- 2.8 Despite Mr Eccles unreliable evidence, there appears to be no investigation or review by DPC or the Public Service Commissioner into how Victoria's most senior bureaucrat could have provided misleading evidence to the Hotel Quarantine Inquiry. How could it be that Mr Eccles did not undertake the due diligence necessary or review of the entirety of his phone records prior to giving evidence to the Hotel Quarantine Inquiry concerning his movements and discussions on 27 March 2020?

Mr Eccles was on notice before he gave evidence of the text messages Mr Ashton had sent him. Given the Hotel Quarantine Inquiry was established to find out how more than 800 Victorians lost their lives as a result of the Hotel Quarantine program fiasco, it was incumbent on Mr Eccles to do everything possible to ensure he had the most accurate records available to him of his movements and conversations on 27 March 2020.

- 2.9 Five minutes after Mr Ashton received the telephone call from the head of DPC, Mr Eccles (which Mr Eccles says he could not remember), Mr Ashton and his Commonwealth counterpart, Australian Federal Police Commissioner Kershaw, engaged in the following text message exchange, which began with Mr Ashton's text message at 1.22pm:

*Ashton: Mate my advise (sic) is that ADF will do Passenger transfer and **private security will be used.***

*Kershaw: Ok that's new*

*Ashton: **I think that's the deal set up by our DPC.** I understand NSW will be a different arrangement. I spoke to Mick F.<sup>13</sup>*

- 2.10 The text message exchange reveals what Mr Eccles could not, or chose not, to recall in relation to what was said in his conversation with Mr Ashton. It's clear from the contents of the text messages and the phone records, that Mr Eccles advised Mr Ashton that private security guards would be used in hotel quarantine. There is no basis or reason to suggest that Mr Ashton made this statement of his own initiative. Mr Ashton was clearly communicating what he had been told by the Secretary of the Department of Premier and Cabinet. As the Hotel Quarantine Inquiry found:

***"it would be fanciful to think that Mr Ashton sent the 1.22pm and 1.32pm text messages to Commissioner Kershaw based on no more than some inner speculation of his own when at 1.16pm he had been asking Mr Eccles for information about a proposal that police be used as security for the Program".<sup>14</sup>***

An irresistible inference emerges from the phone records and text messages that Mr Eccles, the Secretary of DPC, told Mr Ashton that private security guards would be used for the Hotel Quarantine Program.

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<sup>13</sup> Exhibit HQI0174a\_RP Annexures to first witness statement of former Chief Commissioner Graham Ashton AM APM, see <https://www.quarantineinquiry.vic.gov.au/exhibits>

<sup>14</sup> COVID-19 Hotel Quarantine Inquiry Final Report and Recommendations Volume 1, p. 139.

2.11 In the view of the minority, Mr Eccles would not have provided this information to Mr Ashton without the Premier authorising, or at least knowing, what Mr Eccles would have been communicating to the Chief Commissioner of Victoria Police. Indeed, the Premier confirmed that Mr Eccles was sitting next to him throughout the National Cabinet meeting.<sup>15</sup>

2.12 Contrary to the Premier's assertions otherwise, it's clear the Premier was aware and did know that private security guards would be used to manage the hotel quarantine program. At a press conference given by the Premier on 27 March 2020 at about 3.00pm, the Premier expressly referred to private security guards being used as follows:

*Police, **private security**, all of our health team will be able to monitor compliance in a much easier way, in a static location, one hotel or a series of hotels, as the case may be.*<sup>16</sup>

2.13 The Premier would not have made these statements without first having considered what he would be publicly announcing after the National Cabinet meeting and explaining to the public how the Hotel Quarantine program would operate.

2.14 In addition, the Premier issued a written Statement on 27 March 2020, which said:

*The costs of accommodation, public health and **security** will be covered by each individual jurisdiction, and there will be reciprocal arrangements in place to house the residents of other states and territories.*<sup>17</sup>

2.15 Both at the press conference and his Statement, the Premier expressly referred to private security being used for the purposes of the Hotel Quarantine program. These statements could not have been made unless the Premier knew that private security was going to be used in the Hotel Quarantine Program.

2.16 At approximately 4.00pm, a Victorian Secretaries Board (VSB) meeting was held. Both Mr Eccles and Mr Ashton were present at the meeting. Notes of the meeting record an exchange between Mr Ashton and Mr Eccles concerning the role of security and police in the Hotel Quarantine program in the following terms:

*GA [Graham Ashton] 'Challenge will be a static presence over a long period of time – will end up with some private contractor or else the ADF ideally'.*

*CE [Christopher Eccles] 'I assume a private contractor'.<sup>18</sup>*

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<sup>15</sup> Premier Press Conference Transcript 12 October 2020, see <https://www.rev.com/blog/transcripts/dan-andrews-press-conference-transcript-after-secretary-resigns-amid-quarantine-scandal-october-12>

<sup>16</sup> Exhibit HQI0210a\_P Transcript of press conference by the Hon. Daniel Andrews MP on 27 March 2020, see <https://www.quarantineinquiry.vic.gov.au/exhibits>

<sup>17</sup> Hon. Daniel Andrews MP, Enforced Quarantine for Returned Travellers to Combat Coronavirus, Statement, Victorian Government, Melbourne, 27 March 2020.

<sup>18</sup> COVID-19 Hotel Quarantine Inquiry Final Report and Recommendations Volume 1, p. 144.

- 2.17 Importantly, the notes of the VSB meeting make it plain that Mr Eccles was clearly already confident of the view that private security guards would be engaged to undertake the Hotel Quarantine program, which was entirely consistent with his previous representations to Mr Ashton earlier in the day and the statements by the Premier at his press conference. These comments underlie that the engagement of private security was undertaken in the full knowledge of the Premier and Mr Eccles.
- 2.18 The Premier has given evidence that he ‘cannot recall’ and was ‘not certain why’ he referred to private security at the press conference on 27 March 2020.<sup>19</sup> We do not consider the Premier should be believed when making these statements. We note that in her closing submissions to the Hotel Quarantine Inquiry the former Minister for Health and Human Services, the Hon Jenny Mikakos, made similar submissions as to the credibility of the Premier’s evidence. Ms Mikakos submitted to the Inquiry that:

*In this regard, it is respectfully submitted that **the Board ought to treat with caution the Premier’s evidence where he sought to explain the reference to the use of private security in the Hotel Quarantine Program made by him during his media conference that commenced at 3 pm on 27 March 2020. It is submitted that had the decision not already been made by that time, the Premier would not have announced the use of private security in the program.** In this regard, it is observed that no evidence was led about what briefings were provided to the Premier by his office in advance of that media conference.*<sup>20</sup>

- 2.19 We agree with Ms Mikakos on this point. It is plainly inconceivable that the Premier would have made statements referring to the use of private security guards in Hotel Quarantine at his press conference and in his published Statement without first:
- a) being aware that a decision had been made to engage private security;
  - b) knowing what the role of private security would be; and
  - c) that private security would be used for Hotel Quarantine.

- 2.20 After the hearings had concluded, additional documents were disclosed to the Hotel Quarantine Inquiry from the Premier’s Private Office. Included within these documents was a briefing document dated 27 March 2020 entitled ‘Policy Q&A’. The document had a time stamp of 2.53pm, just shortly before the Premier’s press conference. The ‘Policy Q&A’ included the following passages:

*Yesterday Victoria had just over 1,300 international arrivals and we would expect that number to drop over the coming weeks as the travel ban bites. These arrivals will be in forced isolation from tomorrow night, with additional support available from the ADF, and public health and **security provided by Victoria.***<sup>21</sup>

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<sup>19</sup> Transcript of day 25 hearing 25 September 2020 (Andrews), p. 2128, see <https://www.quarantineinquiry.vic.gov.au/hearings-transcripts>

<sup>20</sup> Submission 10 The Hon. Jenny Mikakos dated 5 October 2020 at [38], see <https://www.quarantineinquiry.vic.gov.au/submissions>

<sup>21</sup> Exhibit HQI0240a\_RP Exhibits to affidavit of the Hon. Daniel Andrews MP, p. 18, see <https://www.quarantineinquiry.vic.gov.au/exhibits>

- 2.21 In an affidavit provided to the Hotel Quarantine Inquiry after the Premier had given his evidence, the Premier said in relation to the 'Policy Q&A':

*I am informed that I was not given a copy of the Policy Q&As, nor do I recall being given that document. However, I am informed that: (a) so far as my staff have been able to establish, the Policy Q&As reflects the state of that document as at 2.53 pm on 27 March 2020; (b) it is possible that the oral briefing that I received immediately before my press conference was based, in part, on information contained in the Policy Q&As.*<sup>22</sup>

- 2.22 An updated version of the 'Policy Q&A' was emailed directly to the Premier later in the evening of 27 March 2020 day. It included the following reference to private security:

*23. How will we ensure hotel workers are protected from coronavirus?*

*Anyone in quarantine who is displaying symptoms of the coronavirus will be given appropriate medical care. The vast majority of returned travellers will not have the coronavirus.*

*Returned travellers in quarantine will be required to stay in their allocated rooms except for a few proscribed periods and not wander around the hotel. **Private security guards will be on hand to enforce this.***

*24. What additional measures have been implemented at the hotels for this new purpose?*

***Private security and additional cleaning have been arranged for the hotels, to keep travellers, and the broader Victorian community, safe.***<sup>23</sup>

- 2.23 The briefing papers provided by the Premier, particularly the one with a time stamp of 2.53pm, confirm categorically that a decision to use private security had already been made.
- 2.24 We also have further doubts in relation to accepting the veracity of anything the Premier has said in relation to the engagement of private security guards for the Hotel Quarantine Program.
- 2.25 In the August hearings before this Committee, the Premier was asked directly who made the decision to use private security in the Hotel Quarantine program. In response, the Premier said:

***We had already begun the process of engaging with hotels, using private security and others to support health workers who needed to isolate, to support vulnerable members of the Victorian community who needed to isolate. So in many respects the hotel quarantine system simply became an extension of previously agreed processes...***<sup>24</sup>

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<sup>22</sup> Exhibit HQI0239a\_RP Affidavit of the Hon. Daniel Andrews MP, p. 5, see <https://www.quarantineinquiry.vic.gov.au/exhibits>

<sup>23</sup> Exhibit HQI0240a\_RP Exhibits to affidavit of the Hon. Daniel Andrews MP, p. 34, see <https://www.quarantineinquiry.vic.gov.au/exhibits>

<sup>24</sup> The Hon Daniel Andrews MP, Premier, public hearing, 11 August 2020, *Transcript of evidence*, pp. 10-11.

- 2.26 In direct follow up to this question at the November hearings, the Premier was asked “did any of the private security who worked on the hotel quarantine program for returned travellers also work at hotels where healthcare workers stayed for the Hotel for Heroes program?”<sup>25</sup> The Premier said he would take the question on notice. In written response to the question, the Premier advised:

***Security services were not provided in the Hotels for Heroes program. Frontline workers were staying voluntarily at the Hotels for Heroes sites and therefore security was not required.***<sup>26</sup>

- 2.27 Yet, in another bizarre twist, the Secretary of DJPR in his evidence before the Committee confirmed:

***So we were actively involved in considering what human services would need as a supply side agency with responsibility for Hotels for Heroes, and security and cleaning were a fundamental component of the Hotels for Heroes program.***<sup>27</sup>

- 2.28 The answer provided on notice by the Premier that private security was not used for the Hotels for Heroes program is in direct contradiction to his earlier emphatic evidence that private security was used. Clearly both answers can't be right, and the Premier has made no attempt to explain how his inconsistent evidence can be reconciled. These answers demonstrate the Premier's evidence on the engagement of private security on the Hotel Quarantine is inherently unreliable and cannot be trusted.

## Conclusion

- 2.29 It's clear from the weight of the evidence and documentary materials available that both Premier Daniel Andrews and his head of the Department of Premier and Cabinet, Mr Chris Eccles, were both involved in the decision to engage private security guards to undertake the Hotel Quarantine program. The undisputable facts remain that the Premier himself told the Victorian public at about 3.00pm on 27 March 2020, shortly after National Cabinet had concluded, that his Government would be using private security guards. In addition, the first mention of private security guards being used by the Andrews Labor Government is Mr Ashton's text message to his Commonwealth counterpart that he had been “advise[ed]” that private security guards would be used for the Hotel Quarantine program and, in his words, “that's the deal set up by our DPC”. This was the text message sent after Mr Eccles telephoned Mr Ashton at 1.17pm, a call Mr Eccles says he cannot remember making.
- 2.30 There is no reason to doubt that Mr Ashton sent this text message after his conversation with Mr Eccles, which lasted over 2 minutes. Mr Ashton was merely informing his counterpart what he had been told by Mr Eccles. There is no evidence to suggest to the contrary. Rather, the cogency of the evidence reveals what was originally covered up, namely that Mr Eccles told Mr Ashton private security would be used for Hotel Quarantine arrangements. Given Mr Eccles seniority and having attended the National Cabinet together with the Premier that day, we have concluded that Mr Eccles would not have made this statement to Mr Ashton without the Premier at least endorsing this decision to use private security guards, which he himself referred to in his Statement and at his press conference.

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<sup>25</sup> The Hon Daniel Andrews MP, Premier, public hearing, 27 November 2020, *Transcript of evidence*, p. 24.

<sup>26</sup> Department of Premier and Cabinet, response to questions on notice, 24 December 2020, p. 3.

<sup>27</sup> Mr Simon Phemister, Secretary of DJPR, public hearing, 3 December 2020, *Transcript of evidence*, p. 4.

**FINDING 1:** Based on the available evidence, we find the decision to use private security guards in Hotel Quarantine program was made by the Department of Premier and Cabinet, and more likely than not by Mr Eccles himself. We also find the Premier endorsed this decision given statements he himself made throughout the course of 27 March 2020.

**FINDING 2:** Genomic testing proves that 99 per cent of Victoria's second wave of COVID-19 cases was the result of the outbreak from the Andrews Government's Hotel Quarantine Program. The second wave outbreak resulted in over 800 Victorian lives being lost.

### **RECOMMENDATION 1:**

Victoria's disastrous Hotel Quarantine Program resulted in more than 800 lives being tragically lost; loss of life to this magnitude did not occur in New South Wales, Queensland, South Australia, Western Australia, Tasmania, the Australian Capital Territory or the Northern Territory. The Premier has repeatedly said he takes responsibility for the actions of his Government. The Minority calls on the Premier to explain to the Victorian public what this actually means, and take responsibility for his Government's fatal actions. This should include considering his own resignation.

2.31 The loss of these 800 lives was entirely preventable. We extend our deepest sympathies and condolences to the families and friends of those who lost loved ones as a consequence of the Andrews Labor Government's Hotel Quarantine fiasco. Nothing can be done or said to make up for the loss these families and friends have suffered. We hope that in some small way our findings can provide some element of justice for those who lost their lives and those they left grieving behind.

**These Victorians should not be forgotten, and their families deserve to know the truth: they deserve to know how a program which was intended to keep Victorians safe, in fact spread Coronavirus infecting thousands of Victorians with COVID-19, ending the lives of more than 800 Victorians.**

**FINDING 3:** The decisions of the Andrews Labor Government caused carnage and devastation through its ill-conceived and fatally flawed Hotel Quarantine program. It is one of the most disgraceful examples of a Government being in complete dereliction of its duty to keep its citizens safe in our nation's history.

**FINDING 4:** 800 lives that should not have been lost were, but the Premier and his Ministers continue to go about their daily affairs as if the second wave never happened. The devastation of the Hotel Quarantine program should not be allowed to be airbrushed away from history. Those who allowed these lives to be lost must be held to account. We find the Andrews Labor Government entirely responsible for the loss of more than 800 lives as a result of its fatal Hotel Quarantine program.

### 3. Operation Soteria – a shocking failure in accountability and an exemplar of ‘buck-passing’

- 3.1 The Hotel Quarantine Program was doomed to fail from its inception. There were no clear lines of accountability in relation to who was responsible for the program, and ultimately the virus breached quarantine and spread wildly throughout the Victorian community, rather than be contained. In Greek mythology, *Soteria* was the goddess or spirit of safety or salvation.

**Operation Soteria failed to live up to its namesake, rather it became a program of havoc and destruction.**

- 3.2 As the second wave unfolded, questions were immediately raised as to who was responsible for managing the Hotel Quarantine Program. The fact this question could not be easily answered demonstrated the extent of the monumental failures in accountability by the Andrews Labor Government and its utter failure to protect its citizens from the virus. The following exchange with the Minister for Jobs, Precincts and Regions, the Hon Martin Pakula MP, is an example of the kind of obfuscation Labor Government Ministers engaged in when refusing to answer questions about Hotel Quarantine arrangements:

*Ms Vallence: Minister, over the weekend Minister Mikakos tweeted that ‘The truth will set you free’. Minister, in order to get to the truth, which minister is ultimately responsible for the hotel quarantine program?*

*Mr Pakula: Ms Vallence, I am not going to engage with you on what can only be described as a sort of a gotcha-type question.*

- 3.3 In the May hearings, the Minister for Police and Emergency Services, the Hon Lisa Neville, gave evidence that a dedicated operation, known as Operation Soteria, was developed to specifically manage the Hotel Quarantine program.<sup>28</sup> The Minister went on to advise that:

*And of course, with Operation Soteria, which is the quarantine from all our overseas travellers, **Andrew Crisp appointed a deputy coordinator whose sole role is to manage that, and that has been an extraordinary operation... Police have played a massive role meeting everyone at the airport as they arrive, and obviously there is security that is provided at those hotels...***<sup>29</sup>

- 3.4 Mr Crisp then gave some further evidence about how Operation Soteria had evolved stating it had “transitioned more into business as usual now within DHHS”.<sup>30</sup> This evidence provides a glimpse of how relaxed and lazy the Andrews Labor Government had become in relation to quarantining arrangements.

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<sup>28</sup> The Hon Lisa Neville MP, Minister for Police, public hearing, 19 May 2020, *Transcript of evidence*, p. 2.

<sup>29</sup> The Hon Lisa Neville MP, Minister for Police, public hearing, 19 May 2020, *Transcript of evidence*, p. 13-14.

<sup>30</sup> Emergency Management Commissioner Crisp, public hearing, 19 May 2020, *Transcript of evidence*, p. 19.



- 3.5 When information was sought about the person “whose sole role” was to manage Operation Soteria, the Andrews Labor Government refused to answer. The then Secretary of DHHS, Ms Kym Peake, sought to avoid answering any questions concerning Hotel Quarantine or Operation Soteria. Ms Peake was generally an unimpressive and evasive witness who actively sought to deflect questions, rather than answer them.
- 3.6 Ms Peake eventually indicated the deputy state controller who was appointed to oversee Operation Soteria was “someone who had been heavily involved in the bushfires during the summer”, but refused to provide a name.<sup>31</sup> It was later revealed in responses to questions taken on notice that the first two Deputy Controllers for Health were both persons appointed from the Department of Environment, Land, Water and Planning (DELWP), not DHHS.<sup>32</sup>
- 3.7 Whilst these individuals may have had experience in emergency management, we fail to understand, in the face of a global health pandemic, the likes of which had not been seen for a century, how it was ever determined that persons who had no experience in health emergencies or in the control of infectious diseases were considered appropriate to manage a program to quarantine people travelling from Coronavirus hotspots. This is not a reflection on those individuals. It’s clear from the very beginning the Andrews Labor Government made ludicrous decisions in relation to the personnel it chose to lead Victoria’s response to the pandemic. Clearly the Andrews Labor Government did not have the right people in the right positions in order to protect Victorians from the virus.
- 3.8 These concerns were also held by the Australian Medical Association Victoria (AMA). In evidence provided to the Committee, the AMA said:
- AMA Victoria questions whether the Victorian government’s response to the pandemic has been underpinned by good governance and whether the right structure was established quickly enough to manage these risks.*
- We believe... a different structure... led by clear governance and accountability frameworks and by experts in emergency management and with high-level advice from health practitioners.<sup>33</sup>*
- 3.9 It also emerged in evidence before the Committee that Operation Soteria was overseen by an ‘overarching governance group’ that was established to share intelligence, monitor the progress of the program and respond to any issues that emerged.<sup>34</sup> Ms Peake said the governance group was established to provide ‘shared accountability’.<sup>35</sup> Ms Mikakos disavowed any involvement in approving the governance structure.<sup>36</sup>

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<sup>31</sup> Mr Kym Peake, Secretary of DHHS, public hearing, 11 August 2020, *Transcript of evidence*, p. 27.

<sup>32</sup> Department of Health and Human Services, response to questions on notice, August 2020, p. 9.

<sup>33</sup> Assoc. Prof Rait, President of AMA Victoria, public hearing, 11 August 2020, *Transcript of evidence*, p. 1.

<sup>34</sup> Department of Health and Human Services, response to questions on notice, August 2020, p. 10.

<sup>35</sup> Ms Kym Peake, Secretary of DHHS, public hearing, 11 August 2020, *Transcript of evidence*, p. 14.

<sup>36</sup> The Hon Jenny Mikakos, public hearing, 11 August 2020, *Transcript of evidence*, p. 15.

3.10 It was conceded by DHHS that membership of the governance group “fluctuated over time” and comprised representatives from the following departments:

- The Department of Premier and Cabinet
- The Department of Health and Human Services
- The Department of Jobs, Precincts and Regions
- The Department of Transport
- Victoria Police
- Emergency Management Victoria<sup>37</sup>

**FINDING 5:** Given the “fluctuations” in membership of the governance group, Operation Soteria’s governance can be best described as a revolving door of senior public sector bureaucrats making inconsistent decisions without any regard to the maintenance of corporate memory. The key to any quality governance structure – crucial in response to a pandemic – is stability, consistency and continuity, none of which Operation Soteria had.

3.11 With so many Government Departments and public sector agencies involved, Operation Soteria became a veritable public sector smorgasbord, which was personified by its confusing chains of accountability and paralysed decision-making processes. Ms Mikakos herself conceded the ‘complexity’ of the governance structures put in place, observing:

*I think you have just got a sense from the Secretary’s evidence **about the complexity of the governance structures involved in this program and the multiagency response that was involved.***<sup>38</sup>

3.12 Buck passing became an artform during the course of Operation Soteria, so much so, it would make Sir Humphrey blush.<sup>39</sup> It has become a pathetically embarrassing case study of how Government Departments refuse to take responsibility for their actions.

3.13 It should also be noted that neither the Chief Health Officer or his Deputy had any involvement in the Quarantine Command Structure or Operation Soteria,<sup>40</sup> meaning there was a complete lack of any health, infectious diseases control or clinical emergency experience involved in the running of this operation.

**FINDING 6:** We conclude that Operation Soteria was overseen by a plethora of people, none of whom had the necessary communicable disease knowledge, clinical emergency experience or health expertise to manage it appropriately.

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<sup>37</sup> Department of Health and Human Services, response to questions on notice, August 2020, p. 11.

<sup>38</sup> The Hon Jenny Mikakos, public hearing, 11 August 2020, *Transcript of evidence*, p. 14.

<sup>39</sup> Sir Humphrey Appleby was a fictional character in the British political satire television series *Yes Minister*. Sir Humphrey was best known for his skills as a master of political obfuscation.

<sup>40</sup> Professor Brett Sutton, Chief Health Officer, public hearing, 11 August 2020, *Transcript of evidence*, p. 6.

- 3.14 There were repeated questions as to which Government Department and Minister was ultimately responsible for the management of Operation Soteria. Was it the Emergency Management Commissioner, was it DHHS, was it the Department of Jobs, Precincts and Regions (DJPR), or was it the Department of Justice? Whilst it finally became clear in the August hearings that DHHS was the ‘control agency’ with primary responsibility for Operation Soteria,<sup>41</sup> the former Minister for Health maintained and continued to protest that neither she nor DHHS were responsible for Operation Soteria or the Hotel Quarantine program.<sup>42</sup>

**FINDING 7:** Questions over who was responsible for Hotel Quarantine resulted in undignified arguments and disagreements between Ministers and Departments, constantly seeking to shove responsibility and blame between various bureaucrats. In the meantime, the virus kept spreading and people kept dying.

**FINDING 8:** Operation Soteria was meant to be the key government operation that protected all Victorians from the virus. Instead, its dysfunction and failings became the single greatest contributor to Victoria suffering a second wave and losing more than 800 lives. The magnitude of incompetence and mismanagement demonstrated by Premier Daniel Andrews, his Ministers and Heads of Departments meant **Operation Soteria itself became the ultimate super spreader of COVID-19 in Victoria.**

## **RECOMMENDATION 2:**

Given the devastating failures of Operation Soteria, we consider that each senior individual, who was responsible for its implementation and oversight, should be sanctioned. So far, only the former Secretary of DHHS, Ms Peake, has resigned, and even then, not because she accepted any culpability for the failures of her department. Former Minister Mikakos resigned only because she considered the Premier had betrayed her. We consider further senior bureaucrats and the Ministers responsible for their departments should also be held to account and removed from their positions for their negligent mismanagement of Operation Soteria. To describe the decision to put private security guards in charge of Hotel Quarantine, to the exclusion of expert health oversight, as a disaster does not even come close to adequately expressing how devastating this decision truly was.

## **4. DHHS extreme incompetence and refusal to follow the Emergency Response Plan**

- 4.1 What was even more bizarre was the fact the Andrews Labor Government did not even follow its own emergency management procedures in responding to the pandemic. The State Emergency Response Plan (SHERP) sets out the default position that the Chief Health Officer (CHO) will be appointed as the State Controller

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<sup>41</sup> Emergency Management Commissioner Crisp, public hearing, 26 August 2020, *Transcript of evidence*, p. 3.

<sup>42</sup> Transcript of day 24 hearing 24 September 2020 (Mikakos), p. 2064, see <https://www.quarantineinquiry.vic.gov.au/hearings-transcript>

– Health in periods of public health emergencies.<sup>43</sup> The State Controller is responsible for managing and leading the response to the public health emergency. Yet, inexplicably, this did not occur.

- 4.2 The Minister for Police and Emergency Services gave evidence to the Committee that the Emergency Management Commissioner, Mr Andrew Crisp, was appointed a State Controller for Health on 1 February 2020.<sup>44</sup> Why Mr Crisp was appointed and not the Chief Health Officer, who presumably had much more experience in medical emergencies and disease and infection control, was never explained.
- 4.3 The SHERP provided the CHO would be appointed as the relevant State Controller in periods of public health emergencies. Despite being aware of this, the Secretary of DHHS, Ms Kym Peake, determined that someone else should undertake this incredibly important task.<sup>45</sup> Ms Peake made this decision on the basis of advice provided to her from another bureaucrat who did not have any experience in health emergencies, but was an economist by training.<sup>46</sup>
- 4.4 Mr Peake defended making this decision on the basis she did not consider Professor Sutton to have the ‘bandwidth’ and it was not ‘feasible’ for him to perform the role.<sup>47</sup> Yet it appears that Professor Sutton was not even consulted in relation to this decision nor was any assessment undertaken to identify whether he did have the necessary availability or skill-set to undertake the role. Professor Sutton disagreed with the decision<sup>48</sup> and objected to being sidelined, stating:
- I expressed my preference. I certainly spoke to my accountabilities and my sense of accountability with respect to pandemic control, and I think delineated the role that a **State Controller is defined as, as the individual who applies the controls in an incident or emergency and is a decision-maker in that regard.***<sup>49</sup>
- 4.5 Asking rhetorically, what is the point of having a State Emergency Response Plan if you are not going to follow it? It is little wonder the Hotel Quarantine proved to be such a devastating fiasco.
- 4.6 Whilst the persons who were initially appointed to the role had some emergency management experience, they had no experience in dealing with communicable disease or a worldwide health pandemic.

**This proved to be a fatally flawed decision.**

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<sup>43</sup> Emergency Management Victoria, State Health Emergency Plan, (4<sup>th</sup> ed, 2017), p. 23-24.

<sup>44</sup> The Hon Lisa Neville MP, Minister for Police, public hearing, 19 May 2020, *Transcript of evidence*, p. 1.

<sup>45</sup> Transcript of day 23 hearing 23 September 2020 (Pakula, Neville, Peake), p. 1967, see <https://www.quarantineinquiry.vic.gov.au/hearings-transcripts>

<sup>46</sup> Transcript of day 23 hearing 23 September 2020 (Pakula, Neville, Peake), p. 1967, see <https://www.quarantineinquiry.vic.gov.au/hearings-transcripts>

<sup>47</sup> Transcript of day 23 hearing 23 September 2020 (Pakula, Neville, Peake), p. 1973 and 1980, see <https://www.quarantineinquiry.vic.gov.au/hearings-transcripts>

<sup>48</sup> Transcript of day 18 hearing 16 September 2020 (Sutton, van Diemen), p. 1485, see <https://www.quarantineinquiry.vic.gov.au/hearings-transcripts>

<sup>49</sup> Transcript of day 18 hearing 16 September 2020 (Sutton, van Diemen), p. 1487, see <https://www.quarantineinquiry.vic.gov.au/hearings-transcripts>

- 4.7 It's clear that neither Ms Peake, nor those advising her, had any clue about what they were actually doing. The bureaucrat who advised Ms Peake on the appointments, who was an economist by training, gave evidence that she viewed the Hotel Quarantine program to be an exercise in 'logistics' as opposed to a health emergency, stating:

*My view then, and quite frankly my view now, is that the overwhelming role that we needed for an effective response from the emergency management framework was one of coordination of logistics and other assistance*<sup>50</sup>

**FINDING 9:** The evidence demonstrates the deplorable situation the Andrews Labor Government allowed to prevail in its response to the pandemic. In the face of a global health pandemic, Victoria had bureaucrats more focused on logistics than containing the infectious virus and protecting the health and wellbeing of Victorians. This evidence demonstrates how utterly misguided the Secretary of DHHS was in refusing to comply with the State Emergency Response Plan by sidelining the Chief Health Officer to appoint people to manage the pandemic response who had no training or expertise in communicable disease management.

**RECOMMENDATION 3:**

That future State Governments comply with and follow the State Emergency Response Plan in any future public health emergency and appoint the Chief Health Officer as the State Controller.

**5. Revolving door of the State Controller's office**

- 5.1 In the period since the State of Emergency was declared on 16 March 2020, which has been extended no less than 11 times and still remains in place, **Victoria has had 11 different State Controllers who have been responsible for coordinating the State's response to the pandemic.**
- 5.2 To put that into context, that means Victoria has had a different State Controller for every month of the pandemic. This illustrates how unstable and dysfunctional the Andrews Labor Government's response to the pandemic became.

**FINDING 10:** To have 11 different people coordinating the operation – one for each month of the pandemic – completely undermines any continuity and consistency in the health led response. The revolving door of the position of the State Controller meant Victoria's response was undoubtedly compromised throughout the pandemic and created a situation where poor decisions were continually made, resulting in Victorians suffering and people losing their lives and livelihoods.

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<sup>50</sup> Transcript of day 15 hearing 10 September 2020 (Wallace, Smith, Skilbeck), p. 1217, see <https://www.quarantineinquiry.vic.gov.au/hearings-transcripts>

## RECOMMENDATION 4:

The position of State Controller should not become a revolving door of senior bureaucrats during a public health emergency and its occupancy should not be subject to constant change.

### 6. Failure to use ADF in the Hotel Quarantine Program

- 6.1 As if the decision to use private security guards to undertake the Hotel Quarantine program was not bad enough, the decision not to use personnel from the Australian Defence Force (ADF) in its quarantine operation was almost as equally poor.
- 6.2 After the National Cabinet met on 27 March 2020, the Prime Minister announced that ADF personnel would be available to assist States and Territories to undertake Hotel Quarantine programs around Australia.<sup>51</sup> The Premier also made a similar announcement on 27 March 2020 stating the ADF would be ‘engaged to support the implementation’ of the Hotel Quarantine program.<sup>52</sup>
- 6.3 Astonishingly however, the Andrews Labor Government took the unprecedented step of refusing to use ADF in their Hotel Quarantine program. When the Premier was asked by the Committee why he had chosen to use private security guards rather than police or the ADF in the Hotel Quarantine program, the Premier gave the following staggering response:

***Well, I am glad you mentioned the use of ADF, I do not believe ADF support was on offer, and ADF support has been provided in very limited circumstances in New South Wales, not to provide security as such but to provide transportation from the airport to hotels. So again I think it is fundamentally incorrect to assert that there were hundreds of ADF staff on offer and somehow someone said no.***<sup>53</sup>

- 6.4 The Premier’s evidence was bewildering. Particularly concerning was the fact the Premier’s evidence was in stark contrast to what he previously said in his Statement on 27 March, namely that ADF would be involved in providing support for Hotel Quarantine. To this day, the Premier has been unable to explain this glaring inconsistency.
- 6.5 Shortly after the Premier gave his questionable evidence, the Commonwealth Minister for Defence, Senator the Hon Linda Reynolds CSC, issued a Statement. The Statement detailed at length the many occasions on which Victoria had been offered ADF support to assist in Hotel Quarantine. The Minister for Defence said that, consistent with the Prime Minister’s offer on 27 March 2020, all States and Territories had been offered ADF support. In relation to Victoria, the Minister said:
- On 28 March, Victorian authorities advised that Victoria was not seeking ADF assistance with mandatory quarantine arrangements and was consistently advised that assistance was not required for any “public facing roles”;

<sup>51</sup> The Hon. Scott Morrison MP, Prime Minister, Update on Coronavirus Measures, media release, 27 March 2020. <https://www.pm.gov.au/media/update-coronavirus-measures-270320>

<sup>52</sup> Exhibit HQI0240a\_RP Exhibits to affidavit of the Hon. Daniel Andrews MP, p. 18, see <https://www.quarantineinquiry.vic.gov.au/exhibits>

<sup>53</sup> The Hon Daniel Andrews MP, Premier, public hearing, 11 August 2020, *Transcript of evidence*, p. 11.

- ADF officials asked whether Victorian authorities required assistance with its mandatory quarantine system on multiple occasions, but no request for quarantine support was received from Victoria;
- On 12 April, Victorian authorities reaffirmed to ADF officials that all quarantine operation were within Victoria’s capacity;
- In New South Wales, ADF personnel supported the reception of international arrivals at Sydney Airport and undertook quarantine compliance monitoring at hotels from 29 March; and
- In Queensland, ADF personnel supported the reception of international arrivals at Brisbane Airport and undertook quarantine compliance monitoring at hotels from 31 March.

6.6 At a hearing before the Australian Senate’s Inquiry into the Australian Government’s response to the COVID-19 pandemic on 18 August 2020, Lieutenant General Frewen, Commander for the Defence COVID-19 Task Force, was asked about the assertions made by the Premier that ADF support had not been offered to Victoria. Lieutenant General Frewen gave the following evidence:

*In the PM’s offer, the ADF, it was made plain, would be available to all of the states and territories to help with whatever arrangements were put in place for quarantine and quarantine enforcement. We immediately took that as guidance and we stood to forces in each of the states and territories. We stood to 100 personnel in the larger states and territories...<sup>54</sup>*

6.7 Lt Gen Frewen confirmed about 360 ADF personnel had been provided to New South Wales, just over 100 to Queensland and 50 in Western Australia. When asked if the offers to the other States were different to what was offered to Victoria, Lt Gen Frewen confirmed they were the same and that 100 ADF personnel were available in Victoria to be used for mandatory quarantine arrangements.<sup>55</sup>

6.8 The evidence of Lt Gen Frewen was entirely consistent with the minutes of the National Cabinet meeting on 27 March 2020 which Premier Daniel Andrews and former Secretary Chris Eccles attended. When the Premier appeared before the Hotel Quarantine Inquiry, he was shown an extract of the Minutes of the National Cabinet meeting, which he himself attended and confirmed.<sup>56</sup> The extract of the National Cabinet minutes noted that it had been ‘agreed’ that mandatory quarantining arrangements would be:

- “enforced by State and Territory governments, **with the support of the Australian Border Forcer and the Australian Defence Force (ADF) where necessary and according to need across Australia**”;

<sup>54</sup> Lieutenant General Frewen, COVID-19 Senate Select Committee, public hearing, Canberra, 18 August 2020, *Transcript of evidence*, p. 37-38.

<sup>55</sup> Lieutenant General Frewen, COVID-19 Senate Select Committee, public hearing, Canberra, 18 August 2020, *Transcript of evidence*, p. 38.

<sup>56</sup> Transcript of day 25 hearing 25 September 2020 (Andrews), p. 2124, see <https://www.quarantineinquiry.vic.gov.au/hearings-transcripts>

- “State and Territories would meet the costs (**other than for ABF and ADF support**) and determine any contributions required from travellers arriving within their jurisdiction”; and
- “**the ADF will begin assisting State and Territory governments to undertake quarantine compliance checks** of those who are required to be in mandatory isolation after returning from overseas...”

6.9 The minutes reveal what both the Prime Minister and Premier said in their Statements after the National Cabinet meeting on 27 March 2020, that ADF would be available to be used to assist States and Territories with their Hotel Quarantine arrangements. This evidence puts beyond doubt that ADF support was available to all States and Territories, including Victoria, at all times.

**FINDING 11:** Not only had ADF support been offered to Victoria, but it had been offered on multiple occasions. To suggest that ADF support had not been offered to Victoria at all and only been provided to other States in a limited way, as the Premier did, defies all credibility. The Premier’s evidence in response to this question proved to be patently false.

## 7. Renewed offer of ADF support not passed on to Premier

7.1 It was also revealed there was an express offer of ADF support made by the Secretary of the Department of Prime Minister and Cabinet to Mr Eccles in early April 2020. In an email dated 8 April 2020 sent to Mr Eccles, the Secretary of the Department of Prime Minister and Cabinet wrote:

*On the question of assistance with security, I am advised the only **deal with NSW was in-kind provision of ADF personnel. I am sure the Commonwealth would be willing to assist Victoria in a similar way if you wanted to reconsider your operating model.***<sup>57</sup>

7.2 The email confirms there was express offer of ADF support to Victoria by the most senior public servant in the Commonwealth to the most senior public servant in Victoria. Mr Eccles did not respond to this offer. When asked if he had informed the Premier of the offer, or anyone else, he said he hadn’t. When it was put to him that in circumstances where the Commonwealth was offering ADF support at no charge, while Victoria was incurring enormous costs as a consequence of engaging private security, it would normally be presumed that such an offer would be passed on to those making operational decisions. Mr Eccles responded by stating that would be a ‘reasonable conclusion’.<sup>58</sup>

**FINDING 12:** The Secretary of the Department of Prime Minister and Cabinet made a direct and unconditional offer of ADF support to the Department of Premier and Cabinet. This offer was not only not accepted by the Andrews Labor Government, it was ignored.

<sup>57</sup> Exhibit HQI0142a\_RP Voluntary submission from the Commonwealth of Australia, attachment 8, see <https://www.quarantineinquiry.vic.gov.au/exhibits>

<sup>58</sup> Transcript of day 21 hearing 21 September 2020 (Eccles), p. 1775, see <https://www.quarantineinquiry.vic.gov.au/hearings-transcripts>



## 8. Chief Medical Officer offered ADF support to the Chief Health Officer

- 8.1 As the crisis of the second wave began to spiral out of control, the Commonwealth's Chief Medical Officer, Professor Brendan Murphy, had numerous discussions with Victoria's Chief Health Officer, Professor Brett Sutton, in relation to bringing the Hotel Quarantine outbreak under control. On 20 June 2020, Professor Murphy wrote to Professor Sutton offering support:

*The other thing I was wondering is whether there is anything we can do to help in your enhancement of infection control in the quarantine hotels. Obviously with the recent breaches you are doing detailed reviews of the infection control practices but with the rising incidence of positive returned travellers, do we need to do more. Use PPE more extensively, up the training and supervision, etc. etc. We have used Aspen Medical to come into aged care homes as a surge workforce and to provide infection control expertise They are readily available. We are very keen to help in any way*

- 8.2 Professor Sutton responded by stating:

*Thanks Brendan. We've got good training and IPC supervision **but the workforce is the wrong cohort.** Talking to DJPR about better options. And might consider regular PCR tests for security staff. Brett*

- 8.3 Professor Murphy responded:

*If you needed a short term surge workforce in the meantime, Aspen **or even ADF could help at very short notice.***

- 8.4 The following day, on 21 June 2020, Professor Sutton responded:

*Thanks Brendan. Merrin - in copy - is overseeing this operation and I'm sure will touch base as required. I think Aspen, in particular, could strengthen the program **but its security staffing that is our main risk at the moment.** I might also raise routine symptomatic testing of these staff with AHPPC today.<sup>59</sup>*

- 8.5 The email exchange confirms the Commonwealth Chief Medical Officer was at pains to offer any support to Victoria to get its Hotel Quarantine outbreak under control, including the offer of ADF support "at very short notice".

Yet for reasons which remain a complete mystery neither the CHO or the Andrews Labor Government accepted any of these offers. Even though Professor Sutton himself conceded that private security guards were the "wrong cohort" to be used for Hotel Quarantine, it appears no-one in the public health team took immediate action to accept or escalate the offers of ADF support or install an appropriate skilled 'cohort' to protect Victorians.

Just two weeks after this email exchange, Stage 3 restrictions were re-imposed in Victoria.

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<sup>59</sup> Exhibit HQI0155a\_RP Annexures to witness statement of Prof. Brett Sutton, see <https://www.quarantineinquiry.vic.gov.au/exhibits>

**FINDING 13:** The Commonwealth Chief Medical Officer made a direct and unconditional offer of ADF support to the Chief Health Officer of Victoria. Neither the Andrews Labor Government or the Chief Health Officer accepted this offer of ADF support, despite the Chief Health Officer signifying that security guards were “our main risk” and the “wrong cohort” to be used for Hotel Quarantine.

## 9. 850 ADF troops requested, then cancelled, all within 24 hours

9.1 The situation in relation to ADF support became even more bizarre. On 24 June 2020, at 7.00pm, Emergency Management Commissioner Andrew Crisp, wrote to the ADF requesting:

*850 personnel to provide compliance and monitoring support to DHHS at the designated hotels being used for mandatory quarantine. The personnel will be required to operate on shift rotation basis, 7 days a week for the duration of the request.*

9.2 Commissioner Crisp went on to advise:

*Emergency Management Victoria has exhausted internal or contract sources across emergency agencies to fulfil these roles. ADF personnel in other States have proven to be uniquely suited to roles and functions being carried out within the current environment.*

*Due to the scale and complexity of the crisis, this is a high priority request, to ensure the stability in the established systems and process are continued.*

*The personnel would be required to operate from Melbourne metropolitan hotels that are being used for mandatory quarantine.*<sup>60</sup>

**FINDING 14:** Commissioner Crisp’s request can only be described as a desperate cry for help from Victoria. Commissioner Crisp confirmed what all Victorians feared, that Victoria was in ‘crisis’ because of the second wave outbreak from Hotel Quarantine. This request demonstrated the Andrews Labor Government had lost complete control of its Hotel Quarantine program and required almost a thousand ADF troops to attempt to stabilise the escalating situation. The Andrews Labor Government’s Hotel Quarantine program was in complete disarray.

9.3 Yet, inexplicably, at 12.31pm on 25 June 2020 (the following day), Commissioner Crisp sent an email to the ADF stating:

*Based on changing operational and resourcing requirements I am writing to advise you that Victoria no longer wishes to progress RFA 15, the request for up to 850 resources to support our hotel quarantine operation (Op Soteria).*<sup>61</sup>

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<sup>60</sup> Answers to Question on Notice, no 339, see [https://www.apf.gov.au/Parliamentary\\_Business/Committees/Senate/COVID-19/COVID19](https://www.apf.gov.au/Parliamentary_Business/Committees/Senate/COVID-19/COVID19)

<sup>61</sup> Answers to Question on Notice, no 339, see [https://www.apf.gov.au/Parliamentary\\_Business/Committees/Senate/COVID-19/COVID19](https://www.apf.gov.au/Parliamentary_Business/Committees/Senate/COVID-19/COVID19)

9.4 Less than 24 hours after Commissioner Crisp had advised the ADF that Victoria was in 'crisis', that it had 'exhausted' all other resources' and acknowledging the ADF were 'uniquely suited' to carrying out Hotel Quarantine arrangements, he cancelled his request for 850 ADF troops. This chain of communication illustrates the Andrews Labor Government's strategy in containing the virus had become a complete circus and those in authority had absolutely no idea of what they were doing.

9.5 When asked by the Committee why he had cancelled the request so soon after having made it, Commissioner Crisp said:

***I had a further conversation with regard to other options that were being explored with other resources across the Victorian public service, whether that was police, protective services officers or Corrections Victoria. I knew that work was underway... Again I might sign the paperwork, but I am doing that on behalf of [DHHS], who were the control agency. That is where the 850 number came from. It came from [DHHS], and therefore I put in that request.***<sup>62</sup>

9.6 Clearly considerable pressure was placed on Commissioner Crisp to withdraw the request, most likely by the Premier or the Minister for Police and Emergency Services, the Hon Lisa Neville MP, in order to avoid the reality of the situation being publicly discovered, that the Andrews Labor Government had lost complete control of its Hotel Quarantine program. Minister Neville later said she was 'cranky' that she did not know about the request before it was made.<sup>63</sup>

9.7 The evidence given by Commissioner Crisp was extraordinary. In his evidence Commissioner Crisp said he was having 'further conversations' about other resources and 'knew that work was underway'. Yet, Commissioner Crisp had told the ADF, on the day he made the request, that Victoria had 'exhausted' its resources. Commissioner Crisp's evidence is entirely inconsistent and cannot be reconciled.

Victoria had either exhausted its resources or it hadn't.

Commissioner Crisp made it clear he made the request on behalf of DHHS, which was the 'control agency'. If DHHS considered that Victoria was in 'crisis' and all other options had been 'exhausted', why had these 'further conversations' not been completed before the ADF request had been made? In our view, Commissioner Crisp evidence was entirely compromised and was not being entirely truthful to the Committee.

9.8 Commissioner Crisp also told the Committee that he just 'signs the paperwork' when making these requests. If this is to be believed, then this is a complete abrogation of his function as the Emergency Management Commissioner of Victoria. Commissioner Crisp told the ADF that Victoria was in 'crisis'. If Commissioner Crisp considers this to be just a matter of signing some 'paperwork' then he is clearly not fit for the job.

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<sup>62</sup> Emergency Management Commissioner Crisp, public hearing, 26 August 2020, *Transcript of evidence*, p. 22.

<sup>63</sup> Transcript of day 23 hearing 23 September 2020 (Pakula, Neville, Peake), p. 1961, see <https://www.quarantineinquiry.vic.gov.au/hearings-transcripts>

- 9.9 When asked about the request for 850 ADF personnel, the Premier provided a very dismissive response, telling the Committee that he did not make the request and the request “was not made by anybody in a position of authority within the Victorian government”.<sup>64</sup> Clearly, the Premier was furious that Commissioner Crisp had made the request, which exposed what most Victorians already knew, that the Andrews Labor Government had lost complete control in stopping the spread of the virus and was incapable of bringing the situation under control.
- 9.10 It’s clear the Andrews Labor Government was not only offered ADF support by the Commonwealth on multiple occasions and through multiple channels but was also clearly desperate for it. The reason why the Andrews Labor Government refused the offers of ADF support and cancelled its ADF request remains a mystery. What is clear, however, is the Andrews Labor Government chose to use an inferior workforce by engaging private security guards to manage Hotel Quarantine arrangements.

**FINDING 15:** The Andrews Government chose to reject the highly trained and disciplined qualities of the ADF, expert in humanitarian crises, in preference to private security guards who were clearly ill-equipped to manage the highly important and demanding infection control requirements of the Government’s Hotel Quarantine Program.

- 9.11 **We condemn the Andrews Labor Government for its refusal to use ADF as part of its Hotel Quarantine program and denounce the attempts by the Premier and the Labor Government to seek to mislead Victorians that no such offer was made or available.**

## 10. Commissioner Crisp’s ‘corrected’ evidence

- 10.1 When Commissioner Crisp appeared before the Committee on 26 August 2020, the Commissioner was asked a number of questions in relation to how the decision was made to engage private security guards to undertake Hotel Quarantine arrangements. Not once, not twice, not three times, but on four separate occasions, Commissioner Crisp advised either “I was regularly briefing my minister” or “I briefed my minister regularly throughout that day”,<sup>65</sup> being Minister Lisa Neville.
- 10.2 Whilst Commissioner Crisp was giving evidence, Minister Neville was also present as a witness at the hearing. On occasion, while Commissioner Crisp was giving evidence, Minister Neville would interrupt the Committee’s questioning to make corrections to the evidence being given.<sup>66</sup> At no stage throughout the questioning of Commissioner Crisp did Minister Neville deny that she was briefed, or make or seek to make any corrections to Commissioner’s Crisp’s evidence that he was regularly updating her throughout the course of 27 March 2020.

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<sup>64</sup> The Hon Daniel Andrews MP, Premier, public hearing, 11 August 2020, *Transcript of evidence*, p. 13.

<sup>65</sup> Commissioner Crisp, public hearing, 26 August 2020, *Transcript of evidence*, p. 3, 5 and 10.

<sup>66</sup> See interjection from Minister Neville, public hearing, 26 August 2020, *Transcript of evidence*, p. 10.

- 10.3 Almost six weeks after Commissioner Crisp had given his evidence, the Committee received a letter from Commissioner Crisp, dated 5 October 2020, in which he advised he wished to “correct” his evidence by stating that:

*I did not brief the Minister for Police and Emergency Services throughout the 27 and 28 March 2020 with regard to what was being planned.<sup>67</sup>*

- 10.4 This letter was sent shortly after Minister Neville gave evidence before the Hotel Quarantine Inquiry on 23 September 2020. In her evidence before the inquiry, Minister Neville was asked if she had any discussion about ADF support on 27 March. In response to this question, Minister Neville said:

*No, the only conversation I had with Commissioner Crisp was at that meeting on the 27<sup>th</sup>. **We didn’t engage at all again over that weekend about the issue of hotel quarantine.** So no, we did not.<sup>68</sup>*

- 10.5 A strong inference arises that Commissioner Crisp attempted to alter his evidence in order to be consistent with Minister Neville’s evidence. It strikes us as being inherently odd that after Commissioner Crisp asserted on four separate occasions to this Committee in the hearing on 26 August that he regularly updated Minister Neville about the events occurring on 27 March, without correction by the Minister on the day he gave his evidence, suddenly decided to retract this evidence on 5 October.

**FINDING 16:** No explanation was provided to the Committee as to how Commissioner Crisp had refreshed his memory to come to a new conclusion that he had not briefed his Minister or what inquiries he had made or if anyone else had contacted him about changing his evidence.

**FINDING 17:** No explanation was provided to the Committee as to why Minister Neville, when appearing as a witness side by side with Commissioner Crisp, did not deny his evidence to this Committee that he briefed her four times.

- 10.6 Given the complete absence of any explanation provided by Commissioner Crisp as to how he arrived as his new recollection, we remain unpersuaded that his ‘corrections’ are true and accurate. Rather, we are inclined to consider that Commissioner Crisp was directed to change his evidence, as opposed to him initiating any change.

**FINDING 18:** Given the inconsistencies apparent in Commissioner Crisp’s evidence before this Committee in relation to requests for ADF support and who he was “regularly briefing”, we consider that Commissioner Crisp’s evidence should be treated with significant caution and is not reliable.

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<sup>67</sup> Letter sent to the Committee from Commissioner Crisp dated 5 October 2020.

<sup>68</sup> Transcript of day 23 hearing 23 September 2020 (Pakula, Neville, Peake), p. 1956, see <https://www.quarantineinquiry.vic.gov.au/hearings-transcripts>

## 11. Lack of training and PPE for Private Security guards

- 11.1 Throughout the Committee's hearings it became clear that private security guards were completely ill-equipped and unprepared to meet the challenges they faced to manage Hotel Quarantine and carry out infection control on Government work sites.
- 11.2 The private security guards were given next to no training in relation to infection control and were provided with inadequate personal protective equipment (PPE) to not only protect themselves but others who came into contact with them.

Incredibly, former Secretary of DHHS, Ms Peake, attempted to lay the blame for the inadequate training and PPE at the feet of the private security companies. Ms Peake maintained it was the responsibility of the private security contractors to provide the guards with the relevant training and PPE, not DHHS as the control agency responsible for Operation Soteria.<sup>69</sup>

Ms Peake and DHHS demonstrated a shameful abrogation of their duties to ensure Victorians were protected from Coronavirus.

**FINDING 19:** Private security guards and security companies, who had no expertise or training in infection control or maintaining quarantine requirements, nor would have prerequisite expertise to procure or use PPE for infectious diseases, were left to essentially 'fend for themselves' in the midst of a global pandemic.

**FINDING 20:** DHHS as the 'control agency' with primary responsibility for Hotel Quarantine had a duty of care to ensure that both the private security workers and the returning travellers were kept safe in Hotel Quarantine. Yet DHHS failed to meet this responsibility and proved to be incapable of keeping Victorians safe.

**FINDING 21:** Without providing the private security guards with the appropriate infection control training and PPE, the Andrews Labor Government actively allowed the outbreak of the second wave to occur.

Nowhere has there been a more shameful dereliction of duty than the Andrews Labor Government's failure to keep workers on Government work sites safe, and Victorians in the community safe. These fundamental errors resulted in more than 800 Victorians losing their lives.

### RECOMMENDATION 5:

In any future public health emergency including infectious disease pandemics, DHHS as the control agency should ensure that all workers undertaking quarantine management are provided with sufficient training and PPE. DHHS should undertake constant supervision of workers to ensure the highest levels of quality and effective quarantining is adequately maintained at all times.

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<sup>69</sup> Transcript of day 23 hearing 23 September 2020 (Pakula, Neville, Peake), p. 2020, see <https://www.quarantineinquiry.vic.gov.au/hearings-transcripts>

## 12. WorkSafe Investigations

- 12.1 As a consequence of the many complaints and issues raised about the lack of training and PPE provided to the private security guards and other staff who worked in the Hotel Quarantine program, Victoria's safety regulator, WorkSafe Victoria, confirmed at the August hearings it had commenced 20 separate investigations in connection with COVID-19. The investigations concerned whether duty holders had failed to provide a safe workplace for their staff and workers during the pandemic.<sup>70</sup>
- 12.2 When pressed how many of these investigations related to the use of private security guards in the Hotel Quarantine program, WorkSafe confirmed there were 8 different worksites under investigation.

In answers provided to questions on notice, WorkSafe confirmed the worksites under investigation, that related to breaches concerning the use and safety of private security guards, were:

- Travelodge Melbourne
- Travelodge Melbourne Southbank
- Stamford Plaza
- Rydges on Swanston
- Park Royal Melbourne Airport
- Holiday Inn Melbourne Airport
- Holiday Inn Flinders Lane
- Four Points Sheraton Docklands<sup>71</sup>

- 12.3 Further, under repeated questioning during the hearings, WorkSafe also confirmed that three government departments were under investigation in relation to whether they had failed in duties to provide safe workplaces during the COVID-19 pandemic.

The three government departments under investigation were DHHS, DJPR and DELWP.<sup>72</sup>

- 12.4 At the December hearings, the Committee was told by WorkSafe that its investigation in relation to Cedar Meats had been completed and no evidence of any breaches of occupational health and safety had been found.<sup>73</sup>

It was also confirmed the number of active investigations had increased to 24, but that one of those investigations involved multiple sites, employers and duty holders, meaning that in actuality more than 24 entities were under investigation.<sup>74</sup>

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<sup>70</sup> Mr Colin Radford, WorkSafe Victoria, public hearing, 26 August 2020, *Transcript of evidence*, p. 12.

<sup>71</sup> Department of Justice and Community Services, response to questions on notice, August 2020, p. 2.

<sup>72</sup> Mr Colin Radford, WorkSafe Victoria, public hearing, 26 August 2020, *Transcript of evidence*, p. 21. See also answer provided to question on notice above.

<sup>73</sup> Mr Colin Radford, WorkSafe Victoria, public hearing, 15 December 2020, *Transcript of evidence*, p. 11.

<sup>74</sup> Mr Colin Radford, WorkSafe Victoria, public hearing, 15 December 2020, *Transcript of evidence*, p. 12.

- 12.5 WorkSafe advised its investigation into the Hotel Quarantine program included multiple sites, multiple duty holders and whether adequate training in workplace safety and appropriate PPE had been provided.<sup>75</sup>

It was also confirmed at the December hearings that DHHS and DJPR were still under investigation in relation to alleged breaches of workplace safety in relation to both private security guards and healthcare workers<sup>76</sup>, whilst the status of the DELWP investigation was not discussed.

WorkSafe confirmed that, with the exception of industrial manslaughter, it had two years to bring a prosecution of breaches of workplace safety.<sup>77</sup> There is no time limitation for the offence of industrial manslaughter.

**FINDING 22:** Departments central to the Government’s response to the COVID-19 pandemic are being investigated for potentially failing to take adequate precautions and measures to ensure private security guards and healthcare workers on Government work sites were protected from being infected with COVID-19 and spreading it.

**FINDING 23:** DHHS, which was the control agency for Operation Soteria, and DJPR, which engaged the private security contractors for this operation, are now subject to investigations concerning whether adequate protections were put in place to protect workers to whom they owed a duty of care from the harms of this infectious disease whilst working on a fully funded Victorian Government Program.

These investigations illustrate the extent to which the Andrews Labor Government’s Hotel Quarantine program became such a public policy calamity and a risk to public health and safety.

### **13. Potential exploitation of private security guards**

- 13.1 Weeks into the Hotel Quarantine program reports began to emerge that the private security firms, which had been engaged by the Andrews Labor Government to undertake the Hotel Quarantine Program, were engaging guards through various social media platforms, such as WhatsApp, to locate labour to work at the various Hotels to carry out the Hotel Quarantine program.
- 13.2 Grave concerns began to be raised that security guards engaged on the Hotel Quarantine program were being underpaid and exploited. There were also allegations that some workers were engaging in ‘ghosting’ arrangements, whereby some workers would perform shifts of other workers without disclosing their true identity or simply submitted timesheets for work that was never performed.

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<sup>75</sup> Mr Colin Radford, WorkSafe Victoria, public hearing, 15 December 2020, *Transcript of evidence*, p. 12 & 22.

<sup>76</sup> Mr Colin Radford, WorkSafe Victoria, public hearing, 15 December 2020, *Transcript of evidence*, p. 22.

<sup>77</sup> Mr Colin Radford, WorkSafe Victoria, public hearing, 15 December 2020, *Transcript of evidence*, p. 23.



- 13.3 The response by the Andrews Labor Government has been utterly appalling in relation to the potential exploitation of workers on the Hotel Quarantine program. When asked by the Committee how many security guards had been engaged to work in the Hotel Quarantine Program, DJPR said it did not know.<sup>78</sup>
- 13.4 When the Committee asked what DJPR had done in response to the numerous claims that workers had been exploited on the Hotel Quarantine program, DJPR advised that it was undertaking a forensic audit of the contracts with the private security companies in order to investigate any alleged 'misbehaviour'.<sup>79</sup>

**FINDING 24:** The Andrews Labor Government has potentially allowed vulnerable workers to be ripped off and subjected to wage theft on a fully funded Victorian Government program. Clearly there were no safeguards or oversight put in place by DJRP to ensure the private security guards were receiving their minimum legal entitlements. This was despite the Andrews Labor Government's full knowledge that the private security industry is notorious for underpaying and exploiting workers in the industry.<sup>80</sup>

- 13.5 When asked at the December hearings to detail the findings of the forensic audit, DJPR advised the audit had yet to be completed.<sup>81</sup> To add insult injury to these workers, more than six months after the audit was commissioned by DJPR, it was still unable to say whether any security guards had been underpaid or how much money in wages these workers were owed.
- 13.6 When asked why the audit had yet to be completed, DJPR astonishingly advised that it was awaiting the outcome of the Hotel Quarantine Inquiry.<sup>82</sup> The terms of reference of the Hotel Quarantine Inquiry provided no scope for it to consider potential underpayments of security guards. When this was put to DJPR, it advised the Committee it has aligned itself with the completion of the Inquiry because of the accusations made before it.<sup>83</sup>
- 13.7 This pathetic excuse has proven to be nothing but a cheap stunt to delay these workers receiving their minimum entitlements.

The Final Report of the Coate Hotel Quarantine Inquiry said next to nothing about workers being ripped off during the Hotel Quarantine program, which is unsurprising given it had no scope to inquire into these matters in the first place. The only matter of note the Inquiry did recognise was security guards, as a cohort, were vulnerable in a range of different respects, including by virtue of the migrant backgrounds of workers and the insecurity of ongoing work.<sup>84</sup>

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<sup>78</sup> Mr Simon Phemister, Secretary DJPR, public hearing, 12 August 2020, *Transcript of evidence*, p. 22.

<sup>79</sup> Mr Simon Phemister, Secretary DJPR, public hearing, 12 August 2020, *Transcript of evidence*, p. 23.

<sup>80</sup> Review of Victoria's Private Security Industry - Issues paper for consultation Police Policy and Strategy, see <https://engage.vic.gov.au/private-security-review-2020>

<sup>81</sup> Mr Simon Phemister, Secretary DJPR, public hearing, 3 December 2020, *Transcript of evidence*, p. 21.

<sup>82</sup> Mr Simon Phemister, Secretary DJPR, public hearing, 3 December 2020, *Transcript of evidence*, p. 21.

<sup>83</sup> Mr Simon Phemister, Secretary DJPR, public hearing, 3 December 2020, *Transcript of evidence*, p. 22.

<sup>84</sup> COVID-19 Hotel Quarantine Inquiry Final Report and Recommendations Volume 1, p. 199.

- 13.8 It is truly staggering that on a fully funded State Government program that workers still don't know if they have been underpaid more than six months after they stopped working. The way in which the Andrews Labor Government has treated these workers is an utter disgrace.
- 13.9 It should be placed on the record that throughout the entirety of the Committee's hearings that not a single question was asked by any of the Labor Party members of the Committee (who make up the majority of the Committee) in relation to whether these workers had received their minimum wage entitlements. **Clearly, the Labor Party members of the Committee had no concern or interest in whether these workers had been subjected to wage exploitation or whether they had received wage justice for their work.** As the Victorian Trades Hall Council observed in the hearings, "these are Australian workers, we should look after them."<sup>85</sup>

**FINDING 25:** There were no systems in place to ensure workers were not being exploited, or that workers were not abusing the system by using fraudulent 'ghosting' arrangements. The Andrews Labor Government could not rule out that these vulnerable workers on Government work sites were not underpaid or exploited.

**FINDING 26:** A lack of workplace and management controls and potential 'ghosting' arrangements severely compromised infection control and the ability to contact trace any virus outbreaks.

**FINDING 27:** We consider the Andrews Labor Government was completely negligent in allowing a State Government funded program to be established without there being any safeguards or protections to ensure that those who worked in the program were paid their minimum legal entitlements. It is disgraceful that vulnerable workers could be at risk of being exploited and underpaid on a State Government funded program.

#### **RECOMMENDATION 6:**

We call on the Andrews Labor Government to immediately publicly release the findings of DJPR's audit and urgently take steps to ensure any outstanding wage entitlements are immediately paid to the workers. Should there be evidence of underpayment contraventions, we recommend all the allegations be referred to the Fair Work Ombudsman for investigation.

### **14. Hotel Quarantine Program costs almost \$200 million**

- 14.1 The original budgeted cost of the Hotel Quarantine Program was set at \$80 million.<sup>86</sup> This considerable amount of money was primarily provisioned for the cost of accommodation in Hotels and the cost of engaging private security companies.

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<sup>85</sup> Mr Luke Hilakari, Secretary Trades Hall Council, public hearing, 13 May 2020, *Transcript of evidence*, p. 3.

<sup>86</sup> The Hon Martin Pakula MP, Minister for Jobs, public hearing, 12 August 2020, *Transcript of evidence*, p. 3.

- 14.2 It soon became apparent the Andrews Labor Government had blown its budget in the very early stages of the program. Cabinet documents revealed in April the costs of the program were likely to require another \$150 million dollars.<sup>87</sup>
- 14.3 When asked by the Committee at the August hearings how much of taxpayers' money had been spent on the Hotel Quarantine program, DJPR said it did not know and attempted to assert that 'commercial in confidence' considerations in some way prevented the disclosure of the expenditure of taxpayers' money.<sup>88</sup>
- 14.4 In later evidence to the Committee, DJPR advised it was forecast to spend over a staggering **\$60 million dollars of taxpayers' money on the security companies** which had provided security guards in the Hotel Quarantine program.<sup>89</sup>
- 14.5 Of the \$60 million spent on private security guards, **one of the security companies, which was not on a panel of approved government providers and did not submit a tender, the Unified Security Group, is expected to be paid almost \$45 million dollars alone.**
- 14.6 The Department of Premier and Cabinet later disclosed the final cost of the chaotic Hotel Quarantine program was likely to be **\$195 million dollars**, more than double the original budget.<sup>90</sup> This is a staggering amount of taxpayers' money spent on a program that was only successful in spreading Coronavirus, not containing it.
- 14.7 In terms of the breakdown of this total cost, it was revealed that:
- DJPR had spent a total of **\$133.4 million dollars**;
  - DHHS had spent **\$51.3 million dollars**; and
  - DJCS had spent **\$10.9 million dollars**.

**FINDING 28:** Not only did the Hotel Quarantine program cost **\$195 million dollars**, but it utterly failed to achieve its intended purpose. Rather than protect Victorians from the virus, it spread it throughout the Victorian community.

- 14.8 The Department of Justice and Community Safety (DJCS) took over management of the Hotel Quarantine program via Corrections Victoria, when the Premier closed the door to international arrivals on 2 July 2020. Concerns were raised publicly that staff employed in the program as Resident Support Officers (RSO), such as airline cabin crew staff, were being paid but not working, given no international travellers were arriving in Victoria in this period. DJCS advised the Committee that 1040 RSOs were employed by the Department through the period it controlled the program and up to 30 November 2020 when control was handed to the new Covid-19 Quarantine Victoria agency. The Secretary of DJCS advised that when hotels were not operational, 225 of these RSOs (only 21.6 per cent) were used in other roles, such as doorknocking, as well as undertaking 'refresher' training.<sup>91</sup>

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<sup>87</sup> Exhibit HQI0219b\_RP Annexures to witness statement of the Hon. Daniel Andrews MP, see <https://www.quarantineinquiry.vic.gov.au/exhibits>

<sup>88</sup> Mr Simon Phemister, Secretary DJPR, public hearing, 12 August 2020, *Transcript of evidence*, p. 22.

<sup>89</sup> Department of Jobs, Precincts and Regions, response to questions on notice, December 2020, p. 7.

<sup>90</sup> COVID-19 Hotel Quarantine Inquiry Interim Report and Recommendations, p. 68.

<sup>91</sup> Department of Justice and Community Services, response to questions on notice, 21 January 2021, p. 3.

- 14.9 DJCS advised that the total expenditure for the RSOs and Team Leaders up to 30 November 2020 totalled \$78.6 million.<sup>92</sup>

**FINDING 29:** DJCS paid Resident Support Officers and Team Leaders, such as airline cabin crew, a staggering \$78.6 million to do essentially nothing during the period in which it had control of the Hotel Quarantine Program to quarantine returned overseas travellers. During this period, no international travellers returned directly to Victoria.

#### **RECOMMENDATION 7:**

Given the Hotel Quarantine program is likely to cost close to or over \$200 million dollars and failed to protect the Victorian community, the Minority considers that **the Victorian Auditor-General should undertake an urgent investigation into how this program was costed and the process by which the security contractors were engaged.**

Given that over a quarter of the cost of this program was spent on private security contractors, we consider there are too many questions that remain unanswered about how this program could have cost so much, but miserably failed at what it was intended to achieve.

### **15. COVID-19 Quarantine Victoria – another new agency**

- 15.1 Our concerns about the continued waste of taxpayers' money is only heightened in relation to the Andrews Labor Government's new bureaucracy, COVID-19 Quarantine Victoria, required because the former Hotel Quarantine Program had failed and was irreparable.

During the December hearings, the Committee asked the Andrews Labor Government how much had been budgeted for the new COVID-19 Quarantine Victoria (CQV). The Committee asked the Premier, the Treasurer and the Commissioner, Emma Cassar, individually to provide this information.

All of them refused to disclose how much CQV would cost Victorian taxpayers.

- 15.2 In an answer provided on notice by various top bureaucrats, the Committee has been advised that a funding allocation for this program **"is not yet available"** and the Government was **"still finalising specific budget allocations"**.<sup>93</sup>
- 15.3 Notwithstanding this, a "Strategic Communication Director" position has been advertised with CQV at a salary up to \$250,000. Clearly, getting the public messaging right is a priority for the Government.

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<sup>92</sup> Department of Justice and Community Services, response to questions on notice, 21 January 2021, p. 2

<sup>93</sup> Department of Treasury and Finance, response to questions on notice, 10 December 2020, p. 8., and Department of Justice, response to questions on notice, 21 January 2021, p. 1

- 15.4 It beggars belief that more than 2 months after COVID-19 Quarantine Victoria commenced operation, there is still no specific budget allocation set aside for this program. Victorian taxpayers deserve to know how much is estimated to be spent on this program, especially in light of a) the massive costs squandered on the failed former Hotel Quarantine Program, and b) the recent confusion about who was 'picking up the bill' for international superstar tennis players undertaking mandatory quarantine for the Australian Open Tennis.<sup>94</sup>

**FINDING 30:** The Andrews Labor Government continues to refuse to be honest with Victorians and tell them how much of their money is estimated to be spent on this new program, and whether it will be efficiently spent or effective in quarantining and containing the virus.

**RECOMMENDATION 8:**

The Andrews Labor Government must immediately disclose how much it estimates the new CQV program will cost Victorian taxpayers.

**16. Departments spend millions on legal costs to protect themselves**

- 16.1 If the \$195 million dollars wasted on the deeply flawed and failed Hotel Quarantine program wasn't bad enough, the legal costs spent by Departments and bureaucrats who appeared before the Coate Hotel Quarantine Inquiry are outrageous.
- 16.2 **The Andrews Labor Government and its bureaucrats demonstrated a belligerent unwillingness to provide any details about how much of taxpayers' money they were spending on legal costs to represent and protect themselves at the Hotel Quarantine Inquiry.**
- 16.3 After persistent questioning by non-government members, the Committee was told:
- **DHHS had spent \$6.25 million dollars** on legal costs;<sup>95</sup>
  - **DPC had spent \$1.01 million dollars** on legal costs;<sup>96</sup>
  - **DTF had spent \$446,000 dollars** on legal costs<sup>97</sup>

The Hotel Quarantine Inquiry became what can only be described as a lawyers' picnic.

**FINDING 31:** To put these costs into some perspective, the entire cost of the Hotel Quarantine Inquiry, which sifted through tens of thousands of pages of documents, cost a total of \$4.8 million dollars.<sup>98</sup> **Yet, DHHS spent \$6.25 million, almost \$1.5 million dollars more** just to represent itself before the same inquiry.

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<sup>94</sup> <https://www.heraldsun.com.au/sport/tennis/victorian-government-tennis-australia-will-fully-fund-aus-open-hotel-quarantine/news-story/d223d2145ec1287305d668f7e5db73c2>

<sup>95</sup> Department of Health and Human Services, response to questions on notice, 10 December 2020, p. 4.

<sup>96</sup> Department of Premier and Cabinet, response to questions on notice, 24 December 2020, p. 1.

<sup>97</sup> Department of Treasury and Finance, response to questions on notice, 10 December 2020, p. 1.

<sup>98</sup> COVID-19 Hotel Quarantine Inquiry Final Report and Recommendations Volume 2, p. 128.

**FINDING 32:** The legal costs spent by Departments in relation to representation before the Hotel Quarantine Inquiry are a scandalous waste of taxpayers' money.

### **17. Premier, Mikakos, Pakula, DPJR, DJCS and DELWP refuse to disclose legal costs**

- 17.1 The costs referred to above do not reveal the full extent of taxpayers' money spent on lawyer fees for representation before the Inquiry.
- 17.2 Throughout its hearings, the Committee also sought details of the legal costs incurred by DJPR to protect itself. In response to questions on notice from the August hearings, DJPR told the Committee that it had engaged Corrs Chambers Westgarth to represent it, but refused to disclose how much legal fees it had paid to its lawyers because its contract with the law firm was "commercial in confidence".<sup>99</sup> This was despite other Departments disclosing their legal costs, some down to the last cent.

**FINDING 33:** Expenditure on legal fees is not 'commercial in confidence', especially in relation to costs associated with a public inquiry investigating why just over 800 Victorians lost their lives.

- 17.3 When the Committee again sought details of DJPR's legal expenditure on the Hotel Quarantine Inquiry at the December hearings, DJPR again refused to disclose its legal costs. In evidence provided to the Committee on notice, DJPR advised 'no payments have yet been made for DJPR's legal representation at the inquiry'.<sup>100</sup>
- 17.4 This response is incredible. Is DJPR seriously suggesting that none of the external lawyers or Barristers that were engaged to represent it at the Hotel Quarantine Inquiry have been paid? There is no indication these lawyers offered their services for free. When the Secretary of DJPR, Mr Simon Phemister, appeared before the Hotel Quarantine Inquiry, he was represented by Queen's Counsel and two junior barristers. Fees for this level of legal representation do not come cheap. The barristers and solicitors engaged by DJPR to represent it must have been paid by someone. Other departments, such as DHHS, have disclosed their costs. There is no reason why DJPR should be any different.
- 17.5 The Committee had also requested details of the legal costs incurred by Premier Daniel Andrews related to the Inquiry. However, the Committee was told that the Premier was separately represented and DPC "had not provided any funding to support the Premier's representation."<sup>101</sup> **The question remains, how much were the Premier's legal costs and who paid them?** It is completely inappropriate for the Premier to refuse to provide this information to the Committee. The Premier was represented by Queen's Counsel and two junior barristers. The Premier was also likely represented by a firm of solicitors. Given the level of legal representation the Premier had, his legal costs are likely to be substantial. There is no suggestion that taxpayers' money was not used to fund the Premier's legal expenses. In those circumstances, Victorians have a right to know how much the Premier spent of their money to protect himself before the Hotel Quarantine Inquiry.

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<sup>99</sup> Department of Jobs, Precincts and Regions, response to questions on notice, August 2020, p. 1.

<sup>100</sup> Department of Jobs, Precincts and Regions, response to questions on notice, 15 December 2020, p. 5.

<sup>101</sup> Department of Premier and Cabinet, response to questions on notice, 24 December 2020, p. 1-2.

- 17.6 In not a dissimilar situation to the Premier, DHHS and DJPR both advised they did not have access to the legal costs paid for former Minister Mikakos' and Minister Pakula's legal representation at the Hotel Quarantine Inquiry.<sup>102</sup> Both Ms Mikakos and Minister Pakula were represented by Queen's Counsel and two junior barristers and, presumably, a firm of solicitors. Given standard government practice and any evidence to the contrary, the fees for this legal representation must have been paid by taxpayers. It is incumbent on either Minister Pakula and the Andrews Labor Government to disclose how much of taxpayers' money was actually spent, and whether taxpayer funded legal representation continued for Ms Mikakos after her resignation from the Parliament.
- 17.7 At the December hearings, DELWP was requested to provide details of its legal costs spent on the Hotel Quarantine Inquiry. DELWP advised it would take the question on notice.<sup>103</sup> As at the date of this report, DELWP has disgracefully failed to respond to the Committee's request and has provided no information in relation to the legal costs it incurred.

**FINDING 34:** We consider the refusal by Premier, Ms Mikakos, Minister Pakula, DJPR and DELWP to disclose their legal costs to reflect an appalling and contemptuous disregard to the Parliament and Victorian taxpayers.

**RECOMMENDATION 9:**

The Premier, Ms Mikakos, Minister Pakula, DJPR, DJCS and DELWP should publicly disclose their full taxpayer-funded legal costs related to the Hotel Quarantine Inquiry immediately.

**Conclusion**

The Hotel Quarantine Program designed and implemented by the Andrews Labor Government is nothing short of the most catastrophic failure in Government policy in this nation's history. The fact that more than 800 Victorians lost their lives as a result of the Andrews Labor Government's appalling failures in operating this program underscores how tragic and devastating this program was.

Former United States President Thomas Jefferson observed, "the chief purpose of government is to protect life". By any measure, the Andrews Labor Government failed in its duty to protect the lives of more than 800 Victorians.

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<sup>102</sup> Department of Jobs, Precincts and Regions, response to questions on notice, 15 December 2020, p. 5 and Department of Health and Human Services, response to questions on notice, 10 December 2020, p. 4.

<sup>103</sup> Mr John Bradley, Secretary DELWP, public hearing, 16 December 2020, *Transcript of evidence*, p. 5.

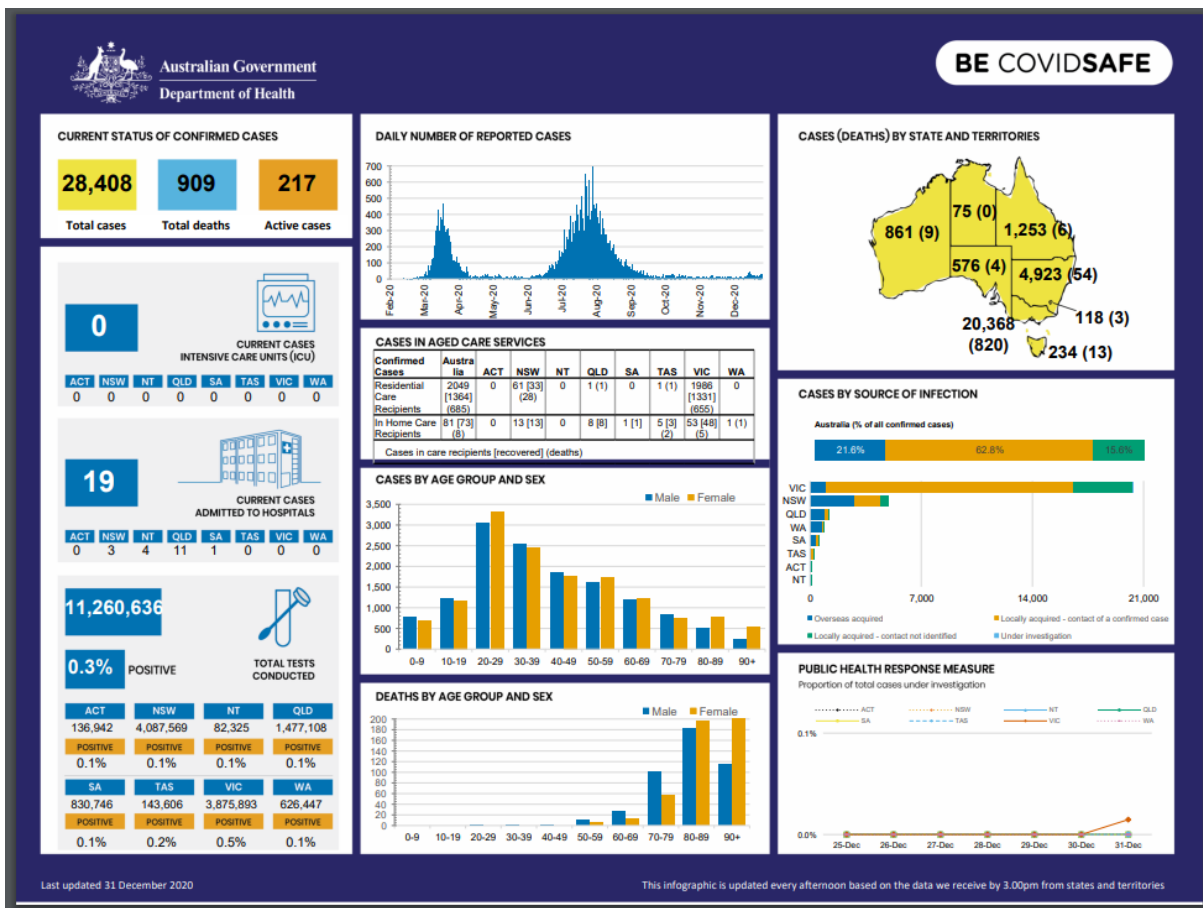
# CHAPTER 2 – HEALTH RESPONSE

## 1. Contact Tracing

Contact tracing has been a key to Australia’s overall success of managing the COVID-19 pandemic. All evidence presented to the Committee about contact tracing referred to the importance of rapid contact tracing and identified a 48-hour turnaround as being required to ensure the reproduction rate of the virus remained below one. The stark difference between Victoria’s case results to 31 December and that of all other States and Territories in Australia is important to note; the Andrews Labor Government was unable to explain to the Committee why Victoria fared so much worse.

1.1 Victoria’s total cases and death toll as compared to the rest of Australia as reported by the Australian Government’s Department of Health to 31 December 2020 was 20,368 cases (72 per cent), with a cost of 820 lives (90 per cent). The total for all other States combined was 8040 cases, with a cost of 89 lives. Refer to Figure 1.

Figure 1. All cases, deaths and active cases across Australia by State as at 31 December 2020.



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104 Australian Government Department of Health- Coronavirus (COVID-19) at a glance, 31 December 2020



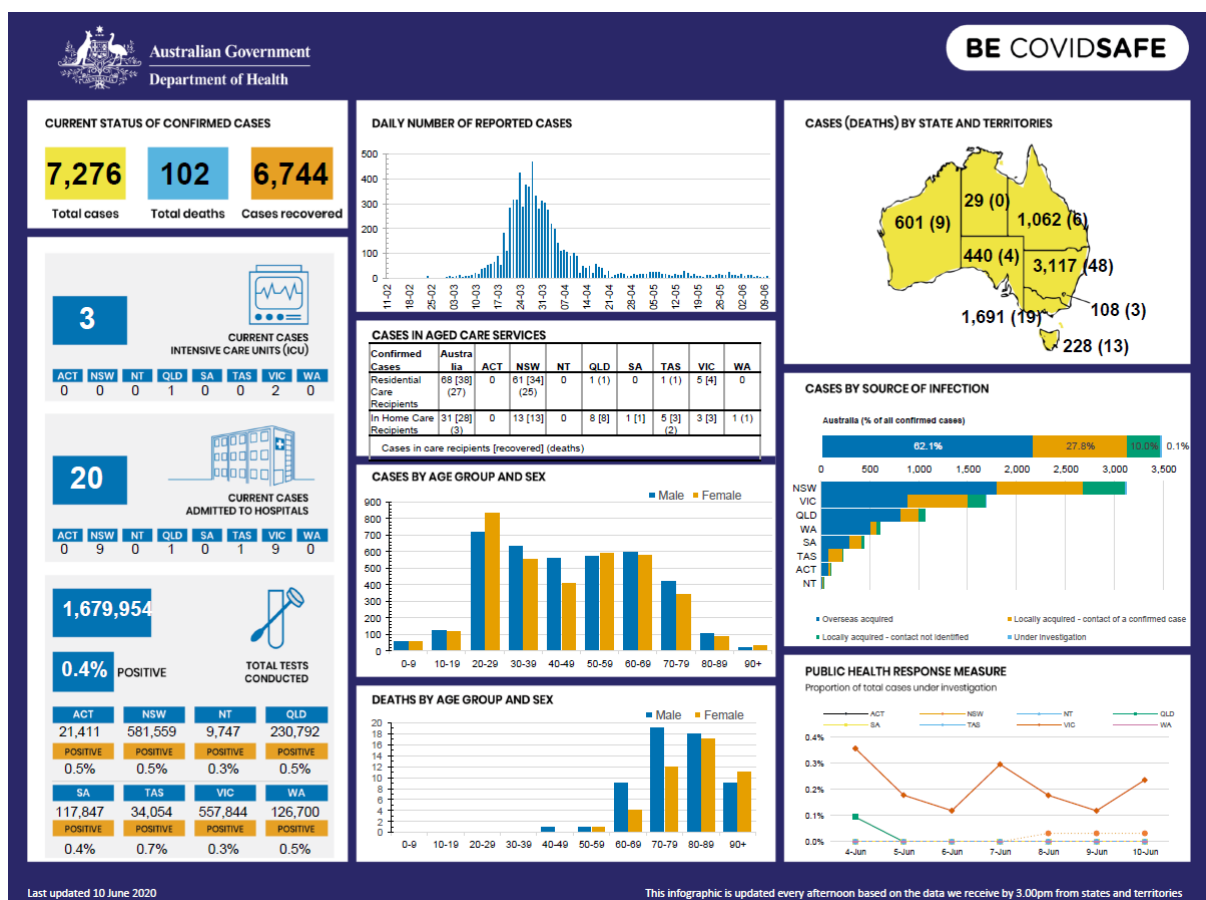
- 1.2 The Andrews Labor Government was not able to provide any data for contact tracing prior to 15 August 2020, which prevented the Committee from understanding how Victoria’s Department of Health and Human Services managed both the first and second waves of Coronavirus in Victoria.
- 1.3 During questions to former Health Minister Mikakos and the Chief Health Officer, Professor Sutton, in the August hearings, former Minister Mikakos claimed to have had a significant contact tracing workforce.

**Mr O’BRIEN:** ... given we were down to zero cases on some days in early June and certainly down in single digits and low teens, how is it that the contact tracing, if it had enough people involved actually allowed the outbreak to get out of control?

**Ms MIKAKOS:** Firstly, I have found that we had 1891 staff in June in the contact tracing team. As I said we had a massive scaling up...<sup>105</sup>

Figure 2 shows Victoria’s COVID-19 cases relative to the rest of Australia on 10 June 2020, when the Andrews Labor Government claimed to have 1891 contact tracers. At that time deaths and cases were significantly less than New South Wales (NSW).

**Figure 2. All cases, deaths and active cases across Australia by State as at 10 June 2020.**



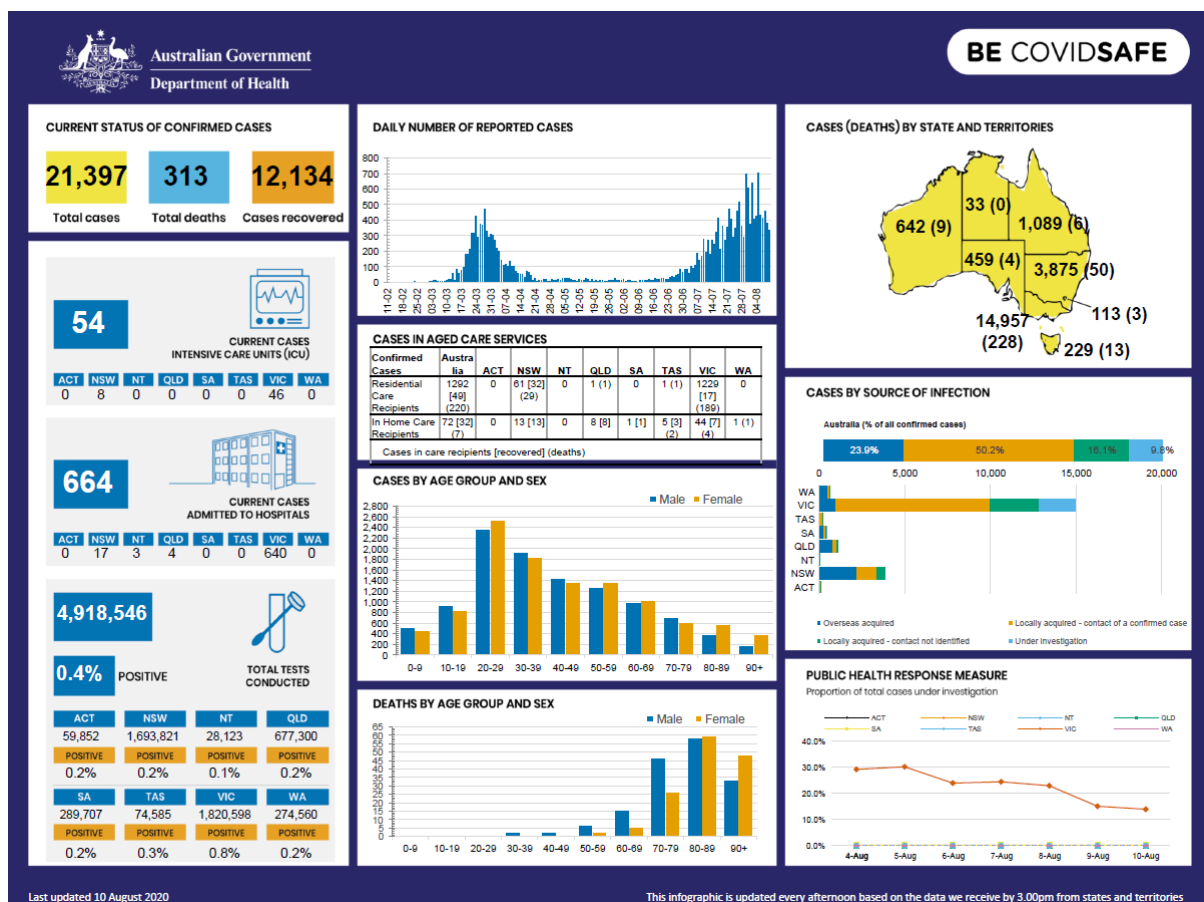
106

<sup>105</sup> The Hon Jenny Mikakos, public hearing, 11 August 2020, *Transcript of evidence*, p. 16.

<sup>106</sup> Australian Government Department of Health – Coronavirus (COVID-19) at a glance, 10 June 2020.

- 1.4 Under further questioning by Ms Vallence, the Chief Health Officer was asked to provide on notice how many contact tracing staff were full time and part time, and also requested a breakdown from which departments or agencies they were sourced, including how many had been sourced from the ADF.<sup>107</sup> In supplementary evidence not received until 30 November 2020 DHHS advised that as at 10 August 2020 there were 2600 people in the contact tracing team. Of that total, 27 per cent of the contact tracing team were made up of Victorian Public Sector staff. No information was provided as to where these staff were sourced from within the public sector. Only 12 per cent of the contact tracing team had a background in health. Commonwealth staff including ADF personnel made up 17 per cent of the workforce.<sup>108</sup> Contrary to the Committee's request, DHHS did not advise how many of the contact tracing team were full or part time.
- 1.5 Two months after the Health Minister claimed a significant workforce was available for contact tracing and following an almost tenfold increase in cases from around 1500 in early June to 15,000 in early August (Figure 3), Victoria only increased its contact tracing workforce by around 30 per cent.

Figure 3. All cases, deaths and active cases across Australia by State as at 10 August 2020.



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<sup>107</sup> Professor Brett Sutton, Chief Health Officer, public hearing, 11 August 2020, *Transcript of evidence*, p. 30.

<sup>108</sup> See Table 2.3 of Chapter 2 of the Majority Report.

<sup>109</sup> Australian Government Department of Health – Coronavirus (COVID-19) at a glance, 10 August 2020

- 1.6 In seeking to explain this performance difference, leading infectious disease expert Professor Raina MacIntyre from the Kirby Institute told the ABC Online on 8 September 2020:

*"When it comes to public health infrastructure and resources per head of population, Victoria is much worse off than any other state in Australia," she said.*

*"Victoria is just a shell of a system, it's just been decimated, and that's fine in the good times, you can get by on a minimal model, but when there's a pandemic all those weaknesses are exposed."<sup>110</sup>*

- 1.7 In the same analysis of Victoria and NSW, the NSW Chief Health Officer revealed that the state of NSW was operating with only 15 per cent of the contact tracing team that the Victorian Government claimed to be utilising at a time when the case numbers in Victoria were much lower:

*NSW Chief Health Officer Kerry Chant has long credited the state's contact tracing team with keeping a lid on widespread community transmission.*

*The team of more than 300 people make over 2,000 calls a day to determine an infected person's hourly movements and who they potentially exposed.*

*Epidemiologist Catherine Bennett from Deakin University, who has previously conducted disease outbreak work in NSW, said it was a clear case of resourcing leads to responsiveness.*

*She also said NSW's decentralised health system of 15 local districts paved the way for better management of the virus in every pocket of Sydney and wider NSW.*

*"It means when you're working in your own area, you know the people, you know the situation ... you can use local intel and local relationships to get results."<sup>111</sup>*

- 1.8 The views of Professor Catherine Bennett, Chair in Epidemiology at Deakin University, were confirmed in the December hearings when a leaked Emergency Management Victoria, Assurance and Learning Report<sup>112</sup> into what was Australia's largest per capita outbreak in the township of Colac, Victoria, confirmed the need for timely local intelligence and communications in order to rapidly contact trace and bring an outbreak under control. The report in part found:

- Establishing strong community and business/industry relationships prior to an incident means that action plans can be easily implemented as required and points of contact are already known;
- Locally targeted communications campaigns that utilise well respected community members, can often gain more traction and result in higher engagement/compliance than those led by State;

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<sup>110</sup> ABC on line- Posted Tue 8 September 2020 at 5:12am

<sup>111</sup> ABC on Line- Posted Tue 8 September 2020 at 5:12am

<sup>112</sup> EMV- Assurance and Learning Report, The Colac Response – COVID-19 Outbreaks July – August 2020. Oct2020

- Utilise existing communications systems and staff contact lists that businesses and industry already have in place, rather than try to duplicate it. This will save a lot of time and effort...; and
- At times, it felt like the State was working in a silo, when it would have been more effective to work together on responses and key messaging.

**FINDING 35:** The Victorian Government was unable to provide contact tracing details for what has been known as the first and second wave outbreaks of Coronavirus.

**FINDING 36:** The State was not prepared to reveal its effective full time contact tracing workforce during Victoria's two outbreaks. The minority was not convinced the total number of 1891 people the Health Minister claimed to have working in contact tracing at the start of June was accurate.

**FINDING 37:** Compared to NSW, Victoria claimed to have a much larger contact tracing work force but was unable to keep its very low community transmission numbers recorded in early June 2020 under control.

**FINDING 38:** There was no evidence presented to the Committee that world best practice of a 48-hour turnaround in contact tracing was achieved during Victoria's two significant outbreaks.

**FINDING 39:** The largest per capita outbreak recorded in Australia, centred on Colac in Victoria, was rapidly brought under control with active community involvement and local intelligence. This result supports the approach of the NSW Governments decentralised contact tracing method that has proved vastly more successful than the Victorian Government's highly centralised DHHS model.

**FINDING 40:** Compared to other states in Australia, Victoria's poor funding over time and lack of modern technology significantly hampered the speed of contact tracing. The Department of Health was not able to confirm when it began to use state of the art contact tracing software.

**FINDING 41:** Highly centralised control of information through DHHS, and the inability to liaise with affected communities, businesses, schools and other agencies significantly slowed the ability for contact tracers to contact potential close contacts.

**RECOMMENDATION 10:**

The Victorian Government must publish data on its contact tracing performance prior to 10 August 2020 in order for Victorians to better understand what went wrong with the Victorian operating model.

## RECOMMENDATION 11:

DHHS must formulate new protocols that allow faster identification of potential close contacts, and more rapid sharing of details with local authorities, businesses and medical professionals.

## RECOMMENDATION 12:

DHHS should plan to decentralise contact tracing during a pandemic, by appointing local co-ordinators and control centres.

### 2. False sense of security: 4000 ICU Beds promised but never delivered

- 2.1 On 2 April 2020, former Health Minister, Ms Mikakos, made the following announcement:

*Victoria's health system will receive a massive \$1.3 billion injection to quickly establish an extra 4,000 ICU beds and purchase millions more masks, gloves and gowns to meet the expected surge in cases during the peak of the pandemic.*<sup>113</sup>

- 2.2 On 11 August 2020, when Victoria was in the middle of the second wave outbreak, under stage 4 restrictions, under a curfew and had 7,880 active COVID-19 cases, Ms Mikakos was asked questions about hospital preparedness and how the **promised \$1.9 billion in funding** had been spent. Ms Mikakos responded by advising:

*... at the start of the pandemic, we had about 450 ICU beds. We now have 1,550 ICU and critical care spaces available.*<sup>114</sup>

- 2.3 This was almost 2,500 beds below what the Andrews Labor Government had previously promised. However, this figure was later directly contradicted by evidence of DHHS officials in the hearings. When further questions were put to DHHS about the number of ICU beds currently available, the DHHS official advised:

*Today there are 426 ICU beds staffed and open. There are up to 515 possible on a usual day and could be opened.*<sup>115</sup>

- 2.4 This revelation was astonishing. Not only did the DHHS official expose that Ms Mikakos had clearly mislead both the Committee, the Parliament and Victorians about how many ICU beds were actually available, but that ICU bed numbers were appallingly low based on the threat the virus posed as described by Premier Daniel Andrews.

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<sup>113</sup> The Hon Jenny Mikakos, Healthcare System to Work as One during pandemic, media release, 2 April 2020

<sup>114</sup> The Hon Ms Mikakos, Minister for Health, public hearing, 11 August 2020, *Transcript of evidence*, p. 18.

<sup>115</sup> Mr Symonds, Deputy Secretary DHHS, public hearing, 11 August 2020, *Transcript of evidence*, p. 29.

- 2.5 According to Ms Mikakos, Victoria had 450 ICU beds at the start of the pandemic. Yet, DHSS advised that on 11 August, at the height of the second wave outbreak, Victoria had less with only 426 ICU beds available.

Even with the supposed \$1.9 billion in additional funding, the Andrews Labor Government could only manage to have a maximum of 515 ICU beds available on any one day. This was almost 3,500 beds less than what the Andrews Labor Government had promised Victorians in April 2020, well before the second wave outbreak.

It's extraordinary that, at the peak of the second wave of Coronavirus, the Andrews Labor Government had done nothing to mobilise additional ICU bed capacity.

- 2.6 In further confusing evidence provided to the Committee in the December hearings, the Department of Treasury and Finance maintained there were more than 1,500 ICU beds available in Victoria. This evidence again conflicts with the evidence previously provided by DHHS. The clear fact remains that Victoria never received the 4000 ICU beds the Andrews Labor Government promised at a cost of \$1.9 billion.

**FINDING 42:** Ms Mikakos misled the Committee about the number of ICU beds that were available for Victorians.

**FINDING 43:** The Andrews Labor Government failed to adequately prepare for the potential increase in COVID-19 infections and failed to deliver the 4000 ICU beds it had promised to Victorians to prepare for the potential increase in COVID-19 infections.

### 3. Misleading evidence on Healthcare Workers being infected at work

- 3.1 During the Committee hearings held in August, questions were asked about the quality and standard of the PPE healthcare workers were receiving in hospitals in light of the alarming rates at which frontline healthcare workers were contracting COVID-19.

- 3.2 Ms Mikakos gave evidence as follows:

*... roughly about 10 to 15 per cent of those cases are believed to have been acquired in the workplace. We have got, as you know, very extensive community transmission at the moment. It is possible that people are bringing the virus into a workplace setting and then colleagues are infecting other colleagues, perhaps in a tearoom-type environment where people might take their mask off and be, I guess, in a more relaxed frame.*<sup>116</sup>

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<sup>116</sup> The Hon Ms Mikakos, Minister for Health, public hearing, 11 August 2020, *Transcript of evidence*, p. 22.

3.3 Professor Wallace, then CEO of Safer Care Victoria and now Secretary of DHHS, gave similar evidence, stating:

*... currently it would appear that **about 10 per cent of healthcare workers acquire their infection in the workplace and majority acquire their infection out in the community or elsewhere or at least not in relation to patient-to-healthcare worker transmission.***<sup>117</sup>

3.4 At the time this evidence was given there were just over 1,000 healthcare workers who had been furloughed because they had either been infected with COVID-19 or were considered a close contact. This was an extraordinarily high representative figure of a particular workforce that was having daily contact with COVID-19 cases. Yet, the Andrews Labor Government astonishingly maintained the alarmingly high infection rates were by virtue of general community transmission.

3.5 It was also quite appalling that both Ms Mikakos and Professor Wallace attempted to lay all the blame for the high infection levels at the healthcare workers themselves. There was absolutely no evidence to back up these assertions that healthcare workers were being irresponsible by ‘taking their masks off in the tearoom’ and then infecting others.

3.6 The Premier also maintained the position. The day after Ms Mikakos gave her evidence to the Committee, the Premier said at a media conference:

*... the **majority of healthcare workers are acquiring coronavirus outside the workplace.** I’m not making any judgments about that, **that is what the data is telling us.***<sup>118</sup>

3.7 The statements made by both Premier Daniel Andrews and Ms Mikakos sounded highly fanciful. In only a matter of weeks after making these statements the “data”, referred to by the Premier, proved the exact opposite.

3.8 On 25 August 2020, only two weeks after both the Premier and Ms Mikakos maintained healthcare workers were contracting COVID-19 out in the community, not in their workplaces, Victoria’s Chief Medical Officer announced that 70 to 80 per cent of health care workers infected with COVID-19 during the second wave outbreak in fact contracted the virus at work.<sup>119</sup>

3.9 On the day this situation was revealed, a total of 2,692 healthcare workers had contracted COVID-19. In hospitals, 70 per cent of infections were among nurses. In the month of August alone, 33 healthcare workers were testing positive to COVID-19 **per day.**

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<sup>117</sup> Professor Wallace, CEO, Safer Care Victoria, public hearing, 11 August 2020, *Transcript of evidence*, p. 22.

<sup>118</sup> <https://www.news.com.au/national/victoria/news/coronavirus-victoria-majority-of-healthcare-staff-infected-outside-workplace/news-story/3ad9221e3980549388b82715c1e7ee6a>

<sup>119</sup> <https://www.abc.net.au/news/2020-08-25/health-workers-covid-coronavirus-case-numbers-victoria/12582468>

- 3.10 The revelation that healthcare workers were contracting COVID-19 at such an alarming rate meant there were significant deficiencies and gaps in relation to healthcare workers receiving adequate PPE and infection control support.

Before this data had been revealed, the Australian Medical Association (AMA) in its submissions to the Committee had made known its deep concerns about the inadequate protection for our healthcare workers. The AMA wrote:

*AMA Victoria made known our concerns at that time **about a lack of personal protective equipment (PPE) for frontline health workers and a continuing issue with fair distribution across the state. This has been one of the most important issues for our members and a significant source of stress for them.***<sup>120</sup>

- 3.11 Our courageous healthcare workers were Victoria's frontline defence against Coronavirus. Yet, the data revealed they were let down by the Andrews Labor Government. To have up to 80 per cent of healthcare workers being infected at their workplace demonstrates the lack of protection our healthcare workers were left to suffer.

It is extraordinary that neither Premier Daniel Andrews or former Health Minister Mikakos could not have had any insight into this debacle, especially given the huge surge in infections occurring amongst healthcare workers at the very time they were being questioned by the Committee. The Premier and Ms Mikakos showed no appreciation of the crisis that was unfolding.

- 3.12 **When the Premier was asked in the December hearings as to how he could have got the 'data' so wrong, the Premier attempted to reconstruct his previous statements.**

The Premier suggested his previous statements were based on data from the first wave, not the second wave<sup>121</sup> of Coronavirus. The Premier's evidence was completely disingenuous. To suggest that when he was asked questions about the infection rates of healthcare workers in the second wave outbreak that, in response, the answers he provided were based on data obtained in the first wave is absurd.

If the Premier is to be believed, then clearly his previous statements about healthcare workers was based on data that was clearly out of date and not reliable. If that was the case, why did the Premier continue to rely on this data when answering questions about infection rates in the second wave?

**Clearly the Premier was more concerned about protecting his image, than the lives of the healthcare workers that bravely put their lives on the line to help people in our community infected with the disease.**

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<sup>120</sup> Australian Medical Association, Submission 55, received 31 July 2020, p. 2.

<sup>121</sup> The Hon Daniel Andrews MP, Premier, public hearing, 27 November 2020, *Transcript of evidence*, p. 24.



**FINDING 44:** The Andrews Labor Government failed to provide sufficient protection to Victorian healthcare workers. Healthcare workers were left exposed and unprotected from Coronavirus. The fact that 80 per cent of healthcare workers contracted COVID-19 in the workplace, when the Government had previously tried to claim this was as low as 10 to 15 per cent, proved that the Andrews Labor Government's infection controls and provision of PPE to the healthcare workforce, who needed it the most, was utterly deficient.

**FINDING 45:** The Andrews Labor Government gave false and misleading evidence to the Committee about how and where healthcare workers were contracting COVID-19. No plausible explanation has been provided as to how the Andrews Labor Government got this data so wrong.

#### **4. 8:00pm Curfew: The Premier's call, not based on public health advice**

4.1 On 2 August 2020, as a result of escalating COVID-19 infection rates throughout the Victorian community, the Premier declared a State of Disaster. As one of his first acts under his newly granted State of Disaster powers, the Premier imposed a curfew on Metropolitan Melbourne, the first time ever in Victoria's history.

4.2 The curfew which was imposed on Victorians who lived in metropolitan Melbourne, which included people who lived in the Mornington Peninsula and Yarra Valley regions, were unable to leave their homes from 8.00pm at night until 5.00am in the morning each day. It was a severe restriction which significantly eroded the rights of Victorians to free movement.<sup>122</sup>

4.3 Throughout the pandemic, the Premier insisted that all Government decisions were made on the basis of public health advice. In evidence to the Committee the Premier said:

*So we had different settings, both in metropolitan Melbourne and regional Victoria, at different points. **They were always based on the science** of this, so the most complete epidemiological picture in metropolitan Melbourne and regional Victoria... **But each and every one of the decisions and settings has been based in science, in public health advice and in data and making sure that we are being driven by the experts.***<sup>123</sup>

4.4 **The Premier's evidence proved to be false.** In a court case which sought to challenge the legality of the curfew imposed by the Premier, it became clear the curfew had not been based on public health advice at all. The Supreme Court referred to comments made by the CHO, Professor Sutton, in which he stated:

*... while the curfew is not inconsistent with public health advice, **it was not the subject of his advice prior to its implementation.***<sup>124</sup>

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<sup>122</sup> Charter of Human Rights and Responsibilities Act 2006, s 12

<sup>123</sup> The Hon Daniel Andrews MP, Premier, public hearing, 27 November 2020, *Transcript of evidence*, p. 27.

<sup>124</sup> *Loiolo v Giles* [2020] VSC 722 at [229].

- 4.5 The Supreme Court also referred to comments made by the Premier at a press conference on 12 September 2020, in which he said the curfew was:

*Not a matter of public health advice. It's a law enforcement issue. It's about giving police the easiest set of rules to enforce and not have to waste their precious time dealing with things that shouldn't be happening and can easily be prevented by putting a curfew in.*<sup>125</sup>

- 4.6 Curiously, and perhaps very conveniently, the curfew was withdrawn by the Andrews Labor Government the day before the legal challenge commenced its hearing, almost two months after it was imposed.

**FINDING 46:** The Premier was not telling Victorians the truth when he said 'each and every one' of his government's decisions during the pandemic were based on public health advice. By the Premier's own admission, the decision to impose a curfew was 'not a matter of public health advice'. The curfew was an extreme response which severely curtailed the freedoms of Victorians and their right to free movement.

- 4.7 The majority report strangely seeks to justify the imposition of the curfew by virtue of the fact that 71 other countries imposed curfews in their jurisdictions during the pandemic<sup>126</sup>. The majority suggest these curfews were imposed to 'minimise community transmission'. Accepting for the moment that may be so, it has no correlation to why the Premier imposed the curfew in Victoria.

The Premier himself said the curfew was a 'law enforcement issue' to make the jobs of Police officers easier, not for public health reasons. The reference to other international jurisdictions imposing curfews does nothing to assist the Committee in evaluating the Andrews Labor Government's response, which is what this Committee has been asked to do.

- 4.8 To attempt to compare the experiences of international jurisdictions is completely flawed. Firstly, the Committee did not receive any evidence from any other foreign power about their COVID-19 experience and response, and secondly, to compare Victoria to another foreign nation makes no rational sense.

If there are to be comparisons made, they should be made on a State by State basis where there are so many more commonalities in terms of the health and living standards of populations, the role and systems of government, climate and community expectations. The fact that no other State in Australia, except Victoria, had to impose a curfew on its citizens in order to stop the spread of Coronavirus demonstrates just how hopeless Victoria's response to the COVID-19 pandemic became.

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<sup>125</sup> *Loiolo v Giles* [2020] VSC 722 at [229].

<sup>126</sup> Referred to in Appendix C of the majority report.

4.9 The countries that the majority seek to compare Victoria to include Algeria, Burkina Faso, Chad, Haiti, Iran, Iraq, Sudan and South Sudan. None of these countries are known for their strong parliamentary democracies or commitment to human rights and human health, and in no way compare to the Victorian jurisdiction. Curfews in these countries are not uncommon occurrences.<sup>127</sup>

**FINDING 47:** Comparing Victoria's response to the COVID-19 pandemic with the implementation of a harsh curfew with international jurisdictions (where curfews in these countries are not uncommon occurrences) is inherently wrong.

The only comparison that should be made is comparing Victoria's response to other Australian States. By any measure, Victoria's response to the pandemic, including the imposition of an 8:00pm to 5:00am curfew, compared to all the other States and Territories in Australia, is by far the worst.

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<sup>127</sup> Some cities in South Sudan have been under a curfew since statehood in 2011, see <https://www.cmi.no/news/1848-living-under-a-curfew-life-on-the-sudanese-border>.

## CHAPTER 3 – HUMAN RIGHTS

- 1.1 As per finding 7 in Chapter 10 of the majority report, the Victorian Government did not suspend the Victorian Charter of Human Rights and Responsibilities during the pandemic. Under the principles of the *Public Health and Wellbeing Act 2008*, there are requirements that public health orders:

*“(a) should be proportionate to the public health risk sought to be prevented, minimised or controlled; and*

*(b) should not be made or taken in an arbitrary manner.”<sup>128</sup>*

- 1.2 Also, regarding the restrictiveness of public health orders, the Act states:

*“If in giving effect to this Division alternative measures are available which are equally effective in minimising the risk that a person poses to public health, the measure which is the least restrictive of the rights of the person should be chosen”*

- 1.3 However, the underlying evidence related to public health orders – and therefore the evidence of whether the measure is proportionate and effective or not – has not been made available. Similarly, assessments of orders against the Victorian Charter of Human Rights and Responsibilities have also not been published.

This leads to a situation where no one outside of the public health team can satisfy themselves that the directions are proportionate and the least restrictive of human rights. This was explored by the Committee with the Chief Health Officer, Professor Brett Sutton, during the hearing on 4 December 2020:

*“Mr LIMBRICK: Thank you, Professor Sutton. The evidence for these directions and the human rights charter assessments—I believe that they are done for all these, but they have not been published. I spoke to the Premier about this last week. There has been a summary of advice in the statement of emergency extensions, which I provided my feedback on, and it was not particularly flattering. But these assessments are not public, so the public does not get to see these charter assessments. Are they sent to the Victorian Equal Opportunity and Human Rights Commission? Have they seen the evidence and the charter assessments? Is that something that they review?”*

*Prof. SUTTON: Not that I am aware of, but those assessments are made for each and every direction and each iteration of every direction that is made. They must be considered by me, and the legal team provide that with any highlights of things that are of concern or need to be emphasised in terms of the difficult balancing of rights and liberties.”<sup>129</sup>*

- 1.4 On 15 December 2020, this issue was also brought up during the hearing with the former Attorney General, the Hon Jill Hennessy MP, and Secretary of the Department of Justice and Community Safety, Ms Rebecca Falkingham:

*“Mr LIMBRICK: Okay. Thank you. Yes, I understand that the CHO in this case is taking the responsibility. Can I just confirm, then: are you aware of the ability of anyone external to the public health team to independently make an assessment of*

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<sup>128</sup> *Public Health and Wellbeing Act 2008*.

<sup>129</sup> Professor Brett Sutton, Chief Health Officer, public hearing, 4 December 2020, *Transcript of evidence*, p. 12.

*these directions and their impacts on human rights and the proportionality, other than going through a Supreme Court challenge? Is there anyone that can do that?*

*Ms FALKINGHAM: No, it is through the courts, Mr Limbrick.*<sup>130</sup>

- 1.5 The result is that the only way the public can be assured that the directions are proportionate and the least restrictive of rights (and therefore, legal) is through a court challenge.
- 1.6 However, in one of the few instances where the human rights impact of these orders has been closely scrutinised, the Victorian Ombudsman, Ms Deborah Glass OBE, in her report into the public housing towers lockdown in July 2020 stated in the executive summary under the section “Compatibility with Human Rights”:

*“While the temporary detention of residents at 33 Alfred Street may have been an appropriate measure to contain the outbreak of COVID-19 sweeping the building, the imposition of such restrictions with more or less immediate effect – absent further preparation, and without specific health advice recommending such an approach – did not appear justified and reasonable in the circumstances, nor compatible with the right to humane treatment when deprived of liberty.”*<sup>131</sup>

This statement also highlights the fact that the effectiveness of an order does not necessarily mean that the measure is proportionate or the least restrictive of rights.

The Victorian Ombudsman also discovered that human rights assessments are not necessarily something that is even documented and could simply be a “mental process”<sup>132</sup> and that DHHS “did not meaningfully consider whether other less restrictive measures were available in the circumstances...”.

- 1.7 It is unknown whether this lack of consideration for measures that were less restrictive of rights is limited to just the public housing tower lockdown or is a systemic problem with the public health orders issued throughout the State of Emergency.
- 1.8 In the *Loiello v Giles* case, Supreme Court Justice Ginnane found that although there had been appropriate consideration of human rights and the restrictions, on the balance of evidence provided, were proportionate to the public health risk.

However, he was critical of the transparency of decision making and accountability of decisions:

*“There was evidence of uncertainty of who had decided to introduce the Curfew in the first instance in August and on what basis it had been decided to introduce it. This uncertainty was despite the empowering legislation requiring that regard be had in its administration to the principle of accountability and that persons engaged in the*

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<sup>130</sup> Ms Rebecca Falkingham, Secretary DJCS, public hearing, 15 December 2020, *Transcript of evidence*, p. 10

<sup>131</sup> Victorian Ombudsman Report – “Investigation into the detention and treatment of public housing residents arising from a COVID-19 hard lockdown in July 2020”, p 18

<sup>132</sup> Victorian Ombudsman Report – “Investigation into the detention and treatment of public housing residents arising from a COVID-19 hard lockdown in July 2020”, p 81

*administration of the legislation should as far as was practicable ensure that decisions are transparent, systematic and appropriate.*<sup>133</sup>

and

*“...the Department’s organisational structure was unclear from the evidence and a chart could not be provided showing the departmental line of command of persons with responsibilities to make directions.”*

**FINDING 48:** There is insufficient publicly available information to independently determine whether public health orders are proportionate and the least restrictive of human rights, as required by the *Public Health and Wellbeing Act 2008*.

1.9 As covered in the majority report, there were differing responses by police to protests at different periods throughout 2020. This highlights the fact that although public health orders may consider human rights such as the right to peaceful assembly, the *actual* limitations on those rights happens at the enforcement stage, primarily through Victoria Police. This may result in other rights being limited in ways not envisaged by the public health team. On 4<sup>th</sup> December 2020 when asked about whether more rights were being restricted than envisaged when the orders were being created, Professor Brett Sutton told the Committee:

*“Prof. SUTTON: I would say that it is true of any law that has a potential police response. Any law could have the potential for police requiring enforcement that, as you rightly point out, infringes people in other ways in order to enforce that law. It is a matter for Victoria Police to manage that in a way that they see as the most appropriate and proportionate, and should be cognisant of the rights of individuals under law.”*<sup>134</sup>

1.10 Both Liberty Victoria and the Castan Centre for Human Rights Law highlighted in their submissions that activists involved in an April 10 car convoy organised to highlight the plight of refugees in detention were fined or arrested. This was despite the organisers and participants making every conceivable effort to comply with the Public Health Directions while still exercising their right to protest.<sup>135</sup>

1.11 In considering this example the Castan Centre submission states:

*“We acknowledge that in some cases, the health evidence may indicate that large physical protests cannot take place (for example, where a State of Disaster has been announced and Stage 4 restrictions are in place). However, where the health evidence allows gatherings of groups (as was the case under Stage 2), we would argue that the right to protest should be considered an essential activity and a permitted gathering.*

*Against this background, we would question whether the appropriate balance has been struck between human rights and public health interests in some cases.”*<sup>136</sup>

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<sup>133</sup> *Loiello v Associate Professor Giles* (2020) S ECI 03608, p4

<sup>134</sup> Professor Brett Sutton, Chief Health Officer, public hearing, 4 December 2020, *Transcript of evidence*, p. 12.

<sup>135</sup> Liberty Victoria, *Submission 46*, received July 2020, pp 6-7

<sup>136</sup> Castan Centre For Human Rights Law, *Submission 68a*, received August 2020, pp 15-16

**FINDING 49:** Rights considered when making public health orders do not necessarily reflect the actual limitations of rights when the orders are enforced.

**RECOMMENDATION 13:**

The Government should provide clear guidance as to how the right to protest may be lawfully exercised in Victoria and ensure that any future Public Health Directions allow for protest as a legitimate reason for leaving home.

## CHAPTER 4 – PUBLIC HOUSING TOWERS LOCKDOWN INHUMANE

*Ms Vallenge: ... when did you first find out about the lockdown in the towers?*

*Ms Abdikadir: Actually I think one of the management actually heard it from somebody who gave him a call – I do not know exactly. They told him, ‘Hey, have you watched the news? There’s a lockdown happening, and your community needs your support right now’... It was really shocking.<sup>137</sup>*

At 4.00pm on Saturday, 4 July 2020, without any prior warning or explanation, nearly 3,000 Victorians who lived in public housing towers located in Melbourne’s inner-city suburbs of Flemington, North Melbourne and Kensington essentially found themselves under house arrest.<sup>138</sup>

At a press conference held at 4.08pm, the Premier announced that residents who lived in the **nine public housing towers would be “locked down for at least five days” and the “hard lockdown” was “effective from right now”.**

The pace and harshness of these lockdowns was unprecedented. Police arrived at the towers within an hour of the Premier’s announcement to immediately lockdown the towers, erect ‘cyclone’ security fencing and prevent any of the residents from leaving.

### 1. Decision to immediately lockdown public housing towers

- 1.1 The Minister for Police, the Hon Lisa Neville MP, gave evidence that ‘Operation Benessere’ was developed to manage the lock down of the nine public housing towers. The Minister advised the Committee the lockdowns were required because:

*We were provided with advice from the Chief Health Officer and the public health team that there was a significant spread in those towers and a significant risk of that spreading very quickly in those towers. Given the nature of the towers around a lot of the spaces from lifts to laundries and often very cramped conditions for many families, we needed to do that, and we had a risk of it spreading more broadly in the community.<sup>139</sup>*

- 1.2 The Minister later advised that on 4 July 2020, the Chief Health Officer made a recommendation to the Crisis Council of Cabinet (CCC) and the CCC made a decision that the towers needed to be locked down and were required “to be locked down from the time [the decision was] announced.”<sup>140</sup>

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<sup>137</sup> Ms Abdikadir, AMSSA, public hearing, 27 August 2020, *Transcript of evidence*, p. 6.

<sup>138</sup> Ms Abdikadir, AMSSA, public hearing, 27 August 2020, *Transcript of evidence*, p. 1.

<sup>139</sup> The Hon Lisa Neville MP, Minister for Police, public hearing, 26 August 2020, *Transcript of evidence*, p. 19.

<sup>140</sup> The Hon Lisa Neville MP, Minister for Police, public hearing, 26 August 2020, *Transcript of evidence*, p. 19.



- 1.3 However, information obtained by the Victorian Ombudsman, Ms Deborah Glass OBE, strongly suggests the decision made by the Andrews Labor Government to lock down the towers did not accord with the recommendation made by the Deputy Chief Health Officer (CHO).
- 1.4 During the morning of 4 July 2020, a number of public health officials, including the Deputy CHO, were discussing data that revealed a significant rise in COVID-19 cases associated with public housing estates in Flemington and connections with an outbreak in the public housing towers. During these meetings a range of options were considered in order to contain and stop the outbreak growing. This included adding North Melbourne and Flemington to the current restricted post code list and putting additional quarantine measures in place.<sup>141</sup>
- 1.5 At 11.00am, an inter-agency meeting was attended by various officials including the Deputy CHO, Secretary of DHHS, State Controller Health and the Emergency Management Commissioner. It was envisaged a ‘testing sweep’ would be undertaken of residents in the towers, with residents being required to quarantine at home for 5 days while analysis of the testing was undertaken.

The Deputy CHO stated there had not been a specific discussion about the use of emergency detention powers for this operation at the meeting. A recommendation was then developed by DHHS following the meeting to put these arrangements in place, commencing midnight the following day, 5 July 2020.<sup>142</sup>

- 1.6 A meeting of the CCC was convened at 1.45pm. At around 1 or 2pm, the Deputy CHO said she became aware a decision had been made to bring the operation forward to commence that day, on 4 July 2020.

**The Deputy CHO confirmed the decision had not been discussed with her and she had not provided any advice that the intervention needed to occur instantaneously.**

The Deputy CHO said, “I didn’t have the whole story and I still don’t necessarily know what information was put forward pertaining to that decision”.<sup>143</sup>

- 1.7 Proposed lockdown directions were later emailed to the Deputy CHO for her approval at 3.46pm, while she was traveling by car to attend the Premier’s press conference, scheduled for 4.00pm. The proposed directions provided that residents of the towers were to be detained in their homes for 14 days, effective from 3.30pm, 4 July 2020. The Deputy CHO reviewed the proposed directions on her mobile phone. The Deputy CHO then signed the directions upon her arrival at the Office of the Premier, just prior to joining the Premier’s press conference.<sup>144</sup>

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<sup>141</sup> Investigation into the detention and treatment of public housing residents, Victorian Ombudsman, p. 49-50.

<sup>142</sup> Investigation into the detention and treatment of public housing residents, Victorian Ombudsman, p. 52.

<sup>143</sup> Investigation into the detention and treatment of public housing residents, Victorian Ombudsman, p. 55.

<sup>144</sup> Investigation into the detention and treatment of public housing residents, Victorian Ombudsman, p. 56.

**FINDING 50:** The decision to lockdown the public housing towers without warning and with immediate effect on 4 July 2020 was not made on the basis of public health advice.

Clearly, the Andrews Labor Government had ignored health advice concerning home quarantining arrangements and did not consult the Deputy Chief Health Officer about implementing mandatory detention of residents on an immediate basis.

No explanation has been provided why the Andrews Labor Government failed to follow the health advice of the Deputy CHO.

## **2. Impact of mandatory detention of public housing residents**

2.1 So hasty was the decision made by the Andrews Labor Government to detain people in the towers that people who were not even residents of the towers, but who were visiting family or friends, found themselves locked down in the towers as well and were prevented from leaving to return to their own homes.<sup>145</sup> These visitors were forced, through no fault of their own, to spend five days living in a situation where they did not have access to any of their own clothes or other personal essential items. They became, and were treated, as collateral damage of the Andrews Labor Government's rushed decision.

2.2 In evidence provided to the Committee by representatives of the Australian Muslim Social Services Agency, they described the tower lockdowns in the following terms:

***So in the beginning stages there was a lot of chaos and there was a lot of miscommunication, and it was very confusing in the beginning.***

***There was a lot of shock. There was a lot of – Frustration. Yes frustration. A lot of people were overwhelmed by the amount of law enforcement officers that were downstairs or in the building, and they could not understand why. A lot of them referred to it as – Jailed. Yes feeling like they were imprisoned.***<sup>146</sup>

2.3 To receive evidence from people who live in the State of Victoria, saying they felt like they were 'imprisoned' in their own home, is appalling. The residents of the public housing towers were treated as second class citizens, with their rights as citizens of this State being completely disregarded.

2.4 These people felt trapped in their homes and told the Committee:

***People were really scared – overwhelmed. They did not know how to react, I guess they felt powerless pretty much. They felt it was unfair. They felt like they were being criminalised.***<sup>147</sup>

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<sup>145</sup> Ms Abdikadir, AMSSA, public hearing, 27 August 2020, *Transcript of evidence*, p. 6.

<sup>146</sup> Ms Abdikadir, AMSSA, public hearing, 27 August 2020, *Transcript of evidence*, p. 6-7.

<sup>147</sup> Ms Abdikadir, AMSSA, public hearing, 27 August 2020, *Transcript of evidence*, p. 7.

2.5 The *Charter of Human Rights and Responsibilities Act 2006* (the Charter) makes it unlawful for public authorities, including the State Government, to act in a way that is incompatible with the human rights of Victorians.<sup>148</sup> The Charter provides that every Victorian has a right to liberty and, when detained, humane treatment.<sup>149</sup> The residents of the public housing towers were not only denied these rights, but had them stripped away from them. Within a matter of hours, the residents had their liberty taken away from them, being treated as if they were prisoners in their own homes. Nor did the residents receive humane treatment. In some instances, residents were given food they were unable to eat – being both culturally insensitive and past the use-by-date – and were provided with no information about what was happening to them before the lockdown came into effect.

**FINDING 51:** Within hours, without notice or explanation, the residents of public housing towers (and their visitors) became prisoners in their own homes. These residents were treated as second class citizens and treated differently from the rest of Victorians.

**FINDING 52:** **The Andrews Labor Government’s immediate imprisonment of these Victorians was unlawful and in breach of the *Charter of Human Rights and Responsibilities Act*.** The residents of the public housing towers were stripped of their freedom without even being told why.

2.6 In times of great uncertainty, human rights should be protected, not abandoned. Regrettably, the Andrews Labor Government, without hesitation, removed precious freedoms and rights from the residents of the public housing towers and did so without any medical advice or opinion recommending the Andrews Labor Government take such draconian action. The Andrews Labor Government abused its power in relation to these residents.

2.7 Given the complete lack of any communication with the residents of the public housing towers, it’s unsurprising that residents felt like they were being treated as criminals. Many residents had no idea what was going on. As the evidence suggested, the morning of 4 July was fine, but “at some point during the day they found out that they cannot leave past 5pm”.<sup>150</sup>

2.8 The communication with the residents about the lockdown was deficient and completely inadequate. The Committee was provided with the following account:

***I am going to be honest – there was not much communication. The police – I spoke to a couple of officers on site and they were actually very confused about what was going on themselves because they were, I guess, in a way being told what to do. But there was also misinterpretation from the residents, because they felt like the police were in control. The police were saying they were not in control and it was DHHS.***<sup>151</sup>

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<sup>148</sup> *Charter of Human Rights and Responsibilities Act 2006*, s 38.

<sup>149</sup> *Charter of Human Rights and Responsibilities Act 2006*, s 21 and s 22.

<sup>150</sup> Ms Abdikadir, AMSSA, public hearing, 27 August 2020, *Transcript of evidence*, p. 7.

<sup>151</sup> Ms Abdikadir, AMSSA, public hearing, 27 August 2020, *Transcript of evidence*, p. 7-8.

- 2.9 Miscommunication became a constant theme with the Andrews Labor Government's lockdown of the public housing towers. As a result of residents being unable to leave the towers and purchase food and basic health care items, DHHS began to provide provisions to the residents. However, many residents began complaining the food they had been provided by DHHS had either past its expiry date or some food items could not be consumed because they were culturally insensitive to the religious beliefs and dietary requirements of many residents.
- 2.10 In order to make up for DHHS's failure on this most basic task, an Emergency Relief program was set up by volunteers in the community to provide these essential and basic items to the residents. The Australian Muslim Social Services Agency (AMSSA), which co-ordinated this emergency relief program, is to be commended and congratulated for its outstanding efforts in supporting its community and public housing tower residents who had been so poorly treated by the Andrews Labor Government.
- 2.11 AMSSA, which receives no State Government funding,<sup>152</sup> co-ordinated donations of culturally appropriate foods, medication and other essential items. With assistance from other community organisations and more than 200 volunteers, AMSSA delivered over 5,000 generic food and essential goods packages to residents. In recognition that some residents had special dietary requirements due to health and religious reasons, a special hotline was created to take orders from these residents. Over 3,000 special orders were prepared and delivered to families who were locked down in the towers.<sup>153</sup>

**Inexplicably, many volunteers were prevented from delivering food to residents by DHHS officers.**<sup>154</sup>

**FINDING 53:** AMSSA clearly filled a void the Andrews Labor Government had left wide open. It is unforgiveable for any Government to be so culturally and morally insensitive to the most basic needs of these multicultural residents. The fact the Andrews Labor Government could not even provide food that had not past its expiry date confirms the Government had no decency and no contingency plans in place when it rushed its decision to lock down the towers.

#### **RECOMMENDATION 14:**

We agree with the Victorian Ombudsman that the Andrews Labor Government should immediately apologise to the residents to the public housing towers for the distress and mental anguish its decision caused them.

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<sup>152</sup> Ms Abdikadir, AMSSA, public hearing, 27 August 2020, *Transcript of evidence*, p. 9.

<sup>153</sup> Ms Abdikadir, AMSSA, public hearing, 27 August 2020, *Transcript of evidence*, p. 1.

<sup>154</sup> Ms Abdikadir, AMSSA, public hearing, 27 August 2020, *Transcript of evidence*, p. 9.

## CHAPTER 5 - BUSINESS SUPPORT LACKING

1.1 The committee heard significant evidence that the Federal and all State Governments have spent at unprecedented levels to help the National and State economies survive the broad ranging business shut downs that were experienced across the nation. All Australian jurisdictions have called heavily upon future generations to pay for the economic supports that have been used to help stabilise the economy. The Victorian Government announced in its 2020-21 Budget that debt was expected to increase 5-fold to \$154.8 billion. This will limit Government support and action into the future.

1.2 As at February 2019 there were considered 604,379<sup>155</sup> small businesses in Victoria. In evidence presented to the committee in the December hearings the Minister for Jobs, Precincts and Regions, the Hon Martin Pakula MP, provided evidence of 20 business support funds (see Appendix 8) the State Government claimed were helping business in Victoria.

During Victoria's harsh second wave Stage 3 and Stage 4 lockdown restrictions, when thousands of businesses were forced to close their doors, members of the minority were inundated with complaints from business owners unable to access any support whatsoever, and those receiving support complained of long waits – up to two months – complex bureaucratic procedures and changes to eligibility criteria.

1.3 The Minority is concerned that sufficient support was not distributed in a timely and fair fashion.

**FINDING 54:** Of the 20 Business Support Programs presented by the Government, 14 (70 per cent) of them were unable to provide any details of their efficacy or how much money was actually given out to support businesses.

**FINDING 55:** Of the six packages reported on by the Government less than half the promoted value of the package was actually distributed by 4 December 2020, over six months past the introduction of restrictions and forced business closure. Half of the six packages had distributed 12 per cent or less of the value of the packages.

**FINDING 56:** Sole traders were the most disadvantaged, with only 4000 of the approximately 400,000 Victorian sole traders being eligible for support, and only \$12 million of the Government's \$100 million allocated to sole traders was allocated by 4 December 2020.

**FINDING 57:** The hospitality industry suffered the longest and most severe lockdown restrictions imposed by the Andrews Labor Government. Less than 50 per cent of the specialised support available was distributed by 4 December 2020.

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<sup>155</sup> ABS statistics as at June 2018, published on the Business Victoria website Feb 2019

**FINDING 58:** Of the more than 600,000 small businesses in Victoria, the Andrews Labor Government has claimed to have only supported around 129,000 businesses of all sizes in Victoria.

The Government's own statistic of supporting less than 22 per cent of Victorian businesses demonstrates that critical financial support to help these businesses survive was too little, too late for tens of thousands of small business and sole traders.

**RECOMMENDATION 15:**

The Victorian Government must immediately review its criteria for business support and aim to broaden its eligibility criteria.

**RECOMMENDATION 16:**

The tourism and hospitality sector must be consulted to determine the most effective ways to distribute the vast sums of unallocated budget support, for those businesses who will continue to be affected by COVID-19 restrictions into 2021.

**RECOMMENDATION 17:**

The Victorian Government must present to the Parliament a final summary of funds expended and detailed statistics of businesses supported for all of the 20 programs it has announced.

## CONCLUDING REMARKS

### A calculated political plan

COVID-19, a once in one-hundred-year pandemic, has had devastating health and economic impacts on Victoria and Victorians. Of the fatally flawed program to quarantine overseas travellers returning from virus hotspots, the Premier of Victoria said:

*The community is entitled to answers. That is why we have established the (Coate Inquiry) process. It is not a matter of whether I can or cannot. The process has been established to get those answers.<sup>156</sup>*

The most significant error in the Government's handling of the COVID-19 pandemic was the ill-fated Hotel Quarantine Program that the Andrews Labor Government acknowledges seeded 99 per cent of COVID-19 cases of the second wave outbreak, and the dismal failure of infection control and contact tracing procedures to contain the outbreak when initial cases were low in number in June 2020.

On 2 July 2020, Premier Daniel Andrews announced the Hotel Quarantine Inquiry to be conducted by former Judge, the Hon Jennifer Coate AO, into the program failure, saying:

*"It is abundantly clear that what has gone on here is completely unacceptable and we need to know exactly what has happened."*

Neither the 'Coate Inquiry', nor this Inquiry of the Victorian Parliament's Public Accounts and Estimates Committee have revealed to the Victorian people "exactly what has happened". They have certainly not revealed in full who responsible for the failures, nor has anyone been held accountable for them.

The former Minister for Health, the Hon Jenny Mikakos, resigned, not because she accepted responsibility for her Department's failures, but because she disagreed with Premier Daniel Andrews' evidence to the Coate Inquiry and felt she could no longer work with him. The former Secretary of the Department of Health and Human Services, Kim Peake, also resigned, while the former Secretary of the Department of Premier and Cabinet and the Premier's right-hand-man, Chris Eccles, resigned after he was exposed for failing to disclose his phone records in which he discussed the choice of private security to manage Hotel Quarantine with the former Chief Commissioner of Police, Graham Ashton.

None of these people, most significantly the Premier, have accepted responsibility for the Hotel Quarantine Program's fatally flawed failings.

It is clear to The Minority that in announcing the Coate Hotel Quarantine Inquiry, the Premier gave his Government political cover and an excuse not to provide clear and transparent answers about the Government's mishandling of the Hotel Quarantine Program, particularly during hearings of this Committee's Inquiry.

The Premier arrogantly told this Committee:

*Well, in terms of the ultimate answer as to the desirability and effectiveness or otherwise of all these (hotel quarantine) arrangements, there is another process to deal with that.<sup>157</sup>*

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<sup>156</sup> Victoria, *Parliamentary Debates*, Legislative Assembly, 17 September 2020, 2301, The Hon Daniel Andrews

<sup>157</sup> The Hon Daniel Andrews MP, Premier, public hearing, 11 August 2020, *Transcript of evidence*, p. 11.

Despite this Committee so far conducting three rounds of hearings, 228 submissions, weeks of hearings at the Coate Hotel Quarantine Inquiry, 70,000 pages of evidence and many millions of taxpayers' dollars spent, the Victorian public is none the wiser as to who was responsible for the key decisions and mistakes that cost more than 800 lives, tens of thousands of jobs and sank the Victorian economy.

The best that can be said of the Coate Hotel Quarantine Inquiry findings is that they demonstrated the bureaucratic chaos and lack of Ministerial accountability surrounding the whole debacle. At worst its establishment was a calculated political device to avoid questions and divert scrutiny at a time the Government was under the most intense pressure for its failings.

Victorians well know how often key Ministers or senior officials told the Coate Inquiry that they "couldn't recall", "didn't know who made the decision" or "weren't informed" about important events and critical failures that led to Victoria's devastating second wave outbreak of COVID-19.

The August hearings of this Committee's Inquiry were similar, with Ministers and Departments repeatedly pointing the finger at others, denying responsibility and in one high profile case, that of the Emergency Management Commissioner, requesting to alter the transcript of evidence six weeks after the conclusion of the hearings.

If any government acknowledged its malfeasance or misfeasance was responsible for the death of more than 800 of its own people, for example in a train crash, the repercussions would be enormous. Ministers and senior officials would resign, as the Westminster system demands.

The Minority is deeply disturbed that through both the majority report and the Coate Hotel Quarantine Inquiry process, the Andrews Labor Government and Premier Daniel Andrews himself have not been held to account for their failures, and Victorians will be suffering the consequences for years to come.

## **Victoria needs a Royal Commission**

Given the partisan failings of this Committee and the limitations placed on the Coate Hotel Quarantine Inquiry, we consider that nothing short of a Royal Commission is required to properly interrogate the Andrews Labor Government and put Victoria's response to the COVID-19 pandemic under the microscope.

Victoria remains the only State in Australia to suffer through a second wave outbreak of Coronavirus and a second lockdown in which people's activities were harshly restricted, businesses and industries were forced to close down, and has led to an emerging economic and mental health crisis.

Victorians know the Andrew's Labor Government's disastrous handling of the Hotel Quarantine Program caused Victoria's second wave outbreak of COVID-19. Over 800 Victorians lost their lives to Coronavirus and millions their livelihoods, **yet Victorians still don't have answers.**



The Coate Hotel Quarantine Inquiry has proved it was unable to identify how private security guards were put in charge of the Hotel Quarantine Program. It did not have the coercive powers of a Royal Commission to compel witnesses and documents. Neither did it have the terms of reference required to reveal the answers to the questions Victorians deserve, questions that go beyond the massive failures in quarantining overseas travellers.

Time and time again, the shocking failures of Victoria's infection control and contact tracing processes have become apparent. Indeed, we have seen instances of the contact tracing process only commencing after the tragic death of a Victorian from the virus. Contact tracing is how you put a fence around a Coronavirus cluster, it's how you stop the spread. It's how every other State and Territory in Australia has been able to manage clusters of the virus and maintain relatively open economies with limited restrictions on activities.

Yet, Victoria's third-world contact tracing system with Post-It notes and fax machines failed utterly to stop the deadly spread of COVID-19. It meant that when there was a significant breach of infection control, such as in the Hotel Quarantine Program, the contact tracing system was so dismally flawed it could not adequately contain Coronavirus, and hence the virus spread wildly throughout the Victorian community.

Only a Royal Commission can unequivocally scrutinise the Victorian Government's response to COVID-19, learn the crucial lessons from the catastrophic failures, ensure the fatal flaws are never repeated, and provide for Victorians the truth they truly deserve.

### **Minority members:**

**Mr Richard Riordan MP**

Deputy Chair  
Member for Polwarth

**Mr Danny O'Brien MP**

Member for Gippsland South

**Ms Bridget Vallence MP**

Member for Evelyn

**Mr David Limbrick MLC**

Member for South Eastern Metropolitan





