

1. Background

At 15:00 on 4 July 2020 approximately 500 Victoria Police officers ('police') were deployed to detain 3,000 residents of the public housing towers in Flemington, Kensington and North Melbourne in their apartments under what was publicly referred to as "hard lockdown" measure and, technically, Detention Directions ('Directions')¹. These Directions were made by undefined powers via the *Public Health and Wellbeing Act 2008* (Vic) (the 'Act').

The Victorian Government announced that resources such as Personal Protective Equipment (PPE), food and essential medicine would be supplied and that support services would be made available to residents during the lockdown period². Residents reported a significant period of time elapsed between police implementing the Directives and the establishment of accessible communication with residents³. Workers and residents reported that up to 48 hours after the police arrived at the flats, many residents were unaware what was going on or why⁴. The written directives which were written only in English and thus not able to be read by residents from non English speaking backgrounds⁵. This delay impacted the time it took for health and community services to respond and make resources and support available⁶. The delays resulted in acute deprivation of the residents' human rights, including the right to health. Staff from HRV and Flat Out provided response in the form of frontline outreach support and remote telephone support. Alongside other community organisations, they provided highly specialised health and welfare support during the lockdown period, such as welfare checks, assessments, care coordination and alcohol and other drug harm reduction. This workforce identified persistent barriers and significant impacts to service delivery. These concerns were corroborated by additional feedback from an alliance of advocates, volunteers and frontline workers who provided on-the-ground and remote services including Mental Health, Allied

¹ <https://imcl.org.au/news/housing/covid-19-government-lockdowns-of-public-housing#rulesthatapply>
<https://www1.racgp.org.au/newsgp/clinical/if-we-get-this-wrong-the-consequences-will-be-horr>

² <https://www.dhhs.vic.gov.au/information-and-supports-public-housing-restrictions-covid-19>

³ <https://theconversation.com/our-lives-matter-melbourne-public-housing-residents-talk-about-why-covid-19-hits-them-hard-142901>

⁴ <https://www.abc.net.au/news/2020-07-05/coronavirus-lockdown-melbourne-public-housing-residents-speak/12423170>

⁵ <https://www.abc.net.au/news/2020-07-06/why-melbourne-locked-down-public-towers-are-a-coronavirus-worry/12423934>

⁶ For example, see attached: Public Housing Tower Flow Chart AOD response dated 6th July, personnel not arriving until Sunday afternoon.

Health, Alcohol and Other Drug (AOD) and Family Violence support to residents during this period.

It is understood that this public health crisis is a moving landscape and that the Victorian government is rapidly responding to unprecedented circumstances. The legislation and infrastructure guiding this response was developed years before COVID-19 and powers in the Act have been evoked for the first time during this crisis. COVID-19 indiscriminately places all public systems under immense pressure. While this is appreciated, the recent 'hard lockdown' has highlighted that as public officials make critical decisions in response to the crisis, marginalised Victorians are vulnerable to underrepresentation and systemic discrimination. This at a time when equitable access to health and welfare services is more vital than ever.

As advocates, health experts and community members raise their voices and draw attention to these widening cracks, the urgent call is to prevent this public health crisis from further becoming a human rights crisis. Failure to do so has devastating consequences for individuals, families and communities. The "hard lockdown" of the Flemington, Kensington and North Melbourne public housing towers demonstrated this impact all too clearly. This submission will outline key concerns raised directly by frontline workers and draw on relevant evidence-based frameworks (Community-Led Response Models, Decarceration and Harm-Minimisation) to make appropriate recommendations for the Committee to consider.