



27 January 2022

**URGENT**

**The Hon. Scott Morrison MP, Prime Minister  
All State Premiers and Territory Chief Ministers**

Dear Prime Minister, Premiers and Chief Ministers,

## **Further urgent recommendations to address the ongoing COVID-19 crisis**

We refer to our letter to the Prime Minister and National Cabinet dated 12 January 2022, outlining 42 key policy recommendations requiring urgent attention from your governments to adequately address the ongoing COVID-19 crisis. We note we have not yet had any response from the Prime Minister nor any substantive response from the National Cabinet.

Since our letter of 12 January 2022, we continue to see new and distressing developments across the country. This is especially so for those on lower incomes and those experiencing health conditions, disadvantage and hardship.

We are deeply concerned that the Federal Government is not taking enough swift and decisive action to slow the spread of the virus and prevent people from becoming infected. As a result, people are still getting seriously ill when testing positive, and our essential service systems continue to buckle under the pressure of rapid community transmission caused by the Omicron variant.

ACOSS and our members want to work closely with the Federal Government and National Cabinet to mitigate the most severe impacts of this crisis on those who have borne the brunt of this pandemic for two years. As stated in our 12 January letter, during 2020 people on low incomes died of COVID-19 at four times the rate of other groups. It is our understanding that it is highly unlikely Omicron will be the last variant Australia has to reckon with, and our experience of grappling with COVID-19 is far from finished.

We must not only mitigate the current wave of infections and its effect on our communities, but also place Australia in a far stronger position to manage the next phase of our COVID-19 experience, with protection of people most at risk our high priority.

We therefore seek an **urgent opportunity to brief the National Cabinet on the extent of the crisis unfolding in our communities and outline our proposals**. Our members are a network of over 4,000 trusted community organisations with deep expertise in public health and community resilience. We also represent a vital workforce of essential community services.

Again, we strongly urge you to create a civil society **COVID Rapid Response Group** consisting of ACOSS, unions, business peaks and public health experts to work closely and openly with you over the next period in devising and implementing urgent, medium and long-term policy responses. **A whole-of-government response to the situation merits a similarly representative advisory body**. If Australia is to successfully navigate the Omicron crisis, it is imperative that all major representative groups work together closely, and with transparency.



As such, please find below **additional critical policy recommendations, further to our advice dated 12 January 2022, which remains essential to remedy the current national situation.** We ask that you take action on the full suite of our advice to secure people's health and livelihoods.

## Department of Health

1. **Direct mail Rapid Antigen Tests (RAT) to the public, with high priority to people who are concession card holders with permanent residences.** Many concession card holders still find it incredibly challenging to understand the rules regarding RATs, to source RATs from retailers, and to access the number of RATs to which they are entitled. Government should cut through this complicated process and directly mail a sufficient quantity of RATs to their household so they can protect themselves and their community. Please also refer to our previous recommendations regarding provision of free RATs for pharmacies, retailers and community organisations providing frontline community services and emergency relief services (below).
2. **There should be adequate support and protection for at-risk populations in regional, rural and remote communities** in Queensland, Western Australia, South Australia and the Northern Territory. These locations remain at heightened health risk from the virus and tend to have lower than average vaccination coverage. Requisite support includes providing sufficient stocks of RATs and PPE to communities free of charge without delay, ensuring supplies of essential goods including fresh food, and facilitating a surge health workforce to address critical workforce shortages in at-risk communities. Without these measures, these communities are left facing extreme peril due to the multiple impacts of Omicron.
3. In consultation with local community leaders, **designate culturally appropriate and safe spaces for high-risk groups, particularly First Nations people** to isolate if they test positive for COVID-19. This is especially important in regional and remote communities, where home quarantine is not possible or appropriate. Clear interagency information sharing processes for key issues such as positive cases and close contact households in quarantine are crucial to ensure efficient and proper coordination occurs, along with the introduction of minimum standards required for home quarantine. Given the ongoing community transmission, particularly in the Northern Territory, this is extremely time critical to protect lives in First Nations communities.
4. **Undertake preparations to create safe spaces for isolation and quarantine** in communities that have lower than average vaccination coverage Queensland, Western Australia, South Australia and the Northern Territory. It is imperative that adequate facilities and support are available in these areas given the spread of Omicron, and the foreseeable risk of further highly transmissible variants in the near future.
5. Ensure that our **hospital systems have a 'Vaccine Plus' strategy** that protects the workforce, patients and visitors and carers. This includes ensuring equitable and reliable access to medical supplies like RATs and PPE, as well as essential systems such as adequate air filtration devices and air monitors.
6. Development of clear, accessible and digestible information and interactive support regarding **home care for people who test positive for COVID-19**, including how to monitor symptoms, obtain essential equipment and supplies, and what to do in case of worsening of symptoms. Given the increasing reliance on people undertaking RATs to determine their condition and the role RATs will play in the reopening of schools, such information is key to our society continuing to function properly. This information must be easily digestible for a diverse audience including people from culturally and linguistically diverse backgrounds and easily accessible for people



with disability. This is vital to cut through the confusion and uncertainty surrounding recent changes to public health orders, vaccination guidelines and best practice self-protection measures for individuals. See also below for related advice from 12 January.

## Department of Education, Skills and Employment

7. **Emergency financial relief for early childhood education and care facilities** faced with acute workforce shortages that are forcing temporary closures, as well as those facing enrolment withdrawals. This funding is critical to ensure centres remain financially viable and operational at this time, and are able to provide quality care for children and prioritise their health, safety and wellbeing now and into the foreseeable future.
8. **Clear and nationally consistent return to school plan**, ensuring that all families, children and staff have ongoing, reliable and equitable access to essential medical items including RATs and appropriate PPE, and that government schools are prioritised in any rollout of supplies. No child should be prevented from attending their classroom, and no individual's health placed in jeopardy, because of lack of access to essential items at this time. See also below for related advice from 12 January.
9. **Establish mobile vaccination clinics** that can deliver vaccinations at government schools to children aged 5 to 15 years old and eligible staff requiring a booster. This is an important additional measure that complements our previous recommendation regarding the safe reopening of schools (see below).

We also refer you to our previous recommendations, some of which connect directly to the above additional advice. We reiterate their urgency at this time and advise you to again review and consider them.

## *Recommendations provided in correspondence to National Cabinet dated 12 January 2022*

### Department of Health

1. Provide **universal, reliable, and free access to Rapid Antigen Tests (RAT)** with protective measures in place to prevent stockpiling and hoarding of items. For concession card holders with permanent residences, government should mail a sufficient quantity of RATs directly to their household to ensure that they can protect themselves and their community. Currently it remains incredibly challenging for them to source RATs from retailers, and those retailers stocking RATs currently provide a very limited amount per concession card holder. It remains governments' responsibility to ensure adequate ongoing supply to pharmacies, medical centres, other relevant retailers as well as to community service organisations (see below in relation to community organisations). There should be no inequities in access for rural, regional, and remote communities.
2. Ensure **equitable and reliable supply in the community of personal protective equipment (PPE)** such as N95 and P2 standard masks and necessary medical equipment such as oximeters. It is governments' responsibility to ensure adequate supply to pharmacies, medical centres, and other relevant retailers in all communities, including regional, rural and remote communities.



3. Increased investment in **community-led health initiatives** to deal with the surge in infections and its impact on people experiencing poverty and disadvantage. This additional investment should include, but not be limited to, ensuring community organisations can act as distribution outlets for essential medical supplies and equipment including RATs and PPE listed above, and can also offer similar support to people unable to leave their home for health reasons. The community sector should not have to source supplies themselves or redirect limited funds out of other essential programs for these items. To this end in particular, specific investment should be made in Aboriginal Community Controlled Health Organisations across the country to support the needs of their local populations.
4. Strengthen **investment in the vaccine rollout** for all eligible people, especially community-led health initiatives reaching persons not fully vaccinated or yet to receive their booster shot. The Federal Government should better utilise the data matching it can do from Medicare and other records to further support people to be vaccinated. This includes **funding increased home visits** for both vaccinations and testing to those most at risk such as immuno-compromised persons, frail and elderly people, and people with intellectual and/or cognitive disability.
5. Strengthen investment in ensuring **fast and equitable access to vaccinations for children**, especially those aged 5 to 11 years, with a particular focus on at-risk families, including funding access through schools (see below in relation to schools).
6. **Development and distribution of clearer daily public information** through trusted community sources and mass media platforms on:
  - a. individual testing requirements when concerned about COVID-19 symptoms or close contact exposure
  - b. using RATs to determine infection status
  - c. handling personal and household health from home for those testing positive, including accessing essential health services and hospitals, and
  - d. eligibility requirements and access for vaccinations including boosters. This also includes information about COVID-19 vaccines for parents and caregivers of children and young people.

This information must be developed in collaboration with communities. It must be culturally sensitive, accessible, and easily digestible for a range of different people, including people with disability, those from First Nations as well as people from culturally and linguistically diverse backgrounds. Information must also be made available in non-digital formats as well for those with limited digital literacy and access.

7. Without further delay, **urgently release data** on case rates, vaccination levels and COVID-19 related deaths especially for groups at greater health risk from COVID-19, including breakdown by economic and social status and geographic hotspots. Governments must develop mechanisms to ensure people are recording positive results from RATs on official registers. Please also see the Joint Letter to Minister Hunt from ACOSS and the Doherty, Burnett and Kirby Institutes dated 14 December 2021 (attached).
8. Work across government to ensure hospitals can coordinate the **provision of safe accommodation for children** whose parents require hospitalisation because of COVID-19, where there is no other parent, carer or guardian available.



## Department of Education, Skills and Employment

9. **Immediately suspend mutual obligations** to safeguard people on JobSeeker and other payments, as well as job service providers until the end of February 2022.
10. Ensure the same direction is provided to **Disability Employment Services** providers via the Department of Social Services.
11. **Suspend work refusal penalties** so people are not penalised for refusing jobs that they fear will expose them and others.
12. **Extend paid pandemic leave to all essential workers** that are infected with COVID-19 or deemed a close contact of someone with the virus. Most workers who have paid leave have now exhausted it, and casual workers and sole traders currently have nothing.
13. Develop a coherent plan for ensuring the **safety and protection of students and staff in schools that adopts a 'Vaccine Plus' approach** as recommended by OzSage in its paper, ['Protecting children from COVID-19: more urgent than ever'](#) released 19 December 2021. This includes ensuring that schools have equitable and reliable access to medical supplies like RATs and PPE and on-site school vaccinations, as well as essential systems such as adequate air filtration devices and air monitors.
14. Ensure that **no child from low-income families or experiencing disadvantage has their educational journey compromised** this year due to a lack of access to essential items, changed school circumstances such as a move to remote learning or term commencement delays. About 770 000 children are living in poverty. Government must support schools to refine different models of learning that run concurrently to limit the shifting between face-to-face classroom learning and remote learning, and the accompanying disruption to students. It must also ensure students in need have **equitable access to digital learning supports and technology**.
15. Ensure that children and families have **access to mental health and psychosocial support** within schools and at home to support children's wellbeing, noting the increasing 'long tail' of COVID-19's impacts.

## Services Australia/NDIS

18. **Pause Services Australia debt recovery.**
19. **Ensure people do not need to attend a service centre** in person to lodge claims or address any other payment-related matters.
20. **Create non-digital options for vulnerable people** such as elderly people or people with disability to receive their Immunisation History Statement at home or a trusted community centre. Please see the Joint letter to Minister Robert from ACOSS, COTA and FPDN dated 21 December 2021 and copied to Minister Reynolds (attached).



## Department of Social Services

### *Social Security*

20. **Increase income support payments** to above the poverty line by lifting JobSeeker, Youth Allowance and related payments to at least \$69 a day and index these payments to wage growth.
21. **Increase Commonwealth Rent Assistance** by 50%.
22. **Establish a Disability and Illness Supplement** of at least \$50 a week to cover the additional costs faced by people with illness or disability.
23. **Establish a single parent supplement** to recognise the additional costs of single parenthood.
24. Extend income support payments to **temporary visa holders and people seeking asylum**.
25. Restore the rate of the **Pandemic Leave Disaster Payment to \$750 per week for everyone** and **broaden eligibility to people receiving an income support payment. Ensure people have at least 28 days to lodge a claim and abolish the asset test.**

### *Essential Services*

25. **Keep emergency relief and other essential services open.** Tens of thousands of people rely on these services in times of crisis. As the emergency relief network is funded and managed by the Federal Government, it is essential that additional resources are made available as it becomes necessary.
26. Adopt a **nationally consistent approach for essential workers** in the community sector, specifically addressing RAT requirements, PPE requirements, and creating a definition of 'essential worker' incorporating all paid and volunteer workers.
27. Authorise government funded human services to have **maximum flexibility in use of funds** to respond and adapt, avoiding job losses, staff absences, cost of paid pandemic leave, work health and safety additional costs, and cuts to services.
28. Provide **free RATs to essential community services** to slow the spread among staff and clients, allowing them to stay open for the people who need them, particularly emergency relief services.
29. Create a **Community Sector Continuity of Service Pandemic Fund** to ensure continuity of service delivery, adaptation, secure jobs, prevent loss of jobs or income, and guarantee paid special leave for all workers. It should be targeted to community organisations that see increases in demand not met by new and existing funding, and/or who can demonstrate that their income has declined as a result of COVID-19. This is to meet the major additional costs to essential community services that have arisen in the current emergency.





## *Services for People with Disability*

29. **Rapidly vaccinate people with disability** who have not been vaccinated, especially those in disability residential settings, those who receive the Disability Support Pension, and children aged 5 to 11 years old facing barriers in accessing vaccinations. Prioritise access to booster vaccinations for people with disability as well.
30. Ensure all governments **adopt recommendations** in the [Statement of Concern on COVID-19 Human Rights, disability and ethical decision making](#).
31. Ensure that all people with disability have **free and ready access to PPE** (especially N95/P2 masks) and RATs immediately and are provided these on an ongoing basis.
32. Provide guidance to people with disability, families, services, and support workers on **how to monitor people with COVID-19 at home** including accessible information and self-care kits.
33. Ensure that disability support providers have **equitable access to PPE** (especially N95/P2 masks), RATs and other supports like that provided to the aged care sector. This includes providing clear guidance on requirements for undertaking RATs to protect people with disability from infection.
34. **Review the recent re-classification of 'close contact'** to align it with evidence and best health practice.
35. **Continue the provision of telehealth** for primary and specialist care for all health care without restriction to non-bulk billed services or geographic location of provider or patient.
36. **Prioritise the processing of PCR tests** for people with disability who are at high risk of testing positive to COVID-19, as well as disability support workers who are symptomatic or close contacts.
37. Ensure all disability support providers have **individualised COVID-19 emergency care plans** that can be enacted urgently to ensure the continuity of support if a worker or a person with disability become COVID-19 positive.
38. Prevent **non-symptomatic COVID-19 positive disability support workers** from returning to work except when they are supporting a COVID-19 person with disability.

## *Aged Care*

39. **Rapidly administer booster vaccinations** to residents and staff in aged care and supported accommodation.
40. **Ensure a reliable and equitable supply of RATs and PPE** for both residents and staff in supported accommodation.

## **Treasury**

41. **Provide immediate financial support to employers** carefully targeted to those affected by downturn including hospitality, arts and tourism. Payments must be used strictly to cover costs of wages for existing workers who are being stood down or losing hours of paid work.



**Department of Attorney-General**

42. Ensure there is **appropriate emergency accommodation for women and children** who have experienced domestic and family violence, with facilities that meet children's needs, especially noting the impacts of isolation arising from COVID-19 infection.

I urge you to act swiftly and decisively on the above recommendations and to create the Rapid Response Group so that we can ensure the safety, health and wellbeing of everyone.

I look forward to your reply.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'C Goldie', is written over a light grey circular watermark.

**Dr Cassandra Goldie**  
CEO, ACOSS