



ASU Submission

COVID-19

Select Committee on COVID-19

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1. The ASU

The Australian Services Union (ASU) is one of Australia's largest unions, representing approximately 135,000 members.

The ASU was created in 1993. It brought together three large unions – the Federated Clerks Union, the Municipal Officers Association and the Municipal Employees Union, as well as a number of smaller organisations representing social welfare workers, information technology workers and transport employees.

Currently ASU members work in a wide variety of industries and occupations because the Union's rules traditionally and primarily cover workers in the following industries and occupations:

- Disability support
- Social and community services
- Local government
- State government
- Transport, including passenger air and rail transport, road, rail and air freight transport
- Clerical and administrative employees in commerce and industry generally
- Call centres
- Electricity generation, transmission and distribution
- Water industry
- Higher education (Queensland and South Australia)
- Australian Taxation Office

The ASU has members in every State and Territory of Australia, as well as in most regional centres. Around 50% of ASU members are women, the exact percentage varies between industries, e.g. in social and community services around 70% of our members are women.

2. Our submission

The ASU is pleased to provide this submission to the Select Committee on COVID-19. We understand this pandemic has had an unprecedented impact on all Australian's and appreciate the Federal Government's quick response in regards to public health measures, travel and gathering restrictions and billions of dollars in fiscal support to help mitigate the economic impacts from COVID-19.

The spread of COVID-19 has affected everyone's lives and we have had thousands of our members impacted by the pandemic. To pursue the most effective emergency response possible we believe the Committee should consider the following issues affecting our members.

3. JobKeeper

The JobKeeper scheme is the largest employer-directed wage subsidy in Australian history. The ASU is supportive of any scheme that helps keep much of the Australian workforce intact throughout the pandemic, however there are significant issues with the legislation and our members have experienced many issues with JobKeeper.

3.1 Qantas Group

The Qantas Group is one of the largest companies in Australia. Group companies include airlines (Qantas, Jetstar), regional airlines (QantasLink and Sunstate), and freight handlers (AAE, which holds the Australia Post airfreight contract). This includes labour hire companies for flight attendants and ground-handling (QGS).

Qantas has been seriously affected by the COVID-19 pandemic. International flying is limited to government contract rescue flights for Australian citizens trapped overseas. Domestic flying is a tiny fraction of the pre-pandemic network. Its freight, loyalty and sales businesses are also affected by the pandemic.

Qantas has stood down the majority of its employees, and is a JobKeeper eligible employer. Over the past two months our members have experienced several issues at Qantas, these include but are not limited to: unable to access paid sick leave and carers leave, penalties being offset against JobKeeper, payroll errors being offset against JobKeeper and paid annual leave being deducted over the Easter long weekend in contravention of the enterprise agreement.

Unable to access paid sick leave and carers leave

In April 2020 the Australian Services Union appeared at the Fair Work Commission arguing our case for stood down workers to be paid sick and carers leave. Sick leave is an important entitlement in normal times, but it's more vital than ever during the COVID19 pandemic.

At the Fair Work Commission, Qantas refused to change its position at all. It wouldn't even consider paying sick leave to employees who were already taking it. The Deputy President recommended Qantas negotiate with unions to resolve this problem. Unfortunately Qantas would not change their position with the issue referred to the Federal Court of Australia for determination. On May 18th 2020 Justice Flick found that stood down staff can't claim accrued leave because that entitlement depends on work being available to be absent from.

Unions are currently looking to appeal this judgement.

Penalties being offset against JobKeeper

At Qantas, workers are paid the base wage in one pay period and two weeks later are paid shift penalties and allowances, in arrears. Qantas has determined and applied to payroll that in a fortnight an employee did not work it can nevertheless use the \$1,500 fortnightly JobKeeper payment to pay for penalty rates from the preceding fortnight.

We believe any penalties worked should be paid separately to the minimum \$1,500 payment guaranteed by the JobKeeper program.

Qantas customer service case study

Qantas pays its airport customer service employees fortnightly. Pay for a particular fortnight is split over two pay periods. Employees are paid one week in arrears and one in advance for their base rates of pay.

They are paid for their shift penalties and overtime two weeks in arrears. This means that shift penalties are paid in a later fortnight than the base rates of pay for the same period.

Qantas has a limited amount of worker available, and is rotating employees between work and stand-downs. Employees in customer service work for two weeks, and are then stood down until it is their turn to work again.

Some airport customer service employees worked over the 2020 Easter long weekend. (10 – 14 April). They earned public holiday and weekend rates for that period, many employees earned more than \$1500 in that fortnight.

They were paid for their ordinary hours of work over Easter on 14 April 2020 (for the period 1 April to 14 April). They were paid their shift and public holiday rates for the period 8 April to 21 April on 28 April (in a period when the employees did not work).

Qantas treated the Easter shift penalties as JobKeeper income for the 28 April pay period, i.e. they absorbed the penalties earned more than two weeks ago into the JobKeeper minimum payment.

On May 22, the Fair Work Commission found it unreasonable of Qantas to only pay the equivalent of two fortnightly JobKeeper payments to a monthly paid manager who worked for part of the period¹. The Deputy President found “the effect of its payment methodology saw it secure the value of labour performed by [the manager] plus secure a subsidy whilst only paying the value of that subsidy to him”.² We believe Qantas should apply the principles of this Decision to the rest of its workforce.

3.2 Sovereign entities – Airline workers

A recent change by the Federal Government altered the eligibility rules for JobKeeper. The Government changed the definition of ‘sovereign entity’ in the JobKeeper rules so that an employer is excluded from the JobKeeper scheme if they are 100% owned by a foreign government, even if they are an Australian resident.

The ASU has many members employed at foreign owned entities such as dnata, Air Niugini, Emirates, Thai, Etihad, Qatar and Vietnam airlines.

Before the recent amendments these foreign owned entities were eligible because they were an Australian resident for tax purposes.

dnata Case Study

In 2018 the Federal Government approved the sale of Qantas' catering business to dnata, an in-flight catering company which is part of the Emirates group, owned by the Government of Dubai.

dnata employs 6000 workers every year at nine Australian airports, most of whom previously worked for Qantas' catering business.

In May 2020 dnata informed its workers it was ineligible for Jobkeeper because of the recent changes to the rules which preclude foreign government owned companies from accessing the payment.

This JobKeeper change has devastated workers, some of whom have worked for Qantas for decades before the airline's catering business was sold to dnata. These workers pay taxes and are unable to comprehend why they are unable to access this wage subsidy scheme.

A dnata spokesperson said “the outcome seemed unreasonable because dnata is incorporated in Australia, employs a large number of Australian workers, represents a substantial investment in Australia, and is an Australian resident company for income tax purposes”³.

We ask the Federal Government to immediately reverse this amendment to the JobKeeper legislation.

3.3 Casuals

It is estimated around 1.1 million casuals are missing out on JobKeeper because they haven't had 12 months' continuous service⁴.

This is grossly unfair on casual workers especially given they are only too often employed in insecure, precarious work that leaves them with inferior rights such as no access to sick leave, annual leave or long service leave.

¹ Fair Work Commission, Decision - Mazzitelli v Qantas Airways Limited, 22 May 2020 [Online] Accessed at: <https://www.fwc.gov.au/documents/decisionsigned/html/pdf/2020fwc2685.pdf>

² Workforce Express, 25 May 2020, Approach to JobKeeper unreasonable: FWC

³ Daily Mercury, Thousands lose out as Scott Morrison backflips on JobKeeper [Online] Accessed at: <https://www.dailymercury.com.au/news/thousands-screwed-in-jobkeeper-backflip/4009443/>

⁴ My Business, Porter confirms 1.1m casuals will miss out on JobKeeper [Online] Accessed at: <https://www.mybusiness.com.au/finance/6815-porter-confirms-1-1m-casuals-will-miss-out-on-jobkeeper>

The fear, vulnerability and powerlessness experienced by casual workers mean living standards and financial independence is already severely impacted. Now they are being told by the Federal Government they are not eligible to access the largest wage subsidy scheme introduced in Australia.

Recent research by Bankwest Curtin Economics Centre⁵ found that 45% of short-term casuals are earning above \$550 per week which combats the economic argument that short-term casuals will be provided with adequate income via JobSeeker. It must also be remembered that JobSeeker is only a temporary measure with legislation ending on 24 September with the Federal Government confirming the previous work-for-the-dole scheme will resume. This could potentially condemn thousands of casual workers to live in poverty.

The Bankwest research also found short-term casuals contribute more than half of all income from wages to their household and that parents with dependent children account for 23.3% of the short-term casual cohort. The research found women workers are disproportionately affected by JobKeeper exclusions as they tend to be employed in industries that traditionally have higher levels of staff turnover like Hospitality, Retail and Health Care and Social Assistance.

Women are also more likely to take time out of the workforce while having or caring for children which often leads to casual working arrangements. In an economic environment where women are over-represented in insecure and low-paid work without protections, measures such as JobKeeper should not exacerbate these inequalities.

In May 2020 the Federal Government conceded there is currently an underspend⁶ in relation to JobKeeper. This coupled with the \$60 billion underspend “reporting error”⁷ revealed by Treasury and the ATO last week where the number of employees forecast to be supported by JobKeeper is now 3.5 million instead of 6.5 million should be utilised to ensure short-term casuals are now eligible for JobKeeper and as such the Treasurer should use his discretion to change the legislation immediately to ensure all casual workers are eligible for JobKeeper.

4. Local government workers

Local government workers form an essential part of community support and deliver a wide range of essential services.

In response to COVID-19, many Local Councils stood down thousands of workers across libraries, leisure centres, art galleries, theatres and community centres. These stood down workers do not qualify for JobKeeper.

Local government forms an essential part of community support. They are at the frontline during various natural disasters, and in the aftermath, always the first to provide the rebuilding that is required. There is no more shining example of this than during bushfires. The ASU is extremely concerned that these workers who are there for their communities are now being left out in the cold.

The economic consequences of significant stand downs across Australia are extremely significant. In June 2019 there were 194,000 employees in local government⁸.

The country cannot afford this loss from the economy if local council workers are without pay. This impact will be felt more extremely by regional and rural communities where the council is the biggest employer. Any cuts to council staff would have a devastating effect on local economies in these areas.

⁵ Bankwest Curtin Economics Centre Research Brief COVID-19 #4, Short-term and long-term casual workers: how different are they? [Online] Accessed at: https://bcec.edu.au/assets/2020/04/BCEC-COVID19-Brief-4_Casual_Workers_FINAL.pdf

⁶ Treasury, Interview with Laura Jayes, First Edition, Sky News [Online] Accessed at: <https://ministers.treasury.gov.au/ministers/josh-frydenberg-2018/transcripts/interview-laura-jayes-first-edition-sky-news-12>

⁷ The New Daily, JobKeeper numbers cut by 3m after Coalition reveals accounting bungle [Online] Accessed at: https://thenewdaily.com.au/news/coronavirus/2020/05/22/jobkeeper-bungle-numbers/?utm_source=Adestra&utm_medium=email&utm_campaign=PM%20Extra%20-%2020200522

⁸ ABS, Employment and Earnings, Public Sector, Australia, 2018-19.

Local businesses will suffer. Local governments will need to continue to provide essential business functions as usual and support services to the community. They must retain all of their staff to enable them to do so.

We have found that the treatment of local government workers has varied significantly from council to council, however the pandemic has highlighted in particular the increased casualisation of what has historically been a secure public sector workforce. Prior to the pandemic in Victoria there were just over 10,000 casuals employed across all 79 councils, 20% of the overall workforce. We believe close to 7,000 of these casuals have now lost their jobs, with only 3,000 remaining. Many of these 7,000 workers are ineligible for JobKeeper.

We question how many other casuals nationally have lost their jobs within local government. We believe that the sector needs a much stronger mandate to reduce casualisation, and an inquiry to save labor costs and to provide better long term economic security for employees in local government. By amending JobKeeper to allow local government employees to be eligible will allow parity with those workers employed in the same role in the private sector as well as ensuring financial support to prevent job losses in the sector.

Whilst some States have introduced local government stimulus packages to ensure the essential services provided by local government continues, we believe more can be done.

The ASU calls on immediate Federal/State Government action to:

- A Federal Government direction to local councils to retain all current full-time, part time and casual employees, and if necessary, train and redeploy staff to sectors where support is needed in response to COVID-19;
- A review of the decision to leave Councils out of the JobKeeper arrangements;
- Financial assistance, access to funding and grant variations to enable councils to focus on supporting their communities and preserving jobs through this crisis;
- Where rate relief is contemplated or implemented, the Government should fund councils to ensure there is no loss in revenue that goes towards councils delivering support to their communities, during the crisis and recovery stages.
- Ensure the stimulus \$1.8 billion for road and community projects through local governments across Australia is delivered by the current local government workforce and not through contractors or labour hire.

It is critical that councils receive adequate funding to retain their workforce to coordinate and deliver the essential services needed as we navigate through, and recover from, natural disasters and the new challenges presented by COVID-19 and its massive impacts on people and our local economies.

5. Disability support workers

Australian disability workers continue to provide support and assistance to people with disability and are on the front line of the coronavirus crisis. COVID-19 has impacted on how all disability support workers provide services. It has impacted on what programs are provided, how many clients participate, how workers comply with public health orders, how guidelines from the NDIS Quality and Safeguards Commission apply, how workers provide infection control, or provide safe and quality services. COVID-19 has impacted every service and every worker.

Disability support workers must be better supported in doing their job and facing this COVID crisis, to not only ensure their own safety but also the safety of the people they support.

Recently the ASU along with the Health Services Union (HSU) and United Workers Union (UWU) commissioned the UNSW Social Policy Research Centre (SPRC) to examine trends in the NDIS Workforce. This is the largest ever study of the experience of frontline disability support workers in the NDIS and the report provides analysis of workers' experiences of delivering disability services and supports in the early stages of the outbreak of COVID-19 in Australia (Appendix 1).

This report highlights significant issues the disability workforce faced in context of COVID-19 including:

- There is an urgent lack of personal protective equipment (PPE) being supplied to staff and clients, and many workers feel their organisation's safety protocols have been inadequate in the context of COVID-19.
- There are widespread perceptions that the disability workforce is being dangerously overlooked in pandemic response, and many workers are worried about the ongoing impacts of lack of planning in their organisation and for the disability sector as a whole.
- Workers have been particularly worried about day programs and community access activities remaining in operation; group homes remaining open to other workers delivering NDIS services and supports to residents, along with visitors; and disruption to clients' routines and activities, which has created additional risks to client wellbeing and safety.
- Staff are extremely anxious about the situation, and workforce issues and additional workloads have made it difficult to respond to heightened health and safety needs.
- Some workers have lost jobs or shifts and are uncertain about the future of their work, and many expressed concerns about their inability to effectively self-isolate, and the financial impacts of doing so.

Respondents to the UNSW report reinforced some of the key challenges the NDIS market was already grappling with including: under-resourcing, lack of management support at the frontline, low pay, poor job security, multiple job holding, high workloads and unpaid work.

UNSW report respondent quotes

- *Dangerously unprepared with lack of PPE. We had to ask other houses for hand sanitiser. No face masks or protective eye wear for personal care procedures. Made me feel very unsafe working with children and I don't want to go back to work and be put at risk.*
- *Working within the Disability Sector during the Health Crisis has caused a lot of employees to become stressed and anxious for their own personal safety.*
- *Since the arrival of COVID19...every time I head to work it feels like Russian Roulette. Knowing that we have not been supplied with basic safety equipment e.g. hand sanitizer, anti-bacterial hand wash, masks, shoe covers etc., does not make me feel safe. Knowing that there are no guidelines re: an outbreak of the disease in the houses, and knowing how vulnerable some of the clients (and staff are) is terrifying. Having to go shopping for anything for the house is also a risk we should not have to take due to the fact that the employers have not set up shopping delivery yet (even though this service is available for the vulnerable).*

COVID-19 Care Allowance

In addition the ASU, HSU and UWU have recently filed for a COVID-19 Care Allowance to be inserted to the *Social, Community, Home Care and Disability Services Industry Award 2010* in an application to the Fair Work Commission.

The COVID-19 Care Allowance aims to reward disability support workers for their essential work and increased responsibilities associated with supporting a person with a disability who may have contracted the virus, including performing enhanced hygiene procedures and using personal protective equipment (PPE).

The unions are hopeful that the Commonwealth Government as the principal funder of the National Disability Insurance Scheme will agree to support this important initiative.

Paid Pandemic Leave

Furthermore the ASU along with other unions have filed for Paid Pandemic Leave and Special Leave where an employee contracts COVID-19 to be inserted to the *Social, Community, Home Care and Disability Services Industry Award 2010* in an application to the Fair Work Commission. We see this

as a crucial part of the Government's COVID-19 response as well as ensuring the safety of people with disability.

Paid Pandemic Leave would ensure a worker receives two weeks paid leave each time they are required by the government, their employer or a doctor to self-isolate for the mandatory 14-day period due to exposure to COVID-19. Special leave where an employee contracts COVID-19 would allow for a worker to be absent from work without loss of pay, until the worker has medical clearance to return to work.

Disability support workers are frontline workers who are more likely to be exposed to COVID-19. The casualised and insecure nature of the workforce makes this paid leave all the more important.

In addition to the above the ASU urges the government to undertake the following:

- **Provide funding** - Provide funding to ensure all workers in the disability sector, regardless of employment status, do not go without pay when their ability to provide a service is disrupted due to COVID-19.
- **Provide additional safety equipment** - Provide personal protective equipment (PPE) and additional cleaning services to keep workers and people with disability safe.
- **Provide ongoing training** - Provide ongoing infection control training.
- **Deliver wage increases** - Deliver wage increases to ensure workers are supported to continue delivering high-quality and safe services to people with a disability.
- **Prepare for the future** - Work with the disability unions and the broader sector to prepare for a surge in workforce need so that new workers are appropriately trained, supported and safe.

Through this the Commonwealth Government can ensure continuity of support for people with disability during the COVID-19 crisis, whilst ensuring a sustainable and vibrant disability sector will exist once the pandemic is over.

6. Community sector workers

The community services sector provides services to many vulnerable Australians. People who are disadvantaged or vulnerable may be especially impacted by the COVID-19 pandemic due to their lack of personal, social and financial resources.

Community sector workers provide essential, frontline services with our members working with people in domestic violence services, mental health and alcohol & other drug services, in refuges, group homes, homeless services, neighbourhood centres, women's services and community legal centres.

Frontline workers are undertaking vital tasks that place them at risk for the good of our communities. At a time when most of us are practicing social distancing to end COVID-19, community service sector workers are going to work, working with clients, and supporting many who are experiencing very difficult circumstances.

The pandemic has brought with it a range of unintended consequences that place significant pressure upon communities and community service workers. This sector has already spent the past 12 months supporting the Australian community through floods, through a horrific bushfire season and now through a pandemic. This sector needs appropriate resources to demonstrate they are valued and to recognise the impact COVID-19 has had at their workplace.

Investing in long term community building and social services will provide more jobs and opportunities to a female dominated workforce, at a time when ABS data shows that lower paid women are bearing the brunt of the economic cost of this pandemic⁹.

⁹ Independent Education Union of Australia NSW/ACT Branch, COVID-19 is not gender neutral [Online] Accessed at: <https://www.ieu.asn.au/news-publications/news/2020/05/covid-19-not-gender-neutral>

Improving the quality and availability of these services will require not just more funding, but block funding with longer funding cycles, to attract a high quality workforce and ensure continuity of service provision.

Australians will not only need economic support as they recover from this crisis. The longer term impacts are still to be seen, but providing access to community services for those who need it most will ensure we have the best chance of coming out of this with our community intact. Providing stable, secure jobs in this sector benefits us both economically and societally.

Restore funding for the Equal Remuneration Order

In 2012 ASU members won pay rises of between 23% and 45% after a long-fought campaign to address low wages in the community sector. The Fair Work Commission ordered that the Equal Pay increases on Award wages were to be phased in over eight years – with the final instalment due in December 2020.

In January 2020 we wrote to the Federal Government to express our concern that funding agreements are being given to service providers that do not include funding for the ERO component of social and community services sector workers' salaries beyond December 2020.

We received a response from the Department of Social Services confirming the government plans to cut equal pay funding from commonwealth funded programs after December this year. When these cuts come in, employers in the sector will still be required to pay rate the full award rate, including the ERO component. We are concerned this will lead to a massive shortfall that will see workers sacked and clients left without the support they need.

With the extra demands currently placed on community services due to our recent bushfire season and now COVID-19 such as emergency food relief, affordable housing, mental health services, domestic violence services etc. it is vital to ensure staff are paid fairly in this sector.

Now is not the time to risk losing these workers due to funding arrangements especially as community services are already struggling to keep up with the current demands placed on them and we are concerned people will not receive the help and assistance they so desperately need. The community sector needs more support, not less.

We therefore ask the Federal Government to commit to restore funding for the Equal Remuneration Order implementation.

COVID-19 Care Allowance

As highlighted in our disability support workers section above the COVID-19 Care Allowance aims to reward community support workers for their essential work and increased responsibilities associated with supporting a person who may have contracted the virus, including performing enhanced hygiene procedures and using personal protective equipment (PPE).

Paid Pandemic Leave

As highlighted in our disability support workers section above the COVID-19 Paid Pandemic Leave would ensure a worker receives two weeks paid leave each time they are required by the government, their employer or a doctor to self-isolate for the mandatory 14-day period due to exposure to COVID-19. Special leave where an employee contracts COVID-19 would allow for a worker to be absent from work without loss of pay, until the worker has medical clearance to return to work.

Paid Pandemic Leave is vitally important to community sector workers as they are at heightened risk of contracting COVID-19 due to the types of people they work with, i.e. very complex issues around mental health, drug & alcohol dependence, psychiatric issues etc. People experiencing complex issues may view PPE such as face masks or gloves negatively and make them anxious and afraid as they often have trust issues.

Whilst PPE is critical to protecting community sector workers, those that chose not to wear this when working with complex cases are at risk of getting sick and infecting others. The risk of infection, especially if it is asymptomatic, instils fear into workers of spreading the virus to their patients and families.

Paid Pandemic leave is already available to many public sector employees who can access up to 20 days of paid leave, it is only fair that the same benefits are available to community sector workers as it is important that any worker exposed to COVID-19 self-isolate to minimise the risk of infection in already vulnerable groups. Paid Pandemic Leave would achieve this.

Specialised training

Now more than ever specialised training is vital to community sector workers. Our members have responded the best that they can to the pandemic however the way in which they work has changed dramatically over the past few months. Many are now working from home via video conferencing or telephone and are developing a whole new skill set very rapidly, yet they are not receiving specialised training to support this new way of working.

Previously a worker would have met a survivor of domestic violence face-to-face or discussed financial difficulties with a client face-to-face, or seen a client withdrawing from drugs or alcohol in a clinical setting, now this type of work is being done via Zoom and it is very demanding and uncomfortable work. The current demands being placed on the workforce are massive, however specialised online training or specialised supervision and support on how to work successfully from home is currently not available.

In addition our members are suffering from excessive vicarious trauma after 12 months of natural disasters. Whilst supporting people through difficult times can be highly rewarding, it can also be very exhausting and stressful.

Recent reports demonstrate that family violence is increasing during COVID-19¹⁰. Our members have reported great difficulty in being able to talk candidly with victims of domestic violence as many victims are now inside the home with the perpetrator day in, day out and are unable to speak out.

This has caused much anxiety and stress for our members who often have to read between the lines when speaking to a victim via at home working arrangements. It is vital community sector workers are supported through specialised training to help mitigate work-induced stress and trauma.

Case Study: Residential out-of-home care workers

The ASU in collaboration with the Association of Children's Welfare Agencies and the Department of Communities and Justice have developed an emergency framework to enable residential care providers to safely continue delivering essential services to vulnerable children and young people during the COVID-19 pandemic¹¹.

The framework allows for workers to receive:

- COVID-19 allowance – 15% of minimum base pay for workers classification under the Award
- Up to 20 days paid special leave for workers who are sick and/or need to self-isolate or need to care for a sick family member or care for children due to school closures or caring facilities.
- Training on hygiene and infection control.
- Training on potential COVID scenarios and how to deal with these.
- Safe rostering practices, including sufficient breaks, preparation time, adequate supervision, support and opportunities for debriefing.
- Access to information about vicarious trauma (including via group supervision and training sessions).

¹⁰ SBS online, Coronavirus lockdown: Domestic violence complaints in Australia rise even as reports by phone fall [Online] Accessed at: <https://www.sbs.com.au/language/english/audio/coronavirus-lockdown-domestic-violence-complaints-in-australia-rise-even-as-reports-by-phone-fall>

¹¹ Association of Children's Welfare Agencies, Residential OOH Sector COVID-19 Emergency Staffing Options [Online] Accessed at: <https://www.acwa.asn.au/residential-oohc-sector-covid-19-emergency-staffing-options/>

- Safe work practices including their own individual personal protective equipment e.g. disposable face masks.
- Consultation regarding any changes.

The ASU believes this type of framework could be rolled out nationally across community service sectors to assist providers and workers with the challenges they are currently facing due to the increased workplace risks associated with COVID-19.

7. Public health sector - Queensland

The ASU has significant membership in the public health sector. In Queensland alone we have 10,000 members who work as Medical Officers, Allied Health Practitioners, Administrative Officers, Professional Officers, Aboriginal and Torres Strait Islander Health Workers, Home Care Co-ordinators, Pathology Scientists and Assistants, Phlebotomists, Allied Health Assistants, Dental Officers, Dental Assistants, Oral Health Therapists, Technical Officers and Health Promotion Officers as well as many other disciplines.

COVID-19 Response

The response to COVID-19 has been a health led response, as is appropriate. The strength of Queensland's response has been in a coordinated and centralised public health response, led by direct employed government health workers.

The COVID-19 response has seen rapid implementation of initiatives to protect Australia's most vulnerable people. Key initiatives included: the funding of telehealth; establishment of call centres to triage people with fever or respiratory symptoms; fever clinics established in association with public hospitals and arrangements for pathology testing in the community.

During the past two months we have witnessed our State Governments, who manage and administer public hospitals, mobilise and prepare for outbreaks of COVID-19. This included ensuring Australia had thousands of ICU beds available, increasing emergency department capacity, increasing the number of paramedics and ambulances, as well as purchasing additional personal protective equipment (PPE) and the promotion of local manufacturing supplies.

In Queensland, Queensland Health coordinated a state-wide response through the Chief Health Officer and local public health units that supported every community. Under the Biosecurity Act the government instituted biosecurity zones and the ability for remote Aboriginal and Torres Strait Islander communities to effectively close borders to ensure that the virus did not reach our most vulnerable first nation people.

Despite public hospitals already being stretched before COVID-19, the public health system effectively cleared the decks and put every single resource available to them in supporting the response. The pandemic highlighted the public health sector's resilience, flexibility, robustness and adaptability in response to challenging circumstances.

During the pandemic many Queensland health workers were deployed within the system to fever clinics and contact tracing. Other public sector workers were also deployed for example, transport inspectors became border control officers, SES coordinators headed up local disaster response, child safety and housing officers undertook additional work to protect vulnerable people and ensure they knew what was happening and how they could stay safe.

Over the past few months we have witnessed several issues in regards to the public health response. Whilst providing publicly funded telehealth services for Primary Health Networks (PHNs) was important, the fact that it took so long to allow GPs to provide telehealth, and the Federal governments delay in providing any bulk billed telehealth allied health such as psychology and dietetics demonstrates the health system is not working as one system.

Another issue experienced was the lack of available PPE in the private sector and in primary health care networks. Many health care workers were left without medical masks or gowns and this has contributed to nearly 500 healthcare workers being infected with COVID-19 throughout Australia¹².

Australia's high rate of coronavirus testing has been a key factor in lowering the growth rate of new cases. This has been possible due to the publically owned pathology services working night and day to process COVID-19 testing. However the private pathology sector has seen a massive four-fold increase to the Covid-19 testing subsidy, from \$24.40 per test to \$100 whilst public pathology providers currently only receive a \$50 subsidy for Covid-19 testing¹³. Public Pathology Australia has indicated that some services are running at a loss¹⁴. This inequity clearly needs to be fixed.

Australia's COVID-19 response has taught us many lessons but it has also highlighted a maze of poorly connected health services which barely manage to work together. If our public health units had been left decimated due to its response to the pandemic or left without the critical funding from Federal and State Governments, Australia could have faced a potentially catastrophic result.

Funding the public health sector in the future

In 2019 the ASU Queensland Together Branch made a submission for the Federal Budget 2019/2020¹⁵ that stated:

“Joe Hockey brought in budget arrangements in 2014 which saw comprehensive changes to Australia’s health, effectively cutting the budgets of the state’s hospital systems, including Queensland hospitals. Scott Morrison’s subsequent budgets continue to dismantle the role of government in the delivery of quality, cost effective health services for all Queenslanders. These policies are not based on health outcomes or evidence, but on an ideology opposed to the provision of healthcare.

Our members believe that public health care based on clinical necessity is a fundamental human right, and patient care must always take priority over profits. Together members are extremely concerned with the Government’s current agenda and the continuing viability of the public health system while it endures these effective funding cuts.”

We believe this situation has not changed, despite the interim funding to help public hospitals respond to the pandemic, with the Federal Government remaining committed to undermining public healthcare in Queensland with manifestly inadequate funding, and States being starved of the Federal funding they require. Health workers are struggling to meet the needs of the community already, further cuts cannot be made without a loss of essential services.

We note during the COVID-19 crisis the Federal Government provided private hospitals with 50% funding to “to ensure their viability, in return for maintenance and capacity” during the COVID-19 crisis¹⁶. This funding demonstrated the over reliance of the private hospital sector on public funding, with private health insurers receiving billions of taxpayers’ money from the Government every year, yet premiums continue to rise faster than inflation¹⁷. We believe that no more public money should be spent propping up the for-profit system of private health care.

¹² ABC News, Australian healthcare workers riding the coronavirus curve are relieved as infections dwindle [Online] Accessed at: <https://www.abc.net.au/news/2020-05-04/coronavirus-frontline-health-workers/12198348>

¹³ The Guardian, Australia’s private pathology providers given four-fold rise in Covid-19 test payment [Online] Accessed at: <https://www.theguardian.com/world/2020/may/21/australias-private-pathology-providers-given-four-fold-rise-in-covid-19-test-payment>

¹⁴ Ibid.

¹⁵ ASU Together Queensland submission for the Federal Budget – 2019/2020

¹⁶ The Conversation, Federal government gets private hospital resources for COVID-19 fight in exchange for funding support [Online] Accessed at: <https://theconversation.com/federal-government-gets-private-hospital-resources-for-covid-19-fight-in-exchange-for-funding-support-135207>

¹⁷ Australian Healthcare and Hospitals Association, Australians want universal healthcare and for their Government to defend it [Online] Accessed at: <https://ahha.asn.au/news/australians-want-universal-healthcare-and-their-government-defend-it>

On top of this, primary healthcare, as well as most non-acute and mental healthcare, is increasingly costly for individuals and the disconnect between primary and hospital care is a drag on our health system. For example, in January, Medicare data showed that Queenslanders were having to pay significantly more than Medicare rebate for a standard GP consult¹⁸ – a cost particularly discouraging for the most vulnerable people, those on low incomes and with chronic conditions. Worse, in some parts of regional Queensland, you cannot even see a GP¹⁹. This puts strain on our State run public hospitals to provide care for which they are, perversely, not funded by the Federal Government. While the public hospitals manage this need as best they can, this dual system leaves gaps through which Queenslanders are falling.

It is important that post-pandemic we re-think the role of the private health sector in Australia. We believe governments must continue to deliver free quality public health services to all Australians, and the only way to achieve this is the fund the public health system adequately.

Australia's economic recovery will be dependent on secure jobs in every town and every region. We believe the public health workforce is essential to growing total health capacity and increasing health services across Australia. This workforce is essential to prevent, detect and control the current COVID-19 pandemic and any potential future pandemics that may arise.

It is vital the public health sector budget be adjusted to reflect that healthcare is not performed in isolation – it is not just visiting the hospital or a general practitioner. The social determinants of health are very significant, and if our healthcare system is to improve the health of people, those services must treat and support the whole person, and our society must consider the welfare of that whole person.

The ASU Queensland Together Branch recommends that the federal government through the newly established National Cabinet provide targeted funding for:

- New Medicare funding models and initiatives to encourage all Australians to access bulk billing GPs who are diagnosing disease earlier and providing preventive interventions for health risk factors and diseases such as hypertension, high cholesterol and type 2 diabetes
- The development of comprehensive national primary health networks to improve patient care and prevention.
- organisation and management of primary care that keeps pace with changes to disease patterns and the financial pressures on health services, and technological advances, to ensure equity of access to healthcare for all Australians, especially those in rural and remote areas.
- PHN teams to be expanded to include pharmacists, dentists, allied health professionals, community services and carers employment of

We also recommend that the federal government through the National Cabinet:

- Re-establish a National Preventive Health Body
- Announce a national obesity strategy
- Increase funding for the community-controlled Indigenous health sector
- Increase funding for public dental services
- Increase funding for public treatment of mental health
- Develop formal agreements between the Commonwealth, the states and Primary Health Networks to improve system management; and new funding, payment and organisational arrangements to help keep populations healthy and to provide better long-term care for the increasing number of older Australians who live with complex and chronic conditions.

¹⁸ Courier Mail, Doctor costs revealed Queenslanders paying more than ever for GP visits [Online] Accessed at: <https://www.couriermail.com.au/news/queensland/doctor-costs-revealed-queenslanders-paying-more-than-ever-for-gp-visits/news-story/7ac03780b47bb89e366b67ce51eb8064>

¹⁹ ABC News, Patients in Mount Isa go to emergency room or use home-remedies as regional GP shortage worsens [Online] Accessed at: <https://www.abc.net.au/news/2020-02-01/gp-shortage-in-regional-towns-getting-worse/11905918>

8. Early Access to Super

In March 2020 the Federal Government announced temporary changes to the early release conditions for individuals. The Government is allowing affected individuals to access up to \$10,000 of their superannuation before July and a further \$10,000 between July and September this year.

Whilst we understand this payment will be helpful for some, we believe that many workers accessing an early release to superannuation will come from the most vulnerable groups, i.e. those that are low-paid or are casual workers. Many of these workers are women.

Recent research by Bankwest Curtin Economics Centre²⁰ found women make up a greater share of the casual workforce overall at 55% with some experts estimating that workers who withdraw \$20,000 now could lose more than 100,000 by the time they retire²¹.

Withdrawals at current low market values would leave many women with low balances once the markets started to recover and mean many could not restore their previous positions, especially when compounded with the already significant gender pay gap.

The retirement outcomes for our members have been a key focus for the ASU over many years. We were there for the fight to get universal superannuation, we have campaigned for improved Superannuation Guarantee levels and our representatives have participated on industry fund superannuation boards to improve investment returns. Despite these efforts however, there still remains a lot of work to be done to achieve a comfortable retirement standard for our women members.

This is why in 2017 the ASU commissioned a report *Not So Super, For Women: Superannuation and Women's Retirement Outcomes* which found Australia's compulsory superannuation system is failing women. This report found women's superannuation balances at retirement are 47% lower than men's. As a result, women are far more likely to experience poverty in retirement in their old age.

Based on current average balances, if women access an early release of superannuation their savings will be reduced by roughly 50 per cent more than men's. This will result in even greater inequalities in retirement due to the multiplier effect of the loss of compound interest.²²

The No So Super report also found the nature of work available to women has been more intermittent and lower paid than that of their male counterparts. This combined with the confluence of diverse circumstances: an inadequate age pension, overrepresentation in lower paid occupations, the gender pay gap, no super at low pay levels, effective marginal tax rates, carer responsibilities, unpaid domestic work, the complexity of the super system and frequency of changes to it, age discrimination, unaffordable housing, longer lives, poor financial literacy, cost/ availability of childcare, relationship breakdowns and casualised work means that the benefits of super, which move in direct proportion to pay, have not flowed to female recipients as hoped²³.

To assist women in ensuring they have enough superannuation in retirement and to avoid poverty we ask this Committee to consider the 11 Recommendations for the Federal Government outlined in our report *Not So Super, For Women: Superannuation and Women's Retirement Outcomes* to help improve the superannuation outcomes for women in Australia, especially those who have been economically impacted by COVID-19 and may have applied for early access to superannuation.

²⁰ Bankwest Curtin Economics Centre Research Brief COVID-19 #4, Short-term and long-term casual workers: how different are they? [Online] Accessed at: https://bcec.edu.au/assets/2020/04/BCEC-COVID19-Brief-4_Casual_Workers_FINAL.pdf

²¹ Industry SuperFunds, Accessing super should be a last resort [Online] Accessed at: <https://www.industrysuper.com/media/accessing-super-should-be-a-last-resort/>

²² The New Daily, Why women lose out in early super access scheme [Online] Accessed at: https://thenewdaily.com.au/finance/superannuation/2020/04/27/superannuation-women-coronavirus/?fbclid=IwAR1njpYa1XnsWzK1CAA4CTO2JlhEaJv5umHQ3ckGRjdH4WnmYnmmLv_0ZQ

²³ Not So Super, For Women: Superannuation and Women's Retirement Outcomes Report [online] Accessed at: <http://www.asu.asn.au/news/categories/super/170720-new-report-reveals-retirement-is-not-so-super-for-women>

9. COVID-19 & Women

The impacts of COVID-19 are not gender-neutral. The ASU believes it is vital for the Federal Government to apply a gender lens to all policy and funding measures in its attempt to revive the economy during the pandemic and once it is over. A gender-balanced response must be factored into decisions and actions of policymakers.

Women are disproportionately affected by the COVID-19 outbreak because of their primary role as caregivers and because they work in predominately female workforces that have lower salaries than those working in male-dominated industries. In addition, women are more vulnerable to economic disruption because they are more likely to be employed as casuals or other forms of insecure working arrangements, and their economic insecurity is worsened by the gender pay gap.

In Scott Morrison's latest address to the National Press Club²⁴ he spoke of the manufacturing, construction, resources and agricultural sectors as being critical to rebuilding the Australian economy. These are all male dominated industries and we are worried that female dominated occupations are being left behind in decisions and actions of policymakers.

While investing in manufacturing and construction will undoubtedly be an important part of stimulating the economy, it will be equally important to invest in services and community building, where many female workers are employed. The National Foundation for Australian Women (NFAW) argue it is a mistake to treat expenditure on social infrastructure such as funding community services as a cost and expenditure on hard infrastructure such as roadbuilding as an investment²⁵.

Furthermore, Australia has a highly gender-segregated workforce, in terms of both industry and occupation. Many women are on the frontline, delivering essential services in female dominated occupations such as disability and mental health care, nursing, teaching, family violence, and housing and homelessness social support. Many of these roles are low paid and insecure, yet women are finding themselves at the forefront of Australia's pandemic response, often putting their own health and safety at risk²⁶.

This pandemic has highlighted how important and valuable these workers are. The recovery from this crisis needs to include measures such as restoring funding for the Equal Remuneration Order and providing a COVID-19 Care Allowance and Paid Pandemic Leave as well as reviewing job insecurities that will hopefully go some way to help address the systemic inequalities in our employment standards.

We need to ensure all Federal Government emergency and stimulus packages as well as long-term recovery investments support and protect women and promotes equality rather than deepening inequalities.

The Workplace Gender Equality Agency (WGEA) agrees that workplace reforms are needed. "In looking at our economic recovery, we need to look at how we might re-evaluate policy to recognise the importance of women²⁷."

The pandemic has shone a light on the important work that women do every single day. It's time for the government to look closely at the value of women's work and to start rebuilding our society in a way that is more equitable.

²⁴ Prime Minister of Australia, National Press Club Address [Online] Accessed at: <https://www.pm.gov.au/media/address-national-press-club-260520>

²⁵ Power to Persuade, Quality, not just quantity: How government investment into care work could grow the economy [Online] Accessed at: <http://www.powertopersuade.org.au/blog/quality-not-just-quantity-how-government-investment-into-care-work-could-grow-the-economy/3/9/2019?rq=NFAW>

²⁶ Gender Equity Victoria, We're the peak body for gender equity, women's health and the prevention of violence against women [Online] Accessed at: <https://www.genvic.org.au/media-releases/gender-equity-womens-organisations-unite-on-covid19-disaster/>

²⁷ Smart Company, In a post-coronavirus world, will Australia recognise the valuable role women play? [Online] Accessed at: <https://www.smartcompany.com.au/coronavirus/women-frontline-coronavirus/>

10. Australian Tax Office

Withdrawal of garnishees notices

The Senate will be aware of the controversy over the Australian Tax Office's (ATO) use of garnishee notices. The ATO maintained throughout that its use of garnishees was appropriate. However, on 26 March 2020, the ATO directed its staff to review all its enduring garnishee notices. The ATO told its staff this was their highest priority at this time. The ATO instructed that all enduring garnishee notices should be withdrawn, except those that are considered high risk, such as:

- There is current legal action (involving the liability) on foot and the issuing of a garnishee has secured the Commissioner's position;
- The taxpayer is bankrupt/wound up and the garnishee rights would be extinguished upon revocation;
- Asset sale involving an active garnishee (for instance a garnishee is in place with the purchaser of a house for sale);
- Garnishees that have been subject to legal proceedings;
- Other explainable high-risks (including justifiable risk to compliance, reputation, and revenue, criminal investigations, phoenix and fraud).

The ATO instructed that even with the above exceptions the most appropriate course of action would still be to remove the garnishee, especially if keeping it on would have a detrimental impact on the client and/or the community.

We could see no issue with the ATO considering the withdrawal of an enduring garnishee notice on the application by the affected taxpayer. But even then, we submit that this should only be considered within published guidelines.

The questions we raise for the Senate Committee to consider are:

- If these enduring garnishees were issued appropriately in the first place, why did the ATO decide unilaterally that it should withdraw them?
- What is the value of the enduring garnishees that were withdrawn in this exercise?
- What is the expected impact on revenue collection of the withdrawal of these enduring garnishees?

Requiring employees to work below classification to manage the ATO's response to the pandemic

The ATO accepted the responsibility of administering the Government's new programmes in response to the pandemic such as, "Cash Boost", "JobKeeper", "Early release of superannuation", "Reduction in minimum annual payment required for account based pensions", "Increases to instant asset write off for eligible businesses" and 'Accelerated depreciation for businesses with a turnover less than \$500m".

The ATO also instituted its own concessions to support taxpayers during the pandemic, such as extending time to lodge or pay, variation of PAYG instalments, change in GST reporting cycle, deferment of GST payments for importers, a concessional approach to the remission of interest and penalties, amongst other things.

The ATO's approach to its administration of the above responsibilities was to identify and then cease all work it decided was "non-critical" in order to release staff to work on these new programmes and concessions. The ATO did not classify the work that resulted from these new programmes. So the ASU requested the ATO do so based on section 9 (1) of the *Public Service Classification Rules 2000* which states,

An Agency Head must allocate an approved classification to each group of duties to be performed in the Agency.

However, the ATO refused to classify this new work. The ASU believes that most of these new work duties would be classified at the APS 3 level.

The ASU is concerned that the ATO refused to classify these new duties to conceal the extent to which it was requiring its employees to work below classification.

The ASU is aware that the ATO has required EL1 employees to undertake APS 2 work. However, it is far more common for the ATO to require APS 4, 5 and 6 classified employees to undertake APS 2 and APS 3 classification work to manage its response to the pandemic.

The current annual salaries at their top pay points for these classifications of employees are:

APS 2	\$60,202
APS 3	\$66,701
APS 4	\$74,748
APS 5	\$81,394
APS 6	\$95,181
EL1	\$115,762

There are several issues the Senate Committee might consider:

- How economic is it for the ATO to utilise higher classified employees to undertake this new priority work which should be classified at the APS 2 or APS 3 level?
- Could the ATO have recruited non-ongoing employees to undertake this new priority work?
- Exactly what types of work did the ATO decide is non-critical and why?
- What is the cost to the Australian community of the ATO ceasing this non-critical work?

Refusal to accept employees working at home is covered by the ATO Enterprise Agreement

The ATO encouraged its employees to work at home as a result of the pandemic. Approximately 11,000 employees applied to do this and received approval to work at home. Since then, the ATO required some hundreds of these employees to return to work at their home office to help answer incoming phone calls and do processing work to support of the ATO's initiatives in response to the pandemic. Many of these employees were at higher classifications and were required to undertake APS 2 or APS 3 work.

The ATO does not accept that these working at home arrangements are covered by clause 50 of the ATO Enterprise Agreement 2017. This provides for the ATO to meet all or part of an employee's set up costs. It also sets down conditions on which the ATO may suspend or terminate an employee's working at home arrangement. Many ATO employees have purchased a computer or monitor or chair or desk to facilitate their working at home. The ATO has refused to contribute anything to these costs, despite their obligation to do so under clause 50.

ATO employees working at home are incurring higher power and internet charges. The Commonwealth Government has refused to allow Departments, including the ATO, to contribute to these costs.

The ATO is not complying with the notice periods to suspend or terminate working at home arrangements despite clause 50 requiring this.

ASU dispute with ATO over work below classification and work from home cover by Agreement

The ASU disputes the ATO position that it can require its employees to work below their classification level in the way it has. We also dispute its claim that these 11,000 employees are not covered by clause 50 of the ATO Enterprise Agreement 2017. So the ASU has referred a formal dispute with the ATO about these issues to the Fair Work Commission in accordance with section 739 of the *Fair Work Act 2009*. The dispute is in the conference stage with a report back due on 16 June 2020. The ASU will consider escalating this dispute to an arbitration by the Fair Work Commission or a proceeding before the Federal Court if we are not able to settle this dispute.



The disability workforce and COVID-19: initial experiences of the outbreak

Prepared for:
Health Services Union, Australian Services Union, United Workers Union

21 April 2020

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1 Summary

This report provides analysis of workers' experiences of delivering disability services and supports in the early stages of the outbreak of COVID-19 in Australia. Data is drawn from a survey of 2341 disability workers, conducted in March 2020. The survey was designed primarily to help understand the experiences of disability workers, and the challenges they confront in the context of the National Disability Insurance Scheme (NDIS). It was planned and designed prior to the outbreak of the virus in Australia.

While the pandemic was not anticipated during survey design, the data collection period coincided with the period that social distancing measures were introduced and increased in Australia. As such, many workers provided comments in the survey highlighting the significant issues and challenges they faced in the context of COVID-19, and the need for urgent industrial responses and workforce supports to sustain quality service delivery through the pandemic and recovery phase.

The comments provided by workers highlight the ways that structural features of disability service systems, and the fee-for-service model underlying the NDIS, exacerbate the vulnerabilities of people with disability and the disability workforce, in circumstances of pandemic. Workers pointed to problematic features of disability service systems which whilst pre-dating the health crisis, were converging to generate unprecedented risks in the context of pandemic. These features include the fragmentation of service provision, under-resourcing, lack of management support at the frontline, low pay, poor job security, multiple job holding, high workloads and unpaid work.

Key findings are:

- There is an urgent lack of personal protective equipment (PPE) being supplied to staff and clients, and many workers feel their organisation's safety protocols have been inadequate in the context of COVID-19.
- There are widespread perceptions that the disability workforce is being dangerously overlooked in pandemic response, and many workers are worried about the ongoing impacts of lack of planning in their organisation and for the disability sector as a whole.
- Workers have been particularly worried about day programs and community access activities remaining in operation; group homes remaining open to other workers delivering NDIS services and supports to residents, along with visitors; and disruption to clients' routines and activities, which has created additional risks to client wellbeing and safety.
- Staff are extremely anxious about the situation, and workforce issues and additional workloads have made it difficult to respond to heightened health and safety needs.
- Some workers have lost jobs or shifts and are uncertain about the future of their work, and many expressed concerns about their inability to effectively self-isolate, and the financial impacts of doing so.

2 About the survey

Data comes from a survey of 2341 disability workers. The survey was co-designed prior to the pandemic in Australia by the research team in partnership with Health Services Union, Australian Services Union and the United Workers Union.¹ A link to the online survey was distributed to disability workers via the three unions in early March. Data collection began in early March 2020, before any social and economic responses were introduced to prevent and contain the spread of the virus. Survey participants included workers in a range of disability service settings, including accommodation settings, such as group homes and respite services; along with workers delivering home care; community access and day programs, coordination and advocacy supports, and mental and allied health. The majority (96%) were in roles involving direct work with clients or service users, most commonly with people with intellectual or cognitive disabilities (reported by 87% of respondents). Around two thirds of the sample (65%) said they worked with clients with higher level support needs.

Initially, comments relating to the impact of COVID-19 came through from workers unprompted. However, the growing number of these comments, and the increasing gravity of the situation throughout March led the research team to make a minor adjustment to the final open-ended survey question, in order to prompt respondents to comment on the impact of the virus on their clients, their work and working lives. This slight change to the survey was made early on 24th March, a week before data collection closed. Specifically, we made a small adjustment to the final survey question to elicit further comments about the ways coronavirus was impacting on clients, workers and workplaces, by changing the question from “Before we finish, would you like to say anything else?” to “Before we finish, would you like to say anything else, including anything about the way COVID-19 (coronavirus) is impacting on your clients, work or working environment?”

The report primarily draws primarily on responses from the 419 workers who completed the survey after the 24th of March, although relevant comments from respondents earlier in March are also included. While the information was collected through a period in which social distancing measures were increasingly impacting on disability workplaces, the survey closed prior to announcement of the Jobkeeper program. While the impacts of wage subsidy arrangements are not clear, it may be expected to have increased the sense of security among some workers, and the capacity of some employers to maintain employment of disability workers. However, it would not have affected the extreme health and safety risks highlighted by workers. These are outlined in the following sections.

¹ A full survey report will be completed in mid-2020.

3 Lack of safety equipment

Most commonly, comments left by workers focused on the lack of protective equipment provided by employers which meant workers felt unable to safely carry out their usual work tasks. Employees in accommodation settings, such as supported independent living facilities, group homes or respite services explained:

NO PPE supplied to staff or participants. Concerned that staff are working across locations and that NDIS providers are coming into residence to provide services increasing chances of infection to all involved across whole of area.

Dangerously unprepared with lack of PPE. We had to ask other houses for hand sanitiser. No face masks or protective eye wear for personal care procedures. Made me feel very unsafe working with children and I don't want to go back to work and be put at risk.

Others similarly explained:

No provision for PPE, we supply hand sanitizer ourselves, not enough support from management, they seem to be burying their head in the sand, don't feel supported by them either, they are not following the government ruling regarding isolation.

In many cases, workers felt exposed to increased risks and very unsafe:

Since the arrival of COVID19...every time I head to work it feels like Russian Roulette. Knowing that we have not been supplied with basic safety equipment e.g. hand sanitizer, anti-bacterial hand wash, masks, shoe covers etc, does not make me feel safe. Knowing that there are no guidelines re: an outbreak of the disease in the houses, and knowing how vulnerable some of the clients (and staff are) is terrifying. Having to go shopping for anything for the house is also a risk we should not have to take due to the fact that the employers have not set up shopping delivery yet (even though this service is available for the vulnerable).

Workers also perceived the disability sector to have been dangerously overlooked in the national response to COVID-19. Many were extremely worried about the lack of planning in their workplace. For example:

I don't feel that my work site has received adequate instructions or equipment to deal with the current COVID-19 situation safely and confidently.

We are totally unprepared with no PPE. As soon as one of our staff or clients tests positive we are going to fall apart with no plan at all.

Workers were very critical of the failure of organisations to provide equipment, put plans in place, or provide guidance to staff. Numerous worker accounts attest to lack of support from management to access equipment or develop appropriate plans and protocols and descriptions of the situation show this raised very high risks for clients and workers:

:
[My] organisation has been very slow to be proactive about taking precaution measures to slow the spread of the virus. Not provided with antiseptic wipes to clean the company vans for Day Program. Only use of one container of antiseptic gel for everyone entering the building! Very disappointed! No meetings held for staff...only posters.

We should be more protected than we are. I also believe we should not be taking the clients out even if management requests this.

[Our] organisation was very slow to isolate vulnerable residents from day programs which we can only assume related to the budget.

We did not get any information about how to be prepared, what do we need to do etc. It seems employers do not care about employees getting this virus. NO PPE, no training, half of the work force already lost due to school closure. One parent has to stay home. Coming weeks going to be extremely hard. We need PPE and strict rules how to manage group homes.

Lack of leadership in services was a serious impediment to effective response. In some cases, managers were described as unreachable, and many staff described feeling abandoned:

[My organisation] are completely unprepared for an outbreak with no clear contingency plans, lack of PPE & inadequate training. The General Manager displays lack of leadership & decision-making capabilities, referring to the pandemic as "just the flu" & suggesting people are panicking. The inaction & attitude thus far could lead to loss of lives amongst our vulnerable client group & older staff.

I do not like working for [this organisation], I feel there is no care factor with that company for our clients. There is no contingency plan concerning coronavirus as far as I know. They seem to be very slow in doing anything and are unreachable if you need them, maybe their office is overseas, that would explain things.

There are no contingency plans and not enough PPE to protect staff and residents from contagion. We cannot follow social distancing and no one seems to care.

[My employer] has not addressed in any way staff protection from cross contamination. But expects us to turn up for work every shift regardless. Three things have been put in place. 1. reams of paper information that cannot be implemented eg. safe distancing. 2. Management are no longer visiting workplaces. 3. A management number to ring if someone is showing symptoms Clients are still expected to go to day placements. No social distancing on a bus and outings.

A perspective on social distancing in a group home

We have no clear procedures in relation to social distancing and infection control for COVID 19 - the standard guidelines given to the community are simply not workable with the majority of our clients. We are continually sneezed on, drooled on, spat at, breathed on and coughed on and it is impossible in many situations to do our job and assist these clients without getting close up enough for this to happen. This outbreak calls for more protective measures than just wiping things down and using the infection control kit.

We need masks and protective clothing and appropriate guidelines for our line of work tailored to the people we are assisting. We risk infection every shift. We risk infecting our clients every shift and then we risk infecting our families and the community when we go home - even if we follow the social distancing rules outside of work, we are still a risk to our families and communities because we are so exposed and unprotected when we are at work. Casuals who move from group home to group home also risk bringing the virus with them from one client group to another.

Our clients are THE most at-risk group because they have so many medical and immune system issues in addition to an inability to understand or grasp the rules or importance of social distancing. My fear is that they will suffer significant loss of life if COVID-19 gets into the group homes and intellectually disabled community and respite services and that they and us, their carers, will function as incredible virus spreaders as a result of workers just being left to just figure the infection control stuff out on our own with no additional equipment or useful input regarding the practicalities of personal care from our employer or our union. If this is to be stopped our government, employers and union must act now!

(Worker in a not-for-profit accomodation setting in regional Victoria)

4 Slow action on client safety

Slow action to keep clients safe was a very strong theme in the comments provided by workers in the survey. Concerns about social distancing in the context of day placements and the difficulty of managing movement through group homes were very strong. Workers in group homes were particularly concerned about the risks associated with the numbers of casual staff working across facilities, and with other staff and visitors attending their workplace to deliver NDIS services and supports. For example:

[My employer] is slow to act. We do not have enough PPE equipment in the houses if residents become unwell with COVID 19. I'm concerned about the amount of casual agency staff coming into the facility to support the residents, increasing the risk of spreading COVID 19 to are vulnerable residents. And what happens during lockdown? We need a plan.

We are exposed to too many people coming to the group home

I don't believe staff are being protected enough, it should be a total lockdown for the houses for people with disabilities. Try to keep to regular staff. Stop random people coming into the home environment.

Workers in group homes were very concerned about the risks associated with residents attending day programs, which had remained in operation without appropriate social distancing measures in place.

Placement hasn't stopped at our house still out not in lock down mixing with others vulnerable people with very low hygiene skills

Still management sending [residents] to placements and so many different staff coming do the shifts everyday. It's risk for us and clients.

I am very worried about the clients and staff regarding safety measures that don't seem to have been put in place to protect us, allowing day placement and programs to continue at this time. I also worry about the isolation for the clients yet to come in this unknown time ahead.

5 The challenge of supporting clients through pandemic

Workers expressed extreme anxiety about the safety of the people they were providing services and support to, and were either unclear about the ways they should be working with clients and ensuring safety through the pandemic, or felt resources to effectively support clients were lacking:

How are we to apply the safe distance rule when working and caring showering / dressing people and have no safeguard equipment no masks no aprons no protective eye wear and some are still sending them to day placement or work training? How do we keep the people we support and staff from risk of COVID-19?

The issue of day programs being left in operation was a particular point of concern:

This is a very stressful time for everyone in Australia, but I feel disability has been neglected in a lot of decisions made. Day placement should have been shut down immediately and residents' health needs put first, along with staff. Day placement is not an essential service and by us sending these most vulnerable people to them where all the social distancing guidelines could not be met only puts them and their carers at a greater risk.

Those supporting people with intellectual disabilities described working in increasingly challenging contexts. For example:

Participants are very confused about not having their usual community access programs.

Clients don't understand why things aren't happening as before, it is difficult for them to comprehend.

Covid-19 has affected our clients in a big way. They do not understand why they are suddenly not going to their day programs, why we aren't going out anywhere on weekends etc, why they can't have that "extra" roll of toilet paper or piece of toast (due to shortages in availability). It has led to B.O.Cs (behaviours of concern) and frustration for the clients. We are doing our best to keep them busy and entertain them, but it is becoming increasingly difficult to manage.

At the time of the survey, some organisations had introduced measures in response to the crisis, including 'lockdowns' or isolation protocols, while others had not. Where social distancing measures had been taken, this created additional tasks and exacerbated already high workloads. Workers explained how measures in place meant that in addition to their usual tasks, they needed to support people with disability to understand and adjust to changes in routine, and to address the additional needs associated with, and arising from, disrupted routines. For example:

Even though it is explained every day, most clients are unaware of the COVID virus and don't understand that to keep them safe, we do not shake hands and stay 1.5 metres

distance. Their regular weekly community access has ceased and this is causing frustration, disappointment and heightened behaviours.

Our clients are now mostly contained in the house, which because of some challenging behaviours, causes them to be anxious, fearful and sometimes violent. I'm also very concerned about my family and now feel that I'm at risk.

The participants that I support, [their] support needs have changed due to their underlying health conditions and therefore lockdown. This resulted in further support being needed to help these people both emotionally and physically (helping with groceries etc).

Clients don't understand what's happening, no outings or community access, no contact with group friends.

They do not understand why they are home from their day placement. Staff have to get creative with limited resources to provide programs for them. They like their routine and get depressed when they cannot go. Very tough on them.

Among workers in contexts where distancing measures had been taken and those where they had not, a particular concern was that managers had failed to recognise and address the increased needs of people with disability, and were also overlooking the additional demands on frontline staff:

I don't think we've got enough support from management to date. No one has rang to see how our clients are doing and the well-being of staff who are supporting the clients. Some staff are stressed and anxious. All we get is emails informing us about the COVID-19. Would be nice if someone from management rang and (had) knowledge (of) the work that staff are doing in the forefront.

Insufficient staffing levels presented a barrier to providing the additional support clients were observed to need:

Due to lack of staffing we have 1 staff to 5 residents & with the general workload & extra workload because of the virus we don't have time to also do extra activities & keep their spirits up with being shut in the house.

6 Anxiety among staff

Unsurprisingly, the pandemic was generating extreme anxiety among staff. This was repeated across numerous comments from workers, for example:

Working within the Disability Sector during the Health Crisis has caused a lot of employees to become stressed and anxious for their own personal safety.

What happens if the clients get the Covid-19? What happens to me if I get the virus from the clients?

Very stressful right now with all the uncertainty of secondment, transition to NDIS processes and now the Covid-19 virus.

Many explained feeling very concerned about the risks for their health:

Clients are not being forthcoming when they feel unwell, as they will lose the service for the day. In that instance they put me as a worker at risk as well. I have clients in the car and attend medical appointments with them. It makes me very uncomfortable and very paranoid about my own health.

These anxieties were exacerbated by staffing practices that generated unreasonable workloads. One commented that providing supports was:

...even more so difficult with the staffing shortage, as they have not got any new casuals hardly in the past 12 months. Staff are not allowed to come to work if they feel slightly unwell, so we are shorter still. It is putting even more pressure on the same few staffing group. And we don't seem to be getting any further with anything at present.

A lot of friends and co-workers have simply lost shifts/jobs with the virus and people (like me) who are on full time contracts or permanent positions are picking up the slack.

7 Job and income security in the context of pandemic

The comments also capture other impacts on workers, many of which were substantial and resulted in loss of employment and income. Some had lost hours as their work ceased or reduced, for example:

I have lost my day centre employment because of this virus.

Some work lost due to house lock downs, due to Covid-19.

I was happy to work 24 hours in a week but since the hub shut down for a while due to Coronavirus, I am not sure where I can work from next week.

Many workers also had additional family care responsibilities in the context of the virus or had lost income as they needed to self-isolate.

I had to drop some hours to look after my family but I have lost income and fallen behind my mortgage repayments.

Since this incident, I have to keep myself quarantined, same as my husband because he landed in Australia after 15/3/2020. So, I have to use my annual leave and sick leave to cover my day off.

Staff are not being paid for self-isolation when returning from overseas.

I got stood down as I'd been overseas before the government had put people into the 2 week isolation.

Other impacts were less severe, including dealing with the additional work of complying with employers' leave policies to enable quarantine, for example:

Following up enforced Covid-19 leave procedures and chasing medical results to satisfy my employer policy and be able to return to work without limitations of working remotely and suffering unpaid sick leave when I was told I must be tested and quarantined.

Several pointed to the failure of employer and government policies to remove disincentives and penalties for those needing to self-isolate.

All things considered, my employer treats its workers well. It does not deliberately victimise us or exploit us. But the system within which we work means we do not receive fair compensation or reasonable job security. In the context of COVID-19, you can imagine that workers in our industry will be reluctant to self-report and self-isolate when it means that they will lose wages. That puts vulnerable people at risk. But I don't blame the workers, I blame the government for not ensuring that we are not penalised.

Another pointed out how loss of jobs and hours reflect the lack of funding security for services, under a fragmented fee for service model of the NDIS (see quote below). This worker explained how operational funding offered better continuity and certainty following pandemic.

A perspective on COVID in the context of the NDIS

These are scary times, especially when we are working with such vulnerable people. While I fully support Social Distancing as a means of protecting clients, families and workers alike, I fear the pay-for-service model has created a situation where a lot of services may not pull through this crisis. The lack of security in funding has sounded warning bells thanks to COVID-19. With clients staying home in unprecedented numbers the viability of service providers is under threat. From my understanding the benefit of the previous block funding method was that services would be stay operational for the year regardless of absences. This would more or less guarantee that there would be services to return to once the crisis had passed. At the moment, I feel unless we change this way of operating, we may lose a lot of essential services for our clients. I think the government should reassess the funding model in understanding that precious industry experience has been lost and more will go the more we create a climate of uncertainty. We need a more collaborative approach between services as we all should have our client's best interests at heart. Sadly, it feels like they are becoming more of a commodity in the corporate agenda.

(Worker in a not-for-profit community setting, Tasmania)

Workers were particularly concerned about their financial future. Some expressed relief they could continue to provide for their families, while others anticipated loss of hours and pay:

I'm so relieved I have an ongoing line - at least someone in my family has a guaranteed income.

I have very uncertain future for day programme and expect to lose about 20 hours a fortnight work at least which will cause a lot of financial pressure on my already restricted situation.

Covid 19 is affecting my work hours and now not sure how my future I have taking 2 months off and not paid as I am casual.

I have been in this industry for 12 years, I suffer from [a complex health conditions]. I have two children. Due to my condition and no one to look after the kids at home, I have to stay home and don't have any sick or recreation leave. My wife works in aged care as a service assistant. How as a family we can possibly pay our mortgage, utilities, foods etc with a revenue of \$800 weekly? The bank is offering hold for six months but still charging interest for the six months, which means putting workers more in debt.

In summing up their circumstances, some workers called for hazard pay, or another pay incentive, for those who remained employed, in recognition of increased risk:

Putting clients at risk with expectations of continuing day placements at the start of the outbreak makes clients extremely vulnerable, and no thought about staff working to keep the clients safe it's a worry especially when I have a young child at home not knowing if I

am passing something on. There should be a danger wage increase during this awful time.

Day programs not closing earlier putting vulnerable clients more at risk. Also no support or concerns for staff that could catch Covid 19 that have children to look after at home. There should be a pay incentive for working around the increased risk.

8 Conclusions

The circumstances disability workers describe show the way COVID-19 has massively increased the risk of working in disability services, and the health and wellbeing costs incurred by disability workers. Decent pay and working conditions are essential elements of effective responses to the virus and will build capacity to sustain services and supports through the coming period of recovery.

Key issues relate to the supply of protective equipment to disability workers; provider organisations' capacity to develop and enact health and safety plans and protocols; arrangements to minimise movement of staff between workplaces; additional resources to ensure time for hygiene related tasks and to support people with disability in the context of social distancing (including people with intellectual disability); additional incentives to sustain labour supply in the context of additional demands and risks; operational funding to sustain service supply; and resources to support workers to self-isolate (e.g. sick leave).

While the survey provided an unanticipated, incidental opportunity to collect research evidence about the disability workers' initial experiences of COVID-19 and its impacts on their work and working lives, further research is needed to understand workers' experiences over the longer term, and to assess the impacts of government policies on this group of essential workers.