

# TRANSCRIPT

## PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

### Inquiry into the Victorian Government's Response to the COVID-19 Pandemic

Melbourne—Thursday, 27 August 2020

*(via videoconference)*

#### MEMBERS

Ms Lizzie Blandthorn—Chair

Mr Richard Riordan—Deputy Chair

Mr Sam Hibbins

Mr David Limbrick

Mr Gary Maas

Mr Danny O'Brien

Ms Pauline Richards

Mr Tim Richardson

Ms Ingrid Stitt

Ms Bridget Vallence



**WITNESSES**

Ms Fardawsa Haji, Secretary, and

Ms Adna Abdikadir, Deputy Director, Australian Muslim Social Services Agency.

**The CHAIR:** Welcome to the second series of public hearings for the Public Accounts and Estimates Committee's Inquiry into the Victorian Government's Response to the COVID-19 Pandemic. The committee will be reviewing and reporting to the Parliament on the responses taken by the Victorian government, including as part of the national cabinet, to manage the COVID-19 pandemic and any other matter related to the COVID-19 pandemic. Members are attending these hearings remotely from home and their electorate offices, and we ask that people note that members are not required to wear a face covering if they are working by themselves in an office under the stay-at-home directions, 6 August, part 2, section (7)(i).

We also advise that all evidence taken by this committee is protected by parliamentary privilege. Therefore you are protected against any action for what you say here today, but if you repeat the same things outside of this forum, including on social media, those comments may not be protected by this privilege. You will be provided with a proof version of the transcript for you to check. Verified transcripts, presentations and handouts will be placed on the committee's website as soon as possible.

We invite you to make a 5-minute opening statement. We ask that you state your name, position and the organisation that you represent for the Hansard record, and this will be followed by questions from the committee.

**Ms HAJI:** Thank you. Hello, everyone. My name is Fardawsa. I am currently the Secretary at AMSSA Youth Connect.

**Ms ABDIKADIR:** My name is Adna. I am the Deputy Director at AMSSA Youth Connect.

**Ms HAJI:** To give you a brief background on AMSSA, or the Australian Muslim Social Services Agency, we are a not-for-profit organisation located in North Melbourne. AMSSA's vision is to provide community members with a supportive and welcoming environment to connect and empower Muslim Australians. For over 20 years AMSSA has been working to advocate for people from migrant backgrounds by delivering services and programs. AMSSA also works to promote social cohesion and harmony within the communities located in North Melbourne and Melbourne's inner suburbs. AMSSA Youth Connect is an inclusive subgroup of AMSSA made up of young people, and it offers youths safe spaces and platforms to explore ideas, concepts and creative endeavours to help navigate sometimes complex issues they face in the ever-changing environment that we live in.

During the recent months of the COVID-19 pandemic in Victoria AMSSA has worked very hard in making sure community members and residents living in the nine towers were supported through emergency relief programs. It played a major role in advocating for community members through government engagement meetings. The hard lockdowns imposed on the public housing towers intensified issues that already existed within the communities before the COVID-19 pandemic. About 3000 residents and visitors were restricted to their homes during the hard lockdown of the nine public housing towers located in North Melbourne, Flemington and Kensington. Because of the immediate shutdown of the public housing estates, residents have voiced their concerns regarding their health and safety to members at AMSSA.

The AMSSA centre was able to open its doors for donations of culturally appropriate foods, medication and other essential supplies. Along with the help of other organisations, including Trades Hall, the Islamic Council of Victoria, Human Appeal, the Venny and many more, we were able to deliver over 5000 generic food and essential packages to residents over the five-day lockdown period. Over 200 volunteers were involved in that emergency relief program and helped with the sorting, packing and delivering of the packages. Some residents needed special dietary requirements due to health and religious reasons, and because of this tenants were able to make special orders by contacting the special order hotline. Over 3000 special orders were prepared and delivered to the families since the lockdown of the nine towers.

We have also supported over 50 families from New Zealand who are experiencing extreme hardship with limited or no access to financial support. The emergency relief program at AMSSA continues to provide emergency food and other essential items to individuals that are still self-isolating due to COVID. We provide special orders across metropolitan Melbourne and have supported over 2000 families through our special order services. With the help of volunteers and community members AMSSA was able to provide residents with support through different communication channels—surveys, feedback forms, Zoom meetings with residents and regular social media updates, and we have connected with residents to ensure the needs of the communities are met. With that, we were able to sit in on emergency management meetings with DHHS. Through these meetings we were also able to resolve issues raised by the tenants. Moving forward, we plan on providing support to both residents who have endured the hard lockdown and other members of the community through the recovery phase. With the support of DHHS and other organisations we will be implementing assistance to ensure the residents are supported with their mental wellbeing. With that, I would like to pass on the rest of the time to Adna.

**Ms ABDIKADIR:** As an organisation that has been engaging with the community for some time now, we recognise some recurring themes that have previously existed being exacerbated by COVID-19. The key things we recognise are the lack of employment opportunities, educational pathways, adequate housing and overcrowding, drug and alcohol support, mental health education and support, acknowledgement of systemic issues with police and recreational sports programs.

We conducted a survey with 253 participants—45 per cent male and 55 per cent female aged between 18 and 64. We noted that around 47 per cent of the participants were aged between 18 and 24, and 63 per cent of the participants had lived there for more than 15 years. This suggests that a lot of the young people who partook in this survey were actually living there for more than 15 years—most of their lives. The numbers demonstrated that all the issues have impacted almost all the participants in this research, with adequate housing and employment being the most prominent. Through interviews and conversations with residents and personal anecdotes submitted by the participants, there has been a lot of concern in regards to overcrowding. This is an issue that existed before COVID-19 but became more noticeable afterwards.

Many mothers are struggling to meet every child's needs, and young people are struggling to focus on school and work. Employment is another area of concern. This is also an issue that may be a repercussion of the lack of education and pathways. Although mental health is also recognised as an issue, the detail of how it is addressed needs to be further explored. Many of the residents come from a cultural background where mental health is not viewed to be real. Therefore it is important to thoroughly and strategically engage the community to better understand what mental health is and enable easier, positive access to such supports.

Another issue with overpolicing is in regards to, I guess, it being a very big issue in the community. As seen in the research, almost 60 per cent of the participants feel like there is a negative experience with police—and they believe it to be systemic—and a power imbalance that has been there for a long period of time. Although it is commonly recognised that this is a disadvantaged community, statutory organisations such as Victoria Police definitely need to be even more aware of the issue and work on ways to create more positive experiences with the community and counteract, I guess, the traumas inflicted.

Lastly, there are people in the community who reported the need for sports and recreational programs. There is a common concern that there are not any programs targeting youth. This essentially can deter negative behaviours and instil a sense of belonging in the community. Recreational sports and programs should be targeted to support their physical and mental health. It is believed that through these programs many children and young people can find another outlet to spend their time and energy on, steering them away from negative behaviours.

**The CHAIR:** Thank you. I will pass firstly to Mr Tim Richardson, MP.

**Mr RICHARDSON:** Thank you, Chair, and thank you, Adna and Fardawsa, for joining us today and for that very thorough and great overview and introduction. I would like to take you, firstly, to the experiences during the COVID-19 pandemic. How has it impacted on your ability to run programs that you usually run and the support that you provide for the Muslim Victorian communities?

**Ms ABDIKADIR:** The shutdown actually closed the whole service down. The centre has not been running I think since March—obviously no prayers, no programs. It was basically abandoned until actually the lockdown happened and we were forced to open our doors because of it. So there have not been any programs or much running much since March. There have been some programs that were done over probably the June sessions and some things that have been running through there, but not much, to be honest.

**Mr RICHARDSON:** How have you stayed connected with people? Obviously I will not go through the volunteer effort and the support that was provided during the public housing towers lockdown as well. There was an extraordinary volunteer effort and community outpouring of support. But can you take us a little bit through that process and how you managed to support and keep people connected?

**Ms HAJI:** So we had hotlines and communication services available as well. We had residents and other community members contacting AMSSA. We had surveys, social media updates and all of that as well, just to make sure that everybody stayed up to date. We had tenants call us through our hotlines or even our mobile phones as well to ask us for immediate stuff that they needed or services or food relief or anything like that they needed at that time. So we had all of those different communication channels open to different people, yes.

**Mr RICHARDSON:** So how many calls were coming through to the hotline?

**Ms ABDIKADIR:** At the beginning, initially when the lockdown did happen, I think it was not just the calls. Everybody needed some sort of support regardless, because we are a community organisation. We already had our own channels to the community because a lot of people who are working in AMSSA are actually residents of the nine towers, which was some sort of challenge. There are other communication channels that were open previously before COVID. So when this lockdown happened, it made it a lot easier for us to communicate with the residents.

**Mr RICHARDSON:** So with those existing channels then, Adna, it was easier to connect and start to support people. You mentioned as well DHHS—that you have a contact with them now to support residents. Obviously residents have gone through the specific postcode lockdown, then the hard lockdown and now into stage 4. How are people coping now? What are some of the challenges people are facing now?

**Ms ABDIKADIR:** There are a lot of challenges that are being faced by the residents now concerning being in lockdown for such a long period of time. I think one of the major things is mental health has been pushed now, because I feel like there are a lot of residents who are experiencing stress and trauma and have had some sort of traumatic experience in those lockdowns considering the fact that some of them have their own personal background and experiences that they have had previous to coming to Australia and how that might have been impacted by them being in that lockdown. So there are a lot of things. There is the overcrowding that I spoke about and how parents are finding it difficult to, I guess, manage the house with some of the kids being in school and exams and how they can go about that, because it is very difficult when you have a three-bedroom house, six kids and no support. You can imagine what that is like. So there are a lot of things that are currently going on for families right now in COVID.

**Mr RICHARDSON:** And obviously it is a really difficult balancing act between the disproportionate impact of this virus on communities and then the disproportionate impacts that that has. How do we then go from where we are at now, and obviously stage 4 is coming up for review on 13 September, and then looking towards the recovery phase and how we support people to get back on track, to get back to normality and to get back to that support in community?

**Ms ABDIKADIR:** I just wanted to highlight that I feel like there have been a lot of issues that needed to be addressed before COVID that definitely now need to be addressed after COVID that definitely the department and everybody else needs to look at. I think it has actually been a positive outcome overall, because ever since the lockdown did happen we have gone into a recovery phase and we have been liaising with DHHS, VicPol, council—the City of Melbourne—and I think Cohealth and the Maribyrnong City Council. So everybody has been working extremely collaboratively to ensure, I guess, the wellbeing of the residents and other community members in those areas. So I am hoping that that work continues and that there is more of a long-term plan that is put in place to support these communities, because it has been really, really difficult.

**Mr RICHARDSON:** You mentioned before that obviously engagement with Victoria Police is really important, the Department of Health and Human Services and then also that mental health and wellbeing

support, and I think it is a good point to touch on and what our committee needs to be aware of in terms of supporting particular communities. Could you elaborate more on that process of connecting all those agencies together to better support residents and to better support our Muslim Victorians?

**Ms ABDIKADIR:** Yes. Previously I think all these agencies were working independently—with the same community, but independently—and what would happen was a lot of people would just fall through the cracks because of the system and the way it was built. I would suggest that in future all of these agencies and organisations be able to work collaboratively to ensure that the needs of these community members or residents are met, because there are a lot of things that need to be taken into consideration. With Victoria Police there is that trauma and that negative perspective, I guess. People are fearful, to be honest, because of that authoritative figure or that sense of power imbalance that is there. A lot of people feel like they are targeted by Victoria Police, and we would want to change the relationship and the stigma that is there, if you get what I am saying.

But in regard to mental health, that is a completely different section that needs to be looked at, which is understanding cultural sensitivity. I think cultural sensitivity is very broad actually, and there needs to be more information that is given on that. A practitioner can be culturally sensitive, but looking at mental health workers within that community is even more beneficial, because there are people who are mental health workers in those communities who understand the religious background, the cultural background that is there within that community and the stigmas that are there. They have experienced it themselves, and they would know what it feels like to be in that community. So I feel like it is just the approach that needs to be taken needs to be completely different, because it is easy for DHHS or other organisations to say, ‘We’re giving you mental health support, and it’s there’, but no-one is going to access the support if there is no knowledge or background or awareness of what mental health is.

**Mr RICHARDSON:** I think that is a really important perspective for our committee and something that we might be looking into a bit more as well. I really appreciate that. We appreciate that perspective. What about organisations like the Victorian Multicultural Commission, have they been playing a noticeable role in leading and ensuring the cultural overlay and considerations are captured as well in the government response and interactions?

**Ms ABDIKADIR:** Yes. I just spoke but did not mention them, but they have been really supportive. They have been really supportive with the volunteers. They have been really supportive in advocating on some of the issues that we have had. They have been really easy to get in contact with and have been facilitating a lot of these meetings that we have been having with DHHS and other organisations, so they have played a really key part in—

**Ms HAJI:** The response.

**Ms ABDIKADIR:** the response to the lockdown.

**Mr RICHARDSON:** I am interested to go to some of the discrimination that we sometimes see, unfortunately, in the broader society and to reports of COVID-19-related racism. It is on the rise globally, nationally and locally, and in recent times we have heard of instances of discrimination. What have your organisation’s experiences and perceptions been of this issue, and would you say that there has been a rise during the pandemic?

**Ms ABDIKADIR:** We have not really, I guess, experienced that, if I am truly honest, in terms of working with other organisations. On a personal level, it depends on the scale. Like, if it is not at an organisation level, it has been really good in terms of the work that we have been doing and the people that we have been working with. I feel like there has been utmost respect from the different organisations and the different people that we have been working with. On a personal level, racism is an issue that has always existed—for a long, long period of time—but I do not know whether it has increased, to be honest. I do not know. I cannot say.

**Mr RICHARDSON:** That is a relief for sure. I will take you then to the lockdown impact on employment and the unemployment rate across our state. I was really interested in your perspective on how that has been impacted by COVID-19 and what we need to be thinking of as a committee going towards the recovery phase.

**Ms ABDIKADIR:** Employment is a really, really big factor, and honestly for a lot of the parents and other members of the community, that will be an area that will heavily impact them, and it will inevitably impact their mental health because of the importance of working in a lot of people's lives, having that—

**Ms HAJI:** Stability.

**Ms ABDIKADIR:** Yes, having that stability and having that security. It is important to actually reflect and notice the fact that a lot of people who are working in these residential areas, for example, may be things like taxidivers and—

**Ms HAJI:** Uber.

**Ms ABDIKADIR:** Uber. It is already unstable, so COVID has actually made it 10 times worse for them, and it is important to recognise that, because they cannot just go home or work from home. If they are not working, they are not working. There is no income. I do not know exactly how we would be able to actually find some sort of solution to that problem, but I feel like the unemployment rate is going to be really high and it is going to really affect a lot of families, especially within our community.

**Mr RICHARDSON:** It is an interesting point about the nature of insecure work and people feeling like they have no other options but to try to put food on the table and survive. What do we need to be looking at going into the future? I guess those that have been disproportionately impacted need to be really supported and cared for by the government. Are there ideas that you have with your communities about what the government needs to be thinking about or doing into the future?

**Ms ABDIKADIR:** We are still actually currently working on that, but I think where we are headed is more having some sort of employment program for the community considering the fact that, I guess, this is an accessible centre and people are already aware of the support that it gives, so having some sort of employment program to kind of tackle it for parents and staff to be able to reach out to the services, for young people to be able to receive, I guess, support in terms of résumé support and—

**Ms HAJI:** Recruitment agencies.

**Ms ABDIKADIR:** recruitment agencies—being directed to different recruitment agencies. I think that is a place that we could potentially start.

**Mr RICHARDSON:** Fantastic. I want to take you to the Multicultural Community Infrastructure Fund. I understand that the Victorian government provided \$350 000 through this fund for a community hall. How has that project progressed, and how is it being impacted during the COVID-19 phase as well?

**Ms ABDIKADIR:** Is that the funding that was given to Trades Hall?

**Mr RICHARDSON:** This was the multicultural community fund for the community hall.

**Ms ABDIKADIR:** I actually do not know about the funding, to be honest, because we did not receive any funding from DHHS. I do not know if—

**Mr RICHARDSON:** It would have been under the Minister for Multicultural Affairs, but, hey, that might be an exclusive right here today. It might be on the way. Who knows? I might have broken ranks.

**Ms ABDIKADIR:** No, we honestly do not know.

**Ms HAJI:** Personally, I don't, yes.

**Ms ABDIKADIR:** Yes.

**Mr RICHARDSON:** I might take that one on notice. That one I might roll back out more broadly. I just want to finally finish off on the culturally and linguistically diverse communications during this time as well. Obviously that was a significant feature of the Department of Health and Human Services and how it interacted with communities. Can you tell us a little bit about those experiences, and then how that improved—or how the communications did over the time with the department?

**Ms ABDIKADIR:** Firstly, I think I would like to touch upon the fact that when the lockdown initially happened there was a lot of confusion and there was so much going on. I can imagine even for the department how it was and other organisations and how they were dealing with that. But as time went by, I am actually really happy about the fact that—

**Ms HAJI:** We received support.

**Ms ABDIKADIR:** We received a lot of support. The department was really supporting us in terms of engaging with the community, ways we can move going forward, the recovery phase and ongoing support that is still being given to the residents and how that might look and recognising the volunteers who have actually worked effortlessly during that time.

In terms of language, there was a lot of work done by DHHS in terms of creating that sort of, I guess, translation and being able to have a lot of the residents from culturally and linguistically diverse backgrounds have pamphlets and stuff interpreted in their own language or the help services or all of that kind of stuff being done in their own language, engaging their community leaders and making sure that, I guess, the residents or the people in this community are actually aware of what is going on.

**Mr RICHARDSON:** Just finally, Chair, I will chase up that information about the grants offline as well.

**The CHAIR:** Thank you, Mr Richardson. I will give the call to Ms Bridget Vallenge, MP.

**Ms VALLENCE:** Thank you, Chair. And thank you very much for appearing before this inquiry into COVID and all the efforts that you have done on behalf of your community during this really, really challenging time, I am sure. You have said that your organisation is located very close by to the housing towers—just across the road, I understand. And I can only imagine how confronting the housing tower lockdown announcement was—very overwhelming, I am sure, for your community. When the lockdown occurred and when it was announced, did DHHS or any state government department consult with your organisation or inform you ahead of the lockdown?

**Ms ABDIKADIR:** No. Unfortunately no.

**Ms VALLENCE:** Sorry, you are a little hard to hear.

**Ms ABDIKADIR:** Oh, sorry. No, they did not let us know beforehand actually.

**Ms VALLENCE:** Okay. So when did you first find out about the lockdown in the towers?

**Ms ABDIKADIR:** Actually I think one of the management actually heard it from somebody who gave him a call—I do not know who exactly. They told him, ‘Hey, have you watched the news? There’s a lockdown happening, and your community probably needs your support right now’, and that is how initially we opened the service. It was really shocking. The funny thing is a lot of people who were in the lockdown, some of them were people who were visiting other people and who got locked in because there was no notice, who had to spend like five days in probably Flemington—I know a couple people who were in Flemington, some in North Melbourne. I think eventually they were allowed out, but there were people who were—it was really sudden.

**Ms HAJI:** Yes. A lot of the members of AMSSA were also residents of the towers, so there were a couple of members of the management of AMSSA that were locked in as well. So in the beginning stages there was a lot of chaos and there was a lot of miscommunication, and it was very confusing in the beginning, yes.

**Ms VALLENCE:** Just to be clear, you said that you heard from management—was that management of AMSSA or the housing tower?

**Ms HAJI:** No, no, no, of AMSSA.

**Ms VALLENCE:** So you heard first from the management of AMSSA, and you think that they heard from perhaps the media.

**Ms ABDIKADIR:** They got a phone call from somebody letting them know about what was going on.

**Ms VALLENCE:** Okay. You said that a lot of your members reside in the towers. What were you hearing from residents when they heard about the lockdown and they saw the fences going up and the police presence? What were you hearing?

**Ms ABDIKADIR:** There was a lot of shock. There was a lot of—

**Ms HAJI:** Frustration.

**Ms ABDIKADIR:** Yes, frustration. A lot of people were overwhelmed by the amount of law enforcement officers that were downstairs or in the buildings, and they could not understand why. A lot of them referred to it as—

**Ms HAJI:** Jailed.

**Ms ABDIKADIR:** Yes, feeling like they were imprisoned.

**Ms VALLENCE:** Feeling like a prison?

**Ms ABDIKADIR:** Yes.

**Ms VALLENCE:** That must have been very confronting.

**Ms ABDIKADIR:** Yes.

**Ms HAJI:** Yes.

**Ms ABDIKADIR:** It was really overwhelming—

**Ms HAJI:** And the amount of time as well. The amount of time that they had to actually prepare, or not prepare. They felt like they did not have enough time to actually prepare for the lockdown. They were just locked in, and it was sudden.

**Ms ABDIKADIR:** Yes, it was like the morning was fine, and then at some point during the day they found out that they cannot leave past 5.

**Ms VALLENCE:** So, yes, no time to prepare. What was the reaction on that first day and then the subsequent days to the police presence? I think you mentioned just in one of your earlier answers or perhaps your presentation initially the perceived power imbalance—a lot of the residents involved with AMSSA are probably from countries where that has been a concern for them. What did you hear about the police presence and how that was all handled?

**Ms ABDIKADIR:** People were really scared—overwhelmed. They did not know how to react. I guess they felt powerless pretty much. They felt like it was unfair. They felt like they were being criminalised.

**Ms VALLENCE:** Was there communication? Obviously that was an initial shock; it was really sudden. When did the communication start occurring? Did the communication come from DHHS or the health department or the police? How did that communication start flowing through to the residents?

**Ms ABDIKADIR:** [Zoom dropout]

**Ms VALLENCE:** Are you there? Can we stop the clock?

**The CHAIR:** Are you with us? Excellent.

**Ms VALLENCE:** I am not sure if you heard that. The question was: obviously it was very sudden and very confusing at the start; where did the communication start coming from? Was it from the department of health or the police? Who started providing communication?

**Ms ABDIKADIR:** At the beginning—I am going to be honest—there was not much communication. The police—I spoke to a couple of officers on site and they were actually very confused about what was going on themselves because they were just, I guess, in a way being told what to do. But there was also misinterpretation

from the residents, because they felt like the police were in control. The police were saying they were not in control and it was DHHS. So there was just a lot of like—

**Ms HAJI:** Miscommunication.

**Ms ABDIKADIR:** Yes.

**Ms VALLENCE:** Was there any concern? Did anyone say anything like, ‘Well, I don’t have coronavirus’, or, ‘Look, I don’t have COVID’. Was there any concern about this situation, you know, if they did not have COVID?

**Ms ABDIKADIR:** I think the residents actually understood why the lockdown was happening; they just did not appreciate the way that it happened.

**Ms HAJI:** Yes.

**Ms VALLENCE:** Okay. Obviously it was very sudden. You said yourself people were not able to prepare, and that would include the basics—you know, going shopping for food in the supermarket. The reports of government services in the early days—of supplying expired food and food that was not culturally sensitive—you know, things like pork, for example, what were you hearing about that? Was that the case? Did that happen?

**Ms ABDIKADIR:** Yes. From what I am aware of, yes. I was told about that.

**Ms VALLENCE:** Did that continue to happen or did that stop? What happened with that?

**Ms ABDIKADIR:** I think that was the beginning and then after we communicated with DHHS and were able to get that common understanding, they actually supported us in being able to provide the food for the residents.

**Ms HAJI:** Yes. That is when the emergency relief program at the centre started, and that is when all the donations and food and everything was being donated to the centre so that we could take it up to the buildings—more culturally appropriate foods, medication and other essential supplies as well. So that was being delivered to the residents at the buildings.

**Ms VALLENCE:** Yes, fantastic support from the community. Pass on to all your members that the volunteer efforts to help in such a real—

**Ms ABDIKADIR:** Yes. The volunteers did a lot of work—a lot of work.

**Ms VALLENCE:** Thank you to all of your volunteers. Obviously there was a high rate of people with COVID in the towers. Can you tell us about the contact tracing—you know, people who had the virus and identifying others? What sort of interviewing was happening? What was the response rate, I guess, from the department of health? Was it rapid? Or do you think there were delays?

**Ms ABDIKADIR:** To be honest, I do not remember much about the contact tracing, but I remember that there was—

**Ms VALLENCE:** Well, what about the communication? You know, perhaps a lot of your members might not speak English very well.

**Ms ABDIKADIR:** There was a lot of that, yes—communication barriers and plus there was COVID testing. But there were a lot of people who were on the ground trying to make sure that the community’s needs were met and that they were heard.

**Ms HAJI:** Some of the people that were testing COVID as well were from a Somali background.

**Ms ABDIKADIR:** Yes, they were volunteering.

**Ms HAJI:** Yes, they were volunteering, so obviously they knew the language and everything. They were helping to translate what was going on and doing the testing on the ground as well.

**Ms VALLENCE:** And has AMSSA received any funding from the state government for your COVID response?

**Ms ABDIKADIR:** No.

**Ms VALLENCE:** Okay. You have obviously got multiple generations living under the one roof and homeschooling and all of that. What—

**The CHAIR:** Sorry to cut you off there, Ms Vallence. Your time has expired, and I will pass the next questions to Mr Sam Hibbins, MP.

**Mr HIBBINS:** Thank you, Chair. Thank you both for appearing before the inquiry today and thank you for all your work and the work of AMSSA in supporting residents during the lockdown and during the pandemic overall. What was the situation that you found on the ground when the lockdown was put in place just in terms of the provision of essential food, medicine and support to residents, and why did AMSSA need to step in?

**Ms ABDIKADIR:** I think, as I mentioned previously, initially we opened the centre. We had a lot of volunteers actually bringing in food, some donating—

**Ms HAJI:** Businesses, organisations, yeah.

**Ms ABDIKADIR:** Yes, like giving, I guess, culturally appropriate food and recognising that there was an issue. There was a lot of volunteers there, and we were basically packaging the food because there was almost 3000 residents who required food. It was not actually just for one specific cultural background; it was for everybody. So we were trying our best, I guess, to create that sort of structure or organisation. The first day was extremely—

**Ms HAJI:** Difficult.

**Ms ABDIKADIR:** difficult. Things were not going according to plan and there was a lot of things going on, plus there was miscommunication between the different organisations, and then—

**Ms HAJI:** So what we did was we built a system. We created generic packages with food just like milk, bread—just generic supplies—and then we also did special orders. So residents would call down to the building or they would call the hotline and they would request special dietary needs—

**Ms ABDIKADIR:** For example, lactose intolerance, if they have a child who needs specific medication or something. So they would be able to make that phone call and—

**Ms HAJI:** And we would be able to—

**Ms ABDIKADIR:** request what they need.

**Ms HAJI:** Yes, and we would be able to supply to the residents. That is how we were doing it.

**Mr HIBBINS:** I heard on several occasions that volunteers actually were prevented from delivering food and services to residents. Can you tell us about that?

**Ms ABDIKADIR:** I think that is the initial miscommunication part, because yes, that was true. At the beginning we were kind of—

**Ms HAJI:** Restricted.

**Ms ABDIKADIR:** Yes, restricted, and going in circles trying to deliver the food, it did not work out, bring the food back, go back and forth. I think it must have been, as I said, the chaos of the first couple of days. After that, after I think the first couple of days, it was a lot better. We had figured out some sort of system.

**Mr HIBBINS:** Did DHHS, once the lockdown was announced, reach out to you, or was it a case of AMSSA whirring into action to fill the gaps?

**Ms ABDIKADIR:** I think it is option B.

**Mr HIBBINS:** The lines of communication, the lines of responsibility from DHHS, was that clear from the start about who actually was managing and in charge of managing the lockdown?

**Ms ABDIKADIR:** No. I just remember the fact that there were DHHS representatives at every building, not that—there wasn't really the structure. I can imagine the stress it was for them, to be honest, but—

**Mr HIBBINS:** Did DHHS provide you with any support or any resources to actually undertake when you were providing those services to the community, to actually undertake those services?

**Ms ABDIKADIR:** It depends. I think they got involved. We started working collaboratively—

**Ms HAJI:** After a few days.

**Ms ABDIKADIR:** Yes, after a few days, where we told them what we were doing, how we were doing it, and they actually linked us I think to the City of Melbourne—

**Ms HAJI:** Yes.

**Ms ABDIKADIR:** who helped, I guess, us deliver the packages and all of that kind of stuff and gave us resources, vans and all of that kind of stuff. They were heavily invested in the recovery phase and in ensuring that a lot of resources went into that.

**Mr HIBBINS:** How overall would you see some of the major issues with the lockdown managed?

**Ms ABDIKADIR:** Pardon?

**Mr HIBBINS:** Overall, what do you see as the major issues with how the lockdown was managed?

**Ms ABDIKADIR:** I feel like it was too, I guess, sudden. There was no notice given, and that heavily impacted the residents. I do not know whether it was properly thought out beforehand. I feel like there was not initially, even for organisations, enough support given. There was not much consideration about the needs of the residents initially, because I feel like there was just a lot going on and people were stressed out. There was not some sort of, I guess—

**Ms HAJI:** Plan.

**Ms ABDIKADIR:** Yes, strategy—like, a more—

**Ms HAJI:** Thought-out plan for how the residents were going to get what they needed. I feel like everybody understands why the lockdowns happened; it is just how it occurred and how suddenly everything happened and the needs that the residents needed.

**Ms ABDIKADIR:** And one thing also is the lack of cooperation between the organisations. I feel like police did not know what DHHS was doing. Probably DHHS did not know what police were doing. We did not know what a lot of them—there was just a lot of—

**Ms HAJI:** There was no communication between all the different organisations.

**Ms ABDIKADIR:** There was a lack of communication.

**Mr HIBBINS:** Has DHHS—

**The CHAIR:** I am sorry to cut you off there, Mr Hibbins, but your time has expired.

Thank you very much to our witnesses for appearing here today. We appreciate the work you are doing with the communities concerned but also for taking the time to inform our deliberations today. The committee will follow up on any questions taken on notice in writing, and responses will be required within five working days of the committee's request. The committee will take a very brief break before moving to consideration of our next witnesses. Thank you very much for your time today.

**Witnesses withdrew.**