REPORT ON PROCEEDINGS BEFORE

PUBLIC ACCOUNTABILITY COMMITTEE

NSW GOVERNMENT'S MANAGEMENT OF THE COVID-19 PANDEMIC

UNCORRECTED

Virtual hearing via video conference on Friday 17 September 2021

The Committee met at 9:45

PRESENT

Mr David Shoebridge (Chair)

The Hon. Mark Buttigieg
Ms Cate Faehrmann
The Hon. Scott Farlow
The Hon. John Graham
The Hon. Courtney Houssos
The Hon. Trevor Khan
The Hon. Tara Moriarty
The Hon. Peter Poulos
The Hon. Penny Sharpe

The CHAIR: Welcome to this virtual hearing of the Public Accountability Committee as part of its ongoing inquiry into the New South Wales Government's handling of the COVID pandemic. Before I commence I acknowledge the Gadigal people, who are the traditional custodians of the land upon which the Parliament resides, and pay my respects to Elders past, present and emerging. I also extend that respect to any First Nations peoples who are either on the broadcast or present throughout today's Committee hearing.

Today's hearing will be conducted as a fully virtual hearing, which enables the work of the Committee to be undertaken during the COVID-19 pandemic without compromising the health and safety of members of the Committee and participants or staff in the Committee process. As we break new ground with the technology, I ask people to be patient during any technical difficulties we may have today. If any participants lose their internet connection and are disconnected from the virtual hearing, I ask that they please use the link provided by the Committee secretariat and rejoin the meeting and we will have them admitted as soon as possible.

Today's hearing will be separated into two parts. We will first hear evidence about the impacts of the lockdown on the 12 most affected local government areas [LGAs] of concern, hearing from local community and cultural organisations as well as from several mayors of those most impacted LGAs. Then we will hear from representatives of the Department of Premier and Cabinet, the NSW Police Force and the South Western Sydney Local Health District. In the afternoon, the Committee will turn its focus towards the COVID-19 situation in prisons, hearing from community and justice organisations and then from government representatives from Corrective Services NSW, the Inspector of Custodial Services, the NSW Ombudsman and the Justice Health network.

Before we commence I will make some brief comments about the procedures for today's hearing. While parliamentary privilege applies to what is said in the course of the hearing, it does not apply to what witnesses or members say outside the hearing. I urge people to take caution. Committee hearings are not intended as a forum for people to make adverse reflections about others under the protection of parliamentary privilege, so I ask that witnesses please stick to the issues. All witnesses have a right to procedural fairness according to the procedural fairness resolution adopted by the House, and that is a matter the Committee takes seriously.

There may be some questions that a witness could answer only if they had more time or with certain documents to hand. I say to those giving evidence today that if they are in that situation they are able to take a question on notice and provide a written answer within 21 days. Today's proceedings are being broadcast live from the Parliament's website and a recording of the hearing will be uploaded to Parliament's YouTube channel after the hearing. As always, a written transcript will be placed on the Committee's website as soon as it is available.

Finally, a few notes on virtual hearing etiquette to minimise disruptions and assist our Hansard reporters. I ask Committee members to clearly identify who questions are directed to and I ask everyone to please state their name when speaking. Members should also utilise the "raise your hand" option if they wish to take a point of order. I ask that everyone please mute their microphones when they are not speaking and to remember to turn their microphone on just a little bit before they commence a contribution. Wherever possible, members and witnesses should avoid speaking over each other so that we can all be heard clearly. To assist Hansard, I remind members and witnesses to speak directly into the microphone and avoid making comments when their head is turned away.

RANDA KATTAN, Chief Executive Officer, Arab Council Australia, affirmed and examined

RABIH ELKASSIR, Board Director, Lebanese Muslim Association, affirmed and examined

AMAR SINGH, President, Turbans 4 Australia, sworn and examined

MARK MOREY, Secretary, Unions NSW, affirmed and examined

The CHAIR: I welcome our witnesses for the first community panel. I thank all four of you for attending today, but I also extend my gratitude for the work that all four of you have been doing in your communities in this particularly tough time. There is now an opportunity for each of you to give a brief opening statement. We will adopt the same order that we did for the swearing in, starting with Ms Kattan.

Ms KATTAN: [Inaudible].

The CHAIR: Ms Kattan, you will have to unmute.

Ms KATTAN: I am speaking to you today from Merrylands, the land of the Dharug people. I pay my respect to Elders past, present and emerging, and any Elders present here today. I welcome the opportunity to bring the voices, the heartache of the people of western and south-western Sydney into Parliament House today. The New South Wales State's response to COVID in western and south-western Sydney has had the effect of criminalising nearly 50 per cent of our city. That is what happens when you find yourself flanked by police as you leave the 7-Eleven store. That is how it feels when you wake to hear choppers hovering overhead. That is what happens when the State shifts the blame and treats an entire community as suspect and noncompliant.

Our crime is twofold. The first is that we are the workers of this city. We are the ones who pack the shelves, drive the trucks, build the houses, care for the children, clean the hospitals and distribute vital goods. Our second crime is that we really are a community. We still live with our families—our grandparents, our kids, our aunties. We live, work, pray and play in our neighbourhoods and communities. This criminalisation must stop now because we are seeing a similar experience repeated in western New South Wales. The divisiveness must also stop now. We acknowledge that the New South Wales Government has rolled out additional funds of support during this crisis. But like much of the messaging and the approach throughout this outbreak, it is confusing, restrictive and unclear about who can access what and how this is done. That is why we have kept asking the Premier to include community leaders in the response before and not after the fact. We are the experts on the ground. We know our communities. We know the barriers and we know what and where the support is desperately needed.

We need to restore public trust because that is vital for any public health outcome. To do that, we want a consistency of policing across the city. What is good enough for Merrylands is also good for Mosman. We want clear and consistent restrictions and messaging for everyone and in languages that we all speak. Finally, the scars left not by the virus but by the Government's response to the virus will take a long time to heal. That is why the road out must be a broad highway that can carry all of us, not just the lucky few. To do that we need the leadership of western and south-western Sydney around the table today as plans for the recovery are drawn up. Thank you for your time today.

Mr ELKASSIR: Good morning everyone. I thank you for your time today and for the opportunity to speak on behalf of the Lebanese Muslim Association and its community. I will refer to the Lebanese Muslim Association as LMA in my briefing. Before I begin, I would like to make note that the hearing had requested our presence with relatively short notice, so I may not have all the evidence and data on perusal. For context, the LMA was established in 1962 to provide social, religious and educational services to the community. The community felt disappointed in relation to the Government's handling of the Delta pandemic wave. We felt that the learnings from the first wave have not potentially been taken into account, which could only be described as complacency.

The failure to act adequately and in advance to avoid the outbreak in the south-west was aggravated when the south-west itself was labelled as an area of concern. It is important that the Government works closely with the Muslim communities and forms cohesion and inclusion. The mantra of "we are in it together" was previously labelled by the LMA as empty rhetoric, and to that effect it still is. The community has been adversely impacted by this outbreak and the harsh lockdown measures imposed have resulted in a sharp increase of mental health and financial burdens across the board. As such, there is a number of matters I would like to raise, but before I do I will kindly refer back to the Chair.

The CHAIR: Mr Elkassir, if you have a number of matters you want to put on the record now, feel free to do so.

Mr ELKASSIR: One of the first matters is in terms of the vaccination and the process and the program that was unrolled or unravelled to the community. We felt there was inadequacy there, which I can further divulge. The policing and discrimination, which I think Ms Kattan also alluded to, has been heavy handed and one sided from our point of view. We have felt we were victimised and alienated from the community and from other suburbs. We completely condemn the way we were treated in that instance. We have got other issues to do with schooling and the whole mental state of the community, which I will go into further detail.

The CHAIR: Thanks, Mr Elkassir. We will probably explore those matters in questioning throughout this session. Mr Singh?

Mr SINGH: Thank you. I am the president of Turbans 4 Australia, a local south-west charity. I have lived in the south-west since arriving in Australia as a teenager in 1998. I have ample amounts of opportunity to move out of the area but I prefer to live in this area. Our charity, which started with zero funding as a tight bubble to serve the community, has gone out to all areas of Australia serving the people. I am proud to represent the south-west when we go to Queensland, Brisbane, Melbourne and Canberra because people think the south-west is somewhere where all low socio-economic people live. They do not see that people have vision here, whereas we realise from where we are now that we are the backbone of the country. We are the workers, we are the working bees, and we demand respect.

On equal levels, no matter if you are a millionaire in the Eastern Suburbs or a dweller in the south-west or western Sydney, we should be all equal. I think this is a direct attack on the multicultural and basic fairness in Australian society that we have always been proud of. We cannot be labelled by our postcodes, our ethnicity, our looks or our traditional garbs that we wear. We are all human beings. We all bleed red. I will not take much time here, but with the Chair's permission I will raise some issues on behalf of many local charities that are non-government funded and yet they are doing tons of work, where even the government departments are ringing us to say, "We need help. Our help is definitely a week away. Can you do it earlier?" Thank you for the time today.

The CHAIR: Thanks, Mr Singh. I am certain we will explore those issues about support for non-government organisations in the course of the questioning today. Mr Morey?

Mr MOREY: Thanks, Chair. There are four key issues that Unions NSW has been concerned about in those areas. Firstly, the vaccination rollout at a Federal Government level was nowhere near what it was meant to be. When it was rolled out in local areas, there was certainly a need to have hubs much earlier, with community leaders talking to their communities about the importance of vaccination and certainly having the information provided in a range of languages. But the priority is around having local community leaders engaged in the process so they can speak directly to their communities as people of authority within those communities.

Secondly, there was the failure to have a JobKeeper program. During the first shutdown there was JobKeeper. South-western and western Sydney is the economic driver of the economy in New South Wales and arguably Australia. What we saw there was a disconnect, unfortunately, as compared to the first lockdown. The thing about a JobKeeper payment is that it ensures that people are financially secure, which means they will make decisions for their health. There is a direct link between financial security and making your health decisions, so you are then prepared to have a day off or miss a shift and go and get an injection. One of the things that we certainly said was really important was having an ability to have paid leave to go and get an injection. The State Government put that in late, but that is something really important where people do not have to choose—particularly in western and south-western Sydney, where you have a lot of contractors and casual workers having to decide between their health or putting food on the table. The failure to have JobKeeper in place has been a real problem.

Thirdly, the health orders. I understand the health department is obviously worried about people dying and the spread of it. However, there is often a conflict between the health orders and the practical implementation of those health orders. For example, the cut-off deadline for when people had to have their first jab was unrealistic given the rollout of vaccinations had not occurred effectively in south-western and western Sydney. That date has been moved twice. As we advocated, it had to be moved, otherwise people just could not leave the lockdown areas to engage in work. We have got to remember that the vast majority of workers in western and south-western Sydney travel all over the city to perform their work. They were not allowed out without a jab. That thankfully got changed to at least having an appointment so that those people could continue to engage in work, have financial security and make sensible decisions about their health.

The final thing I want to touch on is that this is a health crisis. It is not a policing crisis. I think the lack of engagement with local leaders in the various communities has been a problem. I think access to information in cultural languages has been a problem; that is something that has come through to us. Where we have had local leaders on the ground around hubs in certain communities you see the success of the vaccination rates increase.

People feel secure because they are hearing from the people who they respect in their communities. That is something that needs to continue to occur. Finally, I think the level of consultation with key leaders in all communities with the Government has been somewhat lax. It should have been much earlier and with a broader range of people to understand the implications of how best to deliver a message to western Sydney that is about health and getting people vaccinated. Thanks very much, Chair.

The CHAIR: I thank each of you for those opening comments. There is a number of obvious common themes. I will now hand over the questioning to the Opposition to commence the first round.

The Hon. COURTNEY HOUSSOS: I too thank all of the witnesses today. I know it was very short notice and we do really appreciate you taking the time to come and talk to us today. Obviously all of you are working quite closely with south-western and western Sydney communities. Can you briefly outline the support that you and your organisations are providing for people who have lost work, lost their businesses or lost their jobs entirely throughout this lockdown? Ms Kattan, we will start with you and go in the same order.

Ms KATTAN: We have got a range of services in our organisation, starting with the families up to old age. Our capacity has increased tremendously. In terms of how many people have been calling us and contacting us for help, I am told by staff that every single call is about COVID and people who are uncertain where to go, whether it is about their jobs, what payments they access or where to go in the health system—and, if they have tested positive, what to do when they are at home. People are panicking; people are terribly stressed. Also, in terms of jobs, navigating the system itself.

We are that much closer to information and, unfortunately, we get lost as well in the system as to what is available, the layering of the Commonwealth payments as well as the State Government—and, rightly so, in terms of what the State Government has made funding available or at least rolled out some emergency money to people who have fallen through the gaps through the Federal Government and to temporary visa holders as well as asylum seekers, which is great to see. But there are people also falling through that gap: the four-year waiting period people and also students are not captured there. It is not the State's responsibility, it is very much a Federal responsibility, but it has not been picked up. To answer your question, people are getting lost. People are getting lost in the system, we are getting lost in the system, in terms of the confusion and what is available out there and how payments can be accessed.

It is not difficult; we assist people. People are assisted with food as well. People are assisted with their everyday need in terms of the families. We know of families, for example, who have to even cut off their internet access because they could not afford it; people that have families who have children who are studying from home and have got one phone between them, which they give to their children to access those. A whole gamut of issues are going on out there. We know it is a crisis and we understand it is a crisis, but we want the Government to take us with them on this journey and to involve us in the solutions. While we have been consulted, we have been consulted after the facts. We know what is going on after it happens. Particularly in communicating to communities, we do not know what is going on and how that can be communicated across the communities or to assist the Government. We are with you. We are there. We are willing to help and we are doing and we are stepping in there to fill in the gaps. We are doing everything that we can to assist communities.

The Hon. COURTNEY HOUSSOS: But, Ms Kattan, you could say that people are coming to you for support and advice on a range of issues. They do not know where to get support so they come to you instead.

Ms KATTAN: There is a lot of confusion out there, yes. Can I also say that we have submitted—and I failed to say it at the beginning in my opening statement—we made a submission to the Committee. I know you were not calling for one, but because we have been involved quite openly with a range of different organisations—some of whom are in this meeting here—we put in a submission to you so you could also refer to that. We made these specific points and there are two attachments. One was from a roundtable that happened a few weeks ago and another one was also with a range of different organisations, and they have all endorsed it. The issues are very much tabled to the Committee. Thank you.

The Hon. COURTNEY HOUSSOS: We really appreciate that, thanks, Ms Kattan. Mr Elkassir, can you outline the programs that you have in place for workers who have lost work or lost their businesses?

Mr ELKASSIR: Thank you, Ms Houssos. We have been inundated with calls from the community for a range of services around work, finances and Foodbank requests. We have had a lot of people contact us in relation to education services and a range of other things that we essentially were not prepared for, given the pandemic and its evolvement. As Ms Kattan said, the Government had sort of provided some level of consultation but it is mainly reactive. We are left fielding a lot of these calls and trying to help the community as best we can. As I said originally, we have had domestic violence calls and calls for mental health support. With all these calls that we have received, we have tried to enable and support our community.

The lack of schooling and the closure of schools, as I will allude to a bit further down the track, had also caused a large pressure on the LMA as an association. A lot of the kids who essentially have a mandate to learn their religion and to understand no longer have access to any of that information or the teachers or the scholars that we usually get in touch with. Mainly there has been a large impact on our community. It has caused anxiety. It has caused a lot of panic and confusion. What we need really from the Government is for it to work closely with us, provide us with the fact sheets, get on the ground with us and provide us this support on an ongoing basis, not just through messaging and various other channels that are intermittent.

The Hon. COURTNEY HOUSSOS: It is true that you have a hotline at the LMA for people who need assistance to call? That is, if they have got COVID, if they are trying to access medications, you are providing that kind of day-to-day support there at the LMA, aren't you?

Mr ELKASSIR: We are. From July—I will read some of the stats—we have received over 1,100 calls for vaccine inquiries and bookings from the community. Now whether or not the doses are available, it is just the sheer number of calls that we are trying to field in a very short span of time. It has resulted in a lot of pressure on us and a lot of undue pressure that the community has felt.

The Hon. COURTNEY HOUSSOS: Thank you very much, Mr Elkassir. We might come back to the question of vaccinations shortly. Mr Singh, you have been providing a lot of practical support. I have seen lots of evidence of that in terms of food hampers across south and western Sydney. Do you want to talk about that?

Mr SINGH: We have been running COVID crisis relief centres in Sydney, Liverpool, Harris Park, Wollongong, Queanbeyan and interstate as well. If you just focus on the south-west part of Sydney, since the start of last year's pandemic we handed out 30,000 free meals to people who were already serving in their communities and could not cook or provide for themselves, so we were supporting them. We have had the hampers going since then, with only about a three-week gap in between. Now we have started off in a new facility, literally with hire tables and nothing else. We are doing everything manually.

I have tried to reach out to Resilience NSW; their number rings out. We have no support in that, whereas instead of just us sharing the information the community is asking, "What can you do apart from just sharing this information?" That is already there. Information will not feed people's stomachs. It might feed their mind and it might put them at ease, but people still need to put food on the table for kids. People need to put food on the table for their pets as well. In many cases we have assisted people with therapy dogs and guide dogs where they could not go out. We are not only leaving people behind in this mission but we are leaving behind animals as well that are a lifeline for these people who have disabilities and other issues. They rely on these, especially the therapy dogs and the guide dogs, to get them around.

We have seen a huge spike. Since the start of this pandemic, we have received over 4,000 requests just for hampers alone. That is all over New South Wales—in Dubbo as well and in Sydney. We are delivering 1,200 to 1,400 hampers a week. We have zero paid staff. Because my business is shut down, thanks to COVID, I am actually dedicating my time full time to this, and so are many of our other small business owners who have nothing else to do. Otherwise they are going to sit at home and have mental health issues. We are suffering ourselves as well, yet we are helping. That is the nature of the south-west and western Sydney.

We are serving people with various needs. We have got people who have never asked for help before—they are reaching out for help. We have got people who have been in the country for less than two years—they are asking for help. We have got single mums. Basically, we serve anyone and everyone in need. We do not ask them. We have a very simple form. We believe the onus is on the person asking for a hamper. They just ask for a hamper and we deliver it without any questions asked. Again, being a volunteer-run organisation, we do not have the time or resources to case manage each individual. Right now, people from all walks of life, we have delivered to people living on acreage that they rented and they have rung crying. A person who has a big house, it does not mean that they can still put food on the table, because they do not have the working capital. Small businesses are reaching out. They cannot afford to repay their mortgages. They have put everything on hold. The long-term implication of this is again going to affect them. It is going to be affecting their credit history.

People are in a lot of stress. We need culturally sensitive solutions for this. We need culturally sensitive food items. Small charities like ourselves and others are on the ground working and we are not seeing any support from the Government. The grants are here and there but you still have to apply for them. I have been saying since the floods—sorry, if I can just add this on—that the government at all levels should be able to verify charities working at the grassroots level by their social media, by their presence, by collaboration and what they have seen. Yet that is not happening. We are still struggling to buy food items from Foodbank as well. For me to serve 1,200 to 1,400 hampers delivered across Sydney, I have to have a pallet of long-life milk. Foodbank will only give us 10 to 20. I know they are serving thousands of clients, but, again, for organisations that are doing bulk, they are not restricting people on visa or religion or their subclasses. We are helping everyone. We need that support. We

need to be able to have our warehouse stocked up so we can serve those people. Otherwise, our volunteers are coming in and they cannot pack hampers. Now we have got the Australian Defence Force [ADF] coming in.

The problems are real. I just wish the people behind these decisions could come out and visit us to see what it is. Even if it is a virtual visit, they will learn a lot about how we are working at the grassroots level to try and provide food for the family. I have got people crying on the phone. Out of the 4,000-odd people who have registered since this pandemic began, nearly 60 per cent wanted food hampers. About another 20 per cent want rent assistance, fees for their kids, financial assistance. Women who have left home because of domestic violence, we try to help them through asking help from our sponsors and whatnot. Those sorts of people are falling between the cracks, and this is without mentioning people on student visas, people on bridging visas and people on temporary visas. They are not even registering anywhere on it.

My question is, If we were in a war situation where we physically got attacked, are we still going to categorise people based on what stamp they have on their passport? We should be acknowledging everyone who is in Australia right now as Australians and not what they are, because the tragedy is not going to ask them if they have a certain stamp on their passport before it affects them. This is really upsetting. I have been lobbying for international students, temporary residents who are stuck overseas and their kids are stuck overseas. Not very much has been done on them. They are left to rot. They have spent thousands and thousands of dollars in Australia investing for a better future, and all of that has gone to waste. Those are my words for now. If you have any clarifications, I can give them. Thank you.

The Hon. COURTNEY HOUSSOS: Thanks very much, Mr Singh. It is a remarkable operation that you are running entirely on volunteers, and it is incredibly important emergency support with very limited or no government support. Thanks very much. Mr Morey, I will come to you, specifically around the issue of the imposition on authorised workers across the local government areas of concern. We have seen a division of Sydney into Sydney and then those specific LGAs. What are some of the increased requirements that have been put on those authorised workers and what has the effect been on them?

Mr MOREY: Certainly the "authorised workers" has been confusing. Certainly the time lines for people to be vaccinated to leave the lockdown areas has been a big issue. One of the things I think we need to remember is the vast majority of workers in western and south-western Sydney are not working from home. They actually have to travel out of their local government areas to work. It has been very difficult around how they actually do that. There are a couple of examples. One is the building industry. People have been frustrated about getting in queues to get the vaccination. I know a lot of them have done that but there was an initial problem in getting appointments, with people having to wait six or so weeks to get their vaccination.

Now we have got a situation where building and construction workers have gone and got the injection but they now cannot go to work because there is a 50 per cent cap on construction projects. So there is a bit of anger out there around, "Well, the Government told me to go and get the vaccination. I've got the vaccination and now I can't go to work." That creates frustration and makes it very difficult. The other thing is that for many workers, for example, retail workers, a lot of those workers there is a vast group who are under 16. One of the requirements to leave your area was that you actually had to either have your first jab or an appointment. Many of those young people who work and contribute to their family's income were not captured for a long while and we were not sure what was going to happen to them. In the end, they were told that they were exempt from it. That is a problem, to have a 16-year-old running around who is not vaccinated, but equally they need to be able to actually work and have an income.

The other part of it is very much around the disaster payments and payments such as test and isolation. For people who are casual or contractors, the test and isolation payment, although it has come a bit too late, is really important. If you have to choose between putting food on the table and missing a shift or a casual shift or getting an income, it is so important that you can actually go and cover the lost wages if you feel a bit sick in the morning. Rather than waking up thinking, "Should I go and get tested? If I get tested I have got to wait three days", that security of having a financial income covered means people will make the right health decisions.

For us as the union movement, it has been ensuring the financial security of workers through payments is important because it enables them to make the appropriate health decision about their own health rather than thinking, "Oh, I'll go and do the shift today and then I'll get tested after it." I think that is one of the problems with not having JobKeeper in place. People have had to make a choice between putting food on the table and taking a shift. That is not a fair situation for the vast majority of people in western and south-western Sydney.

The Hon. COURTNEY HOUSSOS: Yes, and you make the point that that financial security then underpins the health response. What we have seen and we know—I heard a figure yesterday saying that 80 per cent of Sydney's authorised workers are actually in these 12 local government areas of concern. What are

you hearing from frontline workers about their experience through the pandemic and what they have had to go through in order to just be able to attend work?

Mr MOREY: One of the funny things is "essential workers" is a whole new category now. It includes retail workers, the people who are delivering food on their bicycles for dinner and people who you would never—cleaners are probably the most important group of workers now who are essential workers, particularly in the health industry. What we are finding is there has been confusion over the health orders. We have found them difficult to interpret at times ourselves and we are an advocacy organisation. I think trying to then relay the information to communities who have a second language—English is not their primary language—has been a real problem. I think just having clear information has been the challenge. I know we are in the middle of a pandemic and it is not easy—I get that—but certainly that has fallen down.

There has not been that link with the community leaders that needs to be there so that that information is considered by the community leaders and advice is given on how best to provide that information to communities and the formats it should be in. Sending out pamphlets, the written word, to people is for many communities not the best way to do it. It is through your community language, having leaders talk, radio, those sorts of things. I think we always seem to start from, "Well, what works for everybody else should work for everyone," and it just doesn't. I think that community input around how the message is delivered—while it may have got there now, in the early stages I think consultation directly with those community leaders, you would have seen better information got out quicker in forms that were able to be consumed by those communities more effectively.

The Hon. COURTNEY HOUSSOS: Unfortunately my time has expired.

The CHAIR: We will come back to you, Ms Houssos. Mr Singh, you were saying in your opening address about the lack of support to the smaller, more nimble non-government organisations that are able to get that direct help out to residents. Did you want to expand on that a little?

Mr SINGH: Thank you, Chair. It is the same issue that we have faced and seen through the pandemic since it began last year. All the major charities shut shop. That is how simple it is. Most of them did not have the volunteer capacity, due to age factors as well. As we have seen in our society, it is wonderful, many senior citizens put their time into being productive through volunteerism. But the pandemic affected them, so they lost all their workforce, whereas other groups that had younger people were able to keep carrying the weight through. Yet we have seen the difference in funding.

We are not government funded. We have to apply for every niche grant to get that. That takes a lot of resources to physically do that. Why cannot we be given, for example, a credit with Foodbank to say, "You have got X amount of dollars with Foodbank. You can order X amount with Woolworths, X amount with the main suppliers, being Costco and other things," instead of us scrambling for each and every dollar to buy these things. That is what really frustrates people like us on the ground. Yet we have seen in the funding as well that all the major charities that have been doing other work are getting all the funding. That is my key question.

I can, in my humble opinion, say this because I represent the underrepresented. We have seen people virtually—you deliver a hamper and they say, "Look, you have saved my life. I am able to put food on the table for kids. Can I give you a hug?" "No, sorry, it's COVID." This is the response. This is how appreciative people are when you turn up on their door, although we have a contact-free delivery. This is the reality of the thing. We are not exposing anyone but we are trying to help. It is very frustrating in that sense, David.

The CHAIR: Mr Singh, you have been delivering between 1,200 and 1,400 hampers a week throughout the course of this lockdown. How much government assistance have you had?

Mr SINGH: Nothing. Sorry, we have applied for a couple of grants; we have not got them yet. Everything that we have been doing is community donations that are coming in. Literally the people who are volunteering are donating as well to us to keep the mission going. That is how it is. We are delivering anywhere from Pyrmont to Penrith, to the mountains in Kurrajong as well.

The CHAIR: Ms Kattan, if I could go to you briefly, what about the non-government organisations like yourself and others that you are working with? What has been the relationship with the State Government in terms of funding and in terms of consultation?

Ms KATTAN: In terms of consultations, we have had several meetings. I am answering your question backwards, a little bit. We have had plenty of meetings. They have been those online meetings. However, they have been much more similar to the press conferences, in some respects. While we have a chance to ask questions, pretty much the answers we are given have been the same way similar to what you see at press conferences. It does not happen before a decision is made. It is not necessarily a true consultation as such. It is more like, "Here is the information. We are there for you. We are offering the support." But it is more about coming in and fronting

up and offering that moral support, I guess. But there have been incredible people within departments who have extended support to us, like Multicultural NSW, like Department of Communities and Justice [DCJ], like Service NSW. All of them have been incredible. It is much more the issue to do with government decisions on how it impacted on south-west and western Sydney. They are the ones that we have got objection with and how they impacted on people.

In relation to funding, the State Government has made much more funding available and rolled out there to community organisations. Our initial demands at the very beginning were more that bills are piling up for people. They are going to be driven further into poverty if people cannot afford to pay their rent and cannot afford to pay their bills. It is not good enough that we are asking people to defer their rent, their bills and whatnot and to negotiate with landlords. They do not have that kind of capacity and we do not have that kind of mandate to go and—while we can negotiate on people's behalf and we have got the financial counsellors to do it, it is still not necessarily a sustainable way of supporting people during a crisis of this nature.

Government grants have been made available. I don't think we have received them yet. But as Mr Singh said we have to apply for it; we have to go through the process. There has been some money available that has been earmarked to go to community organisations, but that is much more of supplements on top of their existing funding. Money is available. I am surprised about how much the State Government has been rolling out, which is great to see. But I would rather see it directed to the people, in the sense that people benefit out of it directly. This is nothing to take away from community organisations, as such. Community organisations need the support. Plenty of volunteers there are doing it tough as well. They do not have the support. Community organisations need the funding, but we urge the Government to support people with their bills and their mounting debt.

The CHAIR: So, Ms Kattan, you have been told you will get some funding but it has not come in yet, is that right?

Ms KATTAN: Not really. We have applied. We understand that decisions will be made and it will be rolled out shortly. We do not know—as have many other organisations. It is still a competitive process like everything else, in terms of transparency and so forth. That is the way it is.

The CHAIR: We are in the third month of the lockdown and at least two of the principal organisations doing the work on the ground have not yet received any funding from the State Government. Mr Elkassir, has your organisation received any support to do the kind of community work you have been doing?

Mr ELKASSIR: David, like the other committees, we have applied for the grants available and we have had some consultation with the Government. But like everyone else said it is quite reactive and it is not really available on need. We are also relying on donations and various other channels to help the community. As I said, our scope has increased significantly since what we originally had offered. Now we have got a mental counselling team that is on board that is trying to assist with these issues that we are facing within the community. I guess the reality is that when we need the funding and the support and the resourcing, at this very moment it is not really available, despite the fact that we are dealing with this right now in the present time.

Rather than speaking more in hindsight, we want the Government to work more closely with us and provide us these resources on the ground so that we can support the community across all its needs. There are a whole lot of needs that we need. As I said originally, the Foodbank needs in terms of food hampers and people who have lost their jobs—social and core workers who can no longer go to work can no longer put food on the table, so they are requesting money donations themselves. They are requesting food hampers and all sorts of resources. This is what we are dealing with.

The CHAIR: We talk about the health impacts of long COVID. You can have COVID, but then the health impacts continue for months and potentially years. It seems to me though that there are economic impacts—the longer term economic impacts—that are going to happen in western and south-western Sydney with unpaid mortgages, unpaid rent, increased unemployment and power bills. What sort of planning should the State Government be doing now to address those medium- and long-term economic impacts for western and south-western Sydney? I might start with you, Mr Singh.

Mr SINGH: I think I would like to see small business owners and operators included in this, being offered subsidies for ongoing business repayments. For example, I am in the transport industry. Our trucks are parked up for six to seven weeks. That is a big chunk of registration that we have to pay. Why cannot we have registrations roll or credit being given for those as well? On financial capacity, I would like to clear one thing. Out of the people who reach out to us for food assistance, we cannot provide anybody with rent or any financial assistance because we do not have the funding for it, so we have to say no. I would like to see payments being made to employers so they can filter down to their employees, and also small businesses that need immediate

credit so they can keep everything going. That is one thing I have noticed in the community. Also, sole business operators who work on an ABN, they are missing out on funding and care as well. Thank you.

The CHAIR: I might just invite the other three witnesses—Mr Elkassir, Ms Kattan and Mr Morey—if they have any contribution on this?

Mr MOREY: I think it is a very good point that businesses, particularly with their debts and repaying debts they have accumulated during the lockdown, will make it very difficult for them when we actually come out of this. I say that from a position of unless these businesses are operational and functional, there won't be jobs for workers in western Sydney. So anything that can be done to alleviate certainly the banks pushing to recover debts quickly after the lockdown is open, there needs to be a grace period for businesses around that; as equally there needs to be a grace period for workers who are unable to pay their electricity bills, water bills and these sorts of things. For many of those workers who have not been working, they will not necessarily be in a position to ever repay a lot of that sort of stuff and will be behind the eight ball, particularly if they have got mortgages that they are trying to deal with as well.

I think dealing with the mortgage situation for workers is going to be a really big issue as well, and the approach the banks take over the long term. I know that is a Federal issue, but the State Government can position itself to be speaking with the Federal Government to make sure that there are support packages for small to medium businesses, many of which are in south-western and western Sydney, but, secondly, how the banks are going to manage workers who have got mortgages. Many have substantial mortgages and have been earning more than the $750 a week—the disaster payments—who are still going to be behind the eight ball. There will be a tail in this. This will be a six-month lag before it really starts to affect people as we come out of the lockdown. In six months' time it would be terrible if people forgot what people had gone through and start foreclosing on them.

Ms KATTAN: It is going to take a while for people to come out of this. Businesses are not going to recover overnight. People are not going to recover overnight. We encourage that there be a stimulus package after that, in consultation with communities. Please consult with the affected communities, particularly in the local government areas of concern. The vaccination will get us out of the virus temporarily, I guess. But the impact, the inequality that is widening, the economy to bounce back and the most impacted workers and businesses will face a new world with depleted savings, mounting debts and lingering physical and mental health issues. They have got plenty to overcome. The recovery strategy that is currently being developed by the Government must include genuine commitment to engage with communities and also stimulus measures that target the parts of the city that have been most affected.

Mr ELKASSIR: Just to quickly retread, also from my point of view, yes, we do need to see a recovery plan. We need to work with the Government really closely to review the plan. We have got to make sure that the plan itself is actually working for our community. It cannot be a framework. It cannot be a particular sort of overall plan that is sent across the State. We have different levels of skilled workers in our area. Not a lot of people work from home particularly. Some people own businesses. Some people are construction workers and essential services. We need to work on this plan. We need to be involved from the get-go with the Government on this plan to ensure that the recovery from the pandemic in our south-west area, our LGA and our community come out of this situation in full force. We just ask the Government to continue to work with us very closely and ensure that we are involved in every step of the way of the plan.

The CHAIR: Ms Cate Faehrmann will ask questions.

Ms CATE FAEHRMANN: Before I begin, I also want to thank all of your organisations for the work you are doing. I just cannot imagine what would be happening to communities on the ground if you were not there doing just the incredible work that you are doing. Thank you so much. Mr Elkassir, you mentioned mental health in your opening statement. You spoke of the huge impact on people's mental health as a result of lockdown measures. I just wanted to know whether people are able to get culturally appropriate mental health support services, particularly from the Government, at this point in time. Are they available? Is there a huge gap in the support that is available?

Mr ELKASSIR: I might have to take that question on notice in relation to if there is cultural support services for our mental health. We do know that we have got our mental health support staff at the organisation providing these types of services but it is very limited. It is basically what we originally had prior to the pandemic, and we just over-utilise that resource today. As you rightly said, I think the mental health of the community sort of defers amongst each of the communities in one way or another, based on the cultural relevance and religious relevance as well. We do need to cater for the community. I am not quite sure if at present we have received any sort of direct consultation in terms of this type of mental health support that we require, but we are just currently overexerted, in our capacity and I think it is a really great one to follow up on, myself.

Ms CATE FAEHRMANN: I also wanted to get your views and potentially plea to the Government around funerals. I noted your statement recently about the fines for people who were grieving, funeral attendees in their cars recently, while people in Bondi were able to attend the beach. You are urging the Government to relax restrictions for outdoor funerals in a COVID-safe way. Did you want to speak to that, Mr Elkassir?

Mr ELKASSIR: Absolutely. A recent incident, as you alluded to, two days ago at the Sydney Rookwood Cemetery highlighted a total lack of empathy and religious sensitivity by the police, where they did arrest grieving families that allegedly exceeded the outdoor capacity limit of 10. However, they were all social distancing and wearing their own masks. This was a stark contrast to the situation we saw in the northern beaches where people have gathered and police enforcement of these orders has been negligible. As you know, many of our communities have larger families and we may have multiple funerals at once, on the same day. That may indicate or allude to the fact that there is a large gathering over there but, in fact, they are grieving on different circumstances.

The police were sent up two days ago and they applied what we saw as brute force—undue pressure on the people there who were grieving. Some of them were arrested and taken to the station, which did not help the cause. That breaks the trust between the community and the police. Every time we try to work with the community to say we need to have the cohesion and the inclusion and the respect, something like this happening, an incident where it breaks that trust again and we have to try to mend the whole situation all over again. It is becoming just a loop—

Ms CATE FAEHRMANN: Mr Elkassir, they were taken to the station as opposed to issuing fines in a situation like that. It was technically a breach of the public health orders. I think your organisation getting a COVID-safe plan to the Government about outdoor funerals is—I am sure you are working on that. But they took people to the station? Can you just—

Mr ELKASSIR: Some of the social media posts that have circulated—and I do not want to use each and every one of them as evidence but I did see that some of the social media posts that were circulated involved people that were under arrest at the time, people that were led away to the police vehicle at the time. They did state that they were there for a funeral of a cousin or a relative that was deceased. In that situation, the police have not sort of went back and asked around the circumstances; it was ignored. The cultural awareness was not there and they were just treated like essentially thugs that were breaching the public health order by protesting or anything like that, but it was far from that.

They were simply going there to grieve their family within their cultural and religious sanctities, and this was all broken by the police just marching in, in a large amount of a group, and mass-arresting people just for exceeding the 10 count. Whilst, as I said earlier, the families may have exceeded the 10 count originally, it is very hard for us to turn back to certain family members to say, "Sorry, you are at the tenth person now. You should now go back and you cannot grieve, because you have exceeded that." We ask for leniency. We ask for the police and the State to work with us and find this balance, so that we can ensure there is safety but at the same time there is the leniency that we can continue to grieve in a very disastrous state.

Ms CATE FAEHRMANN: I think I have time for one more question. I will go to the other panellists and maybe Ms Kattan for this. I note that there has been another death this week, this time of a woman in her sixties, at home from COVID in south-west Sydney. Are you hearing of people who are being cared for at home who really feel like they should be cared for in hospital? Is there anything that you can tell the Committee about what you are hearing from the community in this regard?

Ms KATTAN: I will probably have to take that one on notice. However, we are aware of a lot of people. We have thousands of people in south and south-west Sydney who have tested positive and are isolating at home with COVID. We have had a situation where an entire family—the mother, the husband and one of the daughters who live in the same household—have tested positive. The mother started feeling pain in her chest, had gone and panicked and called 000 and was told that there was not an ambulance for another 24 or whatever amount of hours. That is what they relayed to us, anyway. When she went to hospital the way she was feeling there was absolutely panicked, because she also hears from overseas that people are dying without even a sign of breathlessness or anything of that nature. The person was given permission by the ambulance for the husband to drive her to hospital. She was driven to hospital, went there and was tested. They put her in isolation in a room, checked her up after a while and she was released because her oxygen levels were fine. Once she got home she was still very panicked. She went back home still very panicked, and many days later she still has not heard anything from Health.

We know the system is stretched; we understand all of that. But still there are many of those stories, particularly a few weeks ago—many like that. The preoccupation has been the vaccination and that is rightly so; we need to get vaccinated. But the people who have tested positive and are isolating at home—still there is this gap as to what is going on there. The healthcare workers are amazing and they are looking after people as much

as they could, but still the focus seems to be a lot of emphasis on vaccination. People are isolating at home, so there are situations like that that which we hear of—an entire family with young children who have tested positive and are isolating at home. People are dropping food at their doorsteps. How are they being looked after? We reach out and so on, but I am not aware of people who should be in hospital and who are not—not directly aware—so I will have to take that on notice.

The CHAIR: We will move over to Opposition questions now.

The Hon. PENNY SHARPE: Thank you very much. I wanted to explore how your organisations are able to be working with the police. The funeral issue is a clear one where there have been significant concerns about the way in which people have been policed. We have some of the police coming this afternoon. I am interested to know, from your perspective, what interaction there has been and what needs to happen so that the issues that you are raising can be resolved. I might go to Mr Elkassir first and then move to Ms Kattan.

Mr ELKASSIR: Thank you, Penny. The requirement for us is essentially having a cultural awareness program and a religious awareness from the police when they deal with our community in various other factors. I will just go back a step. We have learnt in Melbourne that categorically the equity across all LGAs of lockdowns and rulings leads to harmony. It is fair to state that harmony and compliance have a shared correlation, and this would then further extend out to trust between the police and community. Without that trust between the police and community, it is very hard to deal with the police, or for the police to deal with the community, on various factors where there are certain breaches or slight breaches of conditions. Without that trust, what we see evidently is that heavy-handed police measures come down and then there is obviously resistance from the community in relation to that.

As I said earlier, the trust is already broken per se. What we need—back to your point, Penny—is that if the police work with us and essentially have this cultural awareness and religious sensitivity when they deal with us, it would help out. Prior to the pandemic, on a daily basis we worked very closely with the Campsie Local Area Command. We have really great relationships with them, except that with the pandemic we know that there is a bunch of police enforcements and riot squads that were from outside the local area command that had to deal with us. They sort of dealt with that background in terms of our liaison. In short, if we can get that from the Government across the State, and not just for the local area command, it would really help out in the solution to our plight.

The Hon. PENNY SHARPE: I think that is right. My understanding is the LMA has a very good relationship locally with your local police, and so it really is that issue of people coming from outside and then not receiving the briefing that they really should. That is something that I will raise this afternoon with the local police.

Mr ELKASSIR: Thank you, Penny.

The Hon. PENNY SHARPE: Ms Kattan, do you have a view about that as well?

Ms KATTAN: Yes. First of all this is a health crisis, not a policing crisis, so any approach to convincing people comes from a basis that we need to build trust. If we build trust in communities, people will comply. There is no need to strongarm people. Any kind of policing measures, any kind of compliance measures, have to be equitably enforced across the State. As I said in my opening statement, what is good enough for Merrylands is also good for Mosman. I would suggest very strongly that this chequered way or the patchy way that the lockdown has happened has caused so much problems, because people in these areas are looking at other areas and seeing no masks, no distancing—nothing whatsoever. How will people trust in a message that is telling them that there is a virus going on? It has escaped to other States, for God's sake, so how is it that you are going to convince people that the Government has got your back here? How is it, when other areas are frankly a free-for-all? Everybody is promenading across the beach; they are going and doing whatever. That is what people are seeing and these are the videos that are circulating.

As much as we urge people not to inflame the situation further, this is what we are getting. There are no filters there between videos and what people are seeing and no capacity to actually check whether those videos are correct or not, but they are seeing those images and the media is showing us those images. Across one side of Sydney everybody can go and roam freely, whereas in another part of Sydney people are locked down in their homes and whatnot. And then not only that but we also see the police. I mentioned also in my opening statement about the 7-Eleven store. An elderly woman who has gone to buy milk from a store is stopped by the police as to why she is going out, and there are helicopters hovering overhead. They are not really images or anything to build trust. We have been here before; you are talking about an area that has had that kind of policing in the past before. If it was introduced in a different area, it would not have been felt so deeply. We feel it very deeply; we feel that we are different. We are a subgroup; we are treated differently.

When people talk about the police it is not the human beings, the police, as such. It is more what they represent. It is like you are forced into it, but the heavy-handed approach to this area has been just unacceptable. But at the same time we have a very strong relationship with the police, and I am hoping that when we come out of this we continue to have a strong relationship with the police. But it would have been fantastic had anybody asked us about what is needed. How is it that people can comply even more than what they are complying? Frankly, people have been largely complying—the same way as any other area in Sydney in relation to the compliance—and not because of the police presence. It is because people want to comply, and that is how it works. Thank you.

The Hon. PENNY SHARPE: We seem to have to keep relearning these lessons. It seems to me that if we had asked the police two years ago, before this, about how they understood the communities and the way that they work with you, they would have said, "Yes, it's all good", and clearly it is not. I am running out of time, but my last question is to Mr Singh and Mr Morey. You have touched on this a little bit. As we start to come out of this, what does the rebuild look like for you in terms of what is needed?

Mr SINGH: I might just comment a little bit about the funeral situation, and then I will let the other gentleman take over. We have seen the issue that a lot of people who are migrating to Australia do not have any immediate family. We have had about four cases in Australia where people have passed away and their bodies are not even able to be sent back. That is another issue and then we have to fundraise to pay for the funerals, so there is another spectrum to this whole funeral issue. People with no immediate family in Australia, who came here for a better life, have passed away and their families do not even get to see their last remains. This is a really terrible situation. There needs to be assistance or some sort of cover provided for that as well. Thank you.

The Hon. PENNY SHARPE: Thank you for raising that; it is extremely important.

The CHAIR: We will go to—

The Hon. PENNY SHARPE: Mr Morey.

The CHAIR: Had you finished that round, Ms Sharpe? Oh, Mr Morey. You go.

Mr MOREY: For us, the management of debt, I think, is going to be one of the things coming out of it. As I said before, people who have mortgages, businesses that have business loans and their ability to repay that—there needs to be some leniency in that. Otherwise you are going to see a collapse of businesses in western Sydney and that is a collapse of jobs, which is a real problem. The other thing I would say is that during the pandemic getting information and getting things fixed—certainly for the unions I represent—has been dependent on those unions having personal relationships with Ministers. Where those Ministers have a good relationship with our affiliates, problems have been solved and they have been resolved quickly. But it has been relationship-dependent. There needs to be a way in which organisations have a better access and there is a better process than just relying on personal relationships to get things done. I think that will be key in the recovery as well.

The CHAIR: I will hand over to Ms Faehrmann now.

Ms CATE FAEHRMANN: Thank you. I think it was you, Ms Kattan, who suggested at the beginning that there were still gaps in terms of ensuring that messages were available in languages other than English. I think this is in relation to public health orders and what have you. Could you expand on that and potentially just identify for the Committee what more needs to be done in that regard? If other panellists have contributions there, too, that would be great.

Ms KATTAN: Information is available in other languages. It is not like it is not available; it is available, very much so. But the form that it is communicated to communities—that is what needs to improve. How is it that we are going to communicate? For example, I would say that engaging people in languages; having videos, particularly when we are in a lockdown; having things done on WhatsApp; images of people filming each other or filming themselves talking in language for people who cannot read or speak English—that is also important. It is how it is distributed so the information is widely available. It is how far you can reach the community, particularly when we are competing with social media there. How do you disseminate those kinds of images? And we have got them. Practically every single message we receive from Health is disseminated on our website in English and in Arabic, for example, and other communities and other community organisations are doing the same thing.

There have to be different forms of distributing information. We have gone into having in-language webinars, for example, information sessions for people in relation to the vaccine. Now we are looking at how is it that we can also—because we felt that for the people who are isolating at home who have tested positive for COVID, there is not enough information for them. We are preparing that, as well, together with Health. The information itself is not the written material; it is the form itself and how it is distributed, and also the platform

where it can be sent. It is not good enough to have people speaking English and then having subtitles. It is not good enough. Having all kinds of different ways of reaching people to ensure that the messages are received is very vital at a time like this, as well as when it is also—the timing of it. It cannot happen that there is a lag. We started off during this recent outbreak where there was a huge lag between English information and in-language information and a gap in between. Finally, the system has caught up a lot more. They are getting there and it is much more efficient. But again, I would suggest that the format—we are all struggling with the format. How is it that we can reach everybody? That is a work in progress, though, I guess.

The CHAIR: Thanks, all. If I could just ask about one measure that when I speak to people in western and south-western Sydney has caused a large amount of hurt and a sense of two Sydneys, it was the arbitrary imposition of a curfew. What was the feeling that you had from your communities when that curfew was announced? What was the impact of it? I might start with you, Mr Singh.

Mr SINGH: Thank you. The curfew even affected our operation in providing hampers, because we do have a large number of volunteer drivers that come into the centre only to pick up the hampers to deliver in their own cars. We were affected in that sense, as well, and also for us to have our volunteers safely return to their houses or LGAs in different areas. The curfew not only put strains on our charity workers but the general community, as well, because they could not do certain things or could not expect to be catered for in that area. The curfew, above all, really created a mental frenzy in the communities thinking: Why are we in lockdown? Curfews are what we have heard about as migrant Australians from our mothers and grandmothers. That resonates very badly with the older generation, as well, when they have seen the army. The army have done a fantastic job, but bringing them was more traumatic. And people stayed at home. There is nothing to do outside so people did not go home, but bringing in those things mentally made a very big dent and scar on the average person living in south-west and western Sydney.

The CHAIR: Mr Elkassir.

Mr ELKASSIR: David, the curfews were essentially just demoralising for the community as a whole. They came in late in terms of the lockdowns and they came without much notice. We were just informed that there will be a curfew after nine o'clock. The community, again, were not sure of what is going on. We have had high vaccination rates in our community. In our LGAs we have had up to, at this present time, about 80 per cent first dose. During that time we have actually seen that we were not engaged as to why the curfews were in place. All it did was essentially impose restrictions on any essential workers or any core workers that had to leave the house after that time.

It placed a lot of undue pressure on the parents to go out to the supermarket and get all the groceries before lockdown. Certain supermarkets were closing even before nine o'clock to cater for the curfew, so everything had to be pushed through with the pressure to have to go out and get your groceries. That caused a lot of stress on the supermarkets like Coles and Woolworths, where I saw personally a large amount of people gathering and trying to get all their goods. In fact, I think in my point of view that the curfews have just caused more damage to us. It caused a lot of angst amongst the community, and anxiety and things. It was essentially unnecessary in that form. We are trying to work with the community to release some of these lockdown measures. In fact, just a few weeks ago that 9.00 p.m. curfew just really rubbed more salt on the wound.

The CHAIR: Ms Kattan.

Ms KATTAN: Thanks, Chair. Although our back was broken a while back, I would say the curfew was the straw that broke it totally. In a way, what happened with the curfew is that one day we were told, when the Premier and the Chief Medical Officer were asked at a press conference to introduce a curfew by one of the journalists—"Introduce a curfew. Why don't you introduce it? It's been introduced in Victoria" and whatnot—the response was that there is no evidence it would work. Within a couple of days it was, due to pressure from the media—because I watched it very closely and I consume media like crazy.

Between a little bit of pressure, it was rolled out to the 12 local government areas. That, in my opinion, is absolutely sadistic. To roll it out when you had no evidence that it would work—to roll it out to an area already on their knees with the heavy lockdown, with the targeting and with the fact that we have been made to feel like criminals in our own homes—is absolutely cruel. People in the area—irrespective of their background, irrespective of their economic status and irrespective of their socio-economic status—all felt it. People felt totally alienated from the rest of Sydney. The curfew was just something that—whether it worked or did not work, as others have said, I do not know about that. But basically how people felt was they totally felt targeted by it. It was another message to the community that you do not matter.

The CHAIR: Yes, indeed. Mr Morey.

Mr MOREY: The curfew certainly caused confusion, particularly for authorised workers. In western Sydney, most people—the vast majority—are not in nine-to-five jobs; they are in industries that operate 24/7. We got a lot of calls from confused people about whether they were authorised workers—did the curfew affect their moving? Were they exempt?—those sorts of questions. I agree it did not add anything to the health strategy, a nine o'clock curfew, and it did actually cause confusion within the communities.

The CHAIR: Thanks, all. It is probably the single worst part of Australia to put a curfew on, given the work patterns in south-west and western Sydney, without proper cause. We have unfortunately run out of time. Indeed, we have gone a little bit over time, so I thank all the witnesses for staying with us. I thank you again on behalf of everyone in the Committee for the work you do in the community and for continuing to bravely represent the interests of your communities.

(The witnesses withdrew.)

(Short adjournment)

KAREN McKEOWN, Mayor, Penrith City Council, affirmed and examined

KHAL ASFOUR, Mayor, City of Canterbury Bankstown, sworn and examined

The CHAIR: I welcome people back to the next panel of the COVID oversight inquiry undertaken by the Public Accountability Committee. Our next round of witnesses will be two mayors from some of the most impacted local government areas in western and south-western Sydney. Thank you both for your attendance today. I know how difficult the work with your community is and the sheer number of demands upon you both as community representatives and also in running your local government areas at this time. We really do appreciate you making the time for the Committee. Now is an opportunity for you to give a brief opening statement. We might start with you, Ms McKeown.

Ms McKEOWN: Thank you very much. Good morning. I speak as mayor of Penrith City Council and thank you for the invitation. Our local government area is 406 square kilometres, and 12 out of our 37 suburbs are under the harshest restrictions. Residents are confused about what they can and cannot do. This has been exacerbated by the distinct lack of rationale behind the identification of what is an area of concern. Some of these suburbs under the harshest of lockdowns have had nil or only one case since the second wave started, and we struggle to explain why. Many residents believe the decision was political.

When the Government is making life-altering decisions based on local government boundaries, one would logically think you would communicate with the affected local government. No-one spoke to us; there was no communication. We learned of the extra restrictions for Penrith on 20 August at the 11.00 a.m. daily press conference. The community expectation was that their locally elected representatives could provide the answers; we could not. When there is a flood, SES contacts council first to find out where our most vulnerable residents are—same as when there is a fire. Our Penrith staff are awesome in critical situations. We needed NSW Health to reach out in the same way. If they had, this would have meant opportunities to assist in the early identification of drive-through testing sites and vaccination hubs to cater for our city's most vulnerable communities. This early intervention and proper communication would have reduced their anxiety and suffering during the harshest restrictions.

There is also a lack of information from the Government in community languages, and I am sure Mayor Asfour will cover this off. Lack of notice for changing public health orders—there is an ongoing expectation from the State Government that businesses can adapt to major changes the next day. This is not the case and is another hurdle for businesses already under enormous stress, especially when major changes are coming through over a weekend. The Penrith local government area has historically had a high incidence of domestic and family violence. We have been speaking to our local services and area command, and the situation is dire. My message for the Government is talk to us. Local government knows our own communities. Local health areas cover many vast local government areas; they cannot know our communities like we do. Local government wants to be part of the solution, but you must talk to us. Thank you.

The CHAIR: Thanks, Mayor McKeown. I cannot imagine how difficult it is having your LGA cut in half by the public health orders, but no doubt we will explore that in more detail. Mayor Asfour?

Mr ASFOUR: Thank you. From day one it has been shambolic. We have had mixed messages about the vaccines; communication and messaging changed daily. People were confused. The focus was on case numbers getting to zero, or close as. The messaging was about staying at home, then it was about testing, then it was about vaccination. There was no communication from anyone from Government. I kept asking and pushing for clarity and assurance but got turned back. It was not until several weeks into lockdown—14 July, after discussions I had with the CEO of Multicultural NSW—that the Premier attended a community forum with over 450 people. There were other attempts to reach out to her when my community was being hammered by harsh restrictions, and there was no response. In fact, she sent a response on 31 August to Local Government NSW saying she was too busy, and it took media pressure from myself and other mayors to get her to agree to meet. I am grateful for that meeting, which happened last Tuesday, and she heard what she should have heard earlier—weeks or maybe months earlier.

From the outset there was no whole-of-government strategy to communicate with our whole community; it was left up to us. The daily news conferences provided no answers, just new rules and restrictions every day. The community was wary and confused, not trusting the Government. We started a cycle with everything being blamed on the health advice, which the public never got to see and has not seen. Then, a couple of weeks in, the Premier saw the green shoots emerging. Then everything was attributed to modelling and matrices. Then emerged the Doherty report. Then we threw Scott Morrison under the bus for the vaccine shortage. Then we threw in a national emergency. And then we shut down the specific local government areas, and with that came the curfews. We had the ADF with boots on the ground, helicopters, police on horseback and five-kilometre restrictions. We

shut down the construction industry, only to reopen a couple of weeks later with unfair restrictions and vaccination requirements—and, of course, all of this with one hour of recreation outdoors. But the Premier told us that this would lead to a light at the end of the tunnel.

Many in my community were saying, "Well, we're all on board a train that's heading over a cliff," because on the ground we were experiencing job losses and businesses shut—and we know now some will not reopen. We had our not-for-profit sector run off their feet. People were answering the call daily for food and for assistance. We had mental despair; we still have the mental anguish. Businesses were complaining of the support not flowing through quickly enough. People were angry at the disparity and the discrimination, not helped of course by Minister Hazzard's comments when he pointed the finger at certain sections of the community, stereotyping the spread in certain ethnic groups—comments I have referred to the Premier, calling for an apology. We have the stigma of our community being daily called out at the news conference, a stain and blight on the community that has cost people their jobs and their livelihoods—plumbers, tradies, builders and others losing their jobs because of where they live.

The community already suffered from lockdown fatigue, watching health rules being applied differently according to which postcode you lived in. My community were locked out of swimming pools only to watch the beaches packed in the eastern suburbs and no police action for the health orders being breached. Other examples are police arresting people at Rookwood cemetery only a few days ago for mourning a loved one. We have had the shortage of vaccines; we have the reluctance for AstraZeneca from many in the community. But through the challenge I am proud of my community; they have ploughed on. The community leaders have led the way: religious leaders and community members driving vaccinations, setting up centres in places of worship and pop-ups where possible; and volunteers, not-for-profits and agencies helping to deliver food hampers to the needy for the COVID-suffering and those isolating at home.

The CHAIR: Thanks, Mayor Asfour, for the very balanced and real concerns you have provided. I will now hand over to the Opposition to commence the first round of questioning.

The Hon. JOHN GRAHAM: Thank you, Chair. I add my thanks and the thanks of the Opposition for the work both of you have been doing, along with all of your fellow mayors. You have been key advocates for your communities during this difficult period. I might start, Mayor McKeown, with you. Give us a bit more detail about what it is like on the ground. Mayor Asfour just talked about businesses that he is concerned may never open their doors again. Turning first to those local businesses, do you have similar fears for your area?

Ms McKEOWN: We absolutely do have. I am having a regular weekly hook-up with our local business leaders. Many of our shops—we have two major city centres. We have Penrith, of course, but we also have St Marys. St Marys is the epicentre of our outbreak at the moment and is one of those areas with the harshest restrictions. The fear is that many of those closed shops—they are all small businesses and they are family businesses—will never reopen. I am hearing of people accumulating debts of $20,000 or $30,000 in rent arrears that they will never, ever be able to pay. They will not be able to afford it. Many are from non-English-speaking backgrounds; they cannot navigate the government red tape. They often need translation services, which are just not available at the moment; they are absolutely stretched as well. We will not know the full extent of what we are dealing with until we actually come out of the lockdown, but we fear that we are going to be in a situation where we have lost maybe a third of our local businesses just through this extended period. That could be a very, very conservative estimate, but certainly our business leaders are telling us that that is what they are experiencing.

The Hon. JOHN GRAHAM: Turning to how people are coping, we heard from charities this morning about the sheer number of hampers that they are getting to people who simply need food. What is the situation like on the ground in your local government area?

Ms McKEOWN: I never thought that in my lifetime, in 2021, we would be talking about food security. Our council is now funding food hampers and our staff from those areas that are currently closed, such as our pools and our libraries, are dispensing—in a very COVID-safe way—food hampers to people's boots, to doorsteps, just to get people fed. We are being told by people when we are distributing these hampers that they have not eaten for days, especially in those areas that are in the harshest lockdown. They are afeard of leaving their houses. They do not have their own vehicles. They do not want to get on public transport, so they are reaching out. The good thing is that they are reaching out. I am hearing from our multicultural community that there are many who are not reaching out because they are embarrassed, because they do not want to be seen as needy and they think that there are others in more need than themselves. So we are urging—

The Hon. JOHN GRAHAM: And turning to that question about domestic violence, you have said you are concerned. You have been told the situation is now dire. Give us some more details about what you are hearing about that in your area.

Ms McKEOWN: I was able to raise this with the Premier when we met with her and I thank her for that opportunity, finally. We are being told that women are disclosing when they are going to get vaccinated. They are actually disclosing to the nursing staff that they are in a very, very dangerous situation, and I am not sure that the staff that are doing the vaccinations are actually experienced in being able to deal with such situations. It is heartbreaking for women and children to think, if they are in an extremely dangerous situation, that they cannot leave. Our message to them through our domestic violence services is they absolutely can seek refuge. They absolutely can leave a dangerous situation, even when they are in the harshest lockdown. But to think that women's only opportunity to seek an ear for someone to hear the absolute terror that they are suffering every single day is when they go to get a vaccination is just heartbreaking.

The Hon. JOHN GRAHAM: And that is presumably because it is one of the few times they are leaving the House; they just do not have the opportunity.

Ms McKEOWN: Absolutely, that is exactly right.

The Hon. JOHN GRAHAM: I turn to the fact that your local government area has been literally cut in half. There has been a lot of talk about two Sydneys; you are living it in your local government area. What practical problems is that creating for people on the ground?

Ms McKEOWN: At first it was the confusion; it was about whether the tradies could leave. We have a lot of tradespeople, small businesses and self-employed in the area. Can they leave the area? Just trying to navigate what the Health messages were was a challenge for a lot of people. There is a lot of anger because people in some areas of lockdown are seeing others drive through their suburb to go and walk around the river, for instance, which is totally legal for those that are not in the harshest lockdown. But it is very, very disappointing that these messages are not out there in the clearest possible terms for people to be able to deal with, understand and navigate.

The Hon. JOHN GRAHAM: Thank you. There was discussion about the importance of local testing and vaccination hubs. Some councils have offered their facilities for vaccination hubs. Where are you up to in that discussion? How nearby is a vaccination hub, from your point of view?

Ms McKEOWN: Our council has on a daily basis been reaching out to our local Health and offering any and all facilities that we have, free of charge, for vaccinations. We currently have two vaccination hubs. One is at Penrith Panthers, which offers both Pfizer and AstraZeneca, and we have another one located in a suburb called Caddens. Unfortunately Caddens was only offering the AstraZeneca, and the vaccination rates were down to single digits there. We have been absolutely screaming from the rooftops to every quarter about a vaccination hub in St Marys, the epicentre of our outbreak. To date we still do not have one. Blacktown do not have one—415,000 residents. Cumberland do not have one. When you think of those populations that we all cover, to not have a mass vaccination hub in any or all of our LGAs is just criminal, when we are offering our services and I have heard the other mayors also offering their venues up. It just beggars belief.

The Hon. JOHN GRAHAM: Thank you for that. What other support would make a difference at the moment? What do you need to deal with those issues that you have outlined are real problems on the ground in your community?

Ms McKEOWN: Number one would be a vaccination hub in St Marys; that would be my first and foremost ask. Number two would be the support for small businesses. I know that they have had some small business support through. It needs to be consistent; it needs to be easy to access. And certainly, when we do come out of this, there needs to be a step down from that support. You cannot just cut these small businesses off at the knees. We will suffer the consequences of this for months and months to come and we need that ongoing support to really prop up our economy, because they really do drive our local economy here.

The Hon. JOHN GRAHAM: Thank you.

The Hon. COURTNEY HOUSSOS: Thanks very much. Mayor Asfour, many parts of Sydney have been able to quickly transition to working from home when the lockdown was announced. How realistic was that for workers in Canterbury Bankstown?

Mr ASFOUR: My community and my workforce cannot work from home; it is as simple as that. They are the plumbers and the electricians. They are the people driving the trucks that are delivering the parcels to Greater Sydney, delivering the food to the supermarkets across Greater Sydney. Eighty per cent of the workforce that are in the 12 local government areas cannot work from home because they are essential workers. The Premier admitted that when I spoke to her the other day, so there is no way in the world that we could work from home. It is not that simple, the work that we do. When you are either in health or logistics or construction, you cannot do

it from sitting behind a laptop. That is why, unfortunately, the case numbers are high—because we are out there in the community doing what we can to make sure that Greater Sydney continues to run.

The Hon. COURTNEY HOUSSOS: And yet workers in Canterbury Bankstown and across the 12 local government areas have actually faced increased pressure and increased restrictions on them. What has been the effect of really dividing Sydney in half in terms of the restrictions that apply to workers in your particular part of Sydney?

Mr ASFOUR: There are two points I want to raise on that. It is unfair and it is discriminatory in my view when we have construction workers, as an example, that are being mandated to get the jab and construction workers from outside of the hotspot areas not being mandated to get it—yet they are working in the same industry, the same profession. They are working on the same job site, and one has to be vaccinated and one does not. It does not make any sense to me. The second part is the stigma that is now being caused, because the focus unfortunately at these press conferences every day has been on compliance—on police, on ADF. It has not been on unity and making sure that we get through this together.

The result of that is I am getting phone calls and emails from my constituents that are telling me that they are not getting business anymore from outside the area because those businesses are afraid that the virus might be transmitted, whether it is on their construction site or in their business. People that have had business relationships and contracts and agreements with others that live outside the area are no longer able to get those jobs because they are going to someone else. That has really had a significant impact on a lot of people in my community. It really just shows you the division between our communities, and it is not a simple thing for these businesses now to be able to recover when they are seen in this way. We need to do a lot of work, I think, in healing Sydney once we are out of this pandemic and once we get our freedoms back.

The Hon. COURTNEY HOUSSOS: What support do you think will need to be in place to allow those small businesses, especially in your part of the world, to reopen?

Mr ASFOUR: Again, there are a couple of things on that: I met with Joe the barber from Padstow last week. He is not entitled to any government support for his business. I got my accountant to ring him as well, to make sure, and they confirmed it. It is because he did not earn enough money last year. It really is disheartening when he tells you that he has spent all of his life savings, that he is lonely and he just wants to get back to work and see his customers again. He is not able to do that. I think we need to be able to help businesses like Joe's and others that do not have the money right now to be able to go and buy the stock that they need to refill their shops. They are not able to do that because they just do not have the money. There really needs to be some economic drive or push or investment by Government to make sure they are able to do that without having to try to borrow money from the bank. I think that is really going to be a problematic thing and a difficult thing if that support is not there.

The second thing is—and I am really concerned about this—when we open up at 70 per cent or at 80 per cent, how will the casual assistant that is working at Sussan or working at Lowes be able to police unvaccinated people that want to come into the store? I do not think it should be on them; they should not be the person that decides. I am afraid for them; I do not want them to be spat on. Business owners do not want fights occurring outside their premises. I think there needs to be clear guidance about what they can do. When I spoke to the Premier about this, she said that they should call the police. I made the point and I will continue to make it: We need more than just being able to call the police.

These businesses have suffered enough through this shutdown and this lockdown. What they really need is government to be behind them and support them, because they are the ones that are going to employ people. They are the ones that are going to try to help our economy recover, and they cannot have this extra burden of responsibility of policing who comes into their shop and who does not without the necessary protections. I am really worried about that. We have 33,000 businesses in Canterbury Bankstown. Sure, there are some big businesses, but there are a lot of small ones. These people need that support from government and need that clarity and guidance.

The Hon. COURTNEY HOUSSOS: Do you have any early indications—Mayor McKeown just said that they are looking at one-third of their businesses not being able to reopen. Do you have any kind of similar insights for Canterbury Bankstown?

Mr ASFOUR: I do not have that type of number; it is hard to predict. I think there will be businesses that will come back slowly. Some will not come back, and I am really trying to make sure that we are supporting them as much as possible. I have been doing what we can do at a local government level in making it easy. We are doing away with footpath dining fees so cafes can go on and when they do reopen can have their customers outside, where it is safe to be—that is what the Chief Health Officer tells us—without having to pay to council

any fees. That is just one thing that we are doing. We are doing the same thing for business rates as well. We are deferring business rates and wiping away the interest. There are things that we are doing, but what we do is just at local government level. It is not enough. They need State Government support and probably Commonwealth Government support as well to make sure that we can rebound, re-boost, get our people working again and get our economy back to where it was.

The Hon. COURTNEY HOUSSOS: Would you agree that this needs to have a staggered approach? When businesses reopen, there are still going to be restrictions on them. We going to need to see that support in place for some time.

Mr ASFOUR: Yes, absolutely. I do not think it can be just at a certain arbitrary date that they no longer get the support that they are receiving at the moment. Some have complained that it is not enough and I agree with them, because they have got bills to pay as well. It has been really hard, but to go and announce a date when it is just going to stop—it is going to take weeks and months and maybe longer for some of our businesses to get back our trading to where they were prior to these lockdowns. The Government really needs to make sure that it is a gradual approach over time. Maybe some industries need to have it for longer than others, but that needs to be carefully looked at. It cannot be a blanket rule, I do not think, for all businesses.

The Hon. COURTNEY HOUSSOS: On the weekend we saw people flocking to Bondi for a swim. Do you think that you can safely reopen your outdoor pools to allow western and south-western Sydney residents that same opportunity?

Mr ASFOUR: Absolutely, 100 per cent. I am ready to open the swimming pools tomorrow, should the health orders allow us. I think it can be managed; we can open them in a COVID-safe way. We did it last year. We can do it by appointment. We can close our change rooms. We can make sure people are wearing masks and are safely socially distant when they are not in the water. I think those issues can be managed. With the hot weather upon us—we have beautiful weather today and over the spring and the summer—we need to make sure that we alleviate as much pressure on our community as possible.

If we are starting to see some hot days, they need to be able to go to the swimming pool to cool off. It would be a good thing for our community, and I really do urge the Premier to make that decision. She can make it today and we can open the pools tomorrow. It is that easy. By the stroke of a pen she can make this change and I think it would be another welcome relief, along with the curfews announced a few days ago—with a few other measures, as well, that do not make any sense to me. But the pools is very important; let us do it. I am sure all the other mayors in the local government areas would want to do the same thing.

The Hon. COURTNEY HOUSSOS: I think my time is fast running out, so let me just ask you: New South Wales' first drive-through vaccination centre opened today in Belmore, in our part of the world. There has been lots and lots of local outreach to increase those vaccination rates. How easy has it been for those to be set up across the Canterbury Bankstown local government area?

Mr ASFOUR: The one at Belmore—I was there this morning with Dr Rifi and the Bulldogs, and it is fantastic to see the people that are coming in their cars and ready to get vaccinated. It is pretty easy to continue to push for more vaccination hubs, and I hear what Mayor McKeown was saying: It is important that people have access. We are lucky. Initially, in the first period of the lockdown, it was hard. We had AstraZeneca hesitancy; we had Bankstown Sports as the main hub. But as soon as we opened up and we had the Pfizer supply come through, we have been working really hard to open them up all over the place to give people access. I think it is important because it will encourage more people to get the vaccine. Obviously we have had our GPs and our pharmacies do it, as well, but I think it is important that we do it together. To be honest, in answer to your question, it was more difficult at the beginning. For my local government area, it is working really well now and they are popping up all over the place all the time.

The CHAIR: Thank you both again for your evidence today. Could I ask you about people in your community who have become COVID-positive and have been afflicted with COVID? How have they been supported and what else, if anything, needs to be done?

Mr ASFOUR: There is a growing problem here, and it is really quite concerning, where we have people that have had the virus and they have spent their 14 days in isolation. The virus has left them so you would assume that they are healthy now to come back into society, but unfortunately they are not given that credentialing or the paperwork. The Ministry of Health is not giving it to them to be able to come back. I know of a person that received a call from the Ministry of Health on day one when they contracted the virus. They are now up to day 22 and they still have not had contact from the department. They are not allowed to leave their house, and there have been other examples of longer than that.

There is really a backlog or a lack of resources in getting these people to be able to rejoin society, albeit for essential reasons. They are still getting the knocks on the door from police because they do not have the paperwork to be able to be released. I think it is important that this is raised because it is causing quite a mental strain on families in my community, where this is really a problem. People should not be locked down for longer than they have to, and unfortunately we are now hearing stories arise of 20 days and 30 days at home, not being allowed to leave. They should be allowed; it is just that the department has not given them the clearance.

The CHAIR: Is that a lack of resources or some administrative bungling? What is causing that?

Mr ASFOUR: I wish I knew the answer to that. I think it is a lack of resources and they do ring the Ministry of Health. They are not getting any answers or any clarity and they are scared to leave their household, obviously, because the police still continue to knock on their door. They need this process and whether it is an administrative bungle or whether it is a lack of resources or their backlog, it needs to be fixed and, I think, fixed immediately.

The CHAIR: Mayor McKeown?

Ms McKEOWN: Yes. I concur with everything that Mayor Asfour has said there, but also I have been hearing, especially from our culturally and linguistically diverse [CALD] communities that the stigma associated with having had COVID as well and, you know, I really—I do not know what I will liken it to but it is almost like, "Oh, you've had COVID." Oh, arm's length; I might still catch it; you may still have something there, you know, that if I touch anything that you have touched sort of attitude. They are very aware of this and culturally they take that on board and it is causing a lot of mental anguish, can I say. You know, I think it is almost like harkening back to when people do not understand, for instance, an AIDS virus or, you know, some sort of thing that people really grapple with to explain medically and they do not understand it and it is coming from a place of being uneducated, I think. But certainly our CALD communities are feeling that stigma and they are very, very, I think, suffering mental health issues over it.

The CHAIR: And it is coming from a place of wanting to care for their communities—

Ms McKEOWN: Yes.

The CHAIR: —and care for their families too.

Ms McKEOWN: Yes, absolutely, and they are isolating more than they probably should do, which is just compounding the issue, and also from a fear themselves of, you know, not understanding that they are no longer infectious or they cannot spread it any further, but they still do not want to go and participate in their faith groups or whatever other things that they would normally do.

The CHAIR: It is just a lack of clear information, a lack of reaching out to people, because remember that these people are also sick, too, so it is a tough time for them. But they are not getting information. Is that right?

Ms McKEOWN: That is true. And, in fact, when I had a link-up with my community leaders a couple of weeks ago one of our South Sudanese leaders actually phoned in from his bedroom. He was in bed with COVID. So he actually phoned in. He was so concerned that he needed to get the information out to his community that he could get from his council and all our other leaders that he phoned in from bed while he had COVID. Now, that just blew me away. Talk about commitment to your community and wanting to keep your community safe, you know—it just was amazing.

The CHAIR: Has anyone from NSW Health or the New South Wales Government reached out to you to say what the protections and what the plans are for the tens of thousands of people in western and south-western Sydney who have been COVID positive and therefore have at least a 90-day gap between when they can get vaccinated? Has anyone reached out to you and explained what the pathway for them is? Will they get access to any of the freedoms?

Ms McKEOWN: I can answer that very quickly: No.

The CHAIR: Mayor Asfour?

Mr ASFOUR: I did raise it with the Premier and I have been advised that they need to wait six months to get the vaccine. After a month they get COVID. But she said to me that they will be able to get a vaccination exemption for that six-month period and therefore will still be able to enjoy the freedoms because it seems that their antibodies actually make them more protected than people who have had the vaccine. So I think that is the path. I mentioned it to her but she needs to clarify. Like, she needs to tell people that. I think there has been just that lack of information.

The CHAIR: Well, again, nobody knows.

Mr ASFOUR: That is right.

The CHAIR: And particularly you are talking about CALD communities in south-western and western Sydney. That failure to communicate these key facts, it is a bit of a pattern here, is it not, Mayor?

Mr ASFOUR: Oh, absolutely it is a pattern. With the CALD communities I think the problem has been that they get part of the message. They are not getting the messaging in context and it just drives all different types of, I guess, thoughts and actions and it is part of the problem. You know, we have been really trying to make sure that people understand why the restrictions are in place, why we are doing what we are doing; but when they watch a press conference and do not understand the context of it or it is not in their language—because it was in their language for the first month or so—it makes it really difficult, and it is like we are always playing catch-up. And, you are right, you know. It seems that the Government is not learning from their mistakes. They keep making the same ones over and over.

The CHAIR: Mayor McKeown, if there is going to be this exemption from the vaccination requirements for people who have been COVID positive, bringing your council into that messaging, opening up to you and enabling you to be able to get out to talk to some of your residents, seems like just a sensible initial step. Would you be open to helping share that kind of communication with your residents?

Ms McKEOWN: Most definitely, and we have received some funding last week from the Government, and these are the sorts of projects that we are looking to put that money towards. And, it is not just that message. Can I also say it is messaging about how do they access the vaccination passport, for instance, once people have been vaccinated? All these messages are coming through and they are being filtered through numerous sources so they are getting mixed messages, if you like. We are saying to people, "Don't go to social media for your information. You must go to the official sites." Our council stands ready, willing and able to get that message out to all our communities to keep them safe.

The CHAIR: Could I ask you just quickly about a core council issue? Your residents were having trouble paying their rates because of COVID-related job losses or business downturns. Has the State Government reached out to you to say that they are going to be a partner with you in this, to help you not just defer but to waive some of these rates? If not, should they?

Ms McKEOWN: We have had a hardship policy in place for our residents for many years. We have waived, as Mayor Asfour said, a whole raft of fees that we charge. We have waived specifically for this purpose but I am not aware of anything that is on offer from the Government, but that would be very, very welcome.

The CHAIR: Mayor Asfour?

Mr ASFOUR: Look, they have not. They have given us $50,000 to help with COVID recently. Throughout last year and this year my council has lost to the tune of $40 million through a whole range of things and we have deferred rates. I think under the Act you cannot not charge the rate but it would be very welcome if the Government was able to support us in taking the pressure off our ratepayers. At the moment there will be no interest accrued and they will be deferred in my council until March 2022. But, obviously, if the Government can help with that, I think it would be a godsend.

The CHAIR: Mayor Asfour, did you say that the financial assistance you have received from the State Government has totalled $150,000?

Mr ASFOUR: It was $250,000 for COVID, but that was announced through, I think, Resilience NSW and it was to help with all the work that we had been doing in relation to our pop-up vaccination clinics and the like.

The CHAIR: But you have incurred additional costs and/or losses that you would estimate at about $40 million. Is that right?

Mr ASFOUR: Over the past two years, if not more, in relation to money lost. With all our services closed, with all the fees that we have waived, there is a whole list of things that have led to that amount; but, yeah, definitely about that much.

The CHAIR: Mayor McKeown?

Ms McKEOWN: Ditto: Basically the same. We have incurred a huge financial burden over the last two years, which council has taken the position that we would carry that because it is in the best interests of our residents to do so and to support them through that. I have not got an exact figure for you but I would say it would probably be in the arena that Mayor Asfour has just said.

The CHAIR: Thanks. I will hand over to Ms Cate Faehrmann.

Ms CATE FAEHRMANN: Thanks, Chair. I just want to thank you both for appearing today as well in, no doubt, an extremely stressful and busy time for you both. I just wanted to start with a question about the Government's pandemic recovery road map and I am wanting to know what involvement you or your councils have had in that to date. I will start with you, Councillor McKeown.

Ms McKEOWN: None. We have not been involved at all. We learned about it from the press conference. We then sought extra information off the website, which is where we usually go to for all our information.

Ms CATE FAEHRMANN: Okay. Councillor Asfour?

Mr ASFOUR: The first sort of meeting of that, I had a meeting with Treasurer Perrottet earlier this week. That was the first time that we had an opportunity to discuss something like this and I put forward some ideas that we had and it was a listening exercise. He took down some of those ideas, looking at things that we can do in the future but not really a road map; more about having concert series and having events—festivals—to attract people from all over Sydney. So, yeah, in short, no; but until recently I think the thought is that we need to do some things and the Government needs to push and lead on this.

Ms CATE FAEHRMANN: Thank you. And did you get an indication that that consultation would be ongoing and, basically, like more meetings? Did you also know whether there were other councils involved or was it just Canterbury Bankstown?

Mr ASFOUR: No, no. I understand the Treasurer has met with a number of mayors—I do not know how many—and is continuing to meet with them to help with some sort of economic recovery package. I do not know what the details are though.

Ms CATE FAEHRMANN: Great. Thank you.

Ms McKEOWN: Could I just clarify there?

Ms CATE FAEHRMANN: Sure.

Ms McKEOWN: We were not consulted prior to the road map being released so we had no input into that. In terms of the meeting that Mayor Asfour has just said he has had with the Treasurer, I have had a like meeting. That happened this morning at 8.30.

Ms CATE FAEHRMANN: I just want to turn to the fact that there is no vaccination hub in St Marys, Councillor McKeown. What advocacy have you done over the past few months for that with NSW Health?

Ms McKEOWN: Oh my goodness, we have—

Ms CATE FAEHRMANN: And also—sorry, to interrupt—the reasons that they have given you about why there has not been one put into St Marys, particularly, and Blacktown?

Ms McKEOWN: I have written numerous letters. I have written to the chair of the local area health network. I have written to the CEO. I have written to the director of Health numerous letters. The advocacy has been consistent and ongoing in this regard. Our councillors have raised it at council. One particular councillor, Councillor Cook, has been quite adamant and feral, can I say, in this regard. She represents that particular community very, very strongly and we have been told that we have one at Panthers which people can get to and we have one at Caddens. Unfortunately, the Caddens suburb is nowhere near a primary rail link. It is, you know, a bus there maybe once every hour or half hour in peak times—we do not have such a thing at the moment—and for the rest, they can travel to Homebush. Well, our people are afeard of leaving their suburbs. They want to be seen to be complying with health orders. They just cannot travel to some of those areas.

We advocate for St Marys because it is the area of greatest need. It is on a major rail network. It is serviced by buses from three or four different adjoining local government areas [LGAs] so, therefore, it makes sense. We have had the local clubs offering their premises. As I said, council stands ready to offer their premises free of charge to do so, but at every turn we just seem to be getting knocked back. St Marys is in the State electorate of Londonderry. It is not in the electorate of Penrith and some say the reason why it is not there is simply because it is an Opposition-held seat. I really hope that that is not the case.

Ms CATE FAEHRMANN: Yeah, you would hope that that is not the case. So are you hearing as well from residents, Councillor McKeown, that people are still trying to get bookings for vaccines and cannot? Is there still demand that is unmet for bookings in your area? I will go to you after this, Councillor Asfour, with the same question.

Ms McKEOWN: It has gotten better, now that the GPs are also open for business there. We have tried to get up a couple of smaller hubs in consultation with local pharmacies and local GPs. They could not get off the ground for a whole raft of reasons, but it has got better, I have to say. But I still think there is an unmet need out there for people who just are unable to get to those particular places.

Ms CATE FAEHRMANN: Councillor Asfour, have you—

Mr ASFOUR: Yes. I do not think we have that problem in Canterbury Bankstown. If you want to get vaccinated you can just simply walk up and get the jab. At the beginning it was a bit different, but right now, to be honest, it is pretty easy to get the jab and there is no excuse for anyone, really, because they are accessible, they are open, and you do not even need an appointment.

Ms CATE FAEHRMANN: Thank you. I also wanted to get your views about mental health support. I will start with you, Councillor Asfour. Are residents reaching out to your council seeking more mental health support? Obviously there is support but what more can the State Government be doing in your area?

Mr ASFOUR: Yes, look, it is true. A lot of the families are just really doing it really tough at the moment. They have had so much pressure put on them and they really need a relief of that pressure—pressure from homeschooling, the pressure from working from home for those that can, the pressure that they are losing businesses or not being able to go back to their businesses. The impact this is having is substantial. It is quite substantial and I really do hope—and we hear from Lifeline and the like but we have got a lot of people in CALD communities that it is not part of their culture to go out and talk to someone about the struggles that they are having mentally. I think for some, actually, it is embarrassing. They see it as not just something that is done. They need to just put up with it and deal with it and that is really hard sometimes when you have all these different pressures and messages coming at you and not being sure about where to go with these sorts of things.

Look, I think there needs to be a focus maybe on our CALD communities and how we can approach them and speak to them in a nice way about it is not embarrassing; it is nothing to be shameful of; there is help out there; there is help in language available. We just need to make sure that we do that and I think we can do that by using our not-for-profits that are on the ground, that are working every day with these types of communities. So it is really important to me that that occurs. Obviously, I think the more the Government can do that. Instead of a top-down approach and talking down to people, talk to them through community leaders and community groups and make that funding and that help and assistance available.

The CHAIR: I think, unfortunately, we have run out of time. We could have spent another hour at least dealing with you, but we want you to go back to work and we are very grateful for the time you have taken out today. It was good timing, was it not, that you had the phone call this morning at 8.30, Mayor McKeown.

Ms McKEOWN: Thank you. It was.

The CHAIR: Maybe we should have had this hearing last week. But, again, thank you for all the work you do in the community. I know you have the collective wishes of the entire Committee for the work you do and the collective gratitude of the Committee. We will now have a short break and return at 12.30 when we will have a series of government agencies to address these same issues.

Mr ASFOUR: Thank you.

Ms McKEOWN: Thank you for the opportunity.

(The witnesses withdrew.)

(Short adjournment)

ANTHONY COOKE, Assistant Commissioner, Commander of the South West Metropolitan Policing Region, NSW Police Force, sworn and examined

AMANDA LARKIN, Chief Executive, South Western Sydney Local Health District, sworn and examined

SHANE FITZSIMMONS, Commissioner, Resilience NSW, and Deputy Secretary, Emergency Management, Department of Premier and Cabinet, sworn and examined

JOSEPH LA POSTA, Chief Executive Officer, Multicultural NSW, sworn and examined

The CHAIR: Welcome back to the government agency panel of the Public Accountability Committee's COVID oversight inquiry into the New South Wales Government response to the pandemic. We have four government agencies today. Thank you all for your attendance today and for the work you have been doing in very difficult circumstances over not just the last few months but the last 18 months. Do any of you wish to make a brief opening statement? I am seeing a series of shaking heads, in which case I will hand over to the Opposition for the first round of questioning. Ms Sharpe?

The Hon. PENNY SHARPE: Thank you. Thanks everyone for coming today and thank you for the work that you are doing. I know it is an extremely busy time for all of you. My first question is about how mass vaccination hubs are chosen and implemented. We heard evidence this morning of the dire situation in Penrith around St Marys and the issues in Blacktown. There have been a lot of offers of venues to set up mass vaccination hubs but they do not seem to have come to fruition. I am just wondering, Ms Larkin, if you could give us some insight into the decision-making about where these hubs are established.

Ms LARKIN: Thank you. So, just firstly, the mass vaccination hubs have been central to the provision of vaccine in the 12 local government areas of concern and I am sure you are aware of that. Over the time that the vaccination program has been running—and, just to remind everyone, it has been running since probably about February when we started with our staff and with outreach programs. We needed to establish centres where there was ability to do large volumes, obviously, of people in order to distribute the vaccination. We needed areas where we could receive people, draw up vaccinations and also observe people post the vaccination being given, and we also needed areas where pharmacy staff could draw up and the vaccination could be kept safely. I do need to say, and I have been in receipt of a number of offers from a whole range of community groups who have been incredibly supportive of the program and wanted to use their facilities. One of the things though we also needed to ensure was that the facilities were accessible and that parking—such things as parking—was available in the areas.

From the offers that we got, places may have been large enough but did not have segregated areas or parking was not available. So a range of factors were taken into consideration when we set up those hubs and also in terms of the communities of concern, how could they get to those areas, et cetera. When I think of the one that I set up in Macquarie Fields, we set it up in the shopping centre area there. Because we had Liverpool to the north, we wanted one to the south. There was the availability of parking and we were able to set it up very quickly in terms of the complete fit-out, so accessibility, layout, parking—all of those factors—are taken into consideration. We viewed many, many different places of the people who were very happy to offer facilities that just were not appropriate or whatever we needed to do was going to take quite a long time to get up for the community.

The Hon. PENNY SHARPE: Who makes the final decision about where the mass vaccination hubs are located?

Ms LARKIN: So the request usually goes out from the State Health Emergency Operations Centre [SHEOC] within the Ministry of Health to say we need to set up a location and then people such as myself and my team will go out and will go and look at what is available, where are the critical areas that we need to consider, et cetera, and then with a recommendation we take that back to SHEOC, similar to what I did with the Macquarie Fields centre, and say, "We've chosen this for this reason—its location. It meets these criteria." And then there is an approval with SHEOC and myself to go forward.

The Hon. PENNY SHARPE: Is there any approval—does the Minister or local members get involved in that decision-making?

Ms LARKIN: Not usually around that. We would do it between the local health district because we have got just the knowledge and the expertise about what is required for that, although, in the course of the establishment of the ones in the south west, a number of local members did ring and say, you know, "Where are you thinking about? What things do you need to consider?", et cetera, so there is some dialogue that goes on between local members because they ring often around particular things, but the final decision-making is between the Ministry and the local health district.

The Hon. PENNY SHARPE: I realise that the local health district that I am particularly concerned about and we had evidence this morning about was not your local health district. Would you be able to take on notice and provide information to the Committee in relation to the Minister's and the local members' involvement in the establishment, or not, of the hubs in Penrith and Blacktown?

Ms LARKIN: Of course.

The Hon. PENNY SHARPE: Thank you. I wanted to ask a question that I think should be directed to Assistant Commissioner Cooke. Obviously, there has been huge concern about what I suppose is perceived to be differential treatment in relation to policing in the south west and western Sydney compared to the east. We heard this morning that basically community organisations on the ground feel that they have quite a good relationship with your officers in their local areas but there have been some significant concerns about the number of police and I assume that this also includes the Army as well—the Australian Defence Force [ADF]—coming into areas with not a great understanding of the communities that they are going into and some of the cultural obligations and expectations around the way in which that is policed. Are you able to tell us what you have been doing with those local communities?

We heard this morning from the Lebanese Muslim Community and we heard from the Arab Council Australia, for example, who said yes, they had a good relationship with police locally but they have had some really significant concerns with the issue around the funerals overnight, which is obviously one that has drawn attention. Can you tell us how you are dealing with police that are going into these communities who perhaps do not have a lot of experience or understanding of the cultural norms and sensitivities and understanding of why this is leading to conflict?

Assistant Commissioner COOKE: Yes, I can, thank you very much. From the outset, police at all levels in the command structure have met with community groups right across the spectrum. I mean, Mr Joseph La Posta I see there on the panel and Joseph and I meet daily. I have participated in a range of community and public forums with community leaders, community groups, interest groups and a range of people right throughout. One of the matters that I have stressed is that under policing of south-west Sydney, in particular, it is being conducted largely by police from south-west Sydney. So my police that I have drawn in to work specifically around the matter are drawn in largely from my own policing region—so from the commands within the South West Metropolitan region where we are supplemented by officers from the Traffic and Highway Patrol and also the Police Transport Command. Those officers are also largely drawn from those commands that are also stationed, if you like, within the South West Metropolitan region.

So we have been able to bring together police into the region who actually generally work within the region and we have had those conversations with community groups. There are people who obviously come outside the region and assist to support us. One of the strategies that we clearly undertake is our briefings to officers who are here performing duties and that is about and includes information around cultural sensitivities. I myself personally I go from stations right through the period briefing police coming on duty in relation to my expectation and explaining some of the issues that our communities do face to give them that cultural awareness and cultural sensitivity. And I am really pleased to hear that the feedback is good because we have put in a lot of work with community. Our multicultural liaison officers have been on the ground for such a long time doing great work with our people in the community, also providing us feedback in terms of sentiment so that we can deal with that, so that we can engage with people, and so we can put to bed some of the concerns that these people have and assure them that our absolute primary focus is about ensuring the stop of the spread of the virus.

The Hon. PENNY SHARPE: Assistant Commissioner Cooke, would you be able to provide to the Committee—I do not expect you to be able to do this today; I am very happy for you to take it on notice—the breakdown of the infringement notices that have been given across the 12 local government areas of concern? Also, I am equally interested in not just those that have been issued and the value of those but also whether you do collate and whether you are able to tell us whether there have been warnings and cautions given so that we get a sense of how that is operating as well?

Assistant Commissioner COOKE: I absolutely can do that. I will take that on notice. I can tell you, though, that across the three metropolitan regions, the numbers of fines across the three metropolitan regions are very, very similar, so there are clearly—no, in fact, more have been issued in the Central Metropolitan region than have been in south-western Sydney.

The Hon. PENNY SHARPE: Yes. You would be aware that while people said that they worked well with their local police, there is significant concern within the communities about being told late in the day, and for a lot of that, sort of being involved earlier would actually help. There were concerns about lack of trust. If people trust each other, then there is more harmony and more compliance. People have raised this issue and it would be wrong to suggest that everyone thinks that things are great. There have been some significant concerns

about that impact. A lot of work that has been done previously is undone very easily by only a couple of incidents. But, no; thank you for that.

My next question is to Commissioner Fitzsimons and that is about the role of Resilience NSW in providing grants to organisations that are not currently funded by the Government. Obviously, there are some amazing charities feeding a lot of people and working extremely hard, all on volunteer money. I know that there is money going to Foodbank and some of the larger food charities, but it is clear that the need is dire. The organisations have raised with us that, yes, there are some grants available but they are fairly patchy. They have been competitive and very few dollars have actually hit them but meanwhile they are trying to get thousands of food hampers out the door every week and the call from the community is growing. Can you explain the role of Resilience NSW in particular in relation to the food issue and food security across the city?

Commissioner FITZSIMMONS: Yes. Thank you for that question, Ms Sharpe. Resilience NSW works very closely and is incorporated under the emergency management arrangements, so working very closely in a supportive role particularly in response to the State Emergency Operations Controller [SEOCON], Deputy Commissioner Worboys and Commissioner Fuller, of course, and in partnership with Health. So we have a role fulfilling administration and support to the State Emergency Operations Centre [SEOC] arrangements and then particularly when it comes to relief and support, particularly food relief and personal care relief, we partner with a range of other organisations, principally the Department of Communities and Justice [DCJ], organisations like Multicultural NSW in particular with a focus area around local government areas [LGAs] in the Sydney Basin, together with key non-government organisations, like Foodbank, as you mentioned, and of course OzHarvest, but a range of other local community organisations.

We also have representatives operating at what we call the Regional Emergency Operations Centres [REOCs], which come under the control of people like Assistant Commissioner Tony Cooke where we have got the whole of government and non-government organisations working closely with local councils and their community partnership and community organisations to pull together insights and understandings around needs and priorities, and we have been successful in the last months securing a considerable amount of additional funding, many tens of millions of dollars, in support of things like food supplies, other personal care and support services and packages, sponsoring assistance around grants administration and grant support programs.

We have not necessarily taken money on board as an agency, Resilience NSW, but we have sponsored and supported and partnered with other key agencies to get the case framed up, the need identified, and the Government endorsing those enhancement packages, and they are principally channelled through agencies like DCJ and, of course, Multicultural NSW; and, particularly given the focus of the LGAs in the Sydney Basin, we have put primary leadership of a lot of the community-based grants and programs in with Mr La Posta and Multicultural NSW to ensure that we were providing the enablement, the facilitation and the support to those local identified community organisations, community leaders and those existing networks that were working through the emergency management [EM] arrangements and indeed the local council support arrangements.

To give you a rough idea, in the last couple of months I think we have done more than 4,500 tonnes of produce into the focus LGAs and other parts of New South Wales—a considerable uplift in recent months, particularly since the Delta variant has spread. We have been maintaining those strong relationships with organisations like Foodbank and OzHarvest over the last 18 months with routine distribution. In support of Health, Health accommodation, where people are positive or close contacts who may need specialist accommodation, we provide food support and relief and other personal care products—sanitary products, self-care products and what have you. We are also providing emergency relief products, such as sanitation wipes and other things.

The Hon. PENNY SHARPE: Can I—

Commissioner FITZSIMMONS: Ultimately, through that network, we are able to leverage other partner organisations to make sure that is going where it is needed and where it is prioritised and in a way that is appropriate to those local areas. So food packs, for example, we identified food packs as being broadly wrapped up into four or five broad categories: You have got the Anglo packs, the halal packs—

The Hon. PENNY SHARPE: Sorry, can I just stop you there? Thank you, Commissioner Fitzsimmons. That is helpful. Would you be able to provide on notice, and this may be for you, Mr La Posta as well: I would like to know how much extra money has been provided and to what organisations since June this year. If you could provide that on notice, that would be great.

Commissioner FITZSIMMONS: Yes, and I am sure Mr La Posta could give you a really simple outline right now of how many millions of dollars have been channelling out already.

Mr LA POSTA: I might take it on notice. I might turn, if that is okay, to Ms Larkin just to follow up some of the Health evidence that we received earlier in the hearing. One of the bits of evidence that the Committee

received was about people with COVID at home up to in one case day 22 with no contact from NSW Health. They were concerned about actually getting out of the house, getting some certification that they were now clear to leave the house. They had heard from the police. They had not heard from Health. I just wanted to put that example to you and get your view. Is this common? Is this happening on the ground as Health is stretched at the moment?

Ms LARKIN: So thank you. Thanks for the question. What we have seen as the pandemic has grown and increased is that the volume of patients has obviously increased in terms of the volume in the community. I know that there is a lot of focus of the volume that is out, that is in the hospitals, and the pressure on the hospitals, but there is a large volume in the community that we manage on a day-to-day basis. In the early stages of the pandemic a lot of that contact work and communication was from the public health unit and they were a critical element in that, but I think you would all understand that that became challenging for public health, and so, what has developed over about the last probably six weeks or more is that we have got very direct communication with those people who are now positive from a local health districts perspective.

What has been established is what we call the patient flow board. So when someone becomes positive, it goes into the public health database. At the same time that occurs, that name is transferred over to the patient flow portal. We pick that up and we are able to contact people on day one to give them a risk assessment, assess where they are at, and we usually risk assess them in terms of red, amber or green in terms of their actual health, but also comorbidities and other health issues that they may have.

The Hon. JOHN GRAHAM: And after that risk assessment, from a patient's point of view, listening to the Premier and listening to the press conference, the expectation of the public is that they are receiving a daily call from some Health official, whether it is public health or local. Is that still the case—

Ms LARKIN: Absolutely.

The Hon. JOHN GRAHAM: —in south-west Sydney?

Ms LARKIN: Absolutely. And absolutely critical. We do the day one and then there is a structure around the ongoing contacts of people and we have just changed our processes around what you have just asked us about, which is the release. Then at day 14/15 as long as they are well—

The Hon. JOHN GRAHAM: I will just stop you there. Why is the Committee getting evidence—and I have heard other cases—where COVID positive patients in south-west Sydney, some with other conditions as well that would move them up that vulnerability curve, are not being contacted? This morning, one case, 22 days without contact. How is that occurring?

Ms LARKIN: As we have worked through that patient flow portal moving everyone over to it, some cases they in that period of time may not have been contacted but we have gone back and done an audit of everyone to make sure those people have been followed up and been contacted. These are big volumes of cases and so over that period—

The Hon. JOHN GRAHAM: How many people?

Ms LARKIN: Over that period of time, our cases—

The Hon. JOHN GRAHAM: How many—I will just stop you there, Ms Larkin.

Ms LARKIN: Sorry.

The Hon. JOHN GRAHAM: How many people were not receiving daily phone calls in the south west? [Inaudible].

Ms LARKIN: Yes. I need to take that on notice.

The Hon. JOHN GRAHAM: As you were stretched. How big a problem was this [inaudible].

Ms LARKIN: Look, I will have to take the actual number on notice, but in relation to the volume that we have had, there have been some calls that we have not been able to make, but I would have to take the number on notice.

The Hon. JOHN GRAHAM: Give us some sense today, though—

The CHAIR: Mr Graham, I am quite certain there will be more exploration of this, but Opposition time has just expired.

The Hon. JOHN GRAHAM: Thank you.

The CHAIR: I will hand over to Ms Faehrmann.

Ms CATE FAEHRMANN: Thank you, Chair. I will go straight to Ms Larkin. Ms Larkin, what percentage of the healthcare workforce remain unvaccinated in the South West Local Health District [SWLHD]?

Ms LARKIN: So, in terms of first doses, we are at 94 per cent and in terms of full vaccination, just slightly under that amount, so we are very close, yes.

Ms CATE FAEHRMANN: And is there support provided? You said 94 per cent. I think that is 6 per cent that remains, which is still a significant number of individuals. What support is being provided for those remaining healthcare workers to, as much is possible, be persuaded to get this vaccination?

Ms LARKIN: So it equates to about 800 for us in terms of the actual figure and so as the lead-up to the thirtieth has occurred, people received initial letters just to make sure everyone was aware, et cetera. We are forming those up. Individual lists have been provided to each of the sites so that they can be contacted on an individual and a personal basis by their managers. So there is ongoing communication—you know, support and counselling. We are also looking at the exemptions that people are providing because they can submit those and there is a discussion with those individuals in terms of those exemptions. So there is ongoing support communication as we head towards that date.

Ms CATE FAEHRMANN: Thank you. I just want to talk about the modelling predicting which hospitals will go into either code red or code black in the coming weeks—the NSW Health modelling that was released a couple of weeks ago. But what does your modelling say about when hospitals—well, whether all hospitals in the South West LHD—will go into code red or code black in the near future?

Ms LARKIN: In terms of the modelling for the South West, we established very early on in our planning that the two hospitals who would manage the COVID work for the district based on layout and internal infrastructure would be Campbelltown and Liverpool. So, in relation to those two, we have monitored very carefully with the Ministry the bed numbers, both ward bed numbers and intensive care unit [ICU] bed numbers, on pretty much a day-to-day basis in relation to those predictions. We continue to sit just under those predictions and in the last couple of days, with some of the settling of the numbers that we have seen, we are tracking well in relation to the availability of both ward and ICU beds.

I do need to explain, though, that in terms of managing the capacity of COVID in the south west, which all of you know has been significant, the system works as an integrated system. So in terms of the work we have needed to do, both in the south west and in the west, it is supported by other hospitals across the State. And so a very important partner for us has been Wollongong. So when you look at our bed capacity and what we have required, we also get support from Wollongong in relation to management of the demand in the south west and ensuring that would spread the load.

Ms CATE FAEHRMANN: Okay. Thank you. The two hospitals, are they a code red or a code black at the moment?

Ms LARKIN: They are, today, right now at amber. They are not in red, no.

Ms CATE FAEHRMANN: Okay. With code red and code black, the modelling does talk about an alternative workforce model, if you like—that is what it says—and uses language such as "team", "nursing", and "a higher number of patients per health staff". What does that look like exactly?

Ms LARKIN: What that refers to is specifically in ICU; so in the intensive care unit. Usually it would be one to one—one nurse to one patient—but in order to manage, potentially, the demand—and can I just reaffirm, though, moving to that also assumes that we have utilised the resources across the State and we have utilised the beds that are available, not only in the south west. So there has been lots of discussion and negotiation about going to a model where you would have a team of nurses managing some of those high intensity patients due to the demand on the beds.

Ms CATE FAEHRMANN: Due to, also, a lack of staffing, a lack of ICU-qualified staff, particularly nurses, though. Is that not correct?

Ms LARKIN: Look, the State did a lot of work, both last year and this year, to ensure that it had shored up a workforce of appropriately skilled staff to provide services, you know, at these peak times. So, right now, today, we have not moved to that team-based nursing. Have you got a plan to do it? Absolutely, in terms of the demand and the predictions, but there was a lot of work to shore up the staff and to ensure that we have the most appropriate staff for the patient numbers.

Ms CATE FAEHRMANN: Ms Larkin, but what that does look like? The modelling does say that hospitals are predicted to go to code black—I think the peak is not, potentially, for a couple of weeks yet—but the modelling does say that we do not have enough ICU staff for the peak of the pandemic. That is why we are

going to have higher patient numbers per staff. That is correct, though, is it not? So despite all the planning we have ended up with not enough nurses trained to work in our ICUs for this pandemic.

Ms LARKIN: We have a really skilled staff to actually provide care for all the patients across our hospitals, both in South West and in the other areas that are impacted by the pandemic. The prediction says that we will hit a peak. It will be interesting to see over the next couple of weeks whether we get to those kinds of levels. In order to manage the demand and ensure that we can take care of the people, we have looked at those models and we want to ensure the most safe models to provide that care.

Ms CATE FAEHRMANN: Okay. Thank you. How many healthcare workers are currently isolating in the LHD as a result of exposure to COVID?

Ms LARKIN: Can you just give me one minute and I will tell you today's figures. I am pretty sure today's figure for South West is 81 on 24 events.

Ms CATE FAEHRMANN: Okay. So 81 staff isolating and then how many are currently infected? Does that include people who are infected as well as people who are isolating?

Ms LARKIN: Yes. Can I just respond to your question? We moved fairly early on because of the level of viral load in the south west. There was support around the provision of personal protection equipment [PPE] for my staff and across the State. Both the staff here in the west and the south west were impacted. That has been incredibly important, to keep those staff safe, and we have been very diligent in the application of that and been able to keep that number as low as possible.

Ms CATE FAEHRMANN: Can I check that because my next question was in fact PPE? So in regard to airborne-grade PPE and the fit-tested P2/N95 masks, which are fit tested, as well as, obviously, the eyewear—

Ms LARKIN: Yes.

Ms CATE FAEHRMANN: —how many staff, or what percentage of healthcare workers, have been fit tested for their masks? Do you have that figure?

Ms LARKIN: Can I take that on notice? I cannot give you that exact figure.

Ms CATE FAEHRMANN: Okay. That would be great. Can I also get a response to which healthcare workers in the LHD get airborne-grade PPE? Is it just those who are kind of front-facing—for example, in ICUs working with COVID positive patients—or do you have your nurses right throughout the hospitals, whether or not they are working with COVID positive patients, wearing airborne-grade PPE?

Ms LARKIN: Across the hospitals, not just in those COVID wards.

Ms CATE FAEHRMANN: Okay. So, everybody has the—

Ms LARKIN: Goggles.

Ms CATE FAEHRMANN: —goggles. Everybody has been fit tested.

Ms LARKIN: Yes.

Ms CATE FAEHRMANN: That is very good news. One other question from me: I believe it was a couple of days ago that another person died in their home—this time, a woman in her sixties in south-west Sydney—as a result of COVID. We seem to have quite a few people dying in their homes. What reasons do you have that this is occurring?

Ms LARKIN: In answer to your question I think we need to consider each case separately in terms of people not only having COVID but other comorbidities that they may have as part of their illness. In relation to the cases where people have passed away at home, truly I do not think I can give you a generic answer around their deaths. What is more important, though, is: Do we have a comprehensive community program to support people, monitor people, and ensure that they are provided with ongoing care? Yes. So I think I need to give more of a general answer rather than a specific one around the deaths of those individuals.

Ms CATE FAEHRMANN: If you have the comprehensive care that you have just mentioned, how often are people who are COVID positive receiving visits, for example, from NSW Health staff? Is that every day? Is it phone calls every day? What does that look like?

Ms LARKIN: No. The package in the community is phone calls and monitoring and that is the question that I think I answered earlier on. In terms of risk assessment of patients red, amber or green—and that will govern the level of contact that people have. People who also are—if their conditions escalate or, you know, deteriorate or there are concerns, there is also a medical team wrapped around the community who also do follow-up of cases,

phone calls and assessments. If we are concerned about someone we will either send someone out to see the patient directly or we will bring them into the hospital, and that is monitored very carefully, especially the amber and the red group.

Ms CATE FAEHRMANN: Okay. I have got more questions but I will throw to my colleague Mr David Shoebridge.

The CHAIR: Thanks, Ms Faehrmann. Ms Larkin, we heard quite disturbing evidence from a number of witnesses this morning about the lack of communication with patients who have COVID. The Hon. John Graham was telling you about at least one instance where someone went 22 days without getting clear information, but the very clear evidence was that there are many people with COVID who are not being told when they can be released and are not being released on time. Do you have any answer to that?

Ms LARKIN: I think, or I trust, I addressed it before. The volume of patients that we have had has increased substantially over the last couple of weeks. We have had to change and manage our systems to ensure that we communicate quickly and effectively to everyone. When we moved over to the current system whereby we now have a clinical follow-up for patients, I am very confident that that release process that we have now established and that communication that we are having with the community has improved significantly. I am confident that we can meet that on a day-to-day basis now.

The CHAIR: So when did you change your systems? I assume it was because you realised that there were many, many people who were falling through the cracks. Is that why you changed your system?

Ms LARKIN: No. There were two reasons. One is that, in terms of the initial systems and processes that the public health unit had in place, they were obviously challenged with the volume that was coming into their centre and the need to ensure that not only when someone goes positive that there was communication then but that it was about ensuring that there was clinical follow-up quickly with people, and that happened as soon as possible. So when we moved over to what we now know is the patient flow portal, that occurs on the day that that notification occurs. That has occurred in the last couple of weeks that that has been set up—probably in the last three weeks.

The CHAIR: Ms Larkin, your position that everything is fine is strongly dissonant with the evidence we received, particularly from the mayors of Penrith and Canterbury Bankstown who said that there were members particularly of the culturally and linguistically diverse [CALD] community who, after a period of 14 or more days, still did not have the information from NSW Health about how they could go out, how they could mix with family and they were still concerned about being potentially infectious because they are not being given the information they need in a way that they can fully digest. What information are you giving to patients about when they are coming out of their quarantine period with COVID?

Ms LARKIN: At the point when they get to the end of their 14 days, they get a release letter from the health service and that is now being automated to be provided on a regular basis. I think there were some issues when those large volumes of patients increased quickly. I think we have improved our systems significantly over the last couple of weeks to make sure though that those release letters are coming effectively and that there is good information back to the community about it. So we did have some issues. I have been quite honest and up-front with you around that. But we have improved that to make sure that is very clear for people at the end of their quarantine period.

The CHAIR: Can you provide us with a standardised copy of the release letter?

Ms LARKIN: Yes. Can I take that on notice and I will get that to you?

The CHAIR: If you could provide it as soon as possible, that would be useful.

Ms LARKIN: Of course.

The CHAIR: Is the release letter in English?

Ms LARKIN: It is in English, yes. But we have also put out a whole lot of our information, including that, in different languages.

The CHAIR: Sorry, but the release letter to somebody who is of a non-English speaking background comes to them in English?

Ms LARKIN: Not only in English. It comes in other languages also.

The CHAIR: Is the whole letter in other languages?

Ms LARKIN: Yes.

The CHAIR: Are you saying that if someone is Vietnamese speaking, they get the letter in Vietnamese?

Ms LARKIN: I would like to take it on notice and just confirm that. But my understanding is, yes, it has been translated into other languages.

The CHAIR: How is the letter delivered?

Ms LARKIN: It is delivered by email. If people do not have email, it will be sent out to them.

The CHAIR: So for elderly people where English is not their first language, the primary basis on which they are being given advice from NSW Health about what they can do after coming out from a period of being COVID positive is they get a letter emailed to them from NSW Health? Is that the patient care being provided?

Ms LARKIN: We do need to understand that there a number of people, when they actually register their positive status and they come through, who may not have an email address. Often people will have a mobile phone, but we have established that people at times do not have email. So if they do not have an email address, we will send out that letter to people.

The CHAIR: We are talking about people who have had a potentially life-threatening illness, who are concerned about the health of their families and their local communities, and we have heard that many people are self-imposing additional restrictions on themselves because they are so anxious, and the patient care model provided by NSW Health is a letter. Do you really think that is acceptable, Ms Larkin?

Ms LARKIN: I think what is really important is that people get the information in a hard form so they know that their release has occurred. If they are concerned, there are opportunities for them to call the health service and to discuss it, if need be. We get multiple calls every day from people wanting to clarify a whole range of issues. Why is that important? Because people's circumstances are very different. For those in the elderly group, they are often supported by families who will talk with them about what information is in the letter and what that release means.

The CHAIR: So the NSW Health patient care model is to rely upon family networks to interpret the letter rather than to provide a nurse or a doctor or a medical specialist to actually work people through at the end of their period of COVID. Is that your evidence?

Ms LARKIN: What I am saying though is that they get a release letter as the formal documentation of their release. We need to understand that is one part. The other part though is the health service has contacted them throughout their period of quarantine in terms of what has been required. Any questions that they may have they can raise with those nurses and those people who have contacted them on a daily basis about their care.

The CHAIR: We may come back to this, Ms Larkin.

Ms LARKIN: Okay.

The CHAIR: Mr La Posta, we have had some positive feedback about the work of Multicultural NSW, and I want to reflect that back towards you. But we have also had some very real concern about the fact that the funding that has been offered has been on a competitive model and that especially for multicultural groups there has not been any significant funding to those groups provided to date. We had groups like the Arab Council and Turbans 4 Australia saying we are now three months into this lockdown in western Sydney and they still have not received any direct funding.

Mr LA POSTA: Yes.

The CHAIR: I will give you an opportunity to respond to those concerns now.

Mr LA POSTA: I can confirm that Turbans 4 Australia very recently, as of last week, received a small $5,000 grant to help them sustain their food packages and hampers. The Lebanese Muslim Association [LMA] also, we just signed the agreements last week and that money was paid into their account to help support them to continue to do similar sorts of exercises. To Ms Sharpe's question of Mr Fitzsimmons before, Mr Shoebridge, we have provided support in the vicinity of $750,000 to emergency support for asylum seekers and to specialist NGOs to help asylum seekers be able to be housed, clothed et cetera—food and all of those things. I just need to note that the asylum seeker piece is not actually a State responsibility, but as residents of New South Wales we stood up and filled that gap.

We have provided funding to 150 community organisations through COVID grassroots support grants. We have spent $2 million on multicultural media agencies—exactly the point that you were alluding to before—to help sustain them and make sure that they do not close their doors, because we know they are a critical channel for print, radio, non-traditional media forms—all of those different things to help the messaging get out around staying at home or around vaccination. We have invested a further $5.5 million to provide wraparound supports

to temporary visa holders and asylum seekers as well. We have just closed and are just finalising the approvals for a grants program which is in excess of $3 million to provide grants of between $10,000 and $30,000 to small-scale organisations exactly like the ones you named before and many, many more.

We received over 256 applications for that grant program. The grant program was open the minimum amount of time. The processing times—we are trying to turn these things around in less than week, to be able to get sign-off and get that money into the pockets of the people that need it as well. Once we close that grant program, we will then open up another grant program very similar to help support, now that we have gone beyond the 12 LGAs into a broader statewide focus as well. My hope is that we will open that grant program next week. In addition to that, we are just finalising an expression of interest process for NGOs to provide those wraparound services that you and Ms Sharpe spoke about before to individuals, within families within western Sydney and right across Sydney, that need that nuanced accommodation concern [audio malfunction].

The CHAIR: I think Mr La Posta may have frozen.

Mr LA POSTA: [Inaudible].

The CHAIR: You froze briefly there, Mr La Posta.

Mr LA POSTA: I am sorry. I am hoping that [disorder].

The CHAIR: —at the word "concern".

Mr LA POSTA: Ten million dollars, did you hear that bit about the NGO funding?

The CHAIR: No, you froze at the word "concern".

The Hon. JOHN GRAHAM: Are we moving on shortly?

The CHAIR: Indeed. Had you finished, Mr La Posta?

Mr LA POSTA: I was just saying that there has been a number of grant programs and I can provide all of that detail on notice, and we are about to open another whole round of grant programs as well to continue to sustain the community organisations.

The CHAIR: I will pass back to the Opposition now.

The Hon. JOHN GRAHAM: Thank you, Chair. I might return, Ms Larkin, to you. I welcome the fact that you have acknowledged that there have been some issues. What I was attempting to ask you before and I do not think you have answered is: What is the scale of those issues? If I have COVID in your local health district, the Premier is saying I will get a daily call. You have said that should be happening, but we know it was not. You have taken the detail on notice, but give us some sense of how long this problem has been going on, how many people were not receiving calls and how many of these daily calls have been missed.

Ms LARKIN: In terms of the actual numbers you are talking about, I need to take that on notice. Right now there is a comprehensive follow-up of people who are receiving daily calls and that is very firmly in place.

The Hon. JOHN GRAHAM: So as of today I will get a daily call if I have got COVID in your local health district?

Ms LARKIN: You will.

The Hon. JOHN GRAHAM: You are confident of that?

Ms LARKIN: Yes.

The Hon. JOHN GRAHAM: For how long was this a problem? You must have some sense of that.

Ms LARKIN: Well, when the numbers started to increase significantly and we changed the model. So there would have been a period probably of about 10 days. Yes, but I would have to look into it.

The Hon. JOHN GRAHAM: About 10 days?

Ms LARKIN: Yes, but I would have to look into it.

The Hon. JOHN GRAHAM: Yes, understood.

Ms LARKIN: I would take it on notice in terms of what that period was.

The Hon. JOHN GRAHAM: Yes, but I presume you were monitoring this closely? It is a major problem. How many patients did you have with COVID in the community over those 10 days that you are talking about?

Ms LARKIN: I need to take that on notice in terms of what that number would be.

The Hon. JOHN GRAHAM: Give us some sense of how many patients you have had in your local health district over that period.

Ms LARKIN: I am sorry, just ask your question again.

The Hon. JOHN GRAHAM: Over that 10-day period, roughly how many patients would you have had in the community? Just give us some sense of the scale.

Ms LARKIN: Well, you think about we were having—the increases went from about, you know, 250. They have increased over that period of time. So I have to go back and have a look at those numbers, when that time occurred and what those numbers would have been. But I need to take it on notice. I feel I have said that to you.

The Hon. JOHN GRAHAM: Can you confirm that one of the changes that you have implemented is to introduce automated calls, rather than a personal daily call, in order to manage that?

Ms LARKIN: In terms of the volume for what is considered green risk we have instituted an automated call, yes.

The Hon. JOHN GRAHAM: When was that instituted?

Ms LARKIN: It was instituted—just bear with me. We commenced it at the beginning of last week we moved over to that system.

The Hon. JOHN GRAHAM: So those people will not receive a call from a person at all; they will receive an automated call instead. They will have no human contact from Health over the course of the day?

Ms LARKIN: Let me clarify the process. There is an automated call to that green group at a particular time in the day. If you do not accept the call or you do not pick up the call, it rings back in two hours. If you do not pick up the call then, it goes to one of the team for them to follow up directly. The couple of questions that you answer, if there is a concern, then that will be escalated for someone to make a call to you directly and follow up. And remember, at the same time people have pulse oximeters where their overall condition is being monitored.

The Hon. JOHN GRAHAM: Thank you. You have clarified a range of the other controls around it but you have not answered my question. For people who do receive that automated call, provided they meet the criteria you have just spelt out, they will not talk on a daily basis to someone from the Health team. Is that correct?

Ms LARKIN: That is correct.

The Hon. JOHN GRAHAM: When the Premier is standing up and telling people that at the first sign of breathlessness they should get in an ambulance and get to hospital and that they should be receiving a daily call, can you understand why this would be causing concern amongst patients with COVID in the community?

Ms LARKIN: In terms of people's health conditions, there is a range of things that bring people to concern. We always say to people in that first initial assessment—there is a careful risk assessment, there is communication about their clinical condition and they are given a contact number that they can ring if they are at all concerned about issues, where someone will pick that up and talk to them directly.

The Hon. JOHN GRAHAM: But they have also been told they will be getting a daily call and they have not been getting it, Ms Larkin. Can I perhaps put it to you this way: Is there additional support that your local health district would need or should be delivered from the Government that would assist, given the fact we know Health staff are very stretched at the moment? Is there additional assistance that you need to do your job?

Ms LARKIN: I think over the course of COVID—which, remember, for the south-west has been a long stretch—there has been significant contribution by the Government in terms of the resources, both in the community and in the hospital in relation to provision of care for the community. What we were able to establish is, when you have a large volume of patients like we have had, what are the supports that we could put in place? The automated process that we have put in is not only utilised by us. There is a similar process that is used down in south eastern and this particular product was used in Melbourne significantly over the course of the pandemic. So it has been a good adjunct to the broad model of care that we have been able to offer people.

The Hon. JOHN GRAHAM: I will hand to my colleagues.

The Hon. COURTNEY HOUSSOS: Ms Larkin, I might just continue with some more questions on this. How many nurses, how many doctors, are working on the Hospital in the Home [HITH] program?

Ms LARKIN: Can I take it on notice in terms of definitive numbers? I can give you probably only some estimates. But could I take that on notice?

The Hon. COURTNEY HOUSSOS: If you could take it on notice for the specifics. Can you give us an indication? Are they working exclusively on Hospital in the Home or are they also working within the health service?

Ms LARKIN: The nurses and the general staff who are working on the Hospital in the Home program are working on that program. They may have some other roles. I would have to have a look and see that in detail. The medical staff or the medical wraparound model for the program, those consultants have other roles and are doing this as part of a broader role that they have. They have got lots of different roles.

The Hon. COURTNEY HOUSSOS: When you say the medical wraparound services, are these the people that are providing the daily phone calls?

Ms LARKIN: Medical staff do not provide daily phone calls. They do a medical review of cases if they are in the amber or the red group or anyone escalated of concern. They will do follow-up contact or may request that someone go out to a home if they are concerned about someone.

The Hon. COURTNEY HOUSSOS: So who is conducting the daily phone calls, Ms Larkin?

Ms LARKIN: The nurses on the care in the home team.

The Hon. COURTNEY HOUSSOS: So those nurses who are conducting them, can you give us a rough idea of how many are working on the Hospital in the Home program?

Ms LARKIN: No. As I have said to you, I would like to take it on notice.

The Hon. COURTNEY HOUSSOS: Can you tell us how many patients as of today are being treated in your local health district with the Hospital in the Home program?

Ms LARKIN: Yes. Today we have 3,700.

The Hon. COURTNEY HOUSSOS: Are there any patients who are non-COVID patients that are being treated in the Hospital in the Home program?

Ms LARKIN: Separate to the COVID program that we have established as part of the pandemic, there are a number of patients who actually get care in the home separate to being COVID, yes. They get wound care and a whole range of other things, yes.

The Hon. COURTNEY HOUSSOS: But they are not included in the 3,700—they are the COVID patients?

Ms LARKIN: No, no. That is the pandemic response, yes.

The Hon. COURTNEY HOUSSOS: Can you tell us of those 3,700 how many are aged under 16 years of age?

Ms LARKIN: No. I would need to take that on notice.

The Hon. COURTNEY HOUSSOS: Okay. That is fine.

Ms LARKIN: I cannot think whether there are actually any. But can I say to you, in terms of the under 16 or that younger group, there is a program also offered by the Children's Healthcare Network who manage the younger paediatric group, and I just do not have those numbers.

The Hon. COURTNEY HOUSSOS: No, I understand that. Is your Hospital in the Home program run entirely out of your local health district or do you receive support from other health districts to run the program?

Ms LARKIN: No, the program is run by the local health district.

The Hon. COURTNEY HOUSSOS: I just wanted to come, Assistant Commissioner Cooke, to a couple of questions. The police commissioner, from Monday 23 August, has the ability to lock down apartment blocks. I just wanted to ask how many in your particular part of the world have been locked down under those powers?

Assistant Commissioner COOKE: I would need to take that on notice.

The Hon. COURTNEY HOUSSOS: Okay. Thanks very much. Perhaps you might want to take this one on notice as well. Do you have specific guidelines that are in place for when those apartment buildings are locked down or is it solely on the advice of NSW Health?

Assistant Commissioner COOKE: There is a process which occurs generally at the LEMC level initially. So the Local Emergency Management Committee will become involved where a problematic premises might be identified as a result of testing. A process is then put in place which makes that determination as to whether or not it might be locked down by Health in those circumstances or by the police commissioner. I could take that—the detail that you require more—on notice. But it is certainly a process around [audio malfunction] risk of transmission and [audio malfunction] COVID cases within the premises.

The Hon. COURTNEY HOUSSOS: Sorry, you just cut in and out there a little bit, Assistant Commissioner. Can you just say that last part again?

Assistant Commissioner COOKE: I said, yes, it is certainly a process around and dealing with risk around the premises, the number of cases, swabbing and what results tell us that is occurring within the premises.

The Hon. COURTNEY HOUSSOS: Anything additional that you could provide on notice around the process for actually locking down apartment buildings would be helpful. It has been publicly reported that there was at least one in Campsie, one in Campbelltown and one in, I think, Liverpool. What support was provided to those residents?

Assistant Commissioner COOKE: Those premises, I believe you will find, were locked down, if you like, on the advice of Health—not exercising the current powers by the commissioner. That becomes a process that is managed at the Local Emergency Management Committee level, which comprises police, health, Department of Communities and Justice [DCJ] and welfare support to those people. So a process gets wrapped around the premises in terms of their health through NSW Health, their welfare from DCJ and NGOs working within the emergency management arrangements at the local level, supported by myself as the Region Emergency Operations Controller [REOCON] at the next level up, if you like.

The Hon. COURTNEY HOUSSOS: Perhaps you could provide on notice what specific supports they were provided with. Were they provided with food hampers or groceries, taking out of rubbish? What was that specific support that they were provided with?

Assistant Commissioner COOKE: All of those services are provided as part of that package around the premises and those within it to obviously reduce their mobility and see that they received the support that they required.

The Hon. COURTNEY HOUSSOS: Thanks very much, Assistant Commissioner. Perhaps on notice you could provide us with a number of the infringement notices that have been handed out across the 12 LGAs for the breaking of the one hour of exercise rule?

Assistant Commissioner COOKE: Yes, I will take that on notice.

The Hon. COURTNEY HOUSSOS: Thanks very much. Ms Larkin, I will come back to you. These apartment buildings that were locked down, did they receive a visit every day from someone from the local health district?

Ms LARKIN: We worked with police on the lockdown arrangements, as Mr Cooke outlined. I had staff based there. I had a nurse and a support person, security, et cetera there to support people. We were in regular contact with people in the apartment buildings. They had a phone contact that they were able to contact us with. So we were in constant contact with them for the 14 days and provided onsite support for that period of time.

The Hon. COURTNEY HOUSSOS: Thank you very much. I had one more question. Do you play a role in providing that advice or is that through the NSW Health ministry?

Ms LARKIN: Sorry, that is to me?

The Hon. COURTNEY HOUSSOS: Yes.

Ms LARKIN: No, we are part of that decision-making. Through the public health unit, they will identify the positive cases and then we can see potentially that there is a cluster, let's say—I will just be careful about using that word—in a particular area in a particular apartment block. What we have done with those is that we saw a couple of cases developing, say in the Liverpool one, and that was of concern. So we would sit down and have a look at the nature of the cases. We would also get a map of the apartment buildings to see where they are in the apartment buildings, where potentially transmission could have or could occur et cetera. Then what we also offered the apartment buildings was onsite swabbing. We swabbed the whole apartments so that everyone had then context of—or we had a context of what the concern was, with that information. We really work closely with the police and with the Local Emergency Operations Controller [LEOCON] around that decision-making, and for a couple of reasons. Obviously, the impact of the—

The Hon. COURTNEY HOUSSOS: Ms Larkin, I might just stop you there because my time is about to expire. I just have one final question on Hospital in the Home.

The CHAIR: Sorry, your time has expired but if you had a very brief question.

The Hon. COURTNEY HOUSSOS: I have just got one final question on Hospital in the Home. You said that there are new procedures in place. According to the publicly available Hospital in the Home document, patients are to receive a daily nursing or allied health assessment. Is that document going to be updated or is this only the case for residents in the South Western Sydney Local Health District?

Ms LARKIN: Our model applies to that framework that has been established by the ministry, so my very clear understanding is that is current and we are applying that.

The CHAIR: Well, perhaps. I will pass over to Ms Cate Faehrmann.

Ms CATE FAEHRMANN: Ms Larkin, in relation to when hospitals will be able to treat patients once again, many of whom have had elective surgery postponed, for example, what is the LHD's modelling showing in terms of when hospitals will be able to start accepting those patients?

Ms LARKIN: Right now, today, we have not started formally that piece of work in terms of when we will take elective surgery back into the public hospitals. Specifically in relation to say Campbelltown and Liverpool, all of the category 1 and category 2 work has been outsourced in terms of ensuring that higher acuity work is being completed. In relation to the lower acuity work being commenced, only yesterday there was some work commenced with the ministry to start to put some principles and framework together around how we would plan or develop a road map to bring that back online.

Ms CATE FAEHRMANN: At the moment what is the capacity of both Campbelltown and Liverpool? I understand Campbelltown may have opened its sixth COVID ward. What are the capacities there at the moment in terms of ICU beds and staff?

Ms LARKIN: So ICU beds at Campbelltown, there are 12 ICU beds there and there are currently—we are staffed to 45 at Liverpool.

Ms CATE FAEHRMANN: Sorry, is that how many are available—that is spare beds? Is that what that answer was, when you said 12 at Campbelltown?

Ms LARKIN: Yes. The 12 at Campbelltown are the ICU beds at Campbelltown. They are available for ICU patients. In terms of what capacity they have got today—you know, have they got nine of the 12 or whatever—I could not tell you that today.

Ms CATE FAEHRMANN: So the COVID wards themselves for Campbelltown and Liverpool, where is the hospital at in terms of overall capacity? I understand, last week I think, you had to open up a fifth and a sixth COVID ward at Campbelltown. Is that the extent of it or is there expected to be eight and nine? What capacity do both of those hospitals have?

Ms LARKIN: We have opened capacity at both of those hospitals based on a reduction in especially surgical activity in order to provide capacity for that. I am pretty sure today we have got the five wards at Campbelltown and we have got six at Liverpool. Liverpool has got capacity for one more. Campbelltown though has not got capacity for opening further wards. But each day, can I say to you, we watch the capacity on those wards and we have been able to take COVID patients to each of those hospitals every day. Because, please understand, every day—even yesterday—we had 35 discharges. So people are moving through the wards, coming in unwell, getting treated and going back out. We are also using capacity for admissions down at Wollongong and also other hospitals across the State. So that load is being managed internally but also at a statewide level.

Ms CATE FAEHRMANN: When people have had COVID, what is the policy in the LHD for them then getting a COVID vaccination? Do they have to wait a certain amount of months and does their having COVID provide them the same access to various venues and stuff, if you like, as a COVID passport? Have you been part of those discussions with NSW Health?

Ms LARKIN: Can I say, I have been part of those discussions but that is quite a clinical question that you are asking. Can I take that on notice? There has been a lot of debate—not debate, but discussion around it and what the evidence is saying. I would prefer today to take that on notice and come back with a formal answer to you on that one.

Ms CATE FAEHRMANN: Can I just check, because I actually put two questions in there. I just wanted to maybe just simplify it to the first, which is—because you have a lot of people in your LHD who have had

COVID—when are they able to receive a COVID vaccine or have they been told that they do not require one for a few months? What is the official policy?

Ms LARKIN: I cannot tell you the official policy. That is what I am concerned about in relation to giving you an answer. Can I take that on notice and I will give that to you formally?

Ms CATE FAEHRMANN: Do you know whether there is a policy on this?

Ms LARKIN: My understanding is that it is six months, can I say to you. But I would like to take that on notice and come back to you.

Ms CATE FAEHRMANN: Thank you. The issue of hotel quarantine, has that been used in the South Western Sydney LHD to any extent?

Ms LARKIN: We have linked up with the hotel quarantine—

Ms CATE FAEHRMANN: This is for people who have locally acquired the virus. What was your response, sorry?

Ms LARKIN: Over the period of time of the pandemic, we have worked closely with Sydney LHD in terms of quarantine accessibility there and regularly utilised the hotel quarantine resources there. But we have been working with Western Sydney just over the last, about, 10 days and we are developing some local hotel quarantine for our community.

Ms CATE FAEHRMANN: Has the LHD been working with the Government to try and get more COVID-positive patients who are isolating at home actually into hotel quarantine, considering some of the challenges of the LHD in terms of bigger households and the fact that COVID-positive people are infecting their families? Has this been a strategy of the LHD for some time and what has been the Government's response?

Ms LARKIN: We have been working closely on moving people into hotel quarantine. Especially at the early stages when they are first diagnosed, that offer is made and there is quite a detailed discussion with people on the benefit to them of doing that et cetera. Over the course of the pandemic, in the last couple of months though, what we have experienced is that because of the Delta variant and how quickly it has transmitted, previously we have been able to identify a positive patient in a family, isolate that individual if they could not isolate appropriately at home in accommodation and do our tracing et cetera, but what we are finding is that by the time we identify them as positive the transmission in the larger families in these communities has already occurred. So, therefore, we keep families together at home.

But if there are people willing and/or able to go to accommodation, we will absolutely support them to do it and we have done quite a lot over the time of the pandemic. But it has changed this time in relation to not even the larger groups—we might have a family of four where before we would be able to isolate, but they are not isolated and we keep them at home and we support them at home.

The CHAIR: Ms Larkin, I was asking you questions earlier about the clarity of advice being given to COVID-positive patients. I am troubled that when we ask you a very specific question, which is, how long do COVID-positive patients have to wait until they can be vaccinated, you are not even able to give us a comprehensive answer. Is this the same kind of lack of information that is being provided to patients?

Ms LARKIN: Could I qualify my response? The question I received was a very clinical question and as the virus has evolved and developed, and especially even over the last six to 12 months, the evidence has changed. I want to be sure to be able to give the Committee a definitive answer. That is why I said I would take it on notice and come back very clearly with what is the current position from our clinicians around that.

The CHAIR: Mayor Asfour from Canterbury Bankstown says that he got a very clear statement from the Premier in relation to people who are COVID positive that they would be given an exemption for six months from the requirement to be vaccinated and the benefits of vaccinated people for those six months. Is that your understanding of the NSW Health policy?

Ms LARKIN: The response I gave earlier on when I was asked was six months, but I did say that I would like to clarify that and take it on notice and be sure that is the current evidence and the current understanding around this particular variant.

The CHAIR: Obviously one of the key questions that tens of thousands of people in western and south-western Sydney who have been COVID positive are asking right now is if they cannot get a vaccine because they have been COVID positive, will they have the same kinds of freedoms as doubly vaccinated people will have, given their high antibody rates? I think they deserve an answer. Are you in a position to give them an answer now?

Ms LARKIN: No. I said I would take it on notice—and I have said that now a few times—in relation to what is the current clinical evidence around it and what is the position of NSW Health.

The CHAIR: Do you know if the Premier has been making categorical statements in this regard? Has that been communicated to you?

Ms LARKIN: No. I don't know.

The CHAIR: Commissioner Cooke, if I could go to you in relation to the very heavy policing of a funeral at Rookwood on Wednesday. That is in your patch, isn't it?

Assistant Commissioner COOKE: It is.

The CHAIR: How is it that mourners attended a funeral trying to be as COVID safe as they could be in cars and ended up being pulled from their cars and arrested and taken to a police station? How did it escalate so badly?

Assistant Commissioner COOKE: Mr Shoebridge, that is not my understanding of what happened at all. My advice is that a number of people did attend services. They were in breach of the public health order in terms of the numbers of people that were allowed to be present. But, after some negotiation, most of those people in fact left of their own accord. Four people were interacted with and received infringement notices: one was arrested, charged and then released.

The CHAIR: The Lebanese Muslim Association has called this out as an example of targeted and racist policing. Can you give an explanation to them about why it isn't?

Assistant Commissioner COOKE: Yes, indeed. This is police enforcing the public health order.

The CHAIR: Police have a discretion. These were mourners. They were separated in cars. There was no clear public health risk if mourners are separated in cars. Is this part of the zero tolerance policing that has been directed to your officers from Commissioner Fuller?

Assistant Commissioner COOKE: Again, Mr Shoebridge, that was not my advice of what occurred on the day. One fellow will face the court and those matters will be [audio malfunction] court. Three others who determined also not to disperse—as most people did at the time, which was much appreciated—received an infringement notice. But that was not any example at all of racist or targeted policing.

The CHAIR: Commissioner Cooke, did your officers take into account that these people were grieving for the loss of a relative and that they were doing what they could in a COVID-safe way to try and grieve safely? Was that taken into account before the order to disperse was given?

Assistant Commissioner COOKE: Mr Shoebridge, police spoke with those people who were present and I have said by and large those people then complied with the public health order. But three people received infringements and one fellow was charged and later released.

The CHAIR: Mr La Posta, this concern must have been raised with you, not only from the Lebanese Muslim Association but from other groups in western Sydney. What steps are you taking to try and negotiate a better pathway, especially for those grieving mourners in western Sydney?

Mr LA POSTA: Two things, Mr Shoebridge. I am not aware that the Lebanese Muslim Association, in any statement that I have seen or been shared, referred to the policing as being racist. I think that is the first thing. The second thing is that I had this discussion with the deputy commissioner this morning in here at the State Emergency Operation Command. I intend to get to the bottom of it and I intend to work with Assistant Commissioner Cooke and others as required to understand exactly what happened. I have seen the videos, I have seen the statements and I have been in direct contact with the President of the Lebanese Muslim Association.

The CHAIR: Mr La Posta, this does not happen in a vacuum. This happens after three months of high-intensity policing and repeated statements of concerns by multicultural western Sydney about the aggressive policing being focused on them. This is not the first time these kinds of policing concerns have been raised with your office, is it?

Mr LA POSTA: No, it is not, Mr Shoebridge. That is correct. That said though, I have very open, honest and robust dialogue, as I have throughout this pandemic, with the Commissioner, with the Deputy Commissioner and with the Assistant Commissioner. We bring different points of view at times to the table and we also bring different factual information sources to the table, because often there is not one side to every story. There are multiple sides to every story and we discuss those different points of view, as we have on a number of serious junctures throughout the last few months—to be honest, throughout the last 15 or 16 months—and then we generally get to a resolution. But one of the things I do want to acknowledge is the gentleman that you are referring

your questions to. Since 16 June, as an agency we have run 50 forums to talk to the community, listen to the community and engage with the community. Of those 50 forums, Mr Cooke has attended somewhere between 35 and 40. I could not ask for the exact number from my team—

The CHAIR: Mr La Posta, I am not critiquing Mr Cooke's work ethic and his engagement in the office. I am critiquing the policy that was applied on the ground. Have you, from Multicultural NSW, advocated for the lifting of—for instance, did you advocate for the lifting of the curfew? You must have had clear feedback being given to you from stakeholder after stakeholder after stakeholder pointing out how western and south-western Sydney felt that was a targeted and unfair public health order. Did you advocate for the lifting of the curfew?

Mr LA POSTA: Well, I think, Mr Shoebridge, our stakeholders are not refined or defined by any geographical boundary. We are the most culturally diverse State on earth and, yes, there is a high percentage of south-western Sydney and western Sydney that are born overseas—proudly born overseas—and speak a language other than English. But our society is one of the most successful multicultural societies on earth. So our stakeholders do not just sit in one part of the world, and that is the important thing here. This virus is not about an ethnicity. It is not about a postcode. It is about what is the commensurate health response to help tackle the virus and fundamentally keep as many people as safe as possible.

So, is it our responsibility to advocate for our communities? Absolutely, and that is whether they are limiting action or reopening as part of road maps out and other ways. That is our multicultural and multi-faith and our multilingual societies. So, yes, there are numerous things that we advocate on their behalf for and right now you are quite right in flagging this as an issue. I am very, very mindful and I will continue to have dialogue with the police around not so much funerals—because I think that in a contained environment they can be very problematic and proven to unfortunately spread this virus—but particularly with regards to open areas and burials, the dialogue with the police will be ongoing.

The CHAIR: Unfortunately we have run out of time. I thank all of you. Again, thank you for your work and thank you for your assistance to the Committee today. I know a number of questions were taken on notice and I remind witnesses they have 21 days in which to provide those answers. Of course, if they could be provided earlier, that always assists the Committee in its work.

(The witnesses withdrew.)

(Luncheon adjournment)

BRETT COLLINS, Coordinator, Justice Action, affirmed and examined

KEENAN MUNDINE, Co-founder and Deputy Chief Executive Officer, Deadly Connections, sworn and examined

GEORGE NEWHOUSE, Chief Executive Officer and Principal Solicitor, The National Justice Project, affirmed and examined

NATHAN BRADSHAW, Industrial Manager, Justice, Public Service Association of NSW, sworn and examined

THALIA ANTHONY, Professor, Faculty of Law, University of Technology, affirmed and examined

The CHAIR: Welcome back to the next session of the COVID oversight inquiry being undertaken by the Public Accountability Committee. The next two sessions will be focusing on the situation of COVID and prisons across New South Wales. Almost 13,000 inmates are in our prisons across New South Wales—one of the most vulnerable populations from a health perspective, with many comorbidities, but also vulnerable from the circumstances in which they are held in very close proximity. Our first panel has a number of advocates from the community and also the Public Service Association. Thank you very much for coming and sharing your time with us. I know how busy everybody is and we really do appreciate it, especially given the short notice. Now is an opportunity for each of you to give a brief opening statement, because we do want to leave time for questions. I might first go to you, Mr Collins.

Mr COLLINS: [Inaudible]

The CHAIR: Mr Collins, you are still on mute.

Mr COLLINS: Thank you for the opportunity to present, Chair. I speak on behalf of prisoners inside the jails and also families of inmates, prisoners who have actually contacted us over the last few weeks. They are extremely distraught. As one can imagine, at the moment they are locked down and they can have a sense of impending doom. We have been contacted by hundreds of families of prisoners and prisoners themselves have made contact with us. At the moment we have a situation and we would see, just before the infections enter the jails, an opportunity for many things to change. Behind that, we have received a lot of information from prisoners about prison conditions. They are locked in their cells and some of them are only getting out for 10 minutes a day; conditions that are entirely intolerable.

This is exactly the situation which we foresaw back at the beginning of this year and we asked the commissioner to use his power to release prisoners on parole according to the Act, which is section 276 of the Crimes (Administration of Sentences) Act. Nothing so far has happened about that at all. There is the same density of prisoners as there were before, with 13,000 prisoners sitting at the moment in their cells. We have reports from prisoners in Parklea, in Bathurst and in the South Coast prison, where they have not had vaccinations. They are locked in their cells. They have had vaccinations refused. In some cases they have actually been told that they can only receive Pfizer and not AstraZeneca, so anyone over the age of 60 has been refused access to Pfizer. There are prisoners who have been requesting vaccinations, and their families, and have been refused. These people are also locked in cells. We have people who are in dormitories. We have very specific information about people who are in dormitories, women and men, who have not been vaccinated and have been asking for vaccinations over the period—people who are in Clarence in the Serco prison, who are in Parklea and who are also down in the South Coast and further south.

Across the whole system there is tension. Prisoners are expecting that they do receive the same conditions as is permitted in the outside community where they have an area of at least four square metres per person in order to survive these conditions. We are currently preparing a case before the Supreme Court for the acting commissioner to be compelled to ensure that the cells have no greater number of prisoners per cell than allows them four square metres per person, that vaccinations should be mandatory for all staff and that vaccinations should be made available to all inmates, and that they should have time out of their cells at least as should conform to clause 53 of the Crimes (Administration of Sentences) Regulation 2014, and that they have access at least to computer tablets that allow them to facilitate communication with their legal representatives, medical and mental health professionals, family, as well as access to whitelisted websites giving them education and rehabilitation services. These things are achievable. In some jails they do have computer tablets; in many jails they do not. These are issues that could easily be complied with by the Acting Commissioner for Corrective Services. We are going to the court to ask that be mandated. Thanks for the chance to speak.

The CHAIR: Thanks very much, Mr Collins. I am sure we will come back to you for questioning. Mr Mundine?

Mr MUNDINE: Thank you. Before I talk, I just want to acknowledge the traditional custodians of the land that I am on, the Gadigal people of the Eora nation and pay my respects to Elders present. As an Aboriginal man and one with lived experience of being in prison here in New South Wales, it is both an honour and a duty to amplify the voices of those people that are still in there and of their family members and loved ones in the community. This is more than a job for me, as many of the people inside are my family and from my community. I am here today to try and talk about the lack of accountability for the way in which this has been dealt and the lack of transparency for loved ones in the community around how they are dealing with their loved ones in custody here in New South Wales. I want to talk about trying to increase relationships with Aboriginal Community Controlled Organisations with the Department of Corrective Services to take care of all of the Aboriginal members in custody today to ensure that they are being treated and supported.

We had a briefing last week with Corrective Services. In that briefing we offered to provide a toll free number that we have at Deadly Connections to all of the Aboriginal people inside to ring this number toll free and get support and services and to be able to stay connected to their family. We also want to talk about the lack of mental health and care plans for every individual that is in custody today—not just to tick a box, "How do you feel today?" They are locked away in a cell. Like Brett Collins said, some are two out, three out and four out. Even if you do put your hand up to speak to a counsellor or a psychologist or somebody from a clinical background, you cannot disclose in front of your cellmate how you are feeling, what you are going through, how you are struggling and what you can do to cope with that. There has been no direction around how they are going to do this. There are programs that have been put on hold. These programs are necessary for most sentenced prisoners and unsentenced prisoners to be able to get access to these programs to be able to show the court that they are addressing their offending behaviour, to be able to be comfortably released to the community and lower their risk of reoffending when coming back to the community.

There has been no sort of parole eligibility and people being released since COVID. There has also been no personal protective equipment [PPE] handed out to inmates. The only time inmates come in contact with PPE is when they are accessing the clinic or coming into contact with us. One of the most distressing cases that I can put forward is we received a message most recently that a member of our community went back to prison to serve a two-week Drug Court sanction. That was before the most recent wave and he has now spent three months in prison with no action and recourse on when he is coming home. In the time that he was in prison, he had a baby and he has not been able to touch that baby or bond with that baby or talk to his family. Thank you very much for allowing me to be here today and bring my lived experience and shine a different light on what is happening and how prisoners will be feeling.

The CHAIR: Thanks, Mr Mundine. Professor Anthony?

Professor ANTHONY: Thanks and respects to the lived experience of Keenan Mundine and Brett Collins. I also acknowledge that I am on Wangal country. Since February 2020, I have conducted and published research on the impact of COVID-19 on prisons. The warning sign first came in Wuhan when its prison had higher rates of COVID than the general population. This is now also the case in New South Wales. As of 8.00 p.m. last night, the New South Wales Government has reported 283 cases in correctional settings since 31 August 2021. This translates to 2.2 per cent of the prison population with active COVID-19 infections and compares to 0.2 per cent of active cases in the general community. At the same time, the proportion of inmates who are fully vaccinated is less than half of the general population. There is also evidence of people entering and leaving prison while infected, which has adverse implications for the broader community.

The New South Wales Government enacted legislation early last year to enable the Corrections commissioner to release, on parole, classes of inmates. This should be acted upon as a preventative measure to lower the square metre prison density, to prevent prison deaths in custody and to prevent infected people being released into the community at the end of their sentence. Finally, apart from the parole release, the New South Wales Executive could advise the Governor to grant sentence remissions based on its prerogative remissions power. Reviewing the eligibility of all sentenced inmates for remissions would recognise missed work release, restrictions on programs and visits, the mental health consequences of lockdowns, as well as controlling transmissibility. Indeed, there is a need for inmates to also have access to masks, PPE, vaccines and community health care, as well as testing in advance of release. However, it is only through fewer people in prisons that COVID can be controlled in prisons. Thanks for the opportunity.

The CHAIR: Thanks so much, Professor Anthony. Mr Bradshaw?

~Break

Mr BRADSHAW: Thank you. I also would like to acknowledge the country that we all meet on and pay my respect to Elders, past, present and emerging. I firstly apologise for Nicole Jess, who is the Chair of the Prison Officers' Vocational Branch and is unwell. I am stepping in as the industrial manager that looks after the

justice sector of our membership. Our members that work in this setting in and around correctional centres turn up to work every day under enormous pressure and new ways in which they are doing their job when it comes to practices and safeguards in place to minimise the risk, not only to staff but to the inmates as well. They do so, like I said, in a political environment with a lot of misinformation about vaccines and their effectiveness. However, there has been an announcement of mandatory vaccination for staff. Our members recognise that there is a risk there in those settings, a risk that also exists for the inmates as well, which does give rise to the question: If vaccinations are mandated for staff, with the first dose to be received by 30 September, what is the plan to vaccinate or to possibly mandate vaccination for inmates? It is a question that our members are also asking to minimise the risk not only to staff but the risk that exists to the inmates as well. Thank you.

The CHAIR: Professor Newhouse?

Associate Professor NEWHOUSE: Thank you, Chair. Like Dr Anthony, I would like to pay my respects both to Brett Collins' and Keenan Mundine's lived experience and also to the Gadigal people, on whose land we are today—well, I certainly am, and a number of you are. During the pandemic, the Government has made it clear that the lives of prisoners were deprioritised by diverting urgently needed vaccines from prisons and through their abject failure to develop an effective plan to prevent prisoners from becoming infected with COVID-19. The recent media attention and focus has seen vaccination rates rise from 21 per cent to 35 per cent fully vaccinated but it is still too low and too late. Prisons are exempt from COVID-19 health regulations but the public and prisoners and their families do not know what guidelines and procedures are currently mandated in prisons. The people of New South Wales are entitled to know exactly what is planned for prisoners right now.

The New South Wales Government has a duty of care to prisoners, especially those that they know to be vulnerable, like elderly prisoners, Aboriginal prisoners and those with underlying health conditions. We know from the stats that around 25 per cent of those diagnosed with COVID at the Parklea prison were Aboriginal prisoners, which is of great concern. Not only are Aboriginal peoples over-represented in prisons but now they are over-represented in COVID-19 numbers. There is no transparent plan. There are no transparent statistics. There is nothing to hold the system accountable for its performance or lack of performance. It appears to be "fly by the seat of your pants" stuff. If there is a plan then let us hear it so that families and prisoners know what they can expect and, in fact, demand from the department and operators.

The prisoners are sitting ducks to pandemics in confined, overcrowded and unhygienic areas without adequate masks and sanitisers. They are being locked down, as you have heard, in intolerable conditions. Often a prisoner's release is actually being delayed by COVID because they are unable to access to programs. Programs have been shut down and the parole board often requires prisoners to have met certain requirements of these programs before being released. Parole guidelines need to be varied during COVID to allow for this. Lockdowns and uncertainty are causing significant psychological harm.

Finally, the lockdowns are not only in breach of New South Wales law, as Brett mentioned, but they are in breach of the Convention against Torture and other Cruel, Inhuman and Degrading Treatment or Punishment [CAT], which defines "torture" as the infliction of severe physical and/or mental suffering committed under the law. It is noteworthy that CAT allows for no circumstances or emergencies where such conduct is permitted. I think it is very important that we consider the mental health of prisoners right now, who are being locked up in intolerable circumstances. I am happy to answer questions.

The CHAIR: Thank you all for your openings. I will hand over now to the Opposition.

The Hon. TARA MORIARTY: Thank you all for attending today. I really do appreciate your opening statements but also the work that you do in this space. I might start with Mr Bradshaw if I could. Mr Bradshaw, in terms of all staff, particularly guards, in prisons, what is the current vaccination rate? Are you aware?

Mr BRADSHAW: Unfortunately, I would not have the accurate figures for that. However, I do have for our members a member survey in which over 12,000 members responded. The response to that, respondents from our membership, which includes the prison officers, indicated—this was two weeks ago now—that 76 per cent of respondents had one dose and 54 per cent were fully vaccinated. That was two weeks ago. I can only estimate that the coverage in the prison officers would be quite similar.

The Hon. TARA MORIARTY: Thanks. Now that it is going to be compulsory for the guards to be vaccinated, what is the view of your members in terms of their ability to have accessed vaccination to this point? When is the deadline? The end of the month? What has the access rate been like?

Mr BRADSHAW: Yes, the deadline for the first dose is 30 September, the end of the month. There has been more than one round of vaccinations rolled out to the centres. Our members, however, in regional areas do report the same issues as the previous speaker when it comes to gaining access not only to a vaccine but the vaccine that either their GP has recommended or that they have a preference for. Also I believe that the members

are reporting that they should have the ability to gain that vaccine from their GP. For some members, they are having problems, if they are seeking an exemption for medical reasons, with gaining those appointments in time. However, the access to the vaccine—there have been issues but mainly in regional areas.

The Hon. TARA MORIARTY: Has the Government or Corrections worked with you or your organisation or the staff in terms of what will happen to staff who are not fully vaccinated by the deadline? Will they still be able to work? Will they be on leave? What will happen?

Mr BRADSHAW: They are currently in discussions about that. The announcement for mandating vaccinations was made yesterday. It was a risk assessment process that we have been involved with for the weeks leading up to that. The risk, obviously, we were aware of, that it could have been heading to this. But that announcement was just made yesterday. As for what happens to the staff, there will be a process. There is a similar process that is happening for police employees. So there will be a process for seeking exemptions. But exactly what happens to the staff if they refuse to be vaccinated is still a matter for discussion.

The Hon. TARA MORIARTY: Thanks. This is just in relation to the protocols in place for managing COVID. I know Corrections is its own world. But the health advice and the health rules in relation to COVID apply to all of us. On behalf of your members, is that what is happening with staff in Corrections? Do the normal health rules that apply to the rest of the community apply to staff? Or does Corrections have its own set of rules in relation to, for example, staff who might have symptoms of COVID—are they supposed to isolate for 14 days?—or people who have been exposed? Is that the requirement?

Mr BRADSHAW: It is certainly my information from everything that I have seen and my discussion with members. They are absolutely bound by the same restrictions. In fact, they have a COVID command post that works with population health, Justice Health in terms of contact tracing. For the majority, there are further restrictions or more caution being placed on testing et cetera. The members are tested every day when they turn up to the centre. So I would say that they are above the restrictions.

The Hon. TARA MORIARTY: That is the requirement. But I am wondering about if you can respond, whether you would be aware of this via your members or not. I will certainly be asking Corrections about this. I have been advised that there are cases where the health advice that we all have to follow is not being enforced by the COVID command in Corrections and that there are circumstances where—in fact, it has been told to me—staff are being told or pressured to come back to work before the 14 days if they have been exposed to a potential COVID case or, perhaps, within the 14 days, have received one negative result but are not being asked to isolate for the rest of the period. Do you know anything about that? Have you got any comments on that?

Mr BRADSHAW: My apologies. I do not have that information. That is not what I have heard. My apologies.

The Hon. TARA MORIARTY: That is okay. In terms of staffing issues, particularly the health system or all frontline workers who are working at the moment, there are stresses on all of our frontline workforces when people have to take this 14-day period because they might have been exposed. I would imagine that is happening in Corrections. Are there shortages of staff? How is that being dealt with by Corrections?

Mr BRADSHAW: It is certainly stretched to the limit. I do not think that is an unfair statement. I know that the casual pool is reaching the limits. I am aware of a number of staff that have been recalled, that were not in active duty so to speak. The pressures are there. Certainly, further increases in outbreaks are really going to strain the system. As well, from 30 September, if there is a sizable cohort of workers who cannot comply with the mandate and will not be at work, that will create further stresses on the workforce.

The Hon. TARA MORIARTY: Do you know whether there has been any planning around that or, as you have said, there are still discussions happening about what that might look like?

Mr BRADSHAW: There are still discussions, but there is no doubt that the policy at the moment is that from 30 September you will not be allowed to turn up to work unless you have had one dose of vaccine.

The Hon. TARA MORIARTY: Thanks. There has been quite a lack of transparency, in my view, about COVID and, certainly, this particular outbreak in the system. I am also advised that staff have been, in some cases, threatened with disciplinary action if they speak out about COVID cases. In fact, the outbreak at Parklea was not made public until it was exposed by us. Do you have any information or any comment on that?

Mr BRADSHAW: I would like to preface by saying that I do not look after the private prisons. I have not had a huge involvement in Parklea. However, my comment is that there is quite a strict public sector code of conduct and our members are often threatened for speaking out on issues that they should be able to.

The Hon. TARA MORIARTY: Yes. That is something I have discovered in the very short time that I have had this portfolio. I understand that going to the media might be a problem for staff working in places. But I am also advised that they have been threatened if they want to get advice or deal with these things in any other way. So you are welcome to get them to contact us if we can assist with that. Are there enough or appropriate protections in place or gear in place for people, particularly in regional areas?

Mr BRADSHAW: Look, I think the PPE rollout was slow in the beginning of this lockdown. I do not think that there is any doubt about that. However, I think from my reports and discussions with members that there is certainly the provision of—I think it is N95; forgive me if I have got the numbers wrong—the masks, the face shields, goggles. There are multiple procedures in place. Whilst the PPE is certainly valid, it does make our members' doing their job increasingly difficult to use all that PPE at the same time.

The Hon. TARA MORIARTY: Thanks for that. I will turn to, I guess, collectively all of the advocates that we have got here. Feel free, each of you, to jump in. I, like you, have been inundated with correspondence and calls from family members who are very concerned on behalf of their family members who are incarcerated at the moment. The Government did make mention, and the Minister confirmed a couple of weeks ago that they were looking at releasing some low-risk inmates. I understand that they have since said that they are not doing that. I know a few of you are doing work on this and, potentially, a legal challenge. Where is that up to? What kind of response have you had from the Government in relation to their up-and-down answers on this?

Mr COLLINS: Maybe I can respond to that, Ms Moriarty. We currently have a barrister and solicitors working on the case. It is not yet ready to present to the court; there is still some research to be done. At the moment, we have 12 plaintiffs looking for a class action really on the back of quite a few things there for the acting commissioner to grant parole to a certain class of prisoners. At the moment, as I say, we have 12 plaintiffs, but we have well over a hundred who actually want to present their case before the court.

We are concerned about a whole range of things, but I can just address the issue that Mr Bradshaw referred to, which was mandatory vaccinations for prisoners. Of course, many prisoners do want vaccinations, but then there is a lack of trust between Justice Health and prisoners. The last thing we would want to have would be for prisoners then to be forcibly vaccinated. That does not happen anywhere else in the community. To propose that, I think, is really a bad thing. That is a bad thing for a whole range of reasons. First of all, of course, prisoners do not have the choice. They are sitting in a cell. The health department should be actually offering services and not compelling people to do things. Of course, they are not employed. Therefore, they do not have the benefit of leaving the area. They do not have their own doctor. If they had their own doctor and, of course, they had access to health advice, they may well, in fact, accept the vaccinations. But that communication between the prisoner and their own doctor is essential.

That is why people are saying we have a situation now where pressure is building in the prison system. What we heard from Mr Bradshaw was, in fact, it is going to get worse. We all know that is going to happen. That is why, effectively, something has to happen now. We look to this inquiry to actually make sure that does happen. But as it builds up more and more, what you are looking at is will it be a bomb and blow up? That would be really unpleasant for the whole system, including Mr Bradshaw's staff, as, I am sure, he is fully aware.

So what we are suggesting at the very least and what prisoners' families say is to at least let us have computer tablets in the cells, as is happening in some areas and has been promised, because at least people have easy access then to their families, legal support. They can get proper reports about what is actually happening. They can get proper support, health support as well, from their own doctors. They are things that all make a big difference. Then they can also use their time properly. If they are left in their cells for long periods, at least they do have access to some positive way in which they can use their time. That is basic. So far, we have not had a response to that.

Associate Professor NEWHOUSE: Can I just add to that? I strongly recommend that the Aboriginal Medical Service be funded to attend prisons and speak to First Nations prisoners. I think that will lead to higher vaccination rates amongst that cohort. In relation to one of your questions, Ms Moriarty, about the public health orders, there are specific exemptions for prisons, correctional facilities and Youth Justice centres or other places of custody. The gathering, social distancing requirements are exempt. There may well be other sections of the normal requirements on the public that are exempt in prisons. It would be worth asking the department or the health department what they are exempt from too.

The Hon. TARA MORIARTY: I am aware of that, but I am interested in comments from you about the treatment of inmates. This particular outbreak seems to have caught Corrections off guard in my opinion. They seem to have been caught out and then, in late August, locked down all of the facilities across New South Wales. Some of them were reopened, and some of them took a little longer. I have not got a complete answer on whether they are all open. But it means, as you know, that a lot of people have had not much access to fresh air or

communication. Have you got any comments about that? I have had comments from family members that COVID-positive inmates have been refused contact or refused to be allowed to contact their family members, that Corrections will tell families but they are not allowed to speak to their loved ones. Any comments on that?

Mr COLLINS: I can certainly talk to that actually, Ms Moriarty. We have a number of reports from families who do have COVID-positive prisoners at the moment, who have not spoken to them for three weeks, who have also been lied to about their status. They have been told that there is nothing to worry about at all, although they have not had contact with their loved ones in Parklea, particularly Parklea, for the last three weeks. Afterwards they have been told that their family member is positive after all, after having been told previously that it was not the case. So there is a lack of transparency, definitely, a lack of communication as well, which is really very difficult for family members outside as well as, of course, for the prisoners themselves.

The CHAIR: Thanks, Ms Moriarty. Unfortunately, your time has expired for this round of questioning. Professor Anthony, I saw that you wanted to contribute to an earlier question.

Professor ANTHONY: Yes. Thanks. I just wanted to say in response to the question about the Corrections commissioner's position on release that we have penned four open letters from thousands of justice advocates over the past 16 months, including one a few weeks ago, which was sent to the commissioner, and have not received a response and not had any information about the criteria that would trigger the release. It was said, including up to a few weeks ago, that it could require an outbreak. When there has been an outbreak, it again has not triggered it. I think that it is really incumbent on them to provide information as to when the powers will be used.

The CHAIR: Mr Collins and Mr Mundine, what have the inmates that you have speaking to or had communication with said about access to vaccines? We hear from the Government a lot of rhetoric about vaccine hesitancy. Can everyone in prison get a vaccine when they want it, Mr Collins?

Mr COLLINS: No, they cannot. In fact, we have been told by many people that they have actually been refused access to vaccines. We have a number of reports here, which I am very happy to pass to the Committee, if that would be useful, from people who have been refused and people who have been told that one vaccine does not apply and therefore they have to wait until the AstraZeneca is available. There have been many people in that category, people over the age of 60, who have not had access to vaccines. People have been asking for vaccines for months and have been refused. People have had to pay for vaccines, as well, which is quite a surprising situation. Look, there is no question. Prisoners know that it would be to their benefit to be vaccinated. Of course, some people would be resistant to that. But they certainly would prefer that to be the case.

Mr MUNDINE: I am going to follow on with what Brett Collins said. My brother is actually in prison at the moment and I am really highly anxious about his welfare and what he is going through. I have a lot of old associates still in custody at the moment that I talk to. I guess the biggest thing that has become more apparent here in New South Wales is that every prison runs their prison the way they want to. There is no mandated sort of guidelines on every prison operating the same, giving the same pathways to getting access to a vaccination. Up in Clarence I have a friend who has already been vaccinated. My brother got vaccinated the other day. But the way in which it is rolling out is like—you have to go to the clinic, fill out a form, then ask for it. Then, when they are ready for you, they will just page you on a random day. It is not like, "Here's your appointment. On Tuesday, at two o'clock you are going to get it. If you have any concerns, here's some information. Here's a number that you can ring. Here's somebody in the community that you can talk to." They are getting bombarded.

My friend who was in Clarence actually got offered his vaccine whilst getting dosed in the morning, during his opioid replacement therapy program. So he had to decline it, give me a phone call, and I had to talk to him about his options. He opted to go back to the clinic and get vaccinated, but he was very highly anxious, walking up there to get his methadone in the morning, and then they tried to corner him in a room and say, "While you're here, do you want your jab?" Like everybody else said, I feel like most of the Aboriginal community in custody are going to be very hesitant. They do not trust authorities as it is. What George Newhouse said, I second that: trying to get the Aboriginal Medical Service into local custodial centres to be able to reduce that sort of heightened state of distrust and to be able to administer vaccines to the Aboriginal population.

The CHAIR: That is a pretty obvious solution, Keenan, to get the Aboriginal Medical Service in, a trusted source, an authoritative source outside of the prison system. That is a way of getting to, particularly, First Nations inmates in a trusted way to increase vaccine rates. Do you agree?

Mr MUNDINE: I fully stand behind that comment. I am glad that George Newhouse brought it up. I feel, myself, as a former prisoner, having somebody from my local medical centre that I have grown up with, having access to them and a doctor and a nurse coming and comforting me in such a heightened state and to be able to sit with me during most of these routine jabs—as you can see, rolling out in the community, you just get

your jab, you sit for 15 minutes, and you take off. That is heightened in custodial settings. You already do not trust the staff; you do not trust the nurse; you do not trust custodial staff. Who do you talk to about your fears, your anxieties and what you go through? Then what are the repercussions of you disclosing that you are unstable? Most of the time in custodial settings when you say that you are unstable, you get locked down even further and then you get your [inaudible] and your clothing removed from you and you get a safety blanket and you get put in a cell with a camera and you get further isolated. So it is a very tricky situation, and I am very honoured to be here. Thanks, David.

The CHAIR: Can I ask again, Mr Collins and Mr Mundine, about the lockdowns. One of the responses to COVID in prisons has been to lock prisoners in their cells, sometimes for the great majority of the day. What are you hearing on the ground, Mr Collins?

Mr COLLINS: I can tell you that there is an immense tension in the prisons at the moment. People are being left in their cells for whole periods, except for 10 minutes. Some people are being allowed out for a little bit longer than that. It is just enough time to go out and have a shower and have access to a phone call, sometimes to a phone call, and then back in again. The whole system really—it is very easy to just lock people in their cells. Obviously, it is easier from the staff's point of view because all they have to do is open the cell and close the cell door. But that only lasts for a short amount of time. Then, at the end of it, you have people who—actually, they talk about staggering out in the sunlight after they finally come out in the sunlight after a period inside. That has immense impact on a person's feeling about themselves and how they can fit in the general community. That will have reverberations in the general community later, without any question.

The CHAIR: Mr Collins, when you say "10 minutes", do you mean 10 minutes in a 24-hour cycle?

Mr COLLINS: Yes, 10 minutes in a 24-hour cycle. That is right. We have that widely across the board, actually. It is quite surprising how little time people get out even out of places like the South Coast Correctional Centre down at Nowra. We are getting that same report from there. We had a report of a man who was there for 17 days in his cell and did not leave his cell. That is the sort of situation where people are seen as being locked down. Being locked down is different than a general community lockdown. We are talking about being locked in a room with one or two other people with you as well. That is just an amazing situation that would normally never happen, would never be even considered. Yet it is seen here as being a safety situation, which is really totally intolerable.

Mr MUNDINE: Even in the best of times, locking a prison down is hard, and trying to get through [audio malfunction]. All of the research and evidence will show that locking prisoners down only exacerbates their mental health and some of their behaviours and experiences. The ultimate sort of pinnacle of a lockdown would be an inmate taking a staff member hostage or assaulting a staff member. But then, on the other side of the coin, we will not truly understand the full impact of the psychological and mental effect of the State being locked down and every prisoner in prison. It might happen tomorrow. It might happen two weeks from now. It might happen two years from now. But that is when the impact will happen. That impact will go directly to their household. Their loved ones and those around them will watch them suffer from what they had to experience being locked up in a pandemic.

The CHAIR: Professor Anthony, could I ask you about the need for transparency? During the heat of the crisis last year there was greater transparency about what is happening in prisons than there is this year. Can you speak to that at all?

Professor ANTHONY: Last year, every time there was an infection, on the New South Wales Corrective Services website they would report whether it was a staff or an inmate. They would report the numbers. Then, if they were being transferred, say, to Silverwater for treatment, they would report that. There were very few cases admittedly last year. Now when we have hundreds of cases, the only information we are getting is from the daily COVID statistics from the New South Wales Government, which puts a number to correctional settings at large. So there is no specificity as to who is affected and where they are affected or how they are being treated.

The CHAIR: [Inaudible].

Professor ANTHONY: David, you are on mute.

The CHAIR: I had to do that at some point. What is the transparency we should be expecting? Is it COVID numbers broken down? Obviously, it is quite distinct if it is officers rather than inmates. Should it also be on a facility-by-facility basis?

Professor ANTHONY: Yes, I think there needs to be, absolutely, that level of detail around infections, facility by facility, including youth detention centres where we have also heard there have been cases. Those numbers should extend to vaccination numbers and testing numbers. In addition to that, there should be reporting

from custodial inspectors and ombudsmen about the conditions in prisons and youth detention centres and what the experience is like inside but also what protections are available. Apart from that, there needs to be transparency about the policy, what Corrective Services are doing to manage the outbreak, what they are doing in relation to their powers of release et cetera.

The CHAIR: Mr Bradshaw, you said that there were some masks being provided to staff. Is it true that there is no PPE being provided to inmates?

Mr BRADSHAW: The information I have is that they have surgical masks provided. Again I can take the question on notice as to exactly what PPE is being provided. But my information is that they are provided surgical masks for common areas and transportation.

The CHAIR: No hand sanitiser, no [disorder] face masks?

Mr BRADSHAW: Sorry. Hand sanitiser, yes, and the surgical masks.

The CHAIR: Mr Collins, Mr Mundine, what are you hearing?

Mr COLLINS: We have heard for a long period, in fact, that they were not available to prisoners and that also the staff were entering the cells without masks. There was a really casual approach across the board. More recently things may well have changed. But it certainly was the case. There was a really casual approach right across the board.

Mr MUNDINE: Yes—

The CHAIR: Mr Bradshaw, family members—sorry. Mr Mundine, did you want to add something?

Mr MUNDINE: Yes. Sorry, David. In my reports from my people in prison, the only time they are ever afforded any sort of PPE is when they are coming in contact with staff or accessing Justice Health facilities. When they are in the cells, when they are in the yard, when they are in public areas, interacting with each other, there is no PPE. They are in close quarters. They are in yards. They are in cells. They are out in spaces together. There is no PPE given to them. There are the basic [audio malfunction] they give out, which are just a bit of soap and toothbrush and toothpaste and that is it.

The CHAIR: Mr Bradshaw, family members contacted me about an incident in the South Coast corrections facility yesterday where prison officers were refusing to wear masks and were locking prisoners in their cells as part of the response to that. Do you know anything about that?

Mr BRADSHAW: I believe there is an industrial dispute ongoing on that matter. It is not one that I am running. However, I do believe that the transfer of prisoners has been delayed and locked down, yes, until the workers' concerns over the PPE—the concerns are not necessarily having to wear the PPE. The concerns are that it can be a safety risk in terms of the goggles and mask fogging up or in terms of their supervision when wearing that PPE. They are requesting that their concerns are explored before they transfer inmates.

The CHAIR: Is it true that that crisis in the facility yesterday only ended when inmates called Crime Stoppers and complained about the absence of masks being worn?

Mr BRADSHAW: I would not know. Sorry.

The CHAIR: You said, "No", or that you would not know?

Mr BRADSHAW: Sorry. I do not know. No, I have not heard that.

The CHAIR: What is the attitude of the Public Service Association [PSA] toward compulsory vaccination for staff?

Mr BRADSHAW: The PSA is only interested in the industrial landscape of mandatory vaccination. We understand that there is a risk and that the employer has a duty of care, to minimise that risk. We understand in this situation that the risk is extreme: It is death. We have members whose colleagues are unwell, that are in hospital. So in terms of our position on mandatory vaccination, we can accept that there are risks that need to be minimised and that vaccination is a key part of that. What we are interested in is the industrial landscape of what happens to people who do not wish to be vaccinated, which we were speaking about earlier, whether there is disciplinary action as a result of that or there is an ability for them to take leave. Those are the issues we are working through at the moment.

The CHAIR: Unfortunately, our time has expired. I feel there is a great deal more we would be able to explore, but we do have the Inspector of Custodial Services [ICS], the Ombudsman and Justice Health coming next. Can I thank all of you—

Associate Professor NEWHOUSE: Chair, before you do, will you take short written submissions if we—

The CHAIR: Indeed. I will give you this open opportunity to each of you if there is anything further you wish to provide to us on notice, you are each welcome to do that. Maximum period is 21 days, but if you could provide that in a shorter time frame, that would be gratefully accepted. Again, I am sorry. We have run out of time. Time has beaten us here. Thank you for all the work you have been doing. There is, obviously, so much to do in this space.

(The witnesses withdrew.)

(Short adjournment)

KEVIN CORCORAN, Acting Commissioner, Corrective Services NSW, sworn and examined

FIONA RAFTER, Inspector of Custodial Services, affirmed and examined

PAUL MILLER, NSW Ombudsman, affirmed and examined

WENDY HOEY, Executive Director, Clinical Operations, Justice Health and Forensic Mental Health Network, NSW Health, affirmed and examined

The CHAIR: I would like to welcome people back to our final round of hearings today in the Public Accountability Committee's oversight hearing into the COVID response by the New South Wales Government. The last session we have just had and this session are both dealing with COVID in prisons and what the Government's response has been. Thank you very much for your attendance this afternoon. There is an opportunity now, if you wish to take it, to give a brief opening statement. Does anybody wish to take that opportunity?

Acting Commissioner CORCORAN: Yes, I would like to, Mr Chair.

The CHAIR: Proceed.

Acting Commissioner CORCORAN: Thank you. I would like to begin by acknowledging the traditional owners of the land on which I am present today, the Gadigal people of the Eora nation, and their Elders, past, present and emerging. I would like to just give you a brief overview of what Corrective Services NSW has done to tackle this COVID-19 pandemic. Most of the measures were introduced very soon after it began last year. We have always followed the expert advice of NSW Health and its Justice Health and Forensic Mental Health Network, which provides health care in public prisons. The safety of staff and inmates is our number one priority.

So, what did we do? We initially set up a seven-day-a-week command post to coordinate the response of our 9,000 staff at over 100 work locations. The PSA has always been embedded in the command post, along with Justice Health. All fresh custody inmates are managed in quarantine for 14 days before being cleared to move into the general population. Just recently we have set up further staging areas around the State. Inmates who test positive for COVID-19 are immediately isolated and receive appropriate medical treatment. Masks and eye protection are mandatory for all staff. Increased PPE requirements apply for staff in contact with fresh receptions and inmates in quarantine and isolation. Inmates have been provided with masks and sanitary arrangements.

We have introduced rapid antigen screening at key locations for staff and inmates. Prison transfers have been restricted as much as possible. In-person visits have been stopped, and we have greatly increased the number of video visits and phone calls available to inmates. We have suspended all forms of external leave, apart from special circumstances. Our staff are on the front line of this pandemic, just as much as the more visible emergency services workers. They have been doing a magnificent job in a very difficult situation. That is a brief summary, Mr Chair. I am sure you will want to know more details. I am happy to provide as required.

The CHAIR: Thanks, Acting Commissioner. Does anybody else wish to provide a brief opening?

Ms RAFTER: I have a brief opening statement, as well, Mr Chair.

The CHAIR: Thanks, Ms Rafter.

Ms RAFTER: Thank you for the opportunity to appear before you today. I would like to firstly acknowledge the Gadigal people of the Eora nation. The Inspector of Custodial Services is an independent statutory office created in October 2013 pursuant to the Inspector of Custodial Services Act 2012. My office published its Inspector of Custodial Services COVID-19 plan in April 2020. That has guided our work during the pandemic. Plan states that ICS will monitor the planning and response to COVID-19 and that a review of agency responses would be necessary after the COVID-19 pandemic.

The ICS has adopted a "do no harm" approach to its activities throughout the pandemic to avoid placing any burden on relevant authorities and staff that reduces their capacity to respond to COVID-19. Although this has resulted in some visits and inspections being postponed since March 2020, the ICS staff has completed 85 liaison visits, 40 that were specifically for COVID-monitoring purposes, and carried out full inspections of six correctional centres.

One of my priorities during the pandemic has been to keep the official visitor program operating. That is when I was also aware that other jurisdictions and other community visitor programs in New South Wales had been suspended. There are over 90 official visitor appointments to 56 custodial facilities across New South Wales. They have conducted 1,591 visits since March 2020. With the cooperation of Corrective Services NSW and Youth Justice, a free official visitor phone line and mail service was introduced at all centres in May 2020 and is still

currently operating. We are in the final stages of implementing official visitor virtual visits at all centres to complement in-person visits.

Since February 2020 I have liaised closely with Corrective Services NSW, Youth Justice and Justice Health and Forensic Mental Health Network on their response to COVID-19. In addition to regular meetings since the pandemic commenced, I receive notification of COVID cases and regular updates from Corrective Services and Justice Health and Youth Justice. To their credit, I have observed Corrective Services, Youth Justice and Justice Health working collaboratively and constructively on this response.

Although the custodial system in New South Wales has done remarkably well in responding to the threat of COVID-19 throughout the pandemic, following an outbreak in the New South Wales community in June 2021, COVID-19 disease was detected in young people and adults in custody, as well as staff, who acquired the virus in the community. Given the increasing number of confirmed cases of COVID-19 in the custodial system, I therefore determined to formally commence a review of the response to COVID-19 in New South Wales custodial centres and services. The terms of reference are on my website. However, as we commence this review, we will also continue to have regard to the "do no harm" principle that has guided our monitoring during the COVID-19 pandemic. Thank you.

The CHAIR: Thanks, Ms Rafter. Mr Miller?

Mr MILLER: Thank you, Chair. It is just a short statement. I would like to begin just by acknowledging that I am on Gadigal land. I pay respects to Elders, past, present and emerging. While I have not been able to tune in to all of the proceedings of this Committee, I have heard occasional comments that might seem to suggest that being in the midst of a global pandemic or other crisis is not the time for oversight and scrutiny. I just want to put on record the Ombudsman's fundamental disagreement with that proposition. Since the outset, some 18 months ago, we have noted that in many respects appropriate oversight and—of particular relevance to us—avenues for external complaint handling need to be embedded as an essential part of crisis response. This is particularly so when normal mechanisms of accountability like Parliament itself may be impeded.

Where Government and its agencies are exercising extraordinary, intrusive powers and where they are reacting to unprecedented situations in new and untested ways, the value of people having an avenue to question and to complain is not important just because it is a fundamental democratic right—although it is—but also because there are always opportunities to learn, adjust and improve and because it can enhance public confidence and trust in what is being done. In this way, far from getting in the way of effective crisis response, appropriate oversight supports it.

For that reason, we were very pleased by the inspector's announcement this week that she will be undertaking a review of COVID response in correctional and Youth Justice centres. I have, of course, offered all assistance my office can provide to aid her in that important work. The final point I will quickly make is just to put on the public record my thanks for the small team of the Ombudsman's office, who have staffed the phone lines into correctional and Youth Justice facilities for the past 18 months, sometimes, like now, from their own homes. I thank them for their commitment to that important work.

The CHAIR: Ms Hoey?

Ms HOEY: Thank you, Chair. I do not have a statement. I would just like to acknowledge the traditional owners of the land that I sit on today. That is the Bidjigal and Gadigal people of the Eora nation. I would like to commend the Elders, past, present and emerging. I do not have a statement. I am sure you have got a lot of questions for me. Thank you.

The CHAIR: I will now hand over to the Opposition. Ms Moriarty?

The Hon. TARA MORIARTY: Thank you, Chair. Can I just start by actually thanking all of you for your participation today and for the work that you have been doing and your organisations have been doing, particularly, on behalf of the Opposition, the team at Corrective Services, all of the guards and the frontline workers who are doing terrific work—it matters to all of us—and particularly the team at Justice and Forensic Health. It is very important to all of us and appreciated by all of us, the work that your staff do. Acting Commissioner, I might start with you if I could. Can you tell us, as at today's date or as most recently as you can, how many positive COVID cases there have been in Corrections staff and inmates?

Acting Commissioner CORCORAN: Unfortunately, I will not be able to answer that question because Health is the lead agency for all those COVID-related matters. So I will hand over to Wendy Hoey if that is all right, Ms Moriarty. Thank you.

Ms HOEY: Thank you, Mr Corcoran. To date, in the custodial environment there have been 325 COVID-positive cases across the system. Just of note, one of them was prior to Delta. The rest have all been

since Delta. That one did come from Victoria. Eighty-four of those cases have been from Aboriginal people. What else would you like to know?

The Hon. TARA MORIARTY: Is there a breakdown in those numbers of inmates and staff?

Ms HOEY: That is all inmates or patients, I like to call them. Would you like—I have got my staff to date.

The Hon. TARA MORIARTY: You can take it on notice if you do not have it available but it would be useful.

Ms HOEY: We have got a lot of information here for you. Which order do we give it? I will start with, probably, just describing. There have been three centres. I am going to answer any of your questions in relation to the public centres. That is the centres that I manage. Any of the privately operated centres do not report to me. First of all, we will talk about the Bathurst correctional centre because that is one of the centres that has had some staff—two Justice Health staff have deemed positive within the Bathurst correctional centre. There have been 12 Correctional Services staff from Metropolitan Remand and Reception Centre [MRRC]. There have been two Justice Health staff. There have been 15 Correctional Services officers. We have had a couple of other centres where there has been staff. On the Long Bay campus, at Long Bay here, we have had one Justice Health staff and seven correctional staff. Also, in one of our Youth Justice centres there were six Youth Justice officers and no Justice Health staff.

The Hon. TARA MORIARTY: Thank you. I guess this is for both of you. So I do not mind who starts. Who is responsible for the management of the COVID protocols and planning in Corrections proper? Obviously, Corrections has its role; Justice Health has its role. I am wondering first of all about who is ultimately responsible just for the rules that are in place and then how that works between both of your organisations.

Acting Commissioner CORCORAN: I might start off on it. We have a series of commissioner's instructions, which relate to the rules and protocols that we have in place. But, of course, they are all based on health advice. We just make sure that we seek that advice before we make those determinations. But those determinations are the thing which govern the way we make sure that people have protocols or procedures in place in the correctional system.

The Hon. TARA MORIARTY: For Justice Health what kind of input do you have into that?

Ms HOEY: I think what has to be said is that, from the very beginning of this pandemic, Justice Health, Correctional Services and Youth Justice have worked extremely closely together. I think we realised at the beginning of this that we could not do it without each other. So it has been an absolute collaboration. We work very closely with them. At this current time, five to seven days a week, we hold a teleconference in the morning, where we have Youth Justice, we have ourselves, a representative from the Inspector of Custodial Services, who dial in. We discuss what is happening and the state of play and suchlike. Then, if there are policies, procedures to be made, to be developed, we do that in consultation.

From a health perspective and from Justice Health, Forensic Mental Health, we certainly would involve the ministry and NSW Health. We take advice from them and also the State Health Emergency Operations Centre, or SHEOC. So there is a bit of a matrix happening. I think we have very hot lines to each other. We would sign off on the health policy, and Correctional Services would manage the logistics and the security component of it. Kevin Corcoran and I were speaking about this. We both have a shared responsibility around the welfare which we do. Health policy certainly comes from us; security, from Kevin. We work very closely in that.

The Hon. TARA MORIARTY: Can I just confirm? Does the daily teleconference include Correctional Services as well? [Disorder].

Ms HOEY: Correctional Services, everybody. Yes.

The Hon. TARA MORIARTY: What about in terms of managing cases? One of the things I am going to quiz you on and one of the thing that is really of public interest here is the lack of transparency around what is happening in this particular outbreak. I know that is complicated because you both have different organisations and then there are private organisations in the mix. So I am wanting to understand how that all fits together and how information might not be being then communicated. Mr Corcoran, what kind of sight do you have over the policies that are in place in each of the correctional facilities around the State? You guys set them at a high level. What happens to them in each facility on the ground? They all run their own operations.

Acting Commissioner CORCORAN: They all run their own operations, but they must comply with these commissioner's instructions. We have total oversight from that perspective. The command post that we have in operation are the ones that generate these commissioner's instructions. They go through really extensive

consultation. As I said previously, in my introduction, the Public Service Association are actually embedded in this command post. So we have got constant feedback coming from staff all around the State. Just recently we had issues where we were looking at how we were going to make sure people coming out of MRRC into the regions were going to be safe, so we engaged in teleconferences or videoconferences with up to 150 PSA representatives from all around the State to talk it through with them. The command post did that sort of work and generated a response, which really made sure that we were covering off on all the concerns of staff around the State.

The Hon. TARA MORIARTY: Does that oversight apply equally to the private prisons, private facilities?

~Break

Acting Commissioner CORCORAN: Yes, it certainly does and obviously we contract out to those private providers. But nevertheless they must comply with those commissioner's instructions.

The Hon. TARA MORIARTY: Have they complied?

Acting Commissioner CORCORAN: In general they have complied, yes.

The Hon. TARA MORIARTY: Okay, specifically have they complied? Let us turn to Parklea, firstly. Clearly that was the source of the first outbreak—some youth detention centres had small cases, but Parklea was the source of this big outbreak, and there are mixed reports about when information about that situation was made public. Can I ask when you were first told about positive cases at Parklea?

Acting Commissioner CORCORAN: I was told as soon as that information was made available to the command post. We get text messages as soon as we hear about positive cases and I was aware as soon as the command post was aware. I could not give you a specific date or time.

The Hon. TARA MORIARTY: Can you, though?

Acting Commissioner CORCORAN: I would have to take that on notice.

The Hon. TARA MORIARTY: Can you give me the specific date? It is actually very important. You are welcome to take it on notice if you do not have it in front of you. But if you could provide a specific date that you were notified and also I am interested in what the requirements are. First of all, will you take that on notice?

Acting Commissioner CORCORAN: I shall take it on notice, yes.

The Hon. TARA MORIARTY: Secondly, what is the requirement for each facility to notify you? Presumably you have incident reporting but, in regard to COVID specifically, when is each facility required to tell you, through whatever channels, of positive cases?

Acting Commissioner CORCORAN: That information generally would come from Health. In the case of Parklea that would be St Vincent's Health that would notify us of some positive case that was found in the facility.

The Hon. TARA MORIARTY: Is the requirement that each facility has to notify Health or notify the COVID command or your command?

Acting Commissioner CORCORAN: In the private centres they have their own health providers but, in the public centres, that would be the responsibility of Justice Health.

The Hon. TARA MORIARTY: Okay, but in notifying is there no requirement for facilities to report centrally to Corrective Services if they have cases or are they required to notify?

Acting Commissioner CORCORAN: Everybody is required to notify the command post as soon as possible. That is why we have a command post. It is a central location and a repository for all information that comes in. Because as soon as we find out about a case, whether it be an inmate or a staff member, we start our contact tracing to make sure that we have got a handle on who should be isolated as a result of that positive case coming forward.

The Hon. TARA MORIARTY: But in the requirement is there a time frame? Are they supposed to notify immediately? What is the process?

Acting Commissioner CORCORAN: The notification should be immediate. And we really need to know as soon as possible so we can start our contact-tracing protocols.

The Hon. TARA MORIARTY: You will take it on notice that you will give the Committee the date for when you were notified by Parklea but do you know if they did notify you immediately, because there is information in reports that they knew for days and did not tell anyone.

Acting Commissioner CORCORAN: If that is the case, then I am not aware of that information. As I said, we would be required to be notified immediately through the command post of any positive case that has come up.

The Hon. TARA MORIARTY: Do you know how the outbreak started at Parklea?

Acting Commissioner CORCORAN: I am not 100 per cent certain at this point in time but what we have done is engage the University of New South Wales Kirby Institute to have a look at the situation in Parklea—so an independent body coming in to have a look at that—and we will await their report and their views on how that outbreak occurred.

The Hon. TARA MORIARTY: When is that report due?

Acting Commissioner CORCORAN: I have not got a date on that yet.

The Hon. TARA MORIARTY: So it is just open ended?

Acting Commissioner CORCORAN: No, it will not be open ended.

The Hon. TARA MORIARTY: They must have to tell you at a certain point, "We are in the middle of an outbreak inside of your service."

Acting Commissioner CORCORAN: Their investigations are still continuing and as soon as they finish those investigations they will be reporting to us. So it is not that they are going to take a couple of months to do this. This is happening actively and we want to make sure that we get that information as quickly as possible because we really need to know how that occurred and what we need to do to make sure it does not occur again.

The Hon. TARA MORIARTY: Will that be publicly available once it is complete?

Acting Commissioner CORCORAN: I do not see why not.

The Hon. TARA MORIARTY: Is that a yes?

Acting Commissioner CORCORAN: Yes, that is a yes.

The Hon. TARA MORIARTY: Moving on from Parklea but starting from there, Parklea is the private operator but correctional services are responsible for the transfer of people to other facilities around the State. What protocols do you have in place to make sure that when people are transferred they are not at risk of being COVID positive, or do you have protocols in place?

Acting Commissioner CORCORAN: We have really adopted a belts and braces approach to this. At this point in time we have the Metropolitan Remand and Reception Centre [MRRC] as the sole repository—along with Silverwater Women's—of all the metropolitan quarantine and isolation. So that means that for 14 days we keep these all in quarantine in those two facilities in the metropolitan area. Obviously we have this sort of scenario occurring out in the regions where here have got receptions as well. But in the metropolitan area we have confined it to the main repository—the MRRC.

We get about 1,000 fresh custodies a month through that facility so it is quite substantial and we have had to put aside a lot of quarantine and isolation beds to ensure that we can process people and get them moving. We do have to get them moving out of MRRC because that is critical to the flow in the system. Otherwise we will get blocked up with police cells and we just cannot process people. So what we have done to facilitate that is we have established a staging post out in four correctional centres in the regions where we keep them for another up to seven days and they have to clear another test. Prior to going to those staging areas they have to clear with a polymerase chain reaction [PCR] and off in those staging areas they have to clear with another PCR test. So we are very confident we have got protocols in place that will make sure that we do not get any further leakage out of those quarantine areas.

The Hon. TARA MORIARTY: How long has that protocol been in place?

Acting Commissioner CORCORAN: It has only been in place in the last week or two. That is obviously something that we had to negotiate and consult with our PSA colleagues around the State and make sure that we came up with the best solution. I believe that we have really come up with an excellent solution there, but it is being done in conjunction with Health and in conjunction with our PSA colleagues.

The Hon. TARA MORIARTY: Yes, that is great but, before the last week or so, what were the arrangements in place? Because people were transferred and it has been reported that positive cases were transferred. Was there a failure before the last week to test people and to have systems in place to make sure that positive cases were not moved to other places to then cause spread?

Acting Commissioner CORCORAN: Those sorts of things—let me take Parklea, for example. We knew once we had those cases that they had come out of quarantine and we found these cases in the general population of Parklea. I immediately closed down the entire system. One hundred and ninety-eight inmates were transferred from Parklea in, I think, the two weeks prior to that. We then made sure that we cleared every correctional centre—so we have isolated those people who had come from Parklea and put them into 14-day isolation with testing to make sure that nothing had leaked out from Parklea. There were no positives that came out of that 198. This is when we started thinking about how are we going to make sure this does not happen again. That is why we have put in place these staging areas in these four centres—so that we have got additional quarantine and additional testing before we put anybody out in the general population.

The Hon. TARA MORIARTY: That is good for now but the outbreak has already happened. So why was this not in place before this outbreak?

Acting Commissioner CORCORAN: Because we were operating on health advice that 14 days' quarantine is what we need and we were testing on day one and day 12. And when you think about it, that is what they do in hotel quarantine.

The Hon. TARA MORIARTY: With respect, this pandemic has been going for over 18 months. You managed to get through last year without too many cases. We have had a massive outbreak in the last six weeks or so—massive—with huge implications and big health issues. I am told there is a Corrective Services officer on life support. It is really not good enough that you are only putting some systems in place in the last week or so. Would you not agree?

Acting Commissioner CORCORAN: No, we have had systems in place for the entire—what we have got and are dealing with is the Delta variant and I have got to say it is far more contagious than what we were experiencing last year. We have had to adapt and be a little bit agile about how we are dealing with this Delta variant and that is why we are putting in additional measures that we were not aware would be required. The previous COVID variant would not have required these sorts of measures.

The Hon. TARA MORIARTY: Was it not required because essentially Corrective Services just did not do the work to prepare properly, in the nicest possible way?

Acting Commissioner CORCORAN: I have got to say we did massive amounts of work and massive amounts of consultation and we took all the health advice in relation to this. Fourteen days' quarantine was regarded as acceptable and PCR testing was also regarded as essential. But we have done a whole range of other things too such as rolling out rapid antigen testing in a variety of the reception areas around the State.

The Hon. TARA MORIARTY: But that has been since the outbreak. All of these things that you are talking about have been after the outbreak.

Acting Commissioner CORCORAN: That is right—after the outbreak.

The Hon. TARA MORIARTY: Why were they not in place before in order to stop the outbreak?

Acting Commissioner CORCORAN: Our best advice at the time was 14 days' quarantine was acceptable. We do not know what caused that outbreak yet in Parklea.

The Hon. TARA MORIARTY: Are you following the health advice with all of your systems? It has been reported to me that there are cases where your COVID command centre and other people in management positions are pressuring or directing staff to return to work before the 14 days. Is that happening? Can you comment on that?

Acting Commissioner CORCORAN: Yes, that is definitely happening. The reason it is happening is because of health advice—because we are getting advice from Justice Health, their Population Health branch. What we have initiated is a protocol where we have got our own contact tracers. We have got about 100 contact tracers which are looking at every contact that a staff member or an inmate might have and analysing that through. We feed that data into Population Health and Population Health will then make a judgement about when staff can return to work.

The Hon. TARA MORIARTY: I am out of time but, just to wrap that up, are you saying that you are not complying with health advice because, if you are directing your staff to return to work after being exposed or

not having a negative result before the 14-day period, that is against health advice. So are you confirming that that is what you are doing?

Acting Commissioner CORCORAN: I am confirming that we are following health advice. The health advice comes from Population Health which is part of Justice Health.

The Hon. TARA MORIARTY: But you are instructing people to come back before the 14 days.

Acting Commissioner CORCORAN: That is correct and that is on the basis of health advice.

The Hon. TARA MORIARTY: I am going to come back to this.

The CHAIR: Acting Commissioner Corcoran, your Secretary, Mr Coutts-Trotter, told budget estimates that the cause of the outbreak in Parklea was a quarantine breach. Are you saying that evidence now is contested or somehow wrong?

Acting Commissioner CORCORAN: I am saying that what we are doing is engaging the Kirby Institute to have a look at making sure that that was the case and giving us that information from their investigation. They have got epidemiologists and infection control experts having a look at that, and I would like to wait and see what the outcome of that report is.

The CHAIR: Acting Commissioner Corcoran, three weeks ago, the Secretary of the Department of Communities and Justice was able to tell a parliamentary committee that it occurred due to a quarantine breach. Are you saying now that that is in question?

Acting Commissioner CORCORAN: I am not saying that it is in question. I am saying that I would like to wait and see what their report is before I come out and make a definitive statement. This very well could have been a quarantine breach.

The CHAIR: It was a quarantine breach, Acting Commissioner. Your own secretary said that. Why are we quibbling with it now? It was a quarantine breach, was it not?

Acting Commissioner CORCORAN: Yes, it could have been a quarantine breach.

The CHAIR: It was. You know it was, Acting Commissioner, so why will you not tell us that?

Acting Commissioner CORCORAN: We have also got a situation where we have had positive staff members as well in that facility.

The CHAIR: But, Acting Commissioner, sitting there now, you know that it was a quarantine breach so I just cannot work out why you are not giving your best evidence to this Committee. You know it was a quarantine breach, do you not?

Acting Commissioner CORCORAN: Sorry, Mr Shoebridge, I said there were also positive staff members in that facility. What we are doing is getting the best experts we can find to have a look at that and report back to us.

The CHAIR: Ms Moriarty was asking you questions about if there was a delay between Parklea becoming aware of infections and you being told. I still do not understand what your evidence is in that regard. Was there a delay between Parklea being aware of COVID-positive cases and you being told about it?

Acting Commissioner CORCORAN: I am not aware of any delay because, as I said, as soon as Justice Health or St Vincent's Health know about a positive case, the protocol is they immediately advise the command post.

The CHAIR: Can you tell us when the first COVID-positive case was in Parklea and when you were first notified about it?

Acting Commissioner CORCORAN: I think I indicated that I would take that on notice.

The CHAIR: Ms Hoey, can you explain how it was that, at the commencement of this outbreak in August, only 21 per cent of New South Wales prisoners were fully vaccinated? What went wrong?

Ms HOEY: The vaccination program for the custodial officers—for Justice Health staff—and for our patients commenced on 15 March. We made a decision at that point in time to go with AstraZeneca. There are a few reasons for that. Probably the main one was the stability of the vaccine. So we started with AstraZeneca going out to all sites. We had a really good schedule. There were 12 weeks in between. We had expected to have it finished in 24 weeks—that was our plan. As we all know and we have all seen from the media, from the statements from the Premier and from the Commonwealth that, because of the side effects of AstraZeneca, they changed the time frames and the ages for that so it went up to over-50 for AstraZeneca. We then had to, as quickly as we could,

change our tack, get some minus-70 freezers and get ourselves ready for Pfizer. We had not done that. So we kept going with AstraZeneca at that point in time. It was over-50s and then it went to over-60s.

Then we got some Pfizer into the system in June and we went out with Pfizer and we had enough to do first and second doses. We kept that at that point to the metropolitan areas. Obviously at that point that is where the outbreak was and that is where our biggest risk was. As we went through, then the AstraZeneca changed to be from 18 and over, and we continued our vaccination program with the AstraZeneca and second dose Pfizers for the people who had already been done. Uptake was pretty slow. We had some clinics where there were not really many arms to put vaccinations in. So in negotiating with our SHEOC we got some Pfizer back into the system to make sure that we could vaccinate those who wanted the vaccine and who wanted Pfizer. A lot of hesitancy—we have heard about the community hesitancy. Our Aboriginal population were quite hesitant as well. We have done a lot of work around that and are really happy with where we are at. Obviously Pfizer is in the system.

I think if you look back at the way our vaccination rollout has occurred and the culture around that, I do not think it is that dissimilar from the community. We have really been pushing that. I would just like to say that there have been 21,000 vaccinations given by Justice Health and Forensic Mental Health Network since March. We have actually given more Pfizer than we have AstraZeneca and at this point in time we have hit our first target, which was 70 per cent first doses which we are there now. We are sitting at 70.4 per cent first doses. It is been a mammoth effort by everybody. I am so proud of my staff and for the Corrective Services officers' access to get there. And the other point is that with our Aboriginal population we have been doing a lot of work around access and around really trying to improve uptake and Aboriginal population first doses—

The CHAIR: Ms Hoey, I was asking you about why it was 21 per cent at the commencement of the outbreak in New South Wales and you have given me a number of systemic reasons. The advice from the Australian Technical Advisory Group on Immunisation and the change in information about AstraZeneca, that is your primary reason, is it?

Ms HOEY: Yes, I think the rollout of the vaccination, as I have said—I am on record on this in *The Guardian*—has been bumpy. It has been a challenge. We are in a challenging environment. There was hesitancy. We did have the AstraZeneca for a while but once we had got Pfizer into the system from 5 August—it is really interesting because it happened at the same time as Parklea but it was not because of Parklea.

The CHAIR: Ms Hoey, what I find interesting is that those exact same systemic issues were faced by jails in the Australian Capital Territory [ACT] and faced by jails in Western Australia [WA]. You would agree with that?

Ms HOEY: I am not aware of the situation in the ACT or WA. I am sort of concerned with here right now.

The CHAIR: I am aware of what their vaccination rates are. At the same time as New South Wales prisons vaccination rates were at 21 per cent, vaccination rates in ACT prisons were at 50 per cent and vaccination rates in WA prisons were at 55 per cent, facing exactly the same external constraints that you are talking about. How did New South Wales get it so wrong? How did you have less than half the double vaccination rates in New South Wales to prisons in the ACT and WA? Will you accept some responsibility for this?

Ms HOEY: I have got to accept some responsibility, Mr Shoebridge, but I have told you my reasons for that and the reasons we have gone out. It was not lack of trying. We have been around the State two or three times with AstraZeneca and Pfizer in the metropolitan areas. I think we have to acknowledge the work of the staff to get our vaccination rates up. We are extremely proud of what we have done. It is at 70.4 now for first doses. We aim to get over 90. We know what the literature is, and we will continue to progress that.

The CHAIR: What is the current double vaccination rates for prisoners?

Ms HOEY: They are 35.6 for the adult population and 28.7. Luckily we are using Pfizer so the second doses for that—

The CHAIR: Ms Hoey, prisoners are an extremely vulnerable population because of their health and because of the circumstances in which they are contained. Do you agree with that?

Ms HOEY: Mr Shoebridge, you do not need to tell me that. I am working with them every day and we are very, very well aware of the vulnerabilities of our patients.

The CHAIR: Currently, under your watch, prisoners in New South Wales have about two-thirds the vaccination rates of people in the general population, notwithstanding they are a known population, you have direct access to them and they have been prioritised for months. How is it that they are still only at two-thirds the rate of vaccinations for double vaccinations as in the general community? What is going wrong?

Ms HOEY: As I said, Mr Shoebridge, I have explained my view of what happened. Certainly the different changes to AstraZeneca I believe really compromised the rollout.

The CHAIR: It was exactly the same in WA and the ACT and they have not got the problems. You cannot rely upon that excuse. They had exactly the same constraints in WA and the ACT. You cannot rely upon that excuse.

Ms HOEY: I do not know what you want from me, Mr Shoebridge.

The CHAIR: An answer.

Ms HOEY: I have told you what I believe happened. I take responsibility for the vaccination program. I was the lead of the rollout of the vaccination program. We are now at 70 per cent first dose. In a couple of weeks we will be 70 per cent second dose and the staff are working extremely hard with the patients and Corrective Services to get this up to where it needs to be.

The CHAIR: Were vaccines redirected from prisons to the student HSC vaccination rollout in August?

Ms HOEY: We did not get any vaccines removed from us. We had our allocations. Nobody took any vaccines back from us. We probably did not have as much as we would like but nobody took vaccinations from us. No vaccinations went from us to somewhere else.

The CHAIR: No, but were your promised allocations reduced to provide vaccines to the HSC rollouts?

Ms HOEY: That would be a question you would have to put to our SHEOC. I do not oversee the allocation of vaccinations. That is not my role. So you would have to put that—I can take it on notice but I cannot answer that.

The CHAIR: Ms Hoey, the fact is notorious. Are you telling me you cannot give evidence about this today—about the redirection of vaccines from prisons to HSC students? This is a notorious fact. It has been reported in multiple outlets. Are you saying you cannot shed any light on that today?

Ms HOEY: I know that there was a priority to vaccinate the year 12 students in the western area. Whether that was a redirection of vaccination from the prison system, I think that is not for me to challenge. I work with SHEOC very closely to ask them and they supply me with the vaccinations. I could not answer what their thought processes were about whether I get vaccinations or somebody else.

The CHAIR: Were your promised allocations reduced at around about that time?

Ms HOEY: We had Pfizer second dose until 16 July. We got another batch on 21 July and we were getting [audio malfunction] a week at that point in time.

The CHAIR: I do not think that answers my question. Were your expected dose numbers reduced at or about that time?

Ms HOEY: That was what we had been supplied and that was what we had been guaranteed. It did not get reduced. That is what we were provided. It was not said, "You will get two trays this week", and then "No, Wendy, you're only getting one." I got what I was allocated. What they did in the background I do not know.

The CHAIR: I am sorry, Ms Hoey, I missed that. What did you say?

Ms HOEY: The decision-making in the background about the allocations—I was not a party to those discussions. You would have to take that up with the SHEOC and I can certainly take it on notice but it is not something I can answer.

The CHAIR: Have doctors or other health staff from Parklea raised with Justice Health concerns about the way in which Parklea is managing its COVID outbreak? Have they raised those concerns with Justice Health?

Ms HOEY: Medical staff?

The CHAIR: Doctors or any medical staff.

Ms HOEY: Have medical staff raised with me the way Parklea has managed the outbreak? Is that what you are asking me?

The CHAIR: That is the question.

Ms HOEY: No, I have not had concerns about the way Parklea has managed the outbreak. St Vincent's has been managing that and from all accounts it has been that their actions that have been taken have been quite assertive. But I am not across all the actions of Parklea. I obviously knew that there were positive cases because we were taking them into MRRC but I have not got comment on their actions from the outbreak.

The CHAIR: Ms Hoey, so there is no ambiguity, the question I am asking you is this: Have any health staff from within Parklea—and that includes the St Vincent's privately run health facilities in Parklea—raised concerns with Justice Health about the level of care and/or the management of COVID in Parklea since this most recent outbreak? Have they raised concerns with Justice Health?

Ms HOEY: Not to me directly.

The CHAIR: I am not asking about you directly, Ms Hoey. I am asking about Justice Health.

Ms HOEY: I do not know of any concerns that have been raised.

The CHAIR: Will you take it on notice? Because I have got to tell you that I have had multiple people raise these concerns with me and say it has been reported to Justice Health and nothing has happened. So will you take it on notice?

Ms HOEY: Absolutely, yes.

The CHAIR: Mr Miller, you say that you support the Inspector's most recent decision to have an investigation in the COVID response. Is that right?

Mr MILLER: Yes, that is correct.

The CHAIR: Inspector, when did you commence that review?

Ms RAFTER: In the original COVID-19 plan, I foreshadowed that there would have to be a review. It was after the transmission in custody that I decided that now was the time to commence the review.

The CHAIR: Ms Rafter, your website shows that that was uploaded on 15 September.

Ms RAFTER: That is right.

The CHAIR: Is that when you commenced the review?

Ms RAFTER: No, that is when I published it. After I had actually formally written to the relevant agencies I consulted, it took me time to draft the terms of reference and I consulted with the relevant agencies to let them know that I was intending to commence the review, before I—

The CHAIR: I am not asking about when you first started thinking about the review. I am asking about when the review commenced. Was it 15 September, which is the date you uploaded it to your website?

Ms RAFTER: Yes, that is the formal commencement of the review.

The CHAIR: Ms Rafter, how is it that only two days before you appear before this inquiry is the time you decide to commence the COVID review, given the level of anxiety and the level of concern amongst families of inmates?

Ms RAFTER: No, I did not decide to do it two days ago. As I said, I foreshadowed it at the commencement of the pandemic. If I had commenced the review at that time and delivered a report six months ago, it would be a very different type of report, obviously, to what we now know. I started working on the terms of reference. It is about three weeks ago that I started working on the terms of reference. It is just that it was formally announced and published two days ago. It had nothing to do with this inquiry.

The CHAIR: Mr Miller, did you hear the evidence from the previous panel?

Mr MILLER: Yes, I did.

The CHAIR: The concerns that were raised about the treatment of prisoners, the lockdowns, the lack of access to vaccines—have any of those similar concerns been raised with your office?

Mr MILLER: Many of them, yes. Given the nature of our role, the concerns and complaints that are raised with us tend to be individual concerns either from the inmate themselves or, particularly in recent times, from their family and friends. In ordinary times we would expect to receive contact directly from inmates. In recent weeks the extent to which we have been contacted by family of inmates has increased and there are obvious reasons for that that were canvassed in the previous hearing. We have not heard a lot of complaints in relation to vaccination or access to vaccination as such. Most of the complaints we have been receiving are about the impact of lockdowns, restrictions on movements and inability, particular from families, to contact their loved ones in the system—the same sorts of concerns that you heard earlier.

The CHAIR: Referring to lockdowns, which facilities have the lockdowns been instigated in?

Mr MILLER: At one point the entire State was effectively locked down and there are different impacts on different centres. Part of the concerns that are raised with us is that some of those lockdowns are essential—for example, if you take Parklea—to contain an outbreak whereas in other centres some of the restrictions on amenity, if you like, are in response to broader issues related to COVID but not necessarily a direct suppression technique, if I can put it that way. So things like, if there are challenges around staffing at a particular centre, then that may result in certain amenities being reduced.

The CHAIR: Unfortunately, my time has expired in this round so I will hand over to the Opposition but I will come back to this, Mr Miller.

The Hon. TARA MORIARTY: Ms Hoey, I have been advised, or I have heard, that a Youth Justice officer has in fact died as a result of COVID. Can you confirm that or can you give me some information or any further comment on that?

Ms HOEY: [Inaudible].

The Hon. TARA MORIARTY: I think you are on mute.

Ms HOEY: I would have to take that on notice for Youth Justice. Obviously they are not one of my officers. I do not have the staff so I would have to take that on notice.

The Hon. TARA MORIARTY: You do not work with Youth Justice? You are communicating with them every single day on a teleconference you told us earlier.

Ms HOEY: Absolutely, but it is not really my information to share about the officer.

The Hon. TARA MORIARTY: Well, it is if we are asking the question. I do not need the details about the name or where they live. Is it true that it has happened?

Ms HOEY: I believe an officer has died. I do not know the circumstances. I spoke to the executive director the other night and he advised me of that but I do not know any of the personal circumstances of why he died.

The Hon. TARA MORIARTY: When did this happen?

Ms HOEY: When did the executive director and I talk?

The Hon. TARA MORIARTY: No. Honestly, Ms Hoey. When did this person pass away?

Ms HOEY: I do not know the dates and times. I spoke to the Executive Director of Justice Health on Tuesday night about nine o'clock at night and that is when he advised me that one of his officers had passed. I honestly have no other circumstances. I do not know the details.

The Hon. TARA MORIARTY: So on Tuesday night you were advised that a juvenile justice officer had died. I understand that it is a result of COVID. I understand that you might not necessarily have that confirmation but if you could take the details on notice. I do not want the name. I understand the privacy issues but this is of public interest.

Ms HOEY: I will absolutely take it on notice and I will get the information for you. It is just that I do not have the information to give you.

The Hon. TARA MORIARTY: But it has happened?

Ms HOEY: I know that a Youth Justice officer had died and I actually consoled my peer. I have not got the details of that.

The Hon. TARA MORIARTY: Your evidence is that you have teleconferences with these organisations every single day. You do not have information around it?

Ms HOEY: No, I do not have information around that.

The Hon. TARA MORIARTY: Well. My condolences to that person's family. Again, I am sure there will be some details around that. I am also advised that there is a corrections officer who is gravely ill. Can you give me some confirmation on that or the status of other correctional officers who are currently in hospital? I do not need personal details. I just want to know the status.

Ms HOEY: Ms Moriarty, I just want to be clear about my role. My role in the Justice Health and Forensic Mental Health Network is the care of patients—of inmates—in the New South Wales system.

The Hon. TARA MORIARTY: Yes, and I am trying to find out if that has actually happened over the course of the—

Ms HOEY: I do not look after officers. If there is a custodial officer, I think that question would be better put to Acting Commissioner Corcoran who may well be able to answer it. But he would get looked after in the community. He would not be within my care nor my jurisdiction.

The Hon. TARA MORIARTY: Acting Commissioner?

Acting Commissioner CORCORAN: Yes, there are a small number of officers in hospital. I think from Bathurst there is one from Community Corrections and there is also one from Metropolitan Remand and Reception Centre.

The Hon. TARA MORIARTY: Acting Commissioner, can I ask you, back in relation to the transfer of people from Parklea—I am told that there were some inmates who were transferred, or people who were transferred, from Parklea to Long Bay without being tested or before results were in and they were subsequently positive. An entire wing of Long Bay was shut down. Can you tell me if there were any other cases at Long Bay as a result of that?

Acting Commissioner CORCORAN: I might ask Ms Hoey to talk about that one.

Ms HOEY: I have no evidence of positive patients at Long Bay.

The Hon. TARA MORIARTY: So there have been no positive cases at Long Bay at all?

Ms HOEY: Inpatients, no. We have had some staff I mentioned in the beginning but there has not been transmission so there have been no patients identified at Long Bay.

The Hon. TARA MORIARTY: My question was about cases. I did not differentiate. So have there been cases at Long Bay?

Ms HOEY: No.

The Hon. TARA MORIARTY: There are no positive cases at Long Bay—not even staff?

Ms HOEY: No positive cases. Of staff, there has been one staff member who was positive of my staff members of Justice Health. There have been seven Corrective Services staff members who have been deemed positive within Long Bay but there has been no patient transmission or patient cases identified at Long Bay.

The Hon. TARA MORIARTY: No, I am very clear about the question. I have had a few different answers. So there have been positive cases at Long Bay. You have said seven staff and, sorry, what was the other part of that? I am not talking about the specifics of patients; I am asking about cases.

Ms HOEY: This is community transmission. They got COVID in the community—one member of staff from Justice Health and seven from Corrective Services. No patient transmissions and no patient cases.

The Hon. TARA MORIARTY: Why has the rollout of vaccination of staff in Corrective Services and across all of these organisations been so appallingly slow?

Ms HOEY: The Corrective Services—when we started the vaccination program we were doing staff, patients and our own staff. Justice Health staff have been 1A and Corrective Services staff have been 1B—those who are in a correctional centre. As we rolled it out, certainly whenever we have held patient clinics we have held staff clinics at the same centres. Correctional officers have also had the opportunity to go and get vaccinated at any health hub, at GPs, at pharmacists, so it did not just have us—

The Hon. TARA MORIARTY: What is the number at the moment? What is the percentage of staff that have been vaccinated?

Ms HOEY: From Justice Health, so the number that we have vaccinated—which would be below the actual percentage, so I can only tell you what we have vaccinated because a number of officers would have gone to hubs and to GPs and to pharmacies. From Justice Health's perspective we have vaccinated 65.7 per cent of Corrective Services officers and 46.7 of those officers are fully vaccinated. But that is the lowest it could be because that is what we have done.

The Hon. TARA MORIARTY: Do you keep records or do you have records or is there a requirement for people who have been vaccinated outside of your system to notify you, given that it is now compulsory and within two weeks everyone has to have had a vaccination?

Ms HOEY: Ms Moriarty, I will just remind you I am NSW Health. The officers are actually under Acting Commissioner Corcoran so I might put that over to the Acting Commissioner to talk about his officers and their vaccination rate.

Acting Commissioner CORCORAN: The reality is from our perspective we cannot request officers to provide us with that information if they do not want to.

The Hon. TARA MORIARTY: You have just made it compulsory.

Acting Commissioner CORCORAN: Can I finish, though. We have put out surveys amongst officers. But once we hit 25 October, we will be in a position where we can ask for evidence of vaccination. So that will be the trigger for us to get that information.

The Hon. TARA MORIARTY: What happens to people who have not been vaccinated by that date? Will they still be able to work? Will they be paid? What are the arrangements that will be in place?

Acting Commissioner CORCORAN: They will have to go on leave until they get vaccinated. Unless they have an appointment to get a vaccination by 8 November.

The Hon. TARA MORIARTY: Sorry, if they have got an appointment by, when was that—the eighteenth of—

Acting Commissioner CORCORAN: By 8 November.

The Hon. TARA MORIARTY: What about after that? For people who are not vaccinated, will they be able to work?

Acting Commissioner CORCORAN: No, not in a correctional centre.

The Hon. TARA MORIARTY: What will that mean for them? Has that been communicated to staff?

Acting Commissioner CORCORAN: It has been communicated to staff that it is a mandatory requirement for them to be vaccinated by 25 October.

The Hon. TARA MORIARTY: Acting Commissioner, can I just quickly ask—there is a person who is being released either today or at some point soon, Mohammed Skaf. Is he being released on parole because the community reintegration program is closed?

Acting Commissioner CORCORAN: Look, I am here to answer questions.

The Hon. TREVOR KHAN: Point of order—

The CHAIR: I will take the point of order.

The Hon. TREVOR KHAN: That is well and truly outside the terms of what we are doing here today.

The Hon. TARA MORIARTY: To the point of order—

The Hon. TREVOR KHAN: I have not finished. Fair go!

The Hon. TARA MORIARTY: Sorry, I thought you paused.

The Hon. TREVOR KHAN: This is about the pandemic response. It is not about the issue that she has now raised.

The CHAIR: Ms Moriarty, how do you tie it to the pandemic response? I do not understand.

The Hon. TARA MORIARTY: To the point of order: It is directly related to the pandemic response. My understanding is that this program—the community reintegration program—is closed because of the pandemic. It is not just because of this person. There are a number of people that this affects in the system who would otherwise be up for parole but because they cannot complete this program they will not be released. So it is directly relevant to this inquiry.

The CHAIR: I will allow the question about whether or not that program has been shut because of COVID-19. Acting Commissioner, can you shed any light on that?

Acting Commissioner CORCORAN: I think I mentioned in my introductory statement that external leave programs have been ceased unless there are some special or extenuating circumstances.

The Hon. TARA MORIARTY: I think I am out of time. I might just squeeze in a question in relation to where we were at the end of my last session. Acting Commissioner, you have confirmed that the organisation is directing staff to return to work before the 14-day isolation period is finished, which is not in line with the health advice the rest of the community is subjected to. So what advice are you relying on for that and why are you doing it?

Acting Commissioner CORCORAN: What we have got is a situation where we are able to do a very nuanced analysis of each individual person's contact with, say, a COVID positive. That information is fed through to Population Health and then they make a determination. So if it is a high-risk contact—14 days, multiple tests. If it is low or moderate risk, then they can return earlier. That is the advice we get from Health.

The CHAIR: Sorry, Ms Moriarty, your time has expired. Acting Commissioner, perhaps you can tell us the number of COVID cases by facility of inmates.

Acting Commissioner CORCORAN: Sorry, I missed the question.

The CHAIR: Can you tell us the number of current COVID cases amongst inmates by facility?

Ms HOEY: I can do that.

Acting Commissioner CORCORAN: I think Ms Hoey already identified those but, Ms Hoey, do you want to respond to this?

The CHAIR: I think Ms Hoey gave Justice Health and half numbers.

Ms HOEY: Mr Shoebridge, if I may, I have the numbers here of positive cases across the New South Wales system at this point in time, if that is what you are asking?

The CHAIR: Yes, of inmates.

Ms HOEY: At MRRC, which is our remand centre at Silverwater, there are currently 94 positive cases being cared for. Sixteen of those are Aboriginal. At Silverwater Women's Correctional Centre there are six positive cases, two of whom are Aboriginal and in the Youth Justice centres at Cobham there are two positive cases and one person there is Aboriginal. That is because the policy is that, as soon as a positive case is identified, they are then transported down to either MRRC, Silverwater Women's or Cobham Youth Justice Centre so that we can make sure that we can provide appropriate care and they are close to a tertiary hospital should they require transfer.

The CHAIR: Are the two in Youth Justice both at Cobham?

Ms HOEY: Yes, they are.

The CHAIR: Can either of you shed any light on the numbers in Parklea?

Ms HOEY: I would have to pass you back to Acting Commissioner Corcoran.

The CHAIR: Acting Commissioner?

Acting Commissioner CORCORAN: The current active cases in Parklea are 85.

The CHAIR: Sorry, Acting Commissioner, do you wish to add something about that?

Acting Commissioner CORCORAN: No.

The CHAIR: I have had a number of families contact me about very real concerns about the treatment within Parklea. One of the concerns is that hand sanitiser has been withdrawn from inmates because the prison authorities there are saying that there is a risk that inmates will consume it. Has that information been provided to you, Mr Miller, in any way?

Mr MILLER: Not that I am aware of, Mr Shoebridge, but I can check whether we have received any concerns in that regard.

The CHAIR: Acting Commissioner, when people are being released from prison out into the community, given that the prevalence of COVID in prisons is about 10 times higher than it is within the broader community, what control measures are in place to ensure that both communities and the families that those former inmates go into are protected?

Acting Commissioner CORCORAN: What we are doing now is testing everybody before they go out into the community and waiting for those tests to come back. When we do not have the results back, we make sure that we have got suitable places for them to go. I think Ms Hoey might be able to tell you about some of the patient transport scenarios that she has just been negotiating to make sure that we can get people out into appropriate places for them to quarantine in the community. Do you want to talk about that, Ms Hoey?

Ms HOEY: I missed the last bit of your question, Mr Shoebridge, but the release of patients clearly is a challenge. It has been a challenge for us and is certainly a challenge for the communities that they are returning to. That really came to light with the Bathurst situation, which we have reviewed and learned from. We have got quite an intricate flowchart of what we are doing with people who are being released now. Just to put it in place,

we do sentinel testing for everybody who comes in. So anybody who is coming through the police cells now gets a rapid antigen screening and that—

The CHAIR: We only have limited time so I am really just focused on the release.

Ms HOEY: Sorry, tell me the question again and I will try to be pointed.

The CHAIR: What protection measures are in place for the community and family members of people who are exiting prison, given that the prevalence of COVID in prisons is 10 times the rate that it is in the general public?

Ms HOEY: What we have to remember is that we know the prisons where there is a risk, so that currently is Bathurst, MRRC, Silverwater Women's and Cobham because we are bringing everybody down to that area. We have got really strong discharge-planning processes that there will be a COVID plan—either a COVID health plan or a COVID plan—in place before anyone leaves those centres, and rapid antigen screening before they leave. For those people who are in 14-day quarantine because of symptomatology or because of close contacts or in fact they are positive, we liaise very closely with the local public health units and we assess their housing conditions and their ability to quarantine or isolate if they need to.

We did have some real trouble with transport so we have now got ourselves a COVID-trained person to be able to transport people to appropriate accommodation and that may well be the Special Health Accommodation which is the health accommodation, it may well be home if they are able to do home or wherever they can safely quarantine. We are also working very closely with the magistrates and the lawyers around bail and how we can support that, because sometimes it happens and we have got to get our things organised really quickly. So we are working very, very closely with those fraternities to do what we can to make sure that when people are being released they are being released into a safe environment for themselves. The other thing is obviously there are people who are getting released from classification who have been imprisoned longer than COVID. We are taking a lot of time to ensure that they know how to protect themselves out into the COVID world with masks and—

The CHAIR: Ms Hoey, our time is limited. I was really after the policies and the protocols in place but perhaps you might give some actual detail on notice. Ms Hoey, are you working with the Aboriginal Medical Service [AMS] to reach Aboriginal inmates in New South Wales to ensure you get the maximum rollout of vaccinations?

Ms HOEY: Yes, last week or the week before—I cannot remember as they are rolling into one—we actually met with quite a large forum of Aboriginal leaders and representatives with Acting Commissioner Corcoran and the Secretary to discuss and hear their concerns. From that meeting we have really got some good processes happening. Currently, we met yesterday with some Elders to come into the Youth Justice Centre so we are getting some—

The CHAIR: Ms Hoey, sorry, my time is limited. Are you working with the Aboriginal Medical Service to ensure you get the maximum reach of vaccinations to Aboriginal inmates in New South Wales and, if not, why not?

Ms HOEY: I do not understand your question.

The CHAIR: Are you working together with the Aboriginal Medical Service to get maximum outreach of vaccinations to Aboriginal inmates?

Ms HOEY: Are you saying—them coming into the centres to help us with the vaccinations? That is not occurring.

The CHAIR: Yes, them coming into the centres. But that is not happening. Have you sat down and worked out a communication strategy with the Aboriginal Medical Service?

Ms HOEY: Yes, we have got a number of memorandums of understanding [MOUs] with them, certainly with Wellington. I have been in big discussions with them as well.

The CHAIR: Ms Hoey, I am asking about a communication strategy about vaccinations, not a general MOU. Is there one in place with the AMS?

Ms HOEY: I do not think I have got what you are looking for, Mr Shoebridge.

The CHAIR: Ms Hoey, all I am looking for is the best way of protecting inmates and ensuring you get the maximum rollout of vaccinations. It seems remarkable that you are not working with the peak Aboriginal medical service body to get vaccinations into inmates who are in your care. I cannot understand why you have not been doing that. Can you explain why?

Ms HOEY: As I said, we met with the Aboriginal groups last week—it was the Wednesday last week or the week before, whatever the date before *The Guardian*—to listen to their concerns and to work out how we can work closer with them. I have not written a communication strategy, no. Are we working with Aboriginal groups? Yes, we are, but we have not got a strategy written.

The CHAIR: My Hoey, you had 21 per cent double dose vaccination rates at the beginning of this outbreak. A quarter of the inmates in male prisons and a third of the inmates in female prisons are Aboriginal women and men, and you have not worked with the Aboriginal Medical Service. How on earth do you explain that?

Ms HOEY: As I said, Mr Shoebridge, our vaccination rates—we have worked really, really hard to improve them and we have. We are working hard. We are closing the gap between Aboriginal and non-Aboriginal vaccination rates very, very quickly. I have told you we have met with Aboriginal communities, we have met with Aboriginal leaders to understand their concerns—

The CHAIR: Ms Hoey, you told me you met last week. This has been a crisis that should have been on your radar since March of last year and you met with Aboriginal groups last week. That strikes me as negligent, Ms Hoey. Do you have a response to that?

Ms HOEY: I do not think it is negligent. We work quite closely with a lot of Aboriginal corporations. We have our Aboriginal strategy team who work very closely with them. I have got Aboriginal health workers on the ground who I have kept in touch with all the way along, who are working directly with the leaders within the prison environment to try to get the word out there to improve. So it is not that we have not done anything.

The CHAIR: Well. Acting Commissioner Corcoran, do you know now how it is that COVID went from the Bathurst facility when an inmate was released and then seeded into western and far western New South Wales? Do you know what went wrong?

Acting Commissioner CORCORAN: What we do know is that we did not get the test back until two days after that individual was released from custody and, as I said, that was a really unfortunate event. We have learnt a lot lessons from that and we have got the whole range of protocols in place to guard against that sort of thing happening again.

The CHAIR: Unfortunately, I think the time has expired. I know we all would have enjoyed a little bit more time here but that unfortunately brings this session to an end. I thank all of you for your attendance today. I think a number of questions were taken on notice and if we could get those answers in a maximum of 21 days that would be greatly appreciated. Thank you everybody for your attendance today.

(The witnesses withdrew.)

The Committee concluded at 16:31.