



# Australian Council of Social Service

12 January 2022

## **URGENT**

The Hon. Scott Morrison MP  
Prime Minister  
PO Box 6100  
Parliament House  
Canberra ACT 2600

### **Via email:**

Prime Minister Scott Morrison [scott.morrison.mp@aph.gov.au](mailto:scott.morrison.mp@aph.gov.au)  
Chief Minister Andrew Barr [barr@act.gov.au](mailto:barr@act.gov.au)  
Premier Dominic Perrottet [admin@premier.nsw.gov.au](mailto:admin@premier.nsw.gov.au)  
Chief Minister Michael Gunner [chief.minister@nt.gov.au](mailto:chief.minister@nt.gov.au)  
Premier Anastacia Palaszczuk [thepremier@premiers.qld.gov.au](mailto:thepremier@premiers.qld.gov.au)  
Premier Steven Marshall [premier@sa.gov.au](mailto:premier@sa.gov.au)  
Premier Peter Gutwein [peter.gutwein@dpac.tas.gov.au](mailto:peter.gutwein@dpac.tas.gov.au)  
Premier Daniel Andrews [daniel.andrews@parliament.vic.gov.au](mailto:daniel.andrews@parliament.vic.gov.au)  
Premier Mark McGowan [wa-government@dpc.wa.gov.au](mailto:wa-government@dpc.wa.gov.au)

Dear Prime Minister, Premiers and Chief Ministers

### **Response to address the ongoing COVID-19 crisis in 2022**

We write regarding the rapidly worsening situation with COVID-19 infections caused by both the Omicron and Delta variants. We offer again the services of ACOSS and our members to work closely with the Federal Government and National Cabinet to drive the next phase of protecting and securing the needs of the Australian community.

We seek an **urgent meeting with the Prime Minister, Premiers and Chief Ministers**. Our members are a network of over 4,000 trusted community organisations with deep expertise in public health and community resilience. As the peak body of the community sector, ACOSS and our members are directly connected to people bearing the brunt of this pandemic. We also represent a vital workforce of essential community services.

It is abundantly clear that the pandemic is not over, and Australia needs to be better prepared for 2022. We are now in a phase of rapid, widespread community transmission. Government needs to reassess and respond with purposeful, active and decisive leadership. We are already seeing people struggle to access COVID-19 tests, vaccinations, medical supplies and essential goods and services.

The pandemic continues to hit people on low incomes, people from diverse backgrounds and people with pre-existing vulnerabilities the hardest. Additionally, children and young people have vulnerabilities that require more support at this time. Unless governments proactively manage this



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distressing situation, we will see an increasingly confused, stressed, and divided community dealing with devastating consequences.

The health inequities are already chronic and severe. Last year, people on low incomes were dying of COVID-19 at four times the rate of other groups.

Federal, state and territory governments cannot simply rely on the private sector and market forces to deal with this crisis.

Australia requires clear and cohesive government planning and a strengthened level of coordination via the National Cabinet. It is vital that governments across the country learn the lessons from the first two years of managing the pandemic, heed the updated advice and warnings of health experts and policy advocates, and adopt best practice strategies to mitigate the health risk, economic chaos and social disruption that accompanies the virus.

Given the circumstances, we strongly advise the creation of a civil society **COVID Rapid Response Group** consisting of ACOSS, unions, business peaks and public health experts to work closely with you over the next period in devising and implementing policy responses such as those contained in this letter. We do not support re-establishing the previous COVID Commission, which excluded civil society peak bodies. We need a high-trust collaborative process with key representatives drawn from across society. This **Rapid Response Group would work openly with National Cabinet** to provide high quality advice drawing on the insights and expertise of our networks and communities. High trust collaboration across sectors will help deliver positive health, economic and social outcomes for the country.

In this letter, ACOSS puts forward urgent policy recommendations to ensure that people are protected, safe and, crucially, able to access essential services and economic supports in the coming months. Our recommendations focus on people most at risk to the ongoing impacts of COVID-19.

## 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. It is also governments' responsibility to also 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. In consultation with local community leaders, **designate culturally appropriate and safe spaces** for First Nations people to isolate if tested positive for COVID-19, especially 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 community-led interagency coordination occurs, along with the introduction of minimum standards required for home quarantine.
7. **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.

8. 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).
9. 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.



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## Department of Education, Skills and Employment

10. **Immediately suspend mutual obligations** to safeguard people on JobSeeker and other payments, as well as job service providers until the end of February 2022.
11. Ensure the same direction is provided to **Disability Employment Services** providers via the Department of Social Services.
12. **Suspend work refusal penalties** so people are not penalised for refusing jobs that they fear will expose them and others.
13. **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.
14. 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.
15. 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**.
16. 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**.

### *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.



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## *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.



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## 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 seek an urgent meeting with the Prime Minister to discuss the above. I also urge you to create the Rapid Response Group so that we can work closely together in the coming weeks.

I would also be glad to further discuss the above recommendations with relevant Ministers as soon as possible.

Yours sincerely,

**Dr Cassandra Goldie**  
**CEO, ACOSS**

CC:

The Hon. Josh Frydenberg, MP, Treasurer  
E: [josh.frydenberg.mp@aph.gov.au](mailto:josh.frydenberg.mp@aph.gov.au)

The Hon. Ben Morton MP, Special Minister of State, Minister for the Public Service, Minister Assisting the Prime Minister and Cabinet  
E: [Ben.Morton.MP@aph.gov.au](mailto:Ben.Morton.MP@aph.gov.au)

Senator the Hon. Linda Reynolds, Minister for Government Services and the National Disability Insurance Scheme  
E: [senator.reynolds@aph.gov.au](mailto:senator.reynolds@aph.gov.au)

The Hon. Greg Hunt MP, Minister for Health  
E: [Greg.Hunt.MP@aph.gov.au](mailto:Greg.Hunt.MP@aph.gov.au)

The Hon. Stuart Robert, MP, Minister for Employment, Workforce, Skills, Small and Family Business; Acting Minister for Education and Youth  
E: [Stuart.Robert.MP@aph.gov.au](mailto:Stuart.Robert.MP@aph.gov.au)