


# **Independent panel review on Australia's response to the COVID-19 pandemic**



29 July 2022

## About Health Justice Australia

Health Justice Australia is a national charity and centre of excellence supporting the effectiveness and expansion of health justice partnerships. These partnerships embed legal help into health care services and teams to improve health and wellbeing for people and communities vulnerable to complex need, like people experiencing domestic and family violence, people at risk of elder abuse, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities and people experiencing poverty and inequality.

Health, legal and other problems have intersected in lots of ways throughout the pandemic, such as the impact of fines or debt on mental health, in unhealthy housing that increases the risk of infection spreading, and the impact of the pandemic on those experiencing family violence or elder abuse:

Health Justice Australia's submission draws on its previous work on COVID-19, in collaboration with health and justice practitioners and others (available on our website at <https://www.healthjustice.org.au/resources-search/>). This includes:

- COVID19 position statement (March 2020)
- COVID19 position statement (May 2021)
- Collaborations through the Covid19 crisis: lessons for systemic change (January 2021).

## Recommendations from our work

**Recommendation:** To improve government responsiveness and community resilience during crisis, governments and communities need to invest in community infrastructure, including developing effective conduits for information and decision-making, and fostering relationships of trust and confidence between those who make decisions and those affected by them.

The COVID-19 pandemic illustrated how difficult it is to navigate a crisis in a democracy when there is a deficit of trust and confidence in decision-makers, and when there has been a failure to invest in building relationships of trust between decision-makers and the people affected by those decisions. Investing in community-level infrastructure, such as effective conduits for information and decision-making, would make a key contribution to improving resilience to crisis.

This requires improving the capacity and ability of government to collaborate with others. A lesson from the COVID-19 pandemic was that, while services were well-placed to identify emerging problems and respond in an agile way, this capability was not always matched by government, even when government's ability to work at scale was critical. For example, services working in HJP identified immediate risk to peoples access to methadone treatment during lock down and identified a process for management of this risk, but there was no clear or responsive policy process to authorise this change in process.

Government must invest in building trust and confidence between decision-makers and those affected by their decisions, including by resourcing communities themselves to take the lead, rather than relying on policing strategies that fail to recognise the highly discriminatory impacts of COVID-19.

Security-led approaches such as the public housing towers lockdown in Melbourne in June 2020 or the targeting of culturally and linguistically diverse communities in NSW, focused on policing compliance with public health. This reliance on compliance-led policing increased fines on people with limited capacity to

pay. It increased the interaction with the justice system of people already over-represented within it. It also heightened community mistrust at a time when we needed to be strengthening trust and confidence in our health, legal and other systems.

A policing-led approach also was evident in the encouragement by governments to scrutinise and report on people who were not following the rules. Rather than improving community trust and confidence, we resorted to policing ourselves. Further, policy responses that blame people for their behaviour, rather than recognising the major structural factors at play, shift accountability away from those elected and appointed to act in the interests of the population and on to vulnerable individuals and communities.

Aboriginal and Torres Strait Islander community-controlled services are one example, collective impact another, of community-led approaches that were perfectly primed to support our pandemic response because they have a deep understanding of their community's needs and how best to meet them.

**Recommendation:** Governments and services need to work together to expand ways to respond to acute needs among those for whom remote services are a barrier to getting the help they need.

There are many people for whom a prolonged period at home is neither safe nor healthy, and where an inability to access services may have impacts as dire as the virus itself. Further, some people experience barriers in accessing services remotely, either because it is unsafe (eg in the context of family violence or elder abuse) or because they do not trust phone advice (eg in the context of mental health, language or other barriers where access to a trusted, in-person relationship will be essential to getting the help they need).

For these people, there needs to be access to a frontline workforce in a time of crisis. Frontline services need to be resourced to adapt their responses to ensure they reach those most at risk. Examples of this could include building the capability of existing frontline workers, such as health practitioners, to recognise legal need and understand how to address them in the context of remote services; extending information about where to go for assistance to legal needs; and investing in public awareness campaigns so that community members can recognise and refer people who have legal needs.

**Recommendation:** Governments must create the capacity for services to scale up and adapt to meet the legal and other assistance needs that are likely to arise from crises, including COVID, but also most recently bushfires and flood.

Crises lead to heightened legal and other needs, such as issues arising from money problems, housing and employment. Uncertainty of funding is a major barrier to the preparedness of legal services to meet existing need, let alone anticipated increases in demand. Relying on emergency responses, such as specific funding for COVID responses, undermines the capacity of services working collaboratively to respond as needs change. This includes the capacity of services to collect and learn from client data to identify emerging needs and shifts in demand, and to support services to develop shared strategies in response.

As well as changing needs, governments need to work with service providers to support changes to working practices. For example, legal assistance providers reported a range of challenges in remote working (see 'COVID19 Legal Assistance Working Group Communique'), which included changes to the types and clients they work with, the increased stress of clients, changing legal practices including risk management and timely access to clients. Another key challenge related to the inadequate resourcing of information technology across the legal assistance sector, with poor networks and challenges with data storage and collection.

**Recommendation:** Governments need to plan for, and support, practitioner wellbeing.

Practitioners working in health justice partnerships report having entered the ‘grind’ stage of the pandemic, with fewer supports than earlier on in the pandemic, and a sense of relentlessness that has increased burnout, including among younger practitioners. The issue of burnout remains an urgent priority for all services, including in legal services working with clients with complex needs, and needs to be addressed in policy and funding arrangements.

**Recommendation:** Government policy responses need to plan and provide support for longer-term impacts, such as the impacts of long COVID on people’s health and wellbeing.

Health justice partnerships are now seeing workers in financial stress who are now unemployed because of the impacts of long COVID. Yet there remains significant uncertainty in the policy responses to people suffering from long COVID, including access to disability support and other social security measures or labour protections. This delay in addressing this emerging problem risks further exacerbating existing health and social inequities in our communities, and contrasts with the much swifter response at the beginning of the pandemic, with the JobKeeper program and its support for businesses.



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