

PUBLIC

THE PARLIAMENTARY STANDING COMMITTEE OF PUBLIC ACCOUNTS MET IN COMMITTEE ROOM 2, PARLIAMENT HOUSE, HOBART, ON WEDNESDAY, 2 NOVEMBER 2022

TASMANIAN GOVERNMENT'S CONTINUING RESPONSE TO THE COVID-19 PANDEMIC

Mr DAVID GENFORD, PRESIDENT, and **Mr STEVEN SMITH**, SENIOR INDUSTRIAL ADVOCATE, AUSTRALIAN EDUCATION UNION (TAS BRANCH), WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

CHAIR (Ms Forrest) - Welcome to the hearing, you have a brief summary?

Mr GENFORD - I think the written submission covers a lot of the areas that we can add information to today.

We had definite concerns around the opening of schools and the preparation that was put in place by the Government and the Department. I think that some of the figures and spikes - the drops in numbers during school holidays and the spikes once school had returned - showed the breeding ground for COVID-19 that the schools possessed. Some of our concerns were warranted by the number of people who caught COVID-19 through the school environment and through children.

We definitely had issues. There are still some things that are outstanding that would be key to look at to try to prevent further outbreaks or other pandemics, and try to make sure we do have as safe an environment as possible for our students and for our staff at learning institutions.

CHAIR - David, your submission outlines pretty clearly all the matters that were concerns and things that need to be done, but what are the key things that you think require more attention?

Mr GENFORD - The number one is ventilation. The lack of a ventilation audit is concerning. To start with they were just looking at outdoor windows and whether they could open. The identification of how many windows couldn't open was concerning for normal ventilation in schools. There was a reliance on principals to have knowledge as to whether or not a school was ventilated. If teachers or support staff had concerns they had to go their principal, who was then the person making the decision.

Other areas such as TasTAFE brought people into the buildings to make the assessments: experienced people who had the expertise. That wasn't done from a schools and colleges setting. I am concerned that it still hasn't been and it isn't a focus for the Government and that they think the summaries the principals have done was enough.

The other thing that wasn't done that should be done in the future is the quality of the face masks provided to staff and students. There is a lot of research showing how more effective P2 or N95 or KN95 masks are compared to surgical masks. We're still allowing cloth masks to be worn when the research with those different types of masks shows what needs to

be done. If we are just talking about future planning, the level of masks would be a good thing to look at as to whether or not that was practical.

CHAIR - On the mask situation, there is plenty of research around the effectiveness of N95 or P2 masks. Some of it has been well documented. Did the union or others in the education system actually ask for those to be supplied? What was the response, particularly fatigue?

Mr GENFORD - We were told 'no'. We were told one of the reasons was because of the practicality of wearing the mask. They felt that people were less likely to wear them for a full day. Our response was to give the teachers the option to have that. The fact they weren't being supplied was more the issue for me. We would have been content with a mixed approach of supplying both surgical masks and the P2 and N95 masks and allow for people to decide the safety level they were comfortable with, mixed with the comfort and the ability to wear it for the day.

I know from experience how difficult some masks are to wear, but we needed to give people the option of what safety measures they could put in place based on what they felt the comfort level. Multiple requests were denied.

CHAIR - Did you find across the system that teachers who were older and perhaps more vulnerable chose to buy their own P2 and N95 masks, or did they continue to wear what was available?

Mr GENFORD - I could probably only give anecdotal evidence, but I would say that some members of all age groups that took mask wearing more seriously than others. That was based on education given to the community and what people felt they wanted to wear. Originally for me cloth masks were the way to go because you could be a bit more fashionable and they are a bit easier to wear. You could get your local footy team put on them or whatever else, but as the research started to come out there was identification that cloths masks did not have the same impact. Some people did buy their own P2 and N95 masks because they wanted to provide that safety level for themselves.

The other issue was our workers working with students with a disability and younger students. I really would have liked to have seen better PPE provided because we know our students with disability and younger students inability to maintain social distance or the transmission of fluids is more likely. It would have been good to see more face shields, et cetera, for those people working with those students to provide an extra level of precaution for them in catching COVID-19.

Mr WILLIE - There are obviously health concerns here, but one of my biggest concerns through all of this is the impact of student learning. The Government made a lot about the 1700-relief teaching figure, in your submission you say that is dishonest. Could you elaborate on that? What was the true figure and what impact was staffing having on schools at that time?

Mr GENFORD - I have never seen the actual list, but I was definitely concerned with the number such as 1700. We know how difficult it is for schools to get relief teachers: whether or not they were still currently available, how many days were they available, and what areas were they prepared to work in. The best way I can sum it up is what we have been seeing happening on the west coast for years and years was happening in Hobart and Launceston

where schools could not get relief teachers. I do not know where the 1700 went because they were not in schools covering the staff required.

We saw such a high staff absent rate, especially in term 1, once the borders had opened continuing into term 2 where we were asking for data and not getting it. Either the Government was not aware or was not willing to provide us the data of how many staff were issued. We had to basically survey principals ourselves and ask them how many staff were missing. As our submission says, we saw cases of up to 100 staff in a week missing from some of our biggest schools, which is really difficult to cover.

CHAIR - What would their staffing numbers be? One hundred a week: how many are we talking about?

Mr GENFORD - The schools I am thinking of have 100 teaching staff and over the week that would average on about 20 staff absent a day. You are looking at about 20 per cent of their workforce. The reason why that is a major concern - and I think you are alluding to it, Josh, in your concerns - is the impact that has on student learning when classes get collapsed because you cannot find the relief teachers. For people to be aware of what that means, a collapsed class means we cannot find a relief teacher so you have 30 students, what you do with them, you put five students in six different classes and often that is in a different age group.

For example, my daughter is in Grade 6, she got put into a classroom with a Grade 3 teacher who then tries their best to not only maintain their current workload of teaching the Grade 3s, but also making sure the five Grade 6 students are also on task. As I say, this is a practice that has happened in our remote schools for a long time which we would like to see solutions for, but it was also happening in our metro schools.

Mr WILLIE - I have asked the Department during Budget Estimates whether they quantify collapsed classes and they do not. Would you like to see them doing that?

Mr GENFORD - It would be great to know how often the practice happens. Sometimes I feel, when I go to the department to tell them about collapsed classes, how much do they believe that it happens. To have the accurate data would be beneficial: to say this is how many times it happens and this is the impact it has on student learning.

CHAIR - I would like to understand the nature of the collapse. If you have Grade 6 students in with Grade 3 students or even Grade 2 or whatever, which I assume must happen in some schools, that actually increases the challenge.

Mr GENFORD - Absolutely. In some schools - let us say places like Riverside and Taroom where we have 800 to 1,000 students - you could probably get them into the same grade. A lot of schools only have one or two of that grade, especially at a primary school. We do not see big primary - which is by design - and they do not get shared into a class with similar age group. They get mixed with a lower or higher age group. It is difficult, but that is the reality of it. It is not ideal and impacts on everyone, both the students in the class that is being split and the one that is having extra students in there.

Mr WILLIE - The other concern here is specialisation. Teachers have different skills and if you have teachers off work isolating and they have a particular skill set that means students are missing out on that enhanced experience.

Mr GENFORD - It is part of the reason why we agreed to a short-term deal with the Government that allowed for teachers to work above their instructional load. Basically, a teacher has a set number of hours they work in a week and a certain number of hours they work in front of a classroom, which is 20 hours a week for high school and colleges, 21 hours for primary school. We understood to give teachers the opportunity - if they wanted to above and beyond - to allow for that to happen. It was a sign of goodwill to try to help the Government cope through the COVID-19 times but it has kind of been almost thrown back in our face that we agreed to a short-term deal, which has hampered the current negotiations.

We saw there was going to be impact in classes and we tried our best to make sure we could work with the Government to provide solutions. That short-term agreement is an example of abandoning a major log of claims to try to put something in place that could help schools cope. It has helped a little bit but it has put pressure on teachers who are working above and beyond what they need to do.

Mr WILLIE - We have seen other states like Victoria implement tutor learning initiatives. They have retired teachers and others coming into schools to help students catch up. We have not seen that response from the Tasmanian Government. Would you like to see that sort of effort put in to catching up student learning, given the impact over the last couple of years?

Mr GENFORD - The recent NAPLAN results demonstrate the fact Victoria did not see a massive drop-off, despite the lockdowns and home learning; it shows the impact the tutors had. I was really surprised when I spoke to my Victorian counterparts that those tutors were all qualified teachers. They were not just people who put their hand up to say, 'I can help with literacy or numeracy'. They were all qualified teachers.

Mr WILLIE - We are talking hundreds of millions of dollars of funding.

Mr GENFORD - Yes, I am not sure and will have to believe you on that one; I have not followed it that closely. The fact it was taken that seriously was beneficial. My concern is that I do not know if we have them. I do not know who would put their hand up because many of our older teachers who have gone into retirement have chosen not to go to relief teaching because of the concerns about the safety of schools. That is put in our submission in regards to the fact so many people did not feel safe. The fact where older members who had retired who often come in and do one or two days a week chose not to because they did not feel safe in a school environment and thought they were at higher risk of catching COVID-19 - which they were.

Dr BROAD - In your submission you talk about being met with an oppositional mindset from the Department and their default setting being to immediately reject or dismiss your concerns. Could you flesh that out a little bit? Is that still happening?

Mr GENFORD - Not so much with COVID-19, because we have not got new ideas. We are still looking at the stuff that was old. Much of 2021, when COVID-19 was starting to reach Tasmanian shores, we put forward a lot of ideas. Even as far back as 2020, we had suggested supplying masks to staff and we were told, 'No, people will have their own masks, we are not going to supply them'. I think it was three months later they decided they will supply masks.

PUBLIC

We put forward a suggestion to follow the Victorian model of supplying air filters into schools, air purifiers into schools to try to help provide safe air. We were told, 'No, that is not going to happen'. I think it was two months later they decided, 'That is a good idea. We will do that'.

That is two examples and there are probably two or three more I could give where we were trying to be on the front foot in solutions as to what we felt could provide safe environments and were often met with a 'no' and then followed by, 'Actually, that is a good idea'.

RATs are another good example, making sure we could provide them for people so we had accurate representation. That is how it was; sometimes it was more immediate. I remember there was one weekend when there was a bigger outbreak in Melbourne and I give credit to the Government. At the time I spoke to both minister Courtney and I think it was acting Premier Rockliff, about concerns about staff and students returning from Victoria being in schools. On the Friday, our concerns were kind of like, it will be okay, but by the Sunday, they had changed their mind and realised. That was a two-day example, but there are other examples of months.

We were really trying to be on the front foot in providing a safe environment for our members - and for all staff and students, really - and that is kind of the relationship that happened. I do not know why that happened. That was the reality of what happened for at least four or five safety measures.

Dr BROAD - Is that still happening or is it smoothed out?

Mr GENFORD - Not so much for COVID-19 because there are not a lot of new things to put forward. I think we are seeing the measures going the other way, decreasing instead of increasing. I wouldn't say that's the case now. I'd have concerns if there was another pandemic, what that would look like. But I'd hope the experience we went through could demonstrate that we weren't putting forward measures that were ridiculous, because they were considered later on.

Regarding ventilation and the extra mask measures, would there be a reflection to say it could have been a good idea to give people a mix of masks, identifying public health advice that there may be difficulty in wearing the masks, but providing that extra level of safety to students and staff?

CHAIR - I will go to Meg and I will go to Lara. She is communicating by text, that is fine. Responding on my phone.

Mr GENFORD - That is fine.

CHAIR - Then I will go to John after Lara.

Ms WEBB - Thanks, Chair. I am interested to go back and understand a bit more about the process for planning this, when it was contemplated we would open the borders in December, and then have a return to school with open borders in February. When was the AEU first involved in that process? What did the process from that point look like in terms of AEU involvement?

Mr GENFORD - We had regular COVID-19 briefings, about once a fortnight in 2021, increasing to once a week as things got more serious toward opening the borders. Those meetings were more informing us of what they were doing as opposed to consulting with what we'd like to have happen. We did have an opportunity to put forward ideas, which, as I said to Dr Broad, was about what we felt would be good ideas. It's not like we weren't given a chance to put ideas forward, but there was not really what I feel would be consultation, which would be listening to the ideas and then coming back to us and saying, 'Yes, we will do it'. It was more like, 'No, we are planning on doing this'. It was more an informing session than a consultation.

Ms WEBB - From your submission you talk about briefings you received in January, then toward the end of January there was a sense of a lack of readiness that felt urgent, such that you were even looking to potentially call on the Government to push out the return to school to a later date. What could have been done differently in the process that did not mean you landed at that late stage with urgent concerns still there?

Mr GENFORD - Number one would have been the ventilation audit. One of the reasons we asked for that delay was there so many staff who felt unsafe to return to work. I didn't feel we could sit back and say to them, 'Everything will be okay'. I think there needed to be time for people to get back to schools and colleges and assess the safety levels, to have thorough information shared with them about what was being put in place to try to make them feel safe. There were unanswered questions in our submission that we still couldn't get answers for as of the week before school going back. I really feel as though the education and communication with staff was not there to provide them with a safety level of what needed to happen.

That was why there needed to be a delay. Also, a lot of people were returning from holidays and cases were still being reported on the mainland and internationally. People had been travelling internationally at that stage. There was a concern as to whether or not we could have five days grace to give people a chance to return to the community and isolate if they had COVID-19. There was just this unknown about how many staff were going to be in schools at that time.

Ms WEBB - To follow on, the next question was about communication with staff and your members. You would have been communicating, but I am more interested to hear about your reflections on what was set up in terms of channels of communication and their effectiveness in communicating directly with teachers and staff regarding preparations and planning.

Mr GENFORD - I think it is always difficult to communicate with school staff during school holidays, because they try to step away from the rat race that is the email system. We had to make sure people were clear what was in the emails.

On reflection, we should have suggested briefings for staff; online sessions to explain to them what was happening and to give people a chance to ask questions. It was very much one-way communication. People weren't given the chance to outline how they were feeling and seek reassurances for why it was going to be safe to return.

Ms WEBB - Email was primarily the communication tool to staff and teachers?

Mr GENFORD - I can't think of an example.

PUBLIC

Mr SMITH - Principals would have informed staff in schools as well as the emails coming from the Department of Education. There would have been communication in that way. We didn't get a great deal of feedback from members indicating that they weren't being told what the department's expectations were. There didn't seem to be lack of information on the ground in that direct sense, but there was no consultations about it prior to that.

Ms WEBB - Or an opportunity to have questions answered.

Mr SMITH - No.

CHAIR - I'll pick up on one of these points. I think you said there was one-way communication, but there was no suggestion or take up of a video link call where people could interact?

Mr GENFORD - That's my reflection now looking back. In hindsight, that's something I would've liked to have suggested. I didn't suggest it at the time. I am saying now, that when we look at the levels of communication, what could we have done?

I think what would we say, and Steve reminded me, there may have been principal briefings, especially towards the last week of school holidays. Sometimes the message gets lost when giving it to someone to relay. Maybe that opportunity to speak to staff directly or have them be able to ask those questions could have been better.

Ms WEBB - Was there a centralised point, say on the Department of Education website, where staff in schools could go to look for answers to their questions, even if they didn't have an opportunity to ask them through a face-to-face method?

Mr SMITH - Yes, there was a COVID-19 team set up that staff could contact and raise issues and concerns with that appeared to work effectively, to be fair.

I just wanted to make one quick comment. David has just suggested that maybe there should have been more open communications and online meetings. I think one of the things that may have been a consideration was that there are some people out there who's views about vaccinations, masks and everything else are quite extreme. It might have been perceived as unmanageable.

Ms WEBB - It might have become disruptive?

Mr SMITH - It might have been better done more one to one, or at a local level, or where people are close to being in person, where you don't get the anonymity of the internet.

Mr WILLIE - The start of the year is a very busy time for school staff and many come in early before the start of the school year. This year there was more preparation than normal. Students with disability were receiving phone calls and plans to mitigate risk for COVID-19 and a whole range of other things. Did your members give you feedback that they were coming in earlier and working through that time?

Mr GENFORD - Sometimes things seem small but they are so important. Setting up a classroom is such an important aspect. You want kids to walk in on the first day. People are really concerned that if they get COVID-19 in the last week who is going to set up their

classroom? Who is going to provide a rich learning environment for students as they arrive? There were stories of people turning up two or three weeks earlier. Usually, teachers will turn up a week earlier to set up classrooms in their own time. There was a worry for people who were away that if they came back and had COVID-19, what would happen? Teachers will move classrooms from year to year, so it is not the case that it is already set up from the year before. A lot of classrooms need to be changed, things moved, displays put up, all that type of stuff. There were those concerns.

Mr WILLIE - We had all of that going on and the minister was away overseas, which was well publicised at the time. What did that do for morale for your members?

Mr GENFORD - There was definitely some concern from some members. There is an acknowledgment that people need to have a break and need to have a holiday. Also, when a critical decision was made in regards to opening the borders and the fact that this was going to be a high-pressure situation on staff, there were some concerns raised. The COVID-19 team Steve alluded to that was set up was still working through a lot of the issues. But when the media covers it the way they did, you are going to get people who feel it wasn't right.

Ms WEBB - You spoke earlier about the fact that we don't necessarily have data around the quantum of compressed classes occurring. Are there other sets of data you think are important that we should have from that time, that if we were to look ahead and think to the future we would want to see data collected in those areas? I am wondering if we have data around the average number of teaching days lost, say, or the average number of days lost for support staff. That sort of data.

Mr GENFORD - I still haven't seen the exact data of how many teachers or how many absences there were. We can only go on what we interviewed our principals for. There is an issue: especially the student and teacher data is not instant and I accept that. But we could have had data that said 'not including the last two weeks, here is what it has been like', because it takes a couple of weeks for educators to input their absence. The student absence can take one or two days as well. It would be a good idea to look at what the actual impact was instead of relying on - I don't think our evidence is anecdotal because we asked principals specifically. But if we had hard data that said this is what the actual impact was in term 1 and term 2, it would be beneficial.

Ms WEBB - To clarify, are those data sets that are collected but haven't been shared in the public domain or shared to you, or are they data sets that aren't collected currently that could be planned to be collected at a future time?

Mr GENFORD - They are collected because the teachers have to input their sick days. Whether or not there was a process in place for identifying specifically COVID-19 sickness as opposed to general sickness, you could compare the data from previous years to get an understanding of what the general sickness versus COVID-19 could look like.

Mr SMITH - I don't believe they collect data. The data goes in but 'I'm off because of COVID-19' is not necessarily always going to be it. It would be if you were taking COVID-19 leave but some people would have just taken sick leave, normal personal leave, et cetera. So, I think it is data that is possibly not collected as well.

Mr GENFORD - One thing I would say, from experience, when you are not well as a teacher sometimes it is easier to go to school and get through than have to try to plan your day and send through the work. But for people doing the right thing - and this system relied upon people doing the right thing, staying at home when they did have symptoms, that also saw the rise. So, not necessarily having COVID-19 but having the symptoms meant that people were doing the right thing and staying away, which impacted as well.

Dr BROAD - On leave, do you think that the leave provisions for COVID-19 leave were adequate, particularly in terms of teachers who ended up getting long COVID? Are you aware of teachers who are still suffering from long COVID?

Mr SMITH - My personal view about the leave issue is that what was provided in the legislation was appropriate at the time. The thing that has been missed is a change to workers compensation legislation for the long COVID issue. Teachers are exposed to COVID-19 at much higher rates than the general population. In my view it should be a notifiable disease that is classed as automatically entitling a teacher to workers compensation benefits once their other entitlements run out, particularly for people who might end up suffering from long COVID.

We have two or three teachers in contact with us at the moment who appear to be concerned about their long COVID situation: one who isn't working and one who is really struggling. It is a problem that is coming. The best statistics I've seen in the US at the moment, and I know their vaccination rates were less than ours so they should be higher, are indicating a 15 per cent long COVID rate, which is terrifying from an economic perspective and a social perspective going forward.

Mr GENFORD - If I could just add, one of the biggest feedbacks I've had from teachers contacting me is about carers' leave, so those with young children. A similar type of thing. Usually, you would send them to school with a snotty nose or a little bit of a cough. But having to keep them at home, and because of the way teaching was, you can't work from home as teacher or a support staff member. The impact on personal leave because of carers' leave has been an issue as well.

Dr BROAD - With workers compensation, the teacher or support staff would have to demonstrate that they caught it from school?

Mr SMITH - Yes, that's right. Workers comp as a basic concept is meant to be no-fault, isn't it? But at the end of the day, you've got to get connection between the condition you've got at work. There has to be a substantial connection.

The issue for workers now is establishing that they've got it from work. So, we're advising members to try to keep track of what they're doing outside of work, whether their family and friends are catching COVID-19, and paying attention, sitting down and making some notes about that - if you catch COVID-19 and you think it's come from school, just in case you end up having a long-term problem. But that turns into a whole expensive litigation battle. The costs of running a workers' comp claim on something like that are huge. If you lose, the Government goes you for their costs, so you can be out \$40 000, \$50 000, \$60 000, plus what you've had to spend on your own lawyers. It is a ridiculous system, really, and fifty-fifty gambling. You're putting 60 grand up. I'm not sure how many of us around the table would be prepared to do that.

PUBLIC

Mrs ALEXANDER - I had a few questions, but through the questions that the other members of the panel have asked, I did get some of my answers. However, I'm very interested to hear if there's been any statistics or your numbers at the moment of how many teachers moved out of the teaching profession because they were not vaccinated. Do we have final numbers for those?

Mr GENFORD - It is my understanding, from a teacher's perspective, that all those people who were stood down with full pay for three terms returned to the workforce. I was never given any data explaining whether or not any of those people chose not to come back.

From a teacher perspective, they were stood down with full pay for three terms. There were definitely concerns raised by some members, especially when we were hearing stories of them actually working in the independent system and Catholic system, where they were allowed to relief teach. It meant they were basically getting a double salary while being unvaccinated.

There was also a high level of concern that our support staff who chose to be unvaccinated were treated differently and were stood down without pay. Initially we were told they were - what's the polite word for sacked? - terminated; they were terminated. But later on, it was revealed that they were actually stood down without pay and treated differently compared to a teacher.

Mrs ALEXANDER - Yes, because the termination would have meant different provisions under Fair Work if that was applied. Basically, what you're saying is a different way in which people were treated between the support staff and the teachers at that point in time, that was a big disparity in that process?

Mr GENFORD - That is correct. The reason we were given was because the support staff were working closely with students with disability who were vulnerable, and it was following the Public Health order. This was concerning for our teacher assistants because a lot of the time those students with disability work just as closely with teachers. For example, a teacher in a support school works extremely closely with students with disability but were not considered different from a teacher assistant in the same situation. There was definitely a concern with treating people differently for the same reason, based on Public Health advice, that suggested teachers don't work closely with students with disability.

Mrs ALEXANDER - In terms of the shortage of teachers we have at the moment, that is not caused in essence by any non-returning teachers to the profession following being stood down?

Mr GENFORD - That is correct. All unvaccinated teachers are allowed to be teaching at the moment, so they are definitely not contributing to the teacher shortage. If I could just clarify: we were looking at total of about - I want to get my numbers right - it was about 50 staff and about 30 of them were teachers. When we are looking at the shortage in the first two terms. I would not have said it was a major impact.

Mrs ALEXANDER - Going back to that stage and the situation of the returning to teaching face to face, how was the communication with parents handled? Was there an expectation that the schools would be handling that communication? In your discussions with

the Government, did they actually set up a framework of how the schools would communicate? How was that approached?

Mr GENFORD - I think there were template letters sent out to principals to give them an example of what they could communicate through either a school letter or school newsletter. I think the COVID-19 team did work with schools to try to have a consistent message to the community.

Mr SMITH - I can confirm that.

Mrs ALEXANDER - That is excellent. Do you feel there is a long-term plan should another pandemic occur, or we have not actually brought together all the shortcomings or everything that was identified during this process? Has any wrap up or any summarising of what could be done better taken place so far?

Mr GENFORD - I am unaware of any plan or review, I think you are suggesting. We are still getting COVID-19 briefings probably once every three weeks now, maybe once a month. I feel as though there is still the idea we are still in the situation, but as far as I know there has not been any long-term plans or reviews into how the situation was handled.

Mrs ALEXANDER - Obviously, there is a lot of firsthand information that has come from the teachers, from the schools, as things have progressed and all the stumbling steps that have occurred. I am wondering if there was an opportunity for everyone to get together around the table and say, 'Right, this is what we have learnt, this is why it failed and let's work on preparing a plan should something similar occur in the future'.

Mr GENFORD - Nothing like that has happened so far.

Mrs ALEXANDER - Okay, thank you very much.

Mr TUCKER - You said in your claims 1,700 relief teachers ready to deploy was downright dishonest. I know we have touched on this already, but can you expand a little more around that comment because it is a pretty serious comment you have made there. How did you come to that?

Mr GENFORD - The relief teachers were not there. We had known how difficult it is for schools to already get relief teachers before COVID-19 hit. For a number such as 1,700 to say they are available to work was concerning. I feel as though when it was presented it had not been clearly audited in regards to what was their availability, how many days a week? Are they people who are looking for relief work? Are they people currently on contracts? A lot of them would have been teachers currently teaching who have their working 0.8 FTE, not full time so they are already in the system.

There was the fact our schools cannot find relief teachers. I cannot believe there are 1,700 people standing by ready to do relief when they are so difficult to find. That is why we make that claim.

Mr TUCKER - Do you have any data to back up your claim?

PUBLIC

Mr GENFORD - We do not have data of who is available but we would love to. If the Government was prepared to provide us the list of the 1,700 people we would be more than happy to analyse those people and demonstrate people were not available or were not working at the time.

Dr BROAD - How do you think they actually arrived at that figure?

Mr GENFORD - I have no doubt there was a list. My concern is how available those people were. How long have the people been on the list for? Are they people that have been on the list for four or five years - because five years ago, they said, 'I am available to do relief'? There is a struggle to regularly update staffing lists with the amount of changes that happen. How many people on that list have picked up a fixed-term contract in the last four weeks? How many people have moved interstate, or have got a job with the independent system?

CHAIR - How many people did not want to work because of their own vulnerability?

Mr GENFORD - That is right, the vulnerability. I am not disputing there was a list of 1,700 people. My concern is how many of them, and I apologise, Mr Tucker, if that is inferred in the submission, that there was not a list of 1,700. My concern is how many of 1,700 were available, ready to go to be available as a relief teacher for the start of the -

Mr WILLIE - On any day.

Mr GENFORD - On any day.

Mr WILLIE - From Estimates I think about 900 of them were part-time, so they were only available for part of the week.

Mr GENFORD - Yes. That is my concern when we say, 'There are 1,700 relief teachers available'.

CHAIR - It said 'ready to deploy'.

Mr GENFORD - Yes, ready to deploy. There is not. We do not have them. Many of them were already in schools working - not available every day. That is more what we are inferring by that comment: we needed to make sure the list was audited, updated and aware of who was ready to go at the start of the year.

CHAIR - Do you think some work needs to be done on the data associated with the available relief teachers? Not just during that period, but all the time? As you have identified, a lot of schools in our regional areas - which I represent - find it very difficult to get relief teachers any time.

Mr GENFORD - There is legitimacy in being more aware of what staff you have available when and where. For example, on that list, how many people are available on a Monday? How many people were from the north, south, north-west, west coast, et cetera?

Mr SMITH - The data is really important. It should not just be data about whether you are available to do a day. It should be data available about, 'Yes, I am willing to do a day, and yes, I am willing to work at x schools', because a lot of the relief teachers I speak to say, 'Well,

PUBLIC

I am only going to work at these three schools. I am not going there again'. There are schools that say, 'Well, that relief teacher is not coming back here'. That is the other side of it.

I think that data is also essential because of many of the relief teachers are at the point of their careers or life where they have other commitments, et cetera, but they are not going to put themselves back into a school environment they do not feel safe in. A lot of them are very restricted on where they will go. Quite happy to go to most of them.

CHAIR - They do not want to drive two hours to get to the school either. Three hours in the west coast.

Mr SMITH - There is that as well, which in some places is really important.

Mr GENFORD - There is also a speciality aspect. A kindergarten relief teacher is different from a high school PE teacher. Being aware of who could do what and when would be valuable. Even as a whole, the department looking at what teachers they have in different areas from year to year would help with workforce data and being aware of what shortages there are. I have worked with university in that they would like to have information as to where the shortages are so they can actually train more people if it needs to be woodwork teaching or PE teaching or whatever it might be, literacy, numeracy. That data would be valuable.

Mr SMITH - It goes in a slightly different area, but another aspect to this is coming up with a pool of relief teachers who can be available and made available for other places that are hard to staff. The department is working on that a bit. At least, that is a positive.

Mr TUCKER - With that comment on the 1,700 relief teachers, it sounds like that was honest, what they have said there: that there are 1,700 relief teachers. But the data needs to be broken down more: where those teachers are available and what they are available for, and if they are available for certain days through the year. Is that correct and what you are saying?

Mr GENFORD - Or even available for this year. When was the list last audited? Where are we looking at people who have retired three or four years ago, who have not worked in the last three years who are still on a list? The fact that we only had, was it 900, that came up in budget Estimates, would probably be a more accurate figure.

A member - That was part time. They were part time.

Mr GENFORD - Those 900 were already part time. So, yes, the FTE equivalent of what was available was not 1700, I would strongly recommend. That is what we asked for in our request. We said, 'If you consider 1700 to be accurate, can we please have the list audited to actually have a look at who is available now?'

Ms WEBB - The claim was 'ready to deploy', was it?

Mr GENFORD - That is right. That is probably the words that kick the most; 'is ready to deploy', because that sends a message to the community there are people who are ready to go.

Mr SMITH - We want principals to be able to know who in their area might be available they were not aware of yet. That was never provided.

PUBLIC

Mr TUCKER - You made a good point there before that certain relief teachers were only willing to work at certain schools and not have to travel too far or for another reason. The data set on that is something that needs to be looked at.

CHAIR - And that is not just for the COVID-19 matter. It is for all situations.

Mr TUCKER - Yes, this is something that needs to be looked at and why I wanted to get down into the nitty gritty of this.

Mr SMITH - It is important for planning for the department and for principals.

Mr WILLIE - Why wasn't the list provided? Was there a reason given? I would have thought it would be advantageous to have that list available to schools.

Mr GENFORD - I do not know. I do not believe the list was provided. The process that happened was that Learning Services were made available to try to help with relief, so they had the list. The feedback I received from principals was after initial request to try to get Learning Services to help find relief, when they could not find it they gave up asking. This was the issue when Mr Jaensch took over. I talked about providing extra resources and how Learning Services could help cover relief. The feedback from the ground was when they asked for it and they could not help provide it, the principals gave up. They gave us asking for it and tried to take it back in their own hands because either the list that was being used or the people who were trying to be contacted were not available, they could not come and work.

It became more of a hassle to try to use someone in the middle to try to be the conduit to try to find relief because the problem is when you are trying to find relief often you need it now. A teacher calls you at 7.30 a.m. and says, 'I am really sorry, I am unwell, I would love to have told you last night but I have woken up unwell, I can't make it in today'. You have an hour to find someone and for them to be at your school. To them trying to call Learning Services and ask, 'Anyone on your list who is available, I need them within an hour', and you sit back and wait 20 minutes and you are like, 'When am I going to get a reply? I need to know now. I need to find someone in my classroom'. It is a difficult process and no one wants to be the relief coordinator because of it. I have often heard of bribes for people to do it for them.

Mr WILLIE - If you cannot find someone in that hour, it means senior staff gone or the class is collapsed.

Mr GENFORD - That is right, or it means students miss out on their PE time or the PE teacher gets taken off line or the art teacher or music teacher. Kids are missing out. Staff are missing out on their break times. The pressure is put on the principal to find a solution because you could not find someone to cover.

Mr SMITH - One important thing to remember in this is the person organising relief at the school, the senior teacher doing that, does not get extra pay for being available overnight and for taking phone calls up to 10 p.m. the night before from teachers and then going through the process of finding someone.

Mr WILLIE - They are probably trying to get their own kids to school in the morning.

PUBLIC

Mr SMITH - I find it utterly ridiculous there is still not an extra benefit for people who are undertaking that role. It is so arduous.

CHAIR - It reminds me of when I used to try to call in nurses and midwives to cover shifts. Too many patients and not enough staff.

Dr BROAD - What you are saying is principals fell back on their own lists, and I know they were trying to find other teachers to add, like do you know somebody who could possibly do relief and so on. Is that still happening?

Mr GENFORD - Absolutely. Often the go-to now is Facebook call outs on social media posts of teacher groups: 'Do you know anyone that could come to Bothwell and teach a 3-4 class this Friday?' It is a good strategy. People are desperate to find someone because they do not have the people ready to deploy. It still happens now and now is not as impacted as it was at the start of the year.

Dr BROAD - What about people trying to get more people with a Limited Authority to Teach, is that happening as well?

Mr GENFORD - It's an interesting one, Limited Authority to Teach. We want to have qualified people in front of our classrooms. For the people who are not aware, Limited Authority to Teach means university students often in their last year of their degree are given permission to teach in a classroom unsupervised, whereas when they are on their prac placements at university they need to be supervised. When you are granted Limited Authority to Teach it uses that stop-gap measure.

It is used across Australia. These are people who are not qualified teachers, so it is not an ideal solution, but a better solution than a collapsed class, because hopefully then they can still maintain a level of learning in the classroom. The department likes to use wonderings and I wonder if we are seeing an increase in our teachers in the first five years leaving the profession because they are getting into a classroom too early finding it difficult to cope with that. It is not an easy thing to come in as an unqualified relief to try to control a class. It is not the perfect solution. The Teachers Registration Board has a process where schools, if they cannot find relief teachers and are aware of someone who is available, can get Limited Authority to Teach. It is a bit of a process and I am sure there are some schools that would like to have that process sped up so it could be easier to have those people approved.

I still think we need to also maintain a want for qualified people in front of the classroom and we do not rely on that system taking place.

CHAIR - Regarding the ventilation, is it common - just because we have done a lot on that - you said that the Government has still refused to carry out a ventilation audit of learning spaces and remediation works. Is that still your position?

Mr GENFORD - Yes.

Mr SMITH - It is still the position they have not carried out the full ventilation audit. I just wanted to make a couple of quick comments about that, because I find it remarkable the mental health of teachers is not considered in this area.

PUBLIC

One of the things we did in our office was go through the process of getting a proper ventilation audit done, which resulted in ventilation changes to our offices, it made everybody feel supported and feel that we care about their health. The Department and Government have the duty it has put on itself to ensure the safety of workers at work, including their mental health. One of the things that has happened through the COVID-19 period is it has reminded us all of the importance of that.

But, it is also an example of the first response to COVID-19 was based upon: how do we keep schools open, what are we going to do? It was not based upon: how do we keep people safe and starting from that safety perspective. If it had come from a safety informed perspective to start with, we would have looked at ventilation audits almost as the first thing that was done. We would have looked at decent masks as the first thing that was done.

Some of the things that we now know with reflection are important to safeguarding against COVID-19 were pretty evident even back then. It was just our reaction was coming from the wrong headspace; you have to come at this stuff from a safety-first perspective. If teachers are not safe, it is going to impact upon the way they can teach their classes, make them safe. That is one the reasons now to get the ventilation audit done: it will make teachers feel less stressed, let alone potentially prevent some cases of transmission. It just seems obvious to me.

CHAIR - Are you still advocating for that?

Mr SMITH - Yes.

Mr GENFORD - Yes, if I could just give an example. I am remembering the CO₂ monitors that were used in schools. Principals used them to assess ventilation, often taking the CO₂ monitor into an empty classroom and leaving it there for five minutes going, 'Yep, the reading's good', and walking away. The reality is when there are students in the classroom who have just come in from being outside running around, the CO₂ reading is going to be entirely different. It is an example of the principals trying to do the right thing, because the best time to do it is when there are no students in the classroom. The reality is, the biggest time things are going to spread is when there are people in the classroom. Being aware of what is happening would still be a key and this was because we tried to make sure we aligned with Public Health that said ventilation and vaccination were the two keys in regard to preventing the spread of COVID-19.

CHAIR - Not just the spread of COVID-19 - any airborne disease.

Mr GENFORD - Airborne diseases, exactly, and why it is important, because we do not know what is coming next. We do not know if there is going to be something else around the corner. Even forgetting airborne diseases, the research shown in regards to learning is also there to say we should have good ventilation in classrooms to allow for good learning.

Mr SMITH - I should correct something David just said. The Department did provide principals with information about how to use CO₂ monitors. Whether they all used them properly is a different kettle of fish.

PUBLIC

CHAIR - We'll draw this one to a close. Thank you for your submission and for your evidence today. It's really helpful in informing the Committee about not only the process that unfolded in schools that were set to reopen, but for the future as well.

THE WITNESSES WITHDREW.

PUBLIC

Ms LYNNE MORAN, PRESIDENT, EARLY CHILDHOOD AUSTRALIA (TASMANIA BRANCH), WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

Ms MORAN - I am the president of Early Childhood Australia, Tasmania branch. I have been in the role since August 2022, but have been a part of ECA for many years.

I wasn't directly involved with writing the submission but have read it and understand it and can talk to many points in the submission.

A bit about ECA. It is a peak body for early childhood education and care services in Tasmania and more broadly in Australia. The Tasmanian branch is an incorporated association with members from across the state.

CHAIR - Did you want to speak any more about matters there or do you want us to go to questions on this?

Ms MORAN - I suppose the major focus of the feedback that we've had from members is that during COVID-19 the early childhood sector seemed to be the forgotten part of Tasmania. We felt that educators were working hard, day-in day-out, to keep services open and available for children. There seemed to be very little assistance, very little guidance for services, and a lot of confusion in relation to information coming from Public Health: one scenario being given one answer and a different scenario being given a different answer.

I think that has changed a little in the past six to 12 months. I think the Government recognises the importance of early childhood education and care services for two aspects. One, for the developmental outcomes for children. Two, to keep the economy going. Without early childhood services, parents can't go to work. While some parents can work from home with their children there, a lot of people can't. These two aspects are really important and are starting to be recognised a lot better.

CHAIR - Lynne, RATs were being distributed, particularly around that time of children going back to school. I had a number of reports from my area that RATs were not being received in a timely manner to early education care. Follow up suggests they were being provided by the Education Department but it seemed there was a gap between delivery to the schools and the delivery to education and care. Do you understand what went on there and how that was addressed?

Ms MORAN - I suppose the difficulty in the timing was that Tasmanian borders opened on 15 December last year. That coincided with the finish of school term for last year. Throughout the Christmas and January period, early childhood education care services were open, operating, and getting inundated with COVID-19 cases. Some services back in December ordered their own rapid antigen tests.

CHAIR - Were they supposed to be provided by the Education Department that early, acknowledging that school wasn't due to start for six weeks.

Ms MORAN - We weren't given any information about when they'd be provided. Some services ordered their own at significant cost. However, my understanding is that the supplies were directed to health care first and that the rapid antigen tests arrived for those people who

had ordered privately after the ones that arrived from the Education Department. That was eight weeks after they were ordered.

CHAIR - Some might suggest that it's the Federal Government's responsibility to look after the early education care sector. Was there communication with the Federal Government about access to RATs and other PPE?

Ms MORAN - Because it was a health issue we kept getting directed to the Tasmanian Department of Health. That's the reason why there was not any Commonwealth involvement at that time.

Mr WILLIE - They waived the gap fee for a period.

Ms MORAN - For a period of time, that's correct. That was a period I try to erase from my memory. It was a very difficult period of time for early childhood education and care. While it provided the ability for services to continue to operate for - I think it was an eight-week period; it may have been a bit longer - the model where there was free childcare for a while was particularly difficult for education and care service because it didn't provide surety of what was going to happen on JobKeeper and all those sorts of things. For the permanent staff JobKeeper was great. It was more problematic for part-time and casual staff. For the family day care sector with independent contractors it was difficult as well. All that information kept going to the Commonwealth and we were writing submissions saying it was a problematic area.

Mr WILLIE - Does the ECA have an understanding of the absentee rates in early childhood education and care from when the borders opened and what impact that has on children? In the school system there were close to 30 000 absentees in the first term for students.

Ms MORAN - We have not directly asked for those figures but anecdotal evidence was that some services were impacted with 30 per cent to 50 per cent of a usual occupation. While that may seem a lot, in a way it was a relief because we were having staff impacted at the same time. We were worrying about how we were going to staff these services because staff were being impacted by COVID-19. At the same time, it was a blessing in disguise that the children weren't there.

The financial consequence of that is that even though staff aren't at the services, they are still being paid sick leave and all those things they are entitled to and rightly should have. The waiving of the gap fee is problematic. The Commonwealth allowed services to waive the gap fee for families. But the problem with that is that for that space for that child, you may only get 20 per cent of your normal fee instead of 100 per cent of the normal fee. How much money you got for that child not being there depends on the level of a family's childcare subsidy while you are still paying a full wage to a staff member who may not be there as well. Some of the impacts, I think, are still being felt by services because they have missed out on that income.

Mr WILLIE - Going back to childhood development, are services reporting an impact in terms of developmental markers? Are kids progressing in gross motor and language development, those sorts of things, in the same way? Or has there been significant impact from the pandemic?

Ms MORAN - A lot of what has been reported is children who have not been exposed to the same amount of socialisation as usual prior to the pandemic are presenting with behavioural issues. Not understanding things like turn-taking and those sorts of social norms. But, also, the impact on language development while staff were wearing masks and those sorts of things. Children were being exposed to adults in their life, apart from in the family home, wearing masks more prevalently. It has an impact on their language development because they cannot see people's facial gestures. It has an impact on both their language and emotional development.

Mr WILLIE - Is the sector doing some studies into the impact?

Ms MORAN - We would love to be funded to do that. I do not know what is happening on a national level. From a Tasmanian level, I am not aware of anything going on at the moment.

CHAIR - If I could go back to where you started originally. When the decision was made to reopen the borders, you said early education and care was sort of the forgotten soldier over there. Was there any level of communication from the state in regard to how the sector would be supported, particularly in terms of caring for the children of essential workers and that sort of stuff? Or did you just have to rely on the coronavirus.tas.gov.au website?

Ms MORAN - There were bulletins coming out from the Education and Care Unit, the regulatory body. However, often those things were coming out too late. I know from personal experience there were times when we would have an issue come up and we would ask for help from Public Health about, 'What do you advise?', all that sort of thing, and the information was not given in context of an early childhood service. There was not the understanding of how an early childhood education and care service operated. Then we talked to the ECU and maybe a couple of days later we might get some information. It was not time-critical. We needed that information straight away rather than having to wait, about, 'Okay, what should we do in this instance? What should we do in this case?'

CHAIR - Did the organisation, as a representative of the sector, reach out to the Education Department and Health Department to have more direct engagement? And how did that go if you did?

Ms MORAN - We did ask the ECU about how we can get some more timely information. They did set up, at one point, basically a COVID-19 hotline within the ECU -

CHAIR - Focused on early education and care matters?

Ms MORAN - First focused on early childhood education and care. So, instead of ringing Public Health, our first call would be to the ECU COVID-19 line. They would consider the information in the ECEC context and then come back with the answer. Often, they would have to contact Public Health and give the full scenario to them before they could give the answer. But that was helpful and welcomed when they did that because then there was one source of truth.

Early childhood education and care services, because we were feeling a little bit in the dark, we'd ring each other and say, 'I've had this scenario, have you had it? What were you told to do?', so at least there was some information. I think as a sector it brought us together

PUBLIC

very well because you knew who you could ring and rely on to get some advice because they had been through that sort of scenario prior to you.

Mr WILLIE - That capacity was there because they suspended their regulatory function for that period? Or they do both at the same time?

Ms MORAN - I am not aware of the internal machinations of that. I know that there were a minimum of two people manning those between 9 a.m. and 6 p.m., or something or other, each day and email availability as well. Potentially, they did have capacity because they suspended the quality assurance system for that time. They would still respond to any incidents or anything critical, but the assessment and rating process was suspended for a time.

CHAIR - When was that direct line or point of contact set up?

Ms MORAN - That was, don't quote me on the exact dates, but it was roughly February this year.

CHAIR - Well after the borders opened though?

Ms MORAN - Absolutely, yes. It would have been February.

CHAIR - If we were to experience something similar to this, what would be the better scenario for the early education and care sector?

Ms MORAN - I think a couple of things. One of the things that would be great to have is someone with lived experience in early childhood education and care being part of the Public Health and Emergency Operations Centre. They can provide direct advice about - for example, one of the guidelines that came out was something along the lines of that if there was a COVID-19 case in the household, then someone coming out of that household had to have a RAT to be able to go out into the community. That sort of thing. We said, 'Well, that's okay but what about the children under two who weren't able to have a RAT?' 'Oh, you'll have to go and have PCR test.' They had to have a PCR test every day to be able to go to an education care service. Those little things that, if we had been asked, it could have been headed off before the question had to be asked.

CHAIR - I know on the north-west coast some people were waiting six or seven days for results. It would have been helpful, wouldn't it?

Ms MORAN - Yes. So, if a household wanted to send their two-year-old to an early childhood education and care service, they can't do a RAT, they've got to do a PCR. I was actually the one who asked the question: 'So, does that mean they're going to have to have a PCR every day to leave the household to go to the service?'

CHAIR - They can't leave until they get their result, yes?

Ms MORAN - Yes. Those sorts of things. If we'd had the opportunity to be involved at that level, we would have been able to ask those sorts of questions at the outset, before information comes out, and then a few days later, 'Oh no, that's all changed, you don't have to have one for an under-two'. Those sorts of things could be ironed out earlier.

PUBLIC

The other thing I think would be helpful would be if the ECU had had that sort of communication avenue earlier, so that people had a specific early childhood contact to ring and say, 'We've got this issue here, what do we need to do?'. That would have been a lot better earlier on.

Mr TUCKER - I am going to take us off on another angle. Talking about staff, you've got here: 'The loss of educators and staff due to the mandated vaccination directive was significant.' Across the whole of what you put forward in your submission, that's probably one of the most significant comments there. Obviously, this was up there, like one or two in the effects packet with COVID-19 that happened?

Ms MORAN - It has been reported that around 6 per cent of staff exited from the sector because they didn't want vaccination. We have no specific data to back that up because it hasn't been collected. Those are anecdotal figures.

Not just that though, there was also an exodus of staff who may be a little more vulnerable to COVID-19, who may have been quite happy to be vaccinated but didn't want to put themselves in that situation where they could be at risk. We lost some experienced people who may have had underlying health concerns or just be a little bit older and more vulnerable so they decided to exit the sector as well.

We had a workforce shortage prior to COVID-19 and this exacerbated it. We're still very much feeling the effects of that. We're working hard, including with the TasCOSS community services industry plan to try to address that and work on our workforce issues so that we have an empowered, skilled workforce in the future.

Mr TUCKER - Are you saying that your staff haven't come back since the mandate has been lifted?

Ms MORAN - I believe so but I haven't checked into that.

Mr TUCKER - You have also made the comment here: many of the educators have gone to the private and Catholic school sector and they have stayed there once they have moved across. Would that correct?

Ms MORAN - That is correct.

Mr TUCKER - You have said the advice and directives from Public Health were, at times, inconsistent.

Ms MORAN - Yes.

Mr TUCKER - Do you want to expand a little more on that, why you thought they were so inconsistent?

Ms MORAN - As a sector we have come together. For example, this scenario is happening here. I will ring my director friend over here from the service to say, 'I have this situation and Public Health have told me this. Have you had the same situation?'. There would be totally different information being given to those people. Some directors were told they

have to close the room and can't operate that room for a period of time, and another service was told to just exclude that child from care.

There were inconsistent messages being given to services. I understand the scenarios may have been slightly different and that's why different advice was given, but that's where we needed that one source of truth. The ECU setting up its hotline really improved that, rather than people talking to each other and finding there were three different things.

Mr TUCKER - That follows on to where I was heading to next. You talk further down about templates, reporting and management plans, and that over 300 services had to undertake research to develop these documents. I can understand you have different scenarios so you have different outcomes. Would that be correct, or do you think it should have been more rigid in not being allowed to deviate from that with the different scenarios?

Ms MORAN - It would have been helpful if there had been templates developed so if you are a 20-place service and your configuration looked like this, then these are the risks and this is what you should look at. But, if you are a 150-place service and your configuration looks like this, it may be something entirely different in those risk minimisation plans and COVID- 19 plans, rather than services having to start from scratch.

Mr TUCKER - I understand what you're saying. Instead of having the same template for both, what you are saying is to have a broader template to start with.

Ms MORAN - Yes, and you can drill down. Services are used to doing that in their usual risk minimisation plans. It was because it was something that hadn't been experienced before and needed that extra level of vigilance.

Ms WEBB - Many of my questions have been covered by you, Chair, and Mr Tucker.

I will follow on from the questions just now. The final summary in the submission talks about members feeling thrown under the bus and second class and not being valued in the same way as the school sector, and a loss of trust in government decision making.

You have some clear suggestions for how things may have been done more effectively. Is there engagement now? What would engagement now look like to put those things in place for future situations that may be similar or may need to be addressed in a similar way? Do you feel that there are now mechanisms to connect with government and government decision makers to make plans for the future and put some of these practical suggestions in place?

Ms MORAN - One thing that is starting to work really well is that we have connected with the Government on universal access for three-year-olds and the Working Together project. It would be good to continue that work but broaden it, because there aren't formal mechanisms for which the early childhood sector can have a relationship with government decision making.

The Education and Care Unit has a strategic reference group but its role is to talk about the National Quality Framework and the role of the Education and Care Unit; it is not broader Government policy. Some things have probably been lost. You would be aware the minister's child care advisory committee that was set up years ago has been disbanded and hasn't been replaced in any effective form. We'd welcome the opportunity for there to be some sort of

forum where the Government can directly talk to the education and care sector about what its thinking is for children. That would be really valuable.

We are involved in the Tasmanian Child and Youth Wellbeing Strategy in relation to the outcomes that are coming out of that - not directly. We feel like we are a bit of a side bar, rather than being directly involved. We would love to become more involved in government policy making because we want to be a voice for children and what is best for children.

Ms WEBB - I wanted to check on the mentions in the submission about mental health. You say that the impact has been that mental health issues are becoming more prevalent in families and staff having to interact with families about that, when families have lost jobs or had impacts from COVID-19.

You also say that the mental health of educators is emerging as a consequence of the impact of the pandemic.

Can you talk more about that and what is being done to provide appropriate support and effective ways to address that clear impact?

Ms MORAN - Individual services are doing some wonderful things in relation to mental health and wellbeing. I came back from the ECA national conference at the beginning of last month, where there was a large focus on mental health and wellbeing. However, it's not coordinated across the sector. There doesn't seem to be anything specific to the sector to assist with the impacts for mental health and wellbeing.

There is a BU Early Childhood, which is to help children in their mental health and wellbeing. The flow-on effect for that can be some outcomes for educators. However, there's nothing specific to support the sector in relation to mental health and wellbeing and how to have those difficult conversations with parents that are struggling as well, it would be really useful to get some more assistance with that.

Ms WEBB - We have seen in that in some other industries. There have been very specific mental health packages for employees in those industries put in place and funded and supported through government. That is something that you would like to see for your sector?

Ms MORAN - That would be fantastic.

Ms WEBB - It could be coordinated and not just up to the individual service.

Ms MORAN - Yes, because at the moment it is up to individual services what they are doing. There are some great examples of that happening but it needs to be coordinated.

Ms WEBB - And supported across the sector.

Mrs ALEXANDER - Thank you, Lynne, for your summarising of the situation. It has certainly given me additional background outside the submission. I also have a couple of quick questions. You have mentioned that there is still a significant financial impact that a lot of the centres are suffering, especially through the fact that the fee-waiving was actually not compensated. Is that correct?

PUBLIC

Ms MORAN - Yes. When the Commonwealth Government waives the gap fee, under ordinary circumstances the parent sends a child along, maybe 80 per cent of their fees paid by childcare subsidy, and 20 per cent is paid by the parent. Under ordinary circumstances, the Commonwealth requirements are that you must make every reasonable effort, including sending people in to collectors, to collect the gap fee. That is under ordinary operating circumstances.

During the pandemic, the Government allowed us to waive the gap fee, bearing in mind that the gap fee may be 100 per cent for some families if they do not get any childcare subsidy. Which is okay, but it means that you are not collecting that fee and so it is having an impact on your finances.

CHAIR - The Government didn't meet that cost?

Ms MORAN - No.

Mrs ALEXANDER - That is my understanding as well because I did make some inquiries after I read your submission. What was the duration over which you did not collect the gap fee?

Ms MORAN - It was permitted from, and this is from memory, about March 2020, so after the free childcare occurred, right through to, I am not across the detail, but I am pretty sure it was the end of June this year.

Mr WILLIE - It stopped and then I think there was a change for parents and children who were isolating. There was an arrangement in place.

Ms MORAN - Yes. I suppose the other thing that has occurred is it sets up an expectation from parents that they won't be charged when their child is not there as well. It is making sure that messaging is really firm around: 'This is an isolated exception. You do need to still pay when your child does not attend if they have a cold or whatever.' Part of the unintended consequences was that expectation from parents that they do not pay when their child doesn't come.

Mrs ALEXANDER - Do you feel there is a leftover from exactly what you said with the expectation that you have to communicate with parents now and highlight and explain that?

Ms MORAN - Yes, there has been a lot of communication to parents going on throughout. That has been one of the biggest imposts on making sure and part of it is made more complex by the changing health directives. You would send out a message to parents one day; you would double-check it and make sure it was right. Two days later the message from Public Health would change and then you are sending out another message and checking and double-checking it and making sure the message is right. Continually trying to do those comms was something that was a little bit complex for services as well.

Mrs ALEXANDER - Yes. So, basically you would describe it as being caught between a rock and hard place, between Commonwealth making that directive and following the Public Health directives, which is State.

Ms MORAN - Yes.

Mrs ALEXANDER - Do you have any statistics of what is going to be the long-term consequences for some of these centres that have had to organise their activities around lesser income? Are we at risk in Tasmania of having some of the centres closing as a result of not being able to recover?

Ms MORAN - I do not have any data around that. I do not know that any work has been done around that. Because the sector is made up of lots of different services and lots of different operators, that is information often very much held close to people's chest. I do know of some services that have been in financial stress. It would be up to the individual service to disclose that, if that was the case.

Mrs ALEXANDER - All right. Do you appreciate how much have we fallen behind in early childhood education through the very shaky ground we have found ourselves on with things you mentioned - the mask, the fact that kids could not understand how to pronounce words and all that facial expression, and everything else that has come with it? Do you have any idea, or has there been any discussion within your group of centres, of where we are at as a state?

Ms MORAN - We have certainly had lots of discussion. There hasn't been anything formal; no formal studies that I am aware of. But we do have concerns that there will be a cohort of children who have missed out on really vital early development milestone opportunities and that there is potential for that to never be recouped. There are windows of opportunity in early childhood where children learn and develop. If those skills are not practised, it is likely that they will never meet their full potential.

CHAIR - Are these particularly in the areas of language development or social skills? Can you give us an indication of the areas that we might see some of these deficits, if you like, start to manifest?

Ms MORAN - Oh, all areas of development - emotional, social, physical development. Just being able to go to the playground, where children were not able to go, and experience the gross motor skills and those sorts of things. Language delay.

Mr WILLIE - Cognitive, in terms of the academic ability.

Ms MORAN - Yes, cognitive. Proprioception, where they understand where their bodies are in space. All those sorts of things are things that the brain develops in early childhood before they are four years old.

CHAIR - Their first 1,000 days.

Ms MORAN - Yes, that is right. They are the things that if we do not put a lot of work into, children may not develop to their full potential.

Mrs ALEXANDER - My last question on this one. Do you think that it is critical now for the Government to look at a completely new set of programs to try to capture this particular situation that has happened, to try to address it before we end up with a generation of kids who will completely struggle in years to come?

PUBLIC

Ms MORAN - The earlier the intervention, the better. It would be really commendable if we could have some information about exactly what the impacts have been for children, because they are going to need that help down the track. It would be really useful to have that information available for not if, but when, something like this happens again so that we are prepared and we make sure that children do not miss out. Making sure that children are really at the centre of whatever decisions are being made so that they do not lose out on those early learning opportunities.

Mrs ALEXANDER - Yes, thank you very much.

CHAIR - On that point, who do you think is best placed to undertake that work?

Ms MORAN - As in, what needs to happen next? Understanding the impacts?

CHAIR - Yes.

Ms MORAN - It needs to be an academic study to say, okay, this is the situation, exactly what went on here and do a study of a cohort of children.

CHAIR - A university-type approach?

Ms MORAN - I believe so, and have that funded and then whatever recommendations come out of that to be implemented. It may not be until high school you see some of the effects.

Dr BROAD - Was the sector seeing outbreaks generated from transmission in centres, or do you think that the children were largely catching it externally to early childhood?

Ms MORAN - There definitely was a mix. You would have personal experience from a service where - and it may not have been a child; it may have been a staff member inadvertently being exposed, then they do not know for a few days and you get a cluster out of a room of 20 children half of them ended up with COVID-19. That is the sort of thing that has occurred in some instances, because they had close contacts and all that sort of thing. I believe educators did an absolutely phenomenal job during COVID-19, that it was not more prevalent that whole centres were closed. They took their role very, very seriously and made sure they took all health measures possible to prevent the spread of infection, but it did happen, yes.

CHAIR - You might not have this information either then, but in terms of the educators themselves, do you have rates of sick leave above what the normal rate is, related to COVID-19?

Ms MORAN - I do not have that information. Because people are more conscious of not coming to work with a cold or that sort of thing, I know the sick leave rates are anecdotally higher. But I do not have the data to support that.

Mr WILLIE - Following on from sick leave, workers compensation and long COVID, is that an issue in the sector too?

Ms MORAN - It is not something brought to my attention so far and I am not aware of any workers compensation cases. It is not necessarily that it has not happened; I am not aware of any.

PUBLIC

CHAIR - Did you have anything you wanted to close with, Lynne, that you have not mentioned?

Ms MORAN - No, only that my dream for coming out of this is that early childhood is a really important focus, that the consequences of not having a focus on early childhood and childrens' development is lifelong and generational. My hope for this is that there will be a big focus on the early childhood and the sectors that support children.

CHAIR - And you will be in the tent for conversations in the future?

Ms MORAN - Absolutely in the tent, yes.

CHAIR - Thanks very much for your time, appreciate you giving us the information.

Ms MORAN - Thank you for the opportunity.

THE WITNESS WITHDREW.

PUBLIC

ADJUNCT ASSOCIATE PROFESSOR LISA DENNY, WORKFORCE DEMOGRAPHER AND MEMBER, TASMANIAN 100% LITERACY ALLIANCE, AND **EMERITUS PROFESSOR MICHAEL ROWAN**, UNIVERSITY OF SOUTH AUSTRALIA, TASMANIAN 100% LITERACY ALLIANCE, WERE CALLED, MADE THE STATUTORY DECLARATION, AND WERE EXAMINED

Prof DENNY - I'm Lisa Denny, workforce demographer and a member of the Tasmanian 100% Literacy Alliance. We're here in that capacity and have developed a statement prepared by the committee to read today. Our apologies from Amelia Jones, who was going to attend today but at the last moment couldn't.

Prof ROWAN - I'm Michael Rowan, emeritus professor at the University of South Australia. I have been a Tasmanian since I arrived on my yacht in 2009. I'm now Tasmanian by marriage. My major interest in education since arriving in Tasmania has been in Tasmania's Year 12 performance. I was invited to participate in a literacy forum at Government House, with the Governor very much supporting the work of Rosie Martin in literacy.

In the discussion at the end of the day about what should be our aims in literacy, two points had become clear to me in the course of the day. The first one was Rosie Martin pointing out that everybody can be taught to read and write, with very few exceptions. It is safest to say that 100 per cent of the population can become literate. The other point that was made very clearly was that being literate is a precondition of being able to participate fully in society as a citizen. When it comes to the question of what should be our target for literacy, the only answer a democracy can give is 100 per cent.

That was picked up by other people much more clearly and forcefully than I'd been able to gather it together on the day, hence the 100% Literacy Alliance. Lisa and Rosie's extraordinary work put forward the proposition continuously that more should be done, we should be more ambitious, we must not accept failure and the whole COVID-19 pandemic is an opportunity to rethink, reset and be more ambitious in our goals.

CHAIR - Did you want to add anything to your submission or you want us to go straight to questions?

Prof DENNY - I have a statement that was prepared, if I can read that on behalf of the alliance.

We would like to thank the Joint Standing Committee of Public Accounts for the inquiry into the Tasmanian Government's continuing response to the COVID-19 pandemic, and for the opportunity to contribute today. Our submission to the inquiry focused on the terms of reference which relate to the Government's return to school plan in response to the COVID pandemic, in particular the financial, social, and educational impacts associated with measures implemented to support the return to school plan, including but not limited to the impact on students and educational outcomes and the broader Tasmanian community and economy.

Given the importance of foundational literacy and knowledge and skills in achieving successful school completion, participation in further education and training, and engaging productively in society as an informed citizen over

the lifespan, the alliance is particularly concerned about the Tasmanian Government's plan to ensure that all students were and continue to be able to engage in their learning so they meet or exceed the expected level for their age and grade throughout the pandemic and beyond. If not, the alliance is interested in what measures the Government will implement to ensure students catch up on the lost learning over this period.

The key issue that we have is that when a student starts behind or gets behind, they stay behind without targeted intervention. We are particularly interested in the plans going forward, we do not think that the Government was prepared for the lost learning that resulted from the pandemic. If there are no proactive intentions to correct for lost learning, then the consequences will be lifelong for the individual, society, the economy and fiscally.

There are two additional things that we want to raise with the Committee today which have occurred since we made our submission in July.

One of those is that in August, when preliminary NAPLAN results are usually released, ACARA issued a media statement advising there would be no NAPLAN 2022 preliminary results released in August as closer analysis is required due to 'lower than usual student participation rates as a result of the pandemic, flu and floods'. In the same media release ACARA stated that:

The lower than usual participation rate means that closer analysis of jurisdictional level results is required using student background information.

The data will then be released once the information is fully checked and cleared by state and territory education authorities.

NAPLAN is one of the only national measures available into the effects of the pandemic on schooling.

Given the spread of the Omicron variant throughout Australia before the start of the school year and throughout, particularly, the first two terms, the inability to be fully vaccinated prior to the start of the school year for those in primary school or vaccinated at all for those aged under six, the isolation requirements of positive COVID-19 cases and the close contacts, it's not surprising that many students and their teachers missed weeks of school during the first half of year and some continue to do so.

It is well known that there was high demand for relief teachers during the first half of the year and the compression of many classes in response to the high level of COVID-19 cases and close contacts impacting the education workforce. This lack of continuity in teaching and high level of absences and disengagement from school will have short- and long-term impacts on learning engagement and outcomes.

On Monday this week, NAPLAN results were released. While there hasn't been the time to undertake full detailed analysis as I would usually like to do, not only were participation rates down compared with previous years but so too were the results. That is a direct impact of the pandemic on our schooling outcomes. As ACARA stated in August, 'NAPLAN is one of the only national measures available into the effects of the pandemic on schooling'.

For Grade 3, all literacy indicators - reading, writing, spelling, grammar and punctuation - as well as numeracy, were lower than in 2021. That shows there has been an impact by the pandemic and lost learning on outcomes for Grade 3 students in particular. If we don't get our foundational skills right this will have lifelong implications, not just for the individual but for the economy, society and fiscally. For Grade 5 students there was also a loss compared with previous years, apart from in spelling.

The second issue we want to highlight in the lack of preparedness for COVID-19 in schools is the release of the annual report for the Department of Education, Children and Young People last week, which was tabled in parliament. While the report had a section on the department's response to COVID-19, that focused on the health responses and ventilations and such things in the classrooms rather than anything in relation to plans for the impact of any loss of learning, apart from stating that, 'Schools have adapted to operating with COVID-19 active in our community and continue to demonstrate innovation and local solutions to learning'.

There is no evidence in the annual report of what the Department is going to put in place in order to identify that lost learning, measure it at the individual student level, and identify the gap. Because this pandemic didn't occur at one particular time, it occurred over a lengthy period of time, with students away at different times of the year for different periods of time, as were their teachers, the disruption is not the same for every student. We need to look at this from an individual student level.

While they did outline there was a virtual learning centre which provided access to online learning modules and teacher support for the over 13 000 students who had to isolate and learn from home due to COVID-19, it was an opt-in solution. There was no evidence in the annual report or otherwise of what measures have been put in place to identify what students had missed individually and what measures have been put in place to close that gap.

We'll leave it there, apart from saying that the response to the pandemic should not be isolated to just the period of time in which an outbreak was occurring. The implications from an education perspective will be lifelong unless they interrupt it. Like we have said before, if a student starts behind or gets behind they will stay behind unless we have targeted intervention to close that gap.

CHAIR - Do you want to say anything in addition, Michael?

Prof ROWAN - Like everyone else, I was really worried about COVID-19, I think we all were. I think we dodged a bullet. I think the whole world dodged a bullet. If it had been as lethal as the Middle Eastern Respiratory Syndrome we would be in a very different situation. When things happen in life where you do dodge a bullet, it is a really good time to step back and say rather than go back to where we were before that whizzed past my ear, what do we really want things to be like?

There is an historical moment of possible reflection, rethinking and breaking free from previous habits and ways of doing things which, in historical terms, we would be mad not to seize.

One of the things we need to seize in Tasmania, is we need to be clear our education system is not actually delivering the outcomes for the individuals and for the community we

PUBLIC

need for the healthy prosperous future we all envisage for ourselves, our children and our grandchildren. Unless we act now to seize moment and change things, that is how it will continue.

CHAIR - In terms of that catching up on lost learning, this starts right from early education and care right through. Particularly as you mentioned, Lisa, that lost learning in those early years can be lifelong harmful for children.

There are two questions in that. What are the crucial interventions you think are needed to address this very real challenge? There is evidence in the most recent NAPLAN. Who should be doing the work and monitoring this? Whose responsibility is it in monitoring the impacts on children over this period, in the time ahead and for how long?

Prof DENNY - Firstly, the responsibility for education of Tasmanian children rests with the Department of Education. And so, the responsibility is really there in order to be able to identify the gaps that lost learning for the individual student level and correct for that.

At a government level, we already know the Government has announced literacy targets and established a Literacy Advisory Panel. What we said in our submission to this inquiry was that at the time when we released our *A Road Map to a Literate Tasmania*, we said the issue was urgent. We now say it is critical.

The Literacy Advisory Panel was supposed to release its draft community framework for a literate Tasmania in October. It is now November. We argue that it needs to be fast-tracked and provided the critical urgency to broaden its scope to make sure that instead of just achieving the literacy targets that were set, but actually undertaking that identification of the lost learning and making a strategy and action plan, in particular, for how it is going to intervene to make sure those students can catch up.

CHAIR - Do you have a suggestion as to what sort of interventions would be needed in that area to address the lost learning components?

Prof DENNY - What we outlined in the road map to literate Tasmania in 2021 actually put in place a strategy that was designed for all students, but also those ones that were not meeting the expected level for their age and grade. The same road map can be applied to this situation also. The interventions are not going to be any different. They might just need a different level of scale. I will iterate that, whatever interventions we put into place, we need to make sure they are evidence based and not use the interventions we know that are not as effective as others.

CHAIR - How do we assess the effectiveness of the interventions? Is it the Education department or is its external bodies that should be monitoring that?

Prof DENNY - The Australian Government established the Australian Education Research Organisation which is now into its second year. Its primary purpose is to identify the evidence and, as all jurisdictions are essentially owners of this organisation, the Education department should not have to do its own research. It should actually look to the Australian Education Research Organisation to provide them that information about how best to provide, not just intervention services, but teaching instruction to start with.

PUBLIC

CHAIR - Do you know whether they have actually reached out to them or not? I do not expect you to necessarily know, but interested in case you do.

Prof DENNY - I know that effort has been made by AERO to meet with the minister's office and there have been high level discussions between the agencies. In terms of actually engaging with them to do that, I am not sure.

One of the recommendations we made in the alliance, with the road map, was for an evaluation of the literacy practices actually undertaken in Tasmania at the moment. Their policies, practices, the initiatives the Government funds or are run independently. That was actually included in the terms of reference for the Literacy Advisory Panel. I am unsure whether that work has been done by the Literacy Advisory Panel

Dr BROAD - Picking up on one of your points, you mentioned in passing about effective strategies versus ineffective. Could you give an example of an ineffective and one of an effective practice?

Prof DENNY - The Reading Recovery program was one that has been and I think still widely used in Tasmanian schools as an intervention program. It was developed in New Zealand. There is now a plethora of research that provides evidence it is ineffective and is actually quite harmful to students to participate in that program. I understand it is still being utilised by some schools in Tasmania despite this evidence. Also, the use of running records has evidence as to why that is ineffective.

In terms of effective practices, there are a number of programs developed to be used. The Make Up Lost Time in Literacy is an organisation that was essentially commercialised from Macquarie University. This was from all the reading research done at Macquarie University which eventually commercialised that and now runs the programs. I was actually very pleased to hear from them yesterday that 121 Tasmanian schools actually use their products.

CHAIR - Very encouraging.

Prof DENNY - Very encouraging. Tasmanian schools have identified they do need to engage with evidence-based instruction and intervention practices. That was really encouraging and I was very pleased to see that. The large majority of them are Catholic and the independent system, sector, but there are some government schools that are engaging with evidence-based practices, whether that be at the tier one level, which is what we would like to see as an alliance, whole class, evidence-based instruction, and intervention as well. Some of them are just using the evidence-based for intervention, which is to close the gap of what we would like to see for lost learning for those who have experienced that because of the pandemic impacts.

Yes, there are products available and there was also a lot of professional learning available for those who do not want to engage in purchasing products, but actually can participate in professional learning and coaching.

CHAIR - You mentioned in your submission that tutor-learning initiative that Victoria implemented. Do you have a comment about that?

PUBLIC

Prof DENNY - I know that advocates for evidence-based reading instruction and intervention were concerned it would not be used appropriately for engaging with evidence-based practices. My understanding is funding was provided to schools to use how they like. They received additional funding, but it was up to the schools how they used it.

CHAIR - Okay. But no monitoring on whether it was an evidence-based program?

Prof DENNY - Not that I am aware of, no.

CHAIR - Okay. Best not to do that here then. Throw a bucket of money.

Prof DENNY - Correct.

Mr WILLIE - I can provide you a little bit of extra information on what you said. The community-wide literacy framework, the Premier in Estimates said that would be released on 31 March 2023.

Prof DENNY - That was the final? The draft?

Mr WILLIE - Yes, the draft.

Prof DENNY - The community consultation was supposed to be released in October.

Mr WILLIE - In terms of students having to isolate from COVID-19, I got an RTI back. There are 28,908 students who were required to isolate in Term One. That is an average of 2.3 days of learning missed. It added up to 66,488 total school days missed by Tasmanian children. Have you a concern there are particular cohorts impacted more than others? Virtual learning is not a level playing field.

Prof DENNY - The average of 2.3 days is interesting, given you had to isolate for seven days as a close contact. We know anecdotally, some parents did not send their children to school because they were not vaccinated, or they had a fear they may get COVID-19, whether that be because they were immune-compromised or for other reasons. Younger students in particular were kept at home. There were numerous stories of children who had recovered from COVID-19 but their parents were still sick so they couldn't go to school.

We know from absentee data early on in the year that a lot of secondary school students weren't re-engaging with education once they had had their break. There is a lot of anecdotal evidence. Unfortunately, there is not a lot of publicly available data on attendance, whether that is broken down by due to COVID-19. You would have more information than I do.

In terms of cohorts, the biggest lifelong impacts will be on those primary school students who have not developed their foundational skills. Even though the Government has introduced and said that explicit teaching of literacy is occurring in primary schools, it should follow a sequence. Therefore, if they have missed out a block of sequential learning and go into a higher level and they have not got those foundations, if they are losing that learning earlier on, they are not going to catch up.

Mr WILLIE - If we don't provide this critical response, would you expect to see further disengagement as students move through the schooling system? We have record-high

suspension rates and anti-social behaviour in our schools, which is probably an indication of disengagement.

Prof DENNY - Academic achievement is an indicator of engagement, behaviour and also future performance. The evidence we have cited in our submission shows that prior academic performance is a better predictor of overall Year 11 and 12 performance than parental education, occupation or background. So, we know that if young people are achieving as they should be in their grade, that will predict whether or not they successfully complete Year 11 and 12 or not. If we do not get it right in the younger years, if we don't provide that intervention to make sure they do meet those levels then we will have disengagement, we will have poor behaviour and we will be treating symptoms and not causes.

Mr WILLIE - Literacy is fundamental to engagement with all disciplines, isn't it? You can't read about a concept in science, you can't answer a worded maths question.

Prof DENNY - Yes, that is right. We should be approaching Prep to Grade 2 as learn to read, then being able to read to learn from Grade 3 onwards. You should have your literacy foundations in place by the time you have finished primary school. That is not happening in Tasmania. Over 20 per cent of our students are starting Year 7 not able to read, which means that they cannot engage in that wider curriculum. They do not have the vocabulary to be able to engage in that.

CHAIR - They need to be doing that from Year 3 is what you are saying, to read to learn from there?

Prof DENNY - Yes.

CHAIR - Not waiting until Year 7?

Prof DENNY - That is right.

Ms WEBB - No one is going to teach them to learn to read in Grade 7 either. They are just going to be left by the wayside.

Prof DENNY - Upper primary school teachers are not taught to teach children how to read. They are moving them on to the next stages.

Mr WILLIE - Finally, on this line of questioning, there is obviously a social and economic impact to this non-response. You touched on that a little bit in your submission. Can you talk more about that, particularly the economic costs of not responding to this issue?

Prof DENNY - There was a Mitchell report released in 2015 which basically did a study to measure the costs of not completing school and remaining disengaged in work and life. It quantified that using quite conservative measures. It found that the 2015 cohort of what they called lifetime early leavers - those who did not successfully complete Year 11 or 12 and did not go on as mature-age students to follow up with their education and pursue better opportunities for themselves - was 12 per cent of all Australian students.

The fiscal cost to Government in lost tax revenue, a higher dependence on public and social services, and higher cost of crime for that cohort over their lifetime was \$12.6 billion.

The social cost was \$23.2 billion just for that one cohort. If we are looking at cohorts every year - 12 per cent of every cohort, that is a lot of cost not just to the individual but to the economy, to the society and fiscally.

Mr WILLIE - In terms of state governments and the levers they can pull, this is a pretty significant one if you look at those costs.

Prof DENNY - State governments have responsibility for schooling and education, yes.

What I didn't say in our initial statement was that the OECD undertook some research to identify which cohorts were most affected by the implications of COVID-19, learning from home, lockdowns and those sorts of things. The highest at risk of lost learning during the pandemic include those with lower levels of English, those already at risk of disengaging from school, those with specific learning disability, those enrolled in applied programs and those who need education, health and wellbeing supports at school but were unable to access them at school.

We know that Tasmania has a relatively high proportion of students with those backgrounds and experiences already, so we should have alarm bells going and we should be putting in place something to arrest that. If we don't do anything, they get behind, they stay behind and we all experience the cost.

CHAIR - There are some who hold a view that we should have kept schools closed for longer; there are vulnerable people. Surely, there is a balance here between ensuring that children can have access to education in a timely manner and acknowledging the mental health and wellbeing aspects associated with all of that. Where do you see the balance here in protecting the physical health and wellbeing, protection from COVID-19, the potential impact on perhaps those more vulnerable members of our community, and ensuring that schools are open and education can occur face to face?

Prof DENNY - We are living in an unprecedented scenario. We are all doing the best we can in this situation and making decisions which are, in some situations, on the run and responding as we see best at the time. We also know that Australia was following the rest of the country, and Tasmania was following the rest of Australia. We should have been able to have a lens to see what was going on and what other jurisdictions were putting in place, and being able to respond. Also, the research that's out there as to what the impact has been and was and ongoing, and put in place something to ensure that learning could occur, being proactive about that at the time. I don't think that occurred to the level it could have done.

CHAIR - How could it have been done better? This is not necessarily the only pandemic we're going to have, so how could it be done better in the future to ensure that we don't repeat the mistakes that have, perhaps, occurred? It is not a criticism of governments that did most of the best they could at the time. How could we do better?

Prof DENNY - One of the biggest things that came out of the pandemic was the role that technology can play in providing remote learning, remote working from home, Zoom conferences, those sorts of things. Some of the other states, and some of the independent schools, developed quite sophisticated methods of making sure that learning was happening in a face-to-face cyber-world situation. That didn't occur in the state system but it did occur in

other states and it did occur in some independent schools, where there was that opportunity to participate in a virtual classroom.

CHAIR - Don't you need digital literacy to make that work?

Prof DENNY - That would be good too.

Mr WILLIE - Some of it was parent-directed too.

Prof DENNY - And there was a high dependence on parents.

Mr WILLIE - I know from logging in with my son, you have to be pretty hands-on.

Prof DENNY - Yes, and that's another point. At primary school, particularly lower primary and below, there is not that ability to opt in and self-direct your learning. That is not something that is easy to do.

I don't know whether there are necessarily answers, I'm sorry, except for learning from what's been going on and continuing to do that.

A study I did with another hat on, for another organisation, what happened was Victorian and New South Wales teachers found evidence-based literacy instruction because of the pandemic. They were looking for different ways to provide virtual and online learning at home for terms at a time, and found explicit instruction, and found it that way because they didn't have that classroom environment where they could provide -

CHAIR - Yes, weren't trying to do both.

Prof DENNY - They found that evidence base through the pandemic. There are some benefits that have come from it. In Tasmania, because we weren't in lockdown, we didn't have to do that.

CHAIR - Do we need, then, to invest much more in digital literacy as an aspect of this to ensure that those sorts of models that have worked well in some places occur?

Prof DENNY - For me, communication is a skill that needs to be learnt, it needs to be taught and is in high demand in the workplace and in life going forward. We need to learn to communicate, not on devices, actually in a classroom or a work setting or in a university lecture theatre. We need to learn how to communicate better. We need to learn that early learning should happen in the classroom. It is my personal opinion.

Mr TUCKER - I read here with your comments about the 2018 average student performed nearly 1.5 years behind the average student in 2011. Not only do you start behind, but you stay behind in those years. This would have been started back in the year 2000 if I am correct. Am I correct in that with those early years?

Prof DENNY - You mean NAPLAN?

Mr TUCKER - What I am saying with those early years in getting the literacy and numeracy which I suppose starts after, those kids would have been born in 2000. We had a

lady in before you talking about those early years and how important that is with communication and things like that, and the issues around masks. We are talking about back in 2000 when this all started, where the issues are now filtering through to what we are getting now. Is that correct? Am I reading that right with what you are saying or am I wrong?

Prof DENNY - There is the argument that Tasmanians start school behind. That is not quite true. We are quite similar to the rest of the country. The gap widens in Tasmania once they start school. Around 20 per cent to 21 per cent of students, if you use the AEDC, are vulnerable in more than one or two of the indicators they use to identify whether they are ready to start school. Tasmania is pretty much on a par with the rest of the country. Our gap starts once students start school. That is the same pattern that happens to children who are behind in the rest of the country. The gap widens. I have it somewhere. The spread of student achievement more than doubles as students move through school, with the majority of the learning gap developing between years 3 and 9, not before.

CHAIR - Is that aged 3?

Prof DENNY - No it is grade 3.

Mr TUCKER - That started in 2008. Should we be comparing what we were doing in 2008 to what we are doing now to see that we are actually changing the curriculum or how we are teaching those kids?

Prof DENNY - When we make comparisons, we need to know what was occurring at the times that students would have initially learnt that knowledge and skills. The same argument where people keep saying that Finland is the best performing education system. It is not. It has deteriorated. If you look at what the PISA scores are when they are aged 15, when they were performing really well was when they had explicit instruction. Once they introduced the inquiry play-based learning, and they got to the age of 15, it is now showing that the educational outcomes are deteriorating. So you are right. We need to look at what was happening at the earlier years when foundational skills were being launched and identifying whether those students were receiving the intervention they should have received. This is what one of the purposes of NAPLAN is, which is to identify at an individual level, at a school level and at a system level, what interventions and policies need to be made.

One of the huge benefits of NAPLAN is that it can provide you information at those three levels and the ability to intervene when it becomes apparent.

Ms WEBB - This is all so complex, I wanted to clarify. We have what we already know is our educational challenge in this state and in particular, our literacy challenge in this state, and then we have COVID-19 laid over the top of it. The things we would need to be doing fairly urgently for our baseline educational and literacy challenge, you have laid it out in that road map.

Am I right in understanding what you are saying in terms of addressing the lost learning that is laid over the top of that through COVID-19, it is more not necessarily doing something different, but following the same sorts of things laid out in that road map, but with more urgency, resources and focus.

Prof DENNY - At a scale, yes. One of the other things we in Tasmania experience - having a high proportion of our students from poor socioeconomic backgrounds - is they are more likely to change schools and teachers change schools a lot too. If we do not have an agreed consistent way in which we provide early literacy instruction from kindergarten to grade 6, then as students go and there is not this consistency, if they change their schools, they change their teachers, they are going to have a higher level of confusion. Unless, we do this at the scale across the system in the same way, you could be exposing students each year to a different way of learning how to read, write, and spell. There is nothing good in that.

Ms WEBB - The draft strategy that we were expecting to see in October, it has not yet appeared, is that a strategy to address our underlying ongoing literacy and educational challenges, or is that a COVID-19-specific strategy? Sorry, I did not have that clarity.

Prof DENNY - This was an announcement by then-Education Minister Jeremy Rockliff in March 2021. In response to the alliance's road map, he announced a target that all grade 7 students would start high school above the expected level for reading by no later than 2030. He also announced at that same time the establishment of the Literacy Advisory Panel. That Literacy Advisory Panel was supposed to made up of independent experts who would then review what was being undertaken in Tasmania and make recommendations to the Government on how to go forward. When we looked at it at community, it was not just at a school level. It was supposed to look at what is happening in adult education, in the justice system, in early childhood and indigenous literacy also.

There are basically literacy issues in Tasmania from birth to death. We wanted a framework that had it with integrated and had linked all of those people in response, have a level of responsibility and ownership of it.

Ms WEBB - Would we then be expecting that strategy to also incorporate COVID-19 specific focus?

Prof DENNY - This is what we were saying today. We were now recommending it be taken to that next level and it also to have a COVID-19-specific response in it.

CHAIR - That might be why they delayed it, I do not know.

Ms WEBB - Who knows?

CHAIR - That is a question.

Ms WEBB - It will be interesting to see.

Prof DENNY - The interventions will not be any different.

Ms WEBB - No.

Prof DENNY - The tools that you would use -

Ms WEBB - It is ramping it up.

Prof DENNY - It is ramping it up. It is investing in it. It will also include that more investments in those skilled professions would provide professional expertise that a class of teachers should not be expected to do. The speech and language pathologists, the educational psychologists, the social workers and teacher's aides, really providing them with that professional learning in these skills.

Ms WEBB - One of the things that concerns me and you will have a clear line of sight on this I am hoping you can share with us, I am not convinced we have the data, certainly not the publicly available data, to be able to properly be tracking our foundational progress on that education and literacy challenge, let alone the nuance of the COVID-19 impact and measuring and monitoring that. What are the data sets, or how do we need to be thinking about data collection and then reporting differently to what we are doing now?

Prof DENNY - The department has advised they are going to use Progress Assessment Tests for Reading as their indicator of whether or not the Government is meeting its objectives and targets. That is not publicly available data so, we do not know. Like Cara said, the only publicly available data we have is NAPLAN. Unless the Government was to release their PATR data, then we do not know how they are tracking.

Ms WEBB - What is the rationale for not releasing that, do you think?

Prof DENNY - I would have to ask that.

Ms WEBB - Yes. So there is -

Prof DENNY - So that we do not know?

Ms WEBB - Is that data that is -

Prof DENNY - One of the problems with NAPLAN is people who have learning disabilities or are receiving adjustments can be exempt from undertaking that. They should still be included in our 100 per cent target, which, as Michael outlined before, there are very few people who cannot learn to read and write if they are provided with the appropriate instruction. NAPLAN is giving us a best-case scenario, because there are exempt and withdrawn and absent students.

We know from national research there are those who are absent or who are struggling students and don't want to do the test. As students get older they also disengage from these sorts of tests, so it is only those who are likely to want to demonstrate their knowledge or enjoy those sorts of things who will participate. NAPLAN is giving us the best-case scenario. The Health department now has a dashboard. It would be great to have an Education dashboard for absentees, suspensions, expulsions. That data would be a lovely way to have some level of accountability.

Ms WEBB - Are there other jurisdictions either here or internationally that are reporting data more comprehensively in a public way than we are, that we could look to? Even other states would be a good starting point.

Prof DENNY - Yes, New South Wales is particularly good at being transparent in that way. They have a really good use of My School data to be able to do that. I haven't seen any other state do. There are definitely ways to do that.

Prof ROWAN - I'll add to that. At Years 11 and 12, Tasmania is really good with its public data through TASC. If the early years reported as comprehensively publicly as we do for Years 11 and 12, that would be a good thing.

CHAIR - You would have some accountability and maybe our attainment level would increase.

Ms WEBB - Often with data it might be put forward that we are a smaller jurisdiction than say, New South Wales. There would be two potential implications that. One is it's harder for us to resource putting really comprehensive data into the public domain and providing that with the rigour and appropriate analysis. The other one is that it might be more exposing in a localised way in Tasmania because of the small jurisdiction. Do you think that there is a risk there?

Prof DENNY - If jurisdictions worked together you wouldn't have to reinvent the wheel. The reason why we have AERO and the Education ministers meetings, is to work out ways to work together to improve the consistency between states. I don't think it should prevent us from pursuing that.

Prof ROWAN - I would like to emphasise that point. It goes back to the question, what have we learned from the way the state responded to the COVID-19 pandemic? One thing Lisa said which I think bears emphasis is that we could have done a better job of learning from other states that were ahead of us in the process. It would have been ridiculous if Tasmania had tried to invent its own vaccine, for example. Naturally we have to learn from the best in the world.

When it comes to other things like health practices, or particularly here education, we didn't do as much as we could to try to work out that everyone in the world is suffering from this problem, who is doing best in making sure that there are no gaps in learning for kids that can't get to school. In terms of preparing for the next pandemic, that is the point that I would emphasise - make sure we learn from the people who are in the pandemic earlier and are coping better.

Ms WEBB - Following similar lines, you mentioned that the Department of Education annual report doesn't really present anything about evaluating, monitoring or quantifying lost learning through COVID-19. What would you like to see in Department of Education reporting to demonstrate that and to show that's being monitored and evaluated?

Prof DENNY - I'd like to see more tracking of progress for students. I think the way we need to approach education is through the schooling experience. We need to be tracking progress and not how it is reported at the moment, its cohorts and changing cohorts. We really need to look at deviations at least, and whether they are closing or not. We need to look at how we track student progress better. Schools would probably have that information through NAPLAN, but it's not publicly available and it is not scrutinised.

Dr BROAD - How much of that tracking can be done just through looking at a kid's report?

Prof DENNY - Reports don't say anything anymore. Have you got one lately?

Dr BROAD - It does say, 'exceeding expectations'.

Prof DENNY - One of the challenges we have is making sure we are assessing what needs to be assessed and that we are not spending a lot of time assessing things that don't need to be assessed. Assessment takes up time in the classroom.

If we're talking about what the Literacy Advisory Panel needs to do, it also needs to include assessments and making sure that we are only doing assessments that need to be done, that track progress, and are useful and valuable for teachers in the classroom, that can also then be aggregated and reported if we need to. Assessment is a critical issue. At the moment there are forms of assessment that don't tell us what is important.

CHAIR - Meg's last question was, 'Does there need to be a particular focus around the students who are most likely to have been impacted by COVID-19 and monitor those students more intensely?' I know we need to do it for all students, but do we need a particular focus on this cohort of students?

Prof DENNY - I don't think we can necessarily identify which ones have been impacted by COVID-19 and which ones are struggling learners who might have learning difficulties or they might not have parents who are engaged in their education as much as another parent, or whatever it might be. We shouldn't necessarily be disaggregating that cohort who aren't keeping pace with where they should be at, by COVID-19 or not by COVID-19, but they should be receiving that additional support. There might be other COVID-19 implications of health or anxiety or separations that might be COVID-19-related, but their learning should all be addressed the same way. The adjustments put in place to support them to learn, whether that be from anxiety or those sorts of things that might be COVID-19-related should be incorporated into that intervention. I don't think we should separate.

CHAIR - Isn't there a greater risk, particularly in the early years, of lost learning, of critical learnings that occur in the first 1,000 days, as well as up to Year 3 of education where it sets the foundation for the future? Should we take more notice of the children who were born during this period and were in those years during this period of more significant restrictions to face-to-face education?

Prof DENNY - They are already being called the 'COVID generations'. They have already been identified.

CHAIR - Yes, but are we monitoring them?

Prof DENNY - Screens became even more dominant in the early childhoods. Even before the pandemic we were noticing the impact of screens on language development in young people. Not just from those from poor socioeconomic backgrounds, but parents now use screens as a diversion and to give them time. We are seeing lost language as a result of excess use of screens. There is a growing body of research around that. Oral language development is important.

There also might be benefits that come from COVID-19 that meant that children were at home with their parents more often. I know the short period of time I personally had at home with my children and step-children was quite valuable. We enjoyed it because we did communicate more than when we were doing school drop off, pick up, work, when it was rush, rush, rush. We communicated much more. So there may also be benefits where children have started talking to their parents and engaging with them more than they might have done.

CHAIR - Following that line of thinking, the gaps that exist for those families whose parents don't know how to engage with their child very well, particularly in an educational way, and language development way, then aren't the gaps going to get bigger for those children potentially?

Prof DENNY - Yes.

Prof ROWAN - We know from NAPLAN that there is a strong correlation between the level of parental education and the children's NAPLAN scores. The more emphasis we put on parents as educators, and clearly COVID-19 did that, the more learning problems we expect from kids of families where the parents don't have a high level of education. That typifies Tasmania as a whole. Within our population there are communities of quite low educational attainment. That's something we could focus on in the future with some benefit.

Prof DENNY - We need to recognise that problem exists and it is the responsibility of the Department of Education to be able to close that gap.

Mrs ALEXANDER - That was very interesting and the discussions have answered some of my questions. Earlier in the discussions we referred to as one of the failed programs which was the intervention program was specific from New Zealand incorporated in our way of delivering education here. Would you have any information as to how long the intervention program been running in the schools in Tasmania?

Prof DENNY - I do not have that information at hand. I could probably find it out.

Mrs ALEXANDER - Would you say it would be something like 10 or 15 years or less?

Prof DENNY - Yes, longer.

Mrs ALEXANDER - It has been a long-used program.

Prof DENNY - About one or two years ago New South Wales announced it was not allowed to be used in its schools at all.

CHAIR - This is the Reading Recovery program?

Prof DENNY - Yes, I can forward you a link to the two major reports into that that were undertaken.

Mrs ALEXANDER - That would be interesting to see because that has also contributed to the building blocks, for a better word, of the situation of young people not really learning in the same efficient way, then we have COVID-19 and other disruptions on top of it. In your

submission, you referred to the Tutor Learning Initiative in Victoria. How has this initiative worked for the disadvantaged?

Prof DENNY - I also do not know the answer to that because all I know about the initiative was it was additional money provided to schools to spend how they chose to spend it.

Mrs ALEXANDER - I was interested because as you said, some of those kids, already their families are struggling [inaudible] and they would have had the same opportunity to learn online and would that support have worked for them or not? We talked about the draft strategy which is supposed to be released in October and also referred earlier on about some literacy targets. Is that correct?

Prof DENNY - Yes.

Mrs ALEXANDER - Do you fear these literacy targets may end up being approached just as any KPI, being looked at as a quantitative measure as opposed to a qualitative measure, which is what we are after? Is there a danger these literacy targets may end up just being, let's count the figures as opposed to looking at the quality of what is being achieved?

Prof DENNY - I fully support the target that has been set by the Tasmanian Government and it gives us a pathway. It was a recommendation of the road map to sign the Primary Reading Pledge, which was essentially all students would be able to start Grade 7 above their expected level of reading by Year 7. That was a recommendation of our road map and so does the Primary Reading Pledge actually give you the pathway to achieving that. It is a 10-year process because it essentially takes eight years for a student to start Kindergarten to Grade 7.

If you are putting in place an evidence-based strategy from the moment that child starts in kindergarten with oral language, development and vocabulary development and they are not meeting the expected level for each year they progress, but get the intervention they need, by the time they get to year 7, eight years later, they will be able to read and engage with the wider curriculum. It was a deliberate target set over a 10-year period fully achievable, provided it started with an evidence-based approach for Kindergarten last year, this year.

We are one or two years behind where we could have been if we had actioned this appropriately, but I fully support the target, it is doable and achievable.

Mrs ALEXANDER - It is not going to end up being a figure being added up. It is actually something that could be measured from a quality of outcome, rather than quantity of the outcome?

Prof DENNY - We know the quality outcome will be the ability for each person to participate at their full potential in the economy and in society. We will see the direct benefits from that over their lifetime.

Prof ROWAN - In the technical language, the measure is both valid and reliable, which means that the quantity is telling you the quality.

Prof DENNY - Yes, that is exactly right.

PUBLIC

Mrs ALEXANDER - My fear was we may end up just counting the chickens, not actually looking at what is being delivered and the quality of that outcome. Would you say at the moment as we have these discussions, the most critical path following this whole COVID-19 disruption is for Government to actually focus as soon as possible on developing the future strategies to recover the significant loss of education we suffered as a society. Would you see that as one of the most critical things we need to act on as of - like - yesterday, pretty much.

Prof DENNY - Literacy was that issue before the pandemic, it remains that issue now, and we have just said, we have raised it from urgent to critical.

Mrs ALEXANDER - Okay. If you were to summarise, is that whilst everyone is talking about cost of living, which obviously we need to focus on, we also need to look at the future cost of living, which may be impacted by what we are losing through not addressing the education gaps we have?

Prof DENNY - Very true. The ability to read, write, spell, and successfully complete school predicts whether or not you are able to get a meaningful work, hold down secure work, get an income that enables you to support yourselves, so yes. The cost over the lifetime of this COVID-19 generation could be substantially more than previous cohorts if we do not intervene.

Mrs ALEXANDER - If you were to look back in the history of our society, what we are facing at the moment, would that be similar to something like what, the 1950s, 1960s, in terms of where we are located with our capacity to read and write within the population?

Prof DENNY - We do not have the data back to the 1950s and 1960s. We were a very different population composition - if I put my demographer's hat on - at that stage. Women did not pursue further education, they were not engaged in the workforce, so we cannot compare that as apples to apples. If we look at what has happened over the last 15 to 20 years where we have international data like PISA, we have seen the deterioration nationally in our education levels in our literacy. I cannot remember off the top of my head, it may have been in our submission. I know it has been in another couple of documents I have written in the past, but I think we are 1.5 years behind where we were when PISA first started nationally. If we are nationally behind by 1.5 years, then Tasmania is going to be worse than that. To answer your question simply, I would say we are worse off now in our literacy levels than we were 15 years ago.

Mrs ALEXANDER - The same reading international OECD reports and all that, there is various degrees in which this is impacting various countries around the world, because they have obviously taken different measures in approaching education coming out of and through the pandemic. Thank you very much.

CHAIR - Is there anything either of you wanted to add you wished you had said?

Prof ROWAN - I would like to make one point in response to Mr Willie's question about the economic impact of the loss of learning. One thing that really concerns me is Tasmania's capacity to provide the services it needs for the population. I am thinking about psychologists, social workers, teachers, you run through the whole level of professions and the sad fact of the matter is we just do not have enough young people going to university in order to provide the skill base we will need in the future. I have just been doing some research on this, using that

excellent resource you may all be familiar with, the *Social Health Atlas* produced by Torrens University in Adelaide. The particular measure I was looking at last night was the percentage of young people who leave Year 12 or leave school and then go on to university. It is sorted by local government areas so I know that 40.6 per cent of the school leavers in Hobart City Council area in 2020 went to university in 2021. That compared to about 65 per cent to 70 per cent of equivalent areas in Adelaide - equivalent measured by SEIFA, which is the index of disadvantage.

When you go to the next highest local government area in Tasmania, that is Kingborough. Kingborough is actually below the most disadvantaged northern suburbs in Adelaide in relation to the number of young people going on to university. So, we are a community that is not educating our young people to provide the social supports that the whole of the community will need in the next 15 to 20 years. That is a fundamental issue for Tasmania which is not being addressed.

Mr WILLIE - When you say not going on to university, do you mean staying within the state to go to university or not going at all?

Prof ROWEN - Not going to university at all.

Prof DENNY - I wasn't going to talk about this but I have just completed a review for a client, tracking the change in policy and investment in career education planning transitions. One of the glaring observations I took from that review was that we don't have a career education approach that takes into account the jobs that are projected to be in the future. Also, it very much focuses on growth industries in the private sector rather than looking at the public services that we are going to demand.

If our career education program is not raising awareness, you can't be what you can't see. If we are not telling our students as they go through the career education program that you could be a speech pathologist or a psychologist or even a teacher or nurse, then they won't choose to follow that path.

CHAIR - The old-fashioned career pathway planners, were they a helpful addition to that sort of approach?

Prof DENNY - Research shows that career education should be embedded into the curriculum from K to 12. The role of the career pathway planner is very important and the Government did implement the My Education program. I don't think it exists any more. It is unclear in the review I have undertaken but there seems to have been a shift back to the vocational learning and career education being provided at Years 9 to 12 now.

Prof ROWAN - I guess the wrap-up message from that is that we need to be more ambitious for our children. We need to be more closely monitoring how they are performing and when the performance isn't up to what we need, we need to act to change the way we do things.

Dr BROAD - And early.

Prof ROWAN - And get in early.

PUBLIC

Prof DENNY - One statistic I will give you that I didn't get to say is that it costs four times as much to fix a literacy problem in Grade 4 than it does in Grade 1.

CHAIR - Clear simple maths there. Thank you very much. We appreciate your expertise and the evidence you have provided to the committee.

THE WITNESSES WITHDREW.

PUBLIC

LEANNE McLEAN, COMMISSIONER FOR CHILDREN AND YOUNG PEOPLE TASMANIA, WAS CALLED, MADE THE STATUTORY DECLARATION, AND WAS EXAMINED.

CHAIR - Welcome, Commissioner. Can we call you Leanne?

Ms McLEAN - You absolutely can.

CHAIR - You have presented before parliamentary committees before so we probably don't need to run through the whole drill with you. I will, therefore, invite you to do the statutory declaration. We didn't receive a submission from you so we invite you to provide a verbal submission to us and introduce yourself before doing so.

Ms McLEAN - Thank you, firstly, for inviting me along today and your interest in the impact of the pandemic, and how we have responded to the pandemic, on Tasmania's children.

You already know that my role is to protect and promote the rights and wellbeing of Tasmanian children and young people. That includes a specific monitoring role around the health and wellbeing of children and young people in Tasmania from 0 to 17. When COVID-19 began, my monitoring eye shifted to how we are going to keep an eye on how this impacts our children. Children have a range of rights in relation to COVID-19. They have a right to healthcare, a right to education, a right to all the things they need to thrive. They also have a right to information. One of the first things I was very focused on was making sure that children were a part of the public debate and had access to the information they needed to understand what was happening.

I then released a framework for how I would monitor COVID-19. In negotiation with various government agencies, over the course of those years since COVID-19 began, we have collected a large range of government administrative data across government, from Health, Education and what was Communities but is all now a part of DSIC. We have been analysing that information in our office.

The premise of collecting government administrative data is that it is not what you would call clean data. It is not data that is given to national collections and it is not data that is available publicly so I am not in a position yet to release that information publicly. But I am about to start a process of discussion with government departments to share the collected data that has been analysed together with them to start to get an understanding of the overall impact of COVID-19 on the wellbeing of children and young people.

The other thing we have done is to talk a lot to children and young people and their families around Tasmania about what the COVID-19 journey was like for them.

It is fair to say that as a country, let alone as a state, we have trouble, in crises, making sure that children are the centre of the decision-making process where the outcome of the decision bears a large impact on them or is about them. Children actually have a right to have a say in those decisions. I think, overall, during COVID-19, we perhaps have not done that as well as we could have. That is not surprising, given the speed at which COVID-19 took us all by surprise. But I think we could have had a different approach to how we considered the impacts on children, now and into the future, of the decisions we have made to manage the pandemic and reopen our community.

I have brought some things with me today that I am happy to table. The first is an opinion piece I published just before school went back this year, which really talks about the importance of children in the decision-making process, and how we perhaps should consider more the impacts for children now and into the future on the decisions we make for them here and now.

I have also brought work from a lead academic by the name of Sharon Bessell, who is an expert in children's rights and the impacts of poverty and disadvantage on children around Australia. She has analysed the various policy settings across the country and what it meant for children. I think this a really useful piece of work for this committee in understanding how the decisions that were made in Tasmania bore an impact on children in Tasmania.

I am happy to leave that as an opening statement. It is probably useful for me today to be here to answer any questions you might have in relation to children and the pandemic. I am happy to do that for as long as you like.

CHAIR - Where did you want to start, Meg?

Ms WEBB - I was going to suggest you start with Lara so she does not come last again.

CHAIR - She is texting me when she wants to answer questions. I am relying on her doing that.

Mrs ALEXANDER - Thank you, Chair. Thank you, Leanne. You have mentioned that there's been discussions about the COVID-19 journey with children. I'm interested to see how we managed to involve children from a disadvantaged background or disadvantaged family in that discussion? We know that the literacy and numeracy levels in that particular cohort are very low. How did we manage to engage them so it wasn't just a process where we engage with those who are from better backgrounds and so we had quite a significant input from those other children as well?

Ms McLEAN - Thanks Lara, that's a really great question. We have variety of mechanisms through which I engage with children and young people. We have the My Ambassador program, which includes 60 or more children and young people from around Tasmania from a range of socioeconomic backgrounds. They were our baseline of how are children dealing with the pandemic. We surveyed them throughout the pandemic. As you can imagine, they were experiencing it in a range of different ways. Many young children were experiencing more time with their family and that was something they were really enjoying.

Once lockdown started impacting schooling and a multitude of other things, we can see a range of negative impacts. I want to touch on the fact that when we decided to remove children from the school environment for that period of time, we did so for the benefit of their health, but we also raised a range of other risks for children who may not experience the safety that a child should experience to have good wellbeing in their home environment. In my mind those risks were larger. I don't think we had our eye enough on children who are homeless, including those who are unaccompanied and homeless and alone.

What we did see, which was a positive, because I think it's important to highlight the positives, was a collaboration between at the time the Department of Communities and the Child Safety Service and the Department of Education to identify and support children who were identified as being vulnerable. That is something that we hadn't seen before and I think

it really highlighted the siloed approach that we had to supporting vulnerable children in the past. That's something that we've moved forward with.

CHAIR - The committee looked at that in a previous inquiry.

Ms McLEAN - We also had range of consultation mechanisms with children in care. I'm not sure if you're aware, Lara, one of the things that I do is monitor the out-of-home care system in Tasmania. How children in care were experiencing COVID-19 was also very important to me. There were a great range of issues.

It shows that so often we overlook or misunderstand the depth of impact that these things can have for children. Your family visits are interrupted. Just because you're a child living in care it doesn't necessarily mean that your family are still not some of the most important people in your life. Digital technology became very important, so if your household didn't have access to digital technology or if your carers didn't know how to help you operate digital technology it was really hard for you to stay connected to the people in your life. They're the types of things we heard.

Overall, from the breadth of children across the socioeconomic spectrum, we heard from children that their world shrunk. That is the best way I can think of to describe it. If your world is shrinking and the shrinkage includes a loss of access to services and supports which may have included those that were available to you in your school, that can be very concerning.

Mrs ALEXANDER - Overall though, the decisions made were purely from a health perspective. The unintended consequences were quite significant and quite high.

Ms McLEAN - Yes, I would say profound for children into the future. Health is one very important part in the wellbeing of a child. I don't want to disregard the views of those who think that health is the number one priority when it comes to managing the pandemic. It is extremely important but if we think about this through the lens of the socio-emotional development of a child, who may have been a very young child through COVID-19, it is a really useful way to help understand what those impacts might be. Children develop in a socio-emotional way largely through human interaction. When that is cut down, that has an impact. That certainly occurred for many children during the pandemic.

To add to that, when we did return to the school environment, which I supported because of the overall impact for children's wellbeing, we returned to an environment where teachers and all the adults around them were wearing masks. I understand the important health benefit of that, but socio-emotional development and early literacy development, which your two previous witnesses spoke very well about, is really influenced by a child's ability to see faces. It is so important.

Think about the first book you read to a child. It was probably filled with faces. That is how children grow and develop. If we get that right in the first 1,000 days of their lives, then we set them up for a really great life and an ability to adopt literacy in a really easy and useful way.

We interrupted that. We also interrupted service delivery for kids. I can't tell you how important child health and parenting nurses are. They are so important. I am telling you that

as commissioner, but I am also telling you that as a mum who has had two children in Tasmania. They are so important.

Their work was reprioritised to an extent to the broader pandemic need, which meant that for children who were over six months of age, their child health appointments may have largely been cancelled. I am still hearing from mums who are having trouble getting access to child health and parenting nurses in Tasmania. There is evidence that really strongly suggests that sustained home visits from people such as child health nurses set up the wellbeing for children for a long time into their future. We have interrupted that. We need to acknowledge that while we did it in the best interests of the health of the community, there will be a lasting impact on the overall wellbeing of this generation of children.

Mrs ALEXANDER - My observation is that fundamental strategy formulations do occur should anything similar happen where different participants and different stakeholders all come together and it is not done in a piecemeal approach. You said previously that one of the positive things was the collaboration between community child safety and Education around those vulnerable children and that is breaking the silos. If we retract back into our silos we are never going to resolve what we've created as a problem for future development and future generations. Is that correct?

Ms McLEAN - I think so. There are mechanisms that we could use help guide policy and decision making on an issue like this into the future. For example, some jurisdictions, New Zealand is one and Queensland is another, require what is called a child impact assessment to be undertaken as new policies or legislation are developed that might bear an impact on children. If that were the case here when we made decisions around, for example, the reallocation of the CHAPS workforce, we would have needed to go through a process to at least demonstrate what the impact on children would have been and be prepared as to how we managed that into the future.

Mrs ALEXANDER - Thank you. We could have looked at other models that would have helped us a bit better in the approach that we have taken.

Ms McLEAN - I think so. I'm a huge fan of child impact statements generally. They could help us in a range of ways, but this is a really good example of how they could have helped us understand the impacts of COVID-19 for children.

Mrs ALEXANDER - Thank you very much.

CHAIR - Following up on this, Leanne. At the time it was the adults in the room being very concerned about the welfare of themselves as well as their loved ones, which included children. The rhetoric around that predominantly was that children appeared to get a very mild illness, if they get it. In some respects, the commentary around that diminished the health impacts of children. That's the way I saw it. I'm not sure if that's what you are hearing in your research or in your collecting of data and talking to children and young people. I'd like your thoughts on that. I also want you to reflect a bit more on, do you think that the decision makers, predominantly in the areas of health - because it was mainly a Public Health emergency as well as a state of emergency that we were in - were the voices of children even sought? If they were, at what stages were they?

PUBLIC

Ms McLEAN - The voices of children were front and centre very early in the pandemic. I'm not sure if you recall, but I launched into hosting Q&As on the ABC radio and we had various leaders join in those. I think that was a really wonderful way for children to have their voices heard and have their questions answered.

CHAIR - You did a great job, and I remember tuning in at times.

Ms McLEAN - All kudos to the ABC for supporting that, it was a wonderful initiative - and the only initiative of its type that I'm aware of that they supported across the country. We started out very well. As it has moved on and as very serious policy decisions that required a balance of a range of rights and views were made, I think we started to back off a little from directly seeking the views of children as a community.

I certainly was continuing to speak to children and was continuing to insert myself in range of decision-making processes that could have had an impact for children, but that was done in a very informal way. For example, as we were looking to return to school it became clear that the vaccination policy of the Education department was going to extend to unvaccinated parents not being able to enter Education department sites; that would mean child and family centres, libraries and school sites.

Think about that from the perspective of a child. You are cutting off their access to health and educational services in a child and family centre, their library access and their ability to attend school if they need their parent to accompany them - which many children do. That is the type of thing that we were able to swing in on and advocate for the needs of children and, thankfully, in that case the department did change their view.

CHAIR - I didn't have kids at school during this period so I was not directly impacted by that; from memory, I heard from some parents that they were not allowed into their school at all - they had to drop the kids at the gate. It wasn't just unvaccinated parents, it was any parent.

Ms McLEAN - Broadly, the policy was to drop at the gate and go. But, for example, if you had a very young child you could take them to the kindergarten door, you could take them to the prep door. That was once we got there. Prior to that, the thinking was that if you are unvaccinated you couldn't enter. There were other, private organisations that maintained that stance. I think some local councils maintained that stance in relation to access to swimming pools, for example, and I think the Theatre Royal maintained that stance.

If you were a home educated child - remembering that Tasmania has a large proportion of home educated children and that has grown and continues to grow - the access that you had to facilities to enable your learning, for example, the pool, or the local theatre, it could have been a range of things, was reduced. Your world had shrunk if you or your parents weren't vaccinated. Children are often bearing the brunt of the decisions that are being made by the adults around them. That is something that we often overlook in decision-making that is pushed in a pandemic like this.

CHAIR - If you could do anything differently, Leanne, what would it be? Particularly in your role of ensuring voices of children are heard in the future planning for a similar type event, which some view as almost inevitable.

PUBLIC

Ms McLEAN - I'd go back to a process that requires the impacts on children to be assessed in formal policy and decision-making processes - the child impact assessment process.

CHAIR - Over all decisions that are made?

Ms McLEAN - Yes, that would have an impact on children at this level, particularly the Government policy level.

CHAIR - Wouldn't you argue that in a public health emergency every decision has an impact on children?

Ms McLEAN - Yes, I would; but where there is no mechanism or structure in place that requires the consideration of that, it can easily be overlooked. Children don't vote. Young people can, once they are over 18. So, their views in the hearts and minds of the decision-makers around them can easily be overlooked.

Mr WILLIE - I am interested in where the pandemic ranks now, in terms of the issues children and young people are concerned about. The children and young people I speak to are concerned about climate change. There are mental health issues. They can't see a pathway to employment. They see insecure work. They see insecure housing. There are a whole of lot of things they are dealing with. I am interested in where the pandemic sits, in the current day.

Ms McLEAN - Great question. We are going through a process of setting up our statewide event which is codesigned with about 50 or 60 of our young people aged 10 to 17. COVID-19 isn't on the agenda, and it hasn't been raised to be on the agenda. It pops up in relation to the other matters that are on the agenda, for example, education is on the agenda. Mental health is on the agenda. The impact of COVID-19 will come up through the lens of those two policy areas, as they have their discussions with decision-makers, and I hope you will be able to come along. But COVID-19 itself has not re-emerged since the return to school.

In saying that, I don't want to diminish that for some children who are immunocompromised or who are living in families with immunocompromised others. COVID-19 remains terrifying. The risk of where we are now - with messaging that everything is okay, everything can move on - is that we isolate those children and we diminish what is probably one of the most important things in their lives, which is keeping themselves and their loved ones well. We can do a little better at recognising that for some it is difficult. I read the evidence of Kristen Desmond and I agree with what she is saying.

Ms WEBB - Most of my questions were picked up by the Chair's questions about the involvement of children in decision-making. I was interested to hear whether you had some examples of where they might have specifically been involved in decision-making in the return to school process. Also, more broadly, given the centrality of that message you are giving us today, are there are other examples or jurisdictions where you can point to where that was done more effectively and we could look to emulate?

Ms McLEAN - None come to mind immediately, but I am happy to have a look and come back to you. The Department of Education and Catholic Education and individual independent schools have a range of mechanisms that they use to garner the voice of the student in their setting. The veracity of those in relation to best practice and how they uphold the rights

of children is variable, but I believe the Department of Education, at least, did consult with some children about the return to school plan.

The return to school, from my perspective, was difficult from the perspective of a child because the rules were variable, depending on what school you were at, what system you were in. For example, the Catholic system didn't have the same vaccination requirements or responses as the government education system did. It was fairly variable. When you think about what is important to a child - consistent messaging, being able to understand the message clearly - that was difficult at the time. Similarly, when we did go back to school and then children may have contracted COVID-19, there were different arrangements in place for different children in relation to their online learning. Some had a positive experience of that, and others didn't.

Ms WEBB - What are your reflections on the provision of information to children across that time, given there might have been a lack of consistency in practice, but also maybe challenges in communicating consistently across the state to students and children of different ages?

Ms McLEAN - When we communicate as leaders and decision-makers to the broad community, we are largely communicating to adults. We want the message to be consistent. Wherever possible, it was pointing people to the centralised Government COVID-19 web page but I would not have described that as a child-friendly web page. And often how we communicate is a very good way to engage children. I know there were particular efforts made with the Youth Network of Tasmania and Public Health to come up with some messaging to help young people - that 18- to 25-year-old cohort - manage COVID-19 in the community. I'm not sure about the effectiveness of that, but I know there were some particular efforts made.

Ms WEBB - You mentioned you quite quickly developed that framework under which you would collect data and information to monitor the impact of COVID-19. You are going to be reporting on soon by the sound of it, which will be fascinating to see. Will that continue as a piece of work for you, or is it a one-off snapshot to look at the first period of time of COVID-19, and then won't be repeated?

Ms McLEAN - Wellbeing reporting will continue. This suite of work will have a particular focus on the points within the COVID-19 journey where there could have been a significant impact on the wellbeing of children. Wellbeing monitoring broadly for us will continue.

I will just add to that; it is too early to say exactly what those data reports will contain. There are a couple of things that are already emerging that we really need to have our eye on, and that is school attendance and school suspension rates - particularly for children who are already vulnerable and disadvantaged. So, for children who are in out-of-home care, children who have a disability, we are seeing a disproportionate impact. Certainly the national research indicates that, for children from lower socioeconomic backgrounds, the return to school and the attendance rate has been slower. That is something we have really got to keep an eye on in Tasmania.

Mr TUCKER - You brought up mandatory vaccination with Ruth, and with Meg. Could elaborate a bit on the impacts of the mandatory vaccination on children, and what your thoughts are about that?

Ms McLEAN - There are times in a child's life, including when they are quite young, or where they are vulnerable for other reasons, where going somewhere without a parent is just not an option. That could extend to an older child who might be suffering a mental health condition, or anything. So, when you impose a mandatory vaccination requirement on an adult, if that adult has caring responsibilities for a child, you are also imposing the requirement on that child. I don't think we really considered the impacts all the way through, in some instances. I gave the Department of Education as an example, and the Department of Education shifted that view - and that was excellent - in response to the needs of children. That was a good result.

The fact that we didn't get there in the first place shows that we don't map the impacts on children all the way through in our decision-making processes. If we had a requirement for something like a child impact assessment, on a policy decision like that, we could.

Mr TUCKER - With the face masks, was there any impact on children with that requirement?

Ms McLEAN - Absolutely. Children learn through faces - mimicry, language, emotion. In the early education and care environment and in the school environment, particularly in primary schools, the fact that the adults around them are wearing face masks means that it does bear an impact on children's learning. That is my view. I can't give you research to back that up at the moment, Mr Tucker, but I am sure we could research that further.

Mr TUCKER - It came up earlier about the face masks, and the issues going forward with that lack of that learning in that critical period.

Ms McLEAN - It's a very critical period. Also, for children, in those first 1000 days of their lives, that interaction with their parent is what establishes that very early language development. In Tasmania, through the data, we can see that the number of developmental vulnerabilities that children have at an early age increased between 2018 and 2021. During that COVID period we saw in the Australian Early Development Census (AECDE) data that the proportion of Tasmanian children who are developmentally vulnerable in more than two areas - for example, gross motor skill and language development - increased over that time.

Mr TUCKER - Do you know if that was Australia-wide or just in Tasmania?

Ms McCLEAN - I am only familiar with the Tasmanian data. This has been a particular challenge for Tasmania. In my Wellbeing Report at the beginning of 2020, it was one of the indicators that I highlighted that we need to shift, because those early vulnerabilities for children are what helps to determine their wellbeing later in life - including their language and literacy development. Dr Broad said 'early', quite rightly, in response to the people who were giving evidence just before. Absolutely right, and it's earlier than most people think. From the moment of conception to the end of the second year of a child's life is where we can have an enormous impact on their wellbeing into the future.

Mr WILLIE - Have you had any input into the kinder development check changes, the way it's reported and the 13 sub-markers for gross motor skills?

Ms McCLEAN - No, I haven't, Mr Willie, but I'd be very interested to know.

Mr TUCKER - Following up, about the issues going forward, is there anything you think that the Government needs to be looking at, any programs, to try to fix the issue?

Ms McCLEAN - Yes, there are a couple of things. We will need a suite of work to understand - in terms of catch-up - what is required for the children whose access to services like child health and education has been disrupted. We will need to understand exactly what that looks like, and where it is that we need to catch up. For example, child health and parenting is an area that we'll have to have a particular focus on. Have children received all the checks that they need to make sure they're healthy and well - eye checks, ear checks, developmental checks.

Secondly, there are new programs being developed for the first 1,000 days of children's lives in Tasmania, and we've seen the Government commit to more services, including enhancing the CHAPS parenting service. But, we tend to target them to vulnerable areas in the community. All of the research suggests that if we want to make a real difference to the wellbeing of children, we will have a universal approach to those services. For example, home visits from trained child health and parenting nurses would be available to every child in every family, until that child turns two to make sure that we're keeping a track on their development and referring that family and child into any services they need.

CHAIR - Following up on this particular cohort of children, it's much harder to hear their voices. In utero you can't hear their voice, and up until the age of two, a lot of them have very limited language - even those that have good language development. Who is best placed to ensure that their voices are heard, in terms of the impact of masks on communication and those sorts of things?

Ms McCLEAN - Thanks, Ruth. This is something we're looking at, at the moment. We received some additional funding through the Wellbeing Strategy to hear the views and voices of the children in Tasmania who are hard to reach. At the moment, we've identified two priority areas. The first is the early years of children and their experience of COVID-19. We will be looking to partner with others to be able to hear exactly what you're saying. The best people to help us understand the experience of the child through being born or accessing services in their early years through COVID-19 is to work directly with their families. We will look to understand what that experience has been like. We will be partnering with the B4 Early Years Coalition, and hopefully the Child Health and Parenting Service will be able to be involved as well, to help us understand what that experience has been like for families and to help us document that and share it with the community.

CHAIR - Will that include a consideration of the care provided during a woman's pregnancy, particularly where they have had older siblings who haven't been able to go in for the antenatal checks, haven't been able to visit mum and the new baby in the hospital. Some of them have been sent home earlier than they might have been to get them out of the hospital as quickly as possible. I understand all the health-based reasons for that, but there is also that challenge of preparing parents well for parenting.

Ms McLEAN - The short answer is, yes. We will need to hear from women who experienced pregnancy and birth through COVID-19. The small amount of discussion I have had on this so far with families in Tasmania - and that includes visiting parenting groups and child and family centres - is that for many women, it was not a positive experience. It was very difficult for them and their family, particularly for women in rural areas.

PUBLIC

CHAIR - Particularly when you go home and you can't have a family visit, even at home.

Ms McLEAN - That's right.

CHAIR - Thanks, Leanne. Is there anything else you wanted to reiterate or reinforce? You have covered the decision about opening the border and the engagement with children broadly, not just in return to school because some of them weren't even school age. Is there any other aspect of the whole response that we need to be focused on, outside the Child Impact Assessment, which encompasses all?

Ms McLEAN - We have pretty much covered it. The two areas I am most concerned about are child health and parenting service access, and school attendance and suspensions, because these are where the rubber really hits the road for children. As I said in my 2020 Wellbeing Report, we can't afford to lose any. We need every child in Tasmania to thrive.

CHAIR - Thank you for your time and your expertise.

THE WITNESS WITHDREW.

Committee suspended from 12.42 p.m. to 1.15 p.m.

PUBLIC

Ms MACKRILL, BRANCH DIRECTOR OF THE PHARMACY GUILD OF AUSTRALIA (TAS. BRANCH) WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

Mr STUETZ, TASMANIAN MEMBER OF THE PHARMACY GUILD OF AUSTRALIA (TAS. BRANCH) WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

CHAIR - I understand that Mrs Alexander, one of our members is online, but the video isn't working. If she is not there, she will be back shortly.

Welcome to the Public Accounts Committee Inquiry into the Government's Continuing Response to the COVID-19 Pandemic, particularly around the decision to reopen the borders and the time since.

We received your submission recently and appreciate that.

Ms MACKRILL - I guess the submission we've provided touches on a couple of things. It is around the preparations of the reopening of the Tasmanian borders and it also more broadly, I guess, in the way that were preparing at some point to reopen was around the provision of COVID-19 vaccine uptake and rollout in the state. That is probably what we are most likely to discuss, but we're happy to answer more broadly any questions around what community pharmacies did during the time of preparation.

I think that for pharmacies during COVID-19, it has to be recognised that pharmacies were really one of the only open and accessible health care practitioners in this state. Where many other practitioners closed their doors and operated telehealth models and so on, pharmacists remained opened for the important and continued supply of PBS medications.

Pharmacists are basically delegates of the Commonwealth to undertake that medication dispensing. We obviously saw that if pharmacies closed or were closed, that many people would end up in the hospital system at a time when we obviously didn't want people going into the hospital system. The preparation was firstly, preparing the public was definitely around vaccinations. As soon as the Commonwealth had announced that pharmacies and pharmacists could administer the COVID-19 vaccines, remembering that these vaccines were novel to all practitioners delivering vaccines, other states pretty much came on straight away as those vaccines were made available. Queensland probably led.

But in Tasmania we were consistently the laggards in being able to provision the vaccines for our communities, particularly when we saw the state running larger-scale state-run clinics where community pharmacies were aptly and ably, with the same level as training as general practitioners, to provision those vaccines in the state. Caleb might be able to speak, in terms of his personal experience of how frustrating that may have been.

Mr STUETZ - In our little store - I don't know if you have ever been there but we are a very small store - there were a couple of us vaccinators. We did some 2,500 vaccinations over the last couple of years. Probably the biggest thing for us was the misinformation. There were only a few of us there working. The information that was coming through on a national level was not able to be implemented on a state level because the ATAGI guidelines hadn't been

adopted. If we could have had that adopted straight away we would have rejoiced along with New South Wales and Queensland. In the end we adopted them.

We found that really frustrating. It wasn't just that. It was the fact that the media were involved. Social media and the news broadcasters were saying that you can go in and get your fourth vaccine and we are all standing there taking the phone calls and the emails and generally already being overrun and frustrated and quite tired at that stage. We were waiting for our own guidelines to be implemented here. That would have streamlined the whole process considering we adopted them anyway.

CHAIR - Do you know what the barrier was to that? Why it wasn't adopted as quickly as other states?

Mr STUETZ - Different states have different policies up. For us, because we were opening up a little bit later than the other states, I think that had something to do with the last fourth dose booster, for instance. We knew that we were going to open up. We knew that Omicron was a lot more virulent and a lot more contagious so we should have been vaccinating like crazy at that point anyway before we opened up but we couldn't.

There were constraints on all the pharmacies with booking numbers because under the federal, and for health and safety reasons, we had to adhere to that guideline. It wasn't like we could just take a vaccine clinic out to a Bunnings car park like they did in Victoria so we could run mass vaccination clinics. That was a whole other measure, but we couldn't do that. In Tasmania it would have been great to have adopted the same rules that ATAGI had so we could move forward with that. It became really murky with the information that we were getting from social media, or from the news, and what the customers and patients were getting.

Ms MACKRILL - What happens in the state around the vaccination procedure and guidelines was that ATAGI would say, 'Okay, the TGA has approved it and now ATAGI guidelines enable that vaccine to be delivered'. Every state and territory has its own rules under the Poisons Act. In Tasmania, as part of the Poisons Act and then as part of the guidelines we had to wait until our department decided that pharmacists in Tasmania could provide those vaccines. We had to wait for a letter to go to every pharmacist. Then every site that was giving vaccines had to be ticked off and then every pharmacist that was going to give those vaccines had to either apply and be approved, or be ticked off that, 'Yes, you're able to do it'. It wasn't until the last tranche of vaccinations that we moved in line with ATAGI guidelines, when it was announced that ATAGI had agreed that these vaccines that these vaccines could now be administered by practitioners - whether you be pharmacist or doctor or whoever - that you could freely vaccinate.

CHAIR - That was only between the third and fourth dose. From the first dose, which was two doses, you had to apply just the first time, and then for the second dose?

Ms MACKRILL - Yes. It was more about the vaccines that were coming and the agent. So, pharmacists couldn't have access to Pfizer; we could do over-sixties. Then the next vaccine came along, and it was, 'Now we'll approve you to do those vaccines'. When they announced that children from 5 to 11 years could be done, there was a real opportunity for pharmacists to be able to do that whilst it was in school holidays. However, instead of the Government giving us the approval, they waited until school went back - when we could have been vaccinating children that parents wanted to be vaccinated while they were still on school holidays, while

their parents were probably getting their boosters. I go in with little Johnny, I'm getting my vaccine so little Johnny's not scared out of his mind to get his vaccine at the same time. But, there had to be a separate trip for people to get kids vaccinated, whether they initially did them in state clinics or GPs, or finally with pharmacists.

CHAIR - To clarify, with vaccination of children, was there an additional training component?

Ms MACKRILL - Federally, the Commonwealth provided training at every step about the different vaccine. Pharmacists had to do that Commonwealth module of training with all COVID-19 vaccines. They'd say, 'Make sure you've done X training', and so on. Then we had the 5 to 11 years old. With our core level training, most pharmacists that do their vaccination training now will do that. Some pharmacists had to do the specific childhood vaccine modules; but they also had to apply again with the department and provide the evidence that they'd done the training.

CHAIR - With the state department?

Ms MACKRILL - With the state department; and the site also had to apply. We didn't have a lot of uptake on sites; we had about 10 pharmacies apply. Then, because the pharmacy hadn't applied, the workforce hadn't applied. The pharmacy said, 'I just don't want to do this because it's all too difficult', so it's no good the pharmacist applying because they couldn't practice.

CHAIR - Weren't a lot of pharmacies using nurse immunisers as well though, not just the pharmacist?

Ms MACKRILL - No.

Mr STUETZ - No. A lot of nurse immunisers and pharmacists were sucked up into the state-run clinic, so you had a drastic health workforce shortage. My local GP practice was using their own nurses and then set up to run COVID-19 vaccination clinics, and their staff left to go work at the state health clinic because the pay is so good. Which is great on a mass vaccination level, but it shows there was a gap between federal funding and what was happening on the ground. Where I was running my vaccination clinic, it was only possible because I was the one that is there in the shop, and it's my shop, so I can run it at a cost-neutral position, and it becomes a community service. A lot of pharmacies were like that.

Ms MACKRILL - Residential aged care facilities too - and we probably should have put that into this submission - were taken care of by the Commonwealth. To this day, there's gaps about who did what, which companies were doing what. They used providers; they were using Aspen Medical, and Aspen Medical wasn't keeping records. Community pharmacies could have expedited that process, because we have such close relationships with residential aged care facilities due to the medication supply for residents in residential aged care facilities. It was crazy that the Commonwealth Government did that initial rollout, instead of reaching back into the states and finding out who could do it on the ground.

Mr STUETZ - Again, that comes back to the site having to be registered. For example, if I wanted to go up to Bothwell and run a vaccine clinic, I would have to get the site registered, rather than using my professional expertise to go up there and run a clinic in my own right, or

PUBLIC

to go to a community centre and run a clinic in my own right. I would have to go through extra steps, and that put a big barrier in it for us to say, 'Okay, we will get a few of us together and go to the regional areas and run a vaccine clinic' and then bring all the information back to the pharmacy and process it on to the relevant registers. It was a real hurdle for us.

CHAIR - There were some nurse immunisers working up in the north-west in pharmacies.

Mr STUETZ - There were heaps of nurse immunisers.

CHAIR - In the pharmacies though.

Mr STUETZ - Yes, in the pharmacies. You can employ them. The problem, as I see it, was this double layer of bureaucracy. We had to go from federally filling a bunch of paperwork, then do the same thing for the states; and that was on top of everything else that was happening.

Ms MACKRILL - If the nurse immunisers are working in a pharmacy site they can't practice at their full scope. Even though they might be nurse immunisers and can provide a childhood vaccine, they can't do that in a pharmacy setting, because pharmacies aren't allowed to administer childhood vaccines.

CHAIR - They can only do the adult vaccines that the pharmacy was approved for.

Ms MACKRILL - Yes.

Dr BROAD - What about supply of vaccines? How did that go?

Mr STUETZ - Do you want the right answer now?

Dr BROAD - We need to learn lessons.

Mr STUETZ - The way that the Commonwealth do it, under the community service obligation, is through mainline wholesalers. You have three of them - Symbion, API and Sigma.

Ms MACKRILL - And CH2.

Mr STUETZ - And CH2; but CH2 aren't a part of that. The Commonwealth decided to go outside of our traditional wholesalers, which are those three wholesalers, and have a direct-to-pharmacy rollout of the vaccines.

Ms MACKRILL - Through DHL.

Mr STUETZ - Through DHL. You place an order and it is about two weeks' later that you receive your stock. The problem was that we didn't have enough lead time when any announcement was going to be made on a federal level about who had eligibility for vaccination, in order to stock up to meet demand. You would be standing there at day 14 thinking, 'Okay, is my order going to arrive?'. At this stage, people are quite terrified and they want their booster and they want their second dose, and you can't give them that. You are

trying to say to them, 'It will be in in two weeks. We will try to get you into the state health clinic', that may or may not have stock as well. That isn't a state-based issue; it was a federal issue, but it could have been handled better.

Ms MACKRILL - If it was done through the normal channels and pharmacies were asked to provide, based on how big you were, you would get an allocated stock. The way that things usually work is that you order 20 of something from your wholesaler and you go through that, and then you order again and you get that again. That's how pharmacies manage it. You have 200 vaccines coming into your pharmacy. It was all a bit scarce and people were worried about wastage and so on. They have to be put in your fridge and accounted for. I have a WhatsApp chat group and they are like, 'Has anyone six doses of Moderna? I have run out and I have these patients booked in'. They were doing a lot of moving stock around themselves; and to be paid half of what the GPs were paid and doing more work was pretty galling.

The relationship at the ground with the Government was positive, on a lot of things. We did have some good people in Brad Wheeler. I have to do a shout out to Brad and people like Dale Webster. There were occasions where they helped raise the issues of Tasmania to be able to get more stock into the state from the Commonwealth. So, we did go through those channels and we did get assistance to say, 'We need a bit more help'. I think that the Commonwealth were basically saying, 'This is your stock and that is it'. There was a lot of stuff happening at ground level - pharmacies organising stock amongst themselves and getting the cold chain sorted. I brought stock back from the north-west coast for pharmacies that had people booked in and having all the cold chain set up appropriately to be able to do that. So, there was a lot of overwork.

Mr STUETZ - Lot of staff running work.

Ms MACKRILL - Yes. The hospital had Pfizer, of course, and there were a couple of occasions when, through the Department, we were able to get excess Pfizer doses to be able to help with what we needed in pharmacy land to be able to do that. There were obviously positives in a lot of the stuff that we did.

CHAIR - What I am hearing you say, Monique, is there was a degree of cooperation with the State in order to make sure that vaccines could be provided as and when they were needed. It was the duplication of the processes that was the issue.

Ms MACKRILL - Yes. The duplication and having to be given the tick-off every time a vaccine was announced that pharmacies could provision it and having to wait - as Caleb said, the news is national.

CHAIR - So people turn up wanting an appointment.

Ms MACKRILL - 'I want to get my whatever'. It is like, 'Sorry, you are going to have to wait. We have not been given our approval yet'.

Mr TUCKER - My question probably follows on. If we go right back to the beginning of COVID-19 and the -

Ms MACKRILL - That weird thing out of the lab.

PUBLIC

Mr TUCKER - Yes. The thing that I remember was we kicked all the caravan-owners out of the state and then created this issue, or we already had the issue, of people stocking up on medications. You answered it already - would it have been a similar sort of process? Do you remember when that occurred

Ms MACKRILL - In terms of highlighting to people that they couldn't -

Mr TUCKER - Yes.

Ms MACKRILL - That information was supplied from the Commonwealth, through Medicare, around medication stockpiling. Pharmacies were given the express information that you need to have limits on these particular items, and also that that information was more broadly circulated in the community about what limits would be imposed. Pharmacies were very quick to take the information that was made available and make sure that their patients understood that there would be limits placed on specific medications. Also, for a while there we had doctors doing section 24, six-month supply scripts.

Mr TUCKER - Some pharmacies came under enormous pressure. I know St Helens was one of them. I think also in Dover and Marrawah, because they all just went to the furthest points in the state because everyone wanted them out of the state.

CHAIR - Where is the pharmacy in Marrawah?

Mr TUCKER - They headed down to Smithton -

Ms MACKRILL - Yes, Stanley.

Mr TUCKER - They headed to that area. It seemed to create a lot of pressure. I remember with St Helens I got a number of phone calls about it - the issue that it created it around that.

Mr STUETZ - There was a supply constraint, as well. So, for instance, salbutamol inhalers, we could not get the stock. We were trying to safeguard patients who needed it ongoing, but we could not physically get the stock anyway. You were for waiting, sometimes, it was six weeks, for stock. What you had on hand was it.

CHAIR - You were limited in how many you could dispense.

Mr STUETZ - Yes, you could give one, sometimes only on prescription, or only if you had a past history. We were looking at MyHealth records and trying to ascertain that for people who had travelled, because they do not have a GP in the state. That brings us back to the crisis where we have a GP shortage and health practitioner shortage overall anyway. We were trying to limit the amount of the stock and eke it out, essentially, so that the patients had access to it.

Mrs ALEXANDER - Hello, Monique, I am sorry I am not there to see you face to face. I have a couple of questions. When we had people in isolation and the system was introduced that delivery of medication could happen to those people, how was that process undertaken and how complicated or how well explained was it? Did it work or not?

Ms MACKRILL - That's probably something for Caleb.

Mr STUETZ - There really is a two-tier pharmacy system around that. For the small community pharmacies where we already had a delivery-to-patient option available, we made that one of our primary options, so that the patient could phone us and have it delivered, which we were doing anyway because we didn't want to see people, especially through that initial phase. As much as we like our patients, we wanted them to stay away from us in case they gave us COVID-19. All the staff were terrified as well. We had all of our staff in split teams.

So, the smaller pharmacies like us, we went out and got a delivery car and put it into place, without really knowing if the funding model was going to occur. But, at a Commonwealth level, we were then given funding per delivery, which you then had to write up and submit to the Pharmacy Program Administrator. So, it worked quite well.

The larger pharmacies used Kings Transport. They used a courier service or the pharmacists were doing after hours. We went from two deliveries a day to doing over 60 a day. It was quite the dominoes effect, where you would phone up and get your medicines delivered. We just had somebody on the road the whole time.

Mrs ALEXANDER - So, basically, in that respect, there wasn't much intervention in this process between the State Government and the pharmacies.

Mr STUETZ - Not at all. We weren't relying on the State Government to provide that service at all. We did that in our store because it was a community service and that's what the community needed. We have been there for 100 years and that's what we'll do.

Mrs ALEXANDER - Fair enough. Reading through your submission and from what you have just said before, it appeared to me that at least in two instances, the state almost entered into competition with the pharmacies. A couple of times I noticed were around the RATs and the vaccination. That obviously had an impact on pharmacies as well because you invested money and how the communication occurred. That sort of dual process and quasi-competition, was this indicative of a lack of communication, do you think? How did that occur? I am looking from the outside and read that, and I am thinking how did it get to a point where you received a separate message and yet something else occurred.

Ms MACKRILL - I think if we talk about flu vaccine as part of the COVID-19 response in making sure that we didn't end up with a lot of people in hospital with potential flu/influenza while the pandemic was still going on, all governments were wary of influenza and what could happen. They all were looking at providing flu vaccinations through their state-run clinics to people around the state.

Pharmacies were already ensuring that they had a lot of flu stock for the year because we had been told to make sure we had a lot of flu stock, because we are going to be pushing the messaging. We hadn't had flu, so we knew it was going to be potentially serious. But, pharmacies have to buy their flu stock. They buy it six months ahead of time in terms of provisioning.

When the Government decided that, 'We'll do flu shots for vulnerable people', what does that mean? We've got our flu stock. Instead of being utilised, and saying, 'Pharmacy, we want you to provide flu shots to this cohort of people and we will pay you to do that', they were setting up in competition but using COVID clinics and then providing influenza vaccines as well.

What was frustrating is that pharmacies were already there. The infrastructure exists, they are proficient at it. We have done over 70,000 flu shots this year in community pharmacy and the Government is putting out messaging to go and have a free flu vaccine at these particular clinics around the state, which are not everywhere, not like pharmacies. Over 105 pharmacies now give vaccinations in the state so it is quite a reasonable spread. Walking up in the city at lunch time, we saw that the clinic that is supposed to provide the flu shots is closed for lunch.

We could have used pharmacies a lot earlier to provision those flu vaccines. When the Government finally did decide, 'Okay, we will let you do flu shots for free, through pharmacies for everybody, so everybody got a free flu shot-

CHAIR - Except for those who had already paid for it.

Ms MACKRILL - We had already paid for it.

CHAIR - No, the patients had already paid for it.

Ms MACKRILL - Yes, patients had already paid for it. Then they came out in early June - I think it was 1 June or 3 June - when we could finally could do that. We had a very good system in place through our corporate flu vaccination program, which we had run for a few years, where corporates would sign up. They would say to their staff, you can have a flu vaccination, book online. There is a payment portal where the patient does not pay, we process that vaccine, the pharmacy gets paid the next day and then we would invoice that corporate at the end of every month for any vaccines that has been done.

The Government just said, 'No, we don't want to do anything like that. Just send us in how many vaccines you have done in that time. I am like, 'Do you want a report or...?' It was like, no, if you have done 200, just put 200 times the amount'.

Mrs ALEXANDER - Basically, it was a missed opportunity also to collect very vital information because it was not required to be reported?

Ms MACKRILL - The system that we had, which we could have rolled out to all pharmacies, we could have done that, would have given postcode data, male or female - a de-identified, really good system because we provide it for corporates. That was really good data collection, which would have shown some usefulness in the future. But one of the issues we had was that pharmacies were sending off an invoice to a central email address. Some pharmacies waited months to get paid and some pharmacies got paid twice. Because every invoice is slightly different - there was no, 'This is how we want the format'. I was still chasing invoices for people as of last week to say, 'This person hasn't been paid yet, where is this at?'

That was a bit frustrating. They wanted it easy and I get that they just wanted something that they could roll out but I think that they wanted that because we were behind in making the decision to use pharmacies to do this. We could have done it a lot more strategically and it would have been opportune. We were able to provide flu and COVID-19 vaccines at the same time, so the way that was done was a bit frustrating.

Mrs ALEXANDER - Listening to what you have just said is that indicative of the fact that there has not been constant communication with the Pharmacy Guild in terms of some of

the critical decisions. Is that the result of it? What you have just explained to me makes perfect sense. If you would have had the opportunity to explain it to those who made the decision in the Health Department it should have made sense to them. Did you have the opportunity to sit down on a regular basis and have input into various processes?

Ms MACKRILL - We did discuss - Often there was, initially, it was a weekly tele-conference that we had with, usually, the Health Minister, the Secretary and all the different stakeholders - the RACGP, AMA the hospitals, the Guild, the PSA, people from residential aged care, disability care, there was a whole gamut of discussions. We would, from time to time, have discussions specific to pharmacy about things that pharmacies could do or specific questions we had. We did have a reasonable amount of dialogue. We did go to Government around the opportunity for the Government to do a free flu vaccination program through community pharmacy. It was raised. We have since raised it again for the coming season because again we want to ensure we have stock. At the moment they don't feel there will be as big an issue with flu.

In all fairness, it was a bit of a crazy time. I suppose that some decisions were made on the hop. That is the nature of what was going on and I understand that. I was able to have some very good discussions when needed, understanding that the people you were able to get the decisions from, at the top level, were dealing with multiple issues. You had to go to the top to get what you needed, people underneath didn't have any decision-making capability or delegation.

Mrs ALEXANDER - Do you feel that this lack of understanding of how important the pharmacies are in the fabric of the community and how you have this infrastructure and you can deliver directly some vital services, do you feel that when you compare to other states and the information you have from other states, do you feel that Tasmania has acted in a similar way with the other states - less or more or worse? How do you feel that it compares in terms of recognising the advantage of having the pharmacy role in the process?

Ms MACKRILL - COVID-19 has elevated the opportunity of community pharmacy and pharmacists to be able to provision more health care services more broadly. Every state looks at what they need in their own state. We know there is a health worker shortage everywhere and hospitals have a lot of demands. If you were to look at a state as being the standout lead on any of this, it would be Queensland. Caleb originally worked in Queensland. Historically Tasmania has always been super conservative in the use of pharmacy. If you go back to when pharmacy was first able to implement flu vaccines, from a community pharmacy level we were the last state to come on line with that. So, there is a level of conservatism and also, they lean heavily on the state system.

The State Service is the biggest employer in the State and the Health part of that service is the biggest part of that. We have this big system employing a lot of people. For some reason, even though we say we don't want people to go into hospital for whatever it needs to be, it still seems to be that when it comes to bureaucracy they like that centralised model rather than using the infrastructure that's available. Whether it be pharmacists working at their scope of practice or whatever it may be, it does feel like we are behind the eight ball. We are often told that Tasmania is different and not everything applies like it does on the mainland because of x, y and z.

PUBLIC

Mr STUETZ - If the states could somehow come together and have the acts and regulation common between the states, we would have far less of a workforce issue than we have now. We would have the ease of pharmacists being able to move between states. It is not just Tasmania. It is all states.

CHAIR - Is this the Poisons Act we are talking about or other legislation as well?

Mr STUETZ - Yes, the Poisons Act. Every pharmacist across the country would throw a party if that was to happen. It would be a real celebration if we could somehow bring that together. It impedes people moving between states. What we have just seen with the pandemic, the pharmacists we have here was, when you couldn't travel between states, there was a workforce shortage.

Dr BROAD - Can you flesh that out a bit? What is the barrier? Is it regulations?

Mr STUETZ - Yes, state-based regulations.

Dr BROAD - You have to reapply?

Mr STUETZ - No, you don't. There is a national pharmacy board. We're all under the board, but when you're practising, the legislation in each state that applies to you is slightly different. A lot of pharmacists won't move outside of their state of practice because of that.

Mrs ALEXANDER - I heard that a few years ago, it's been going on for a while, and it's always been a barrier and a handbrake on Australian states being fluid in delivering services.

CHAIR - The rural health inquiry commented extensively on this.

Ms MACKRILL - If you wanted to use one example of state legislation in the Poisons Act, during COVID-19, people were using telehealth. They might have needed a narcotic script, so they ring up a telehealth doctor who's in Victoria who writes a prescription for something that they've been on that's an S8 or an S4D, as a restricted medication. That particular medication then can't be dispensed in this state because it wasn't written by a Tasmanian doctor who is actually in the state.

We also saw people who were under psychiatric care who needed specific drugs for severe mental health conditions, which are Schedule 8, who couldn't get access to a psychiatrist in the state, but then had to go interstate, through telehealth, were written a script, and then couldn't get it dispensed. That is an irregularity.

Every state in Australia now has - there are still checks and balances; you still want pharmacists ensuring that there's a judicious use of medication, particularly those items. There's Safe Script and DORA. Every state has real-time prescription monitoring. Even for people who are travelling now, they come from another state, they're on a painkiller because they're older. They're in their caravans. They get here and they want get their script filled and they can't do it. They have to try to go see a local doctor, which isn't easy.

Mr STUETZ - Impossible sometimes. Sometimes we're saying to them, 'I'm sorry, you'll have to go to the emergency department'. It places more of a burden on the state health system. It is upsetting.

Ms WEBB - I wanted to pull up on the communications side of things, just to dig a little bit beyond the questions that Lara had. You did mention those earlier weekly then fortnightly regular fairly broad meetings.

Ms MACKRILL - Yes.

Ms WEBB - In an ongoing way, was there formal channels of regular communication to your sector? I do note in here that you talk about the fact that 'pharmacy owners struggled to keep up with the flow of information'. Were there things put in place to deliver information in a reliable way, in a way that gave confidence to people at the coal face? Sometimes you're taken by surprise by decisions - they're on a Friday afternoon.

Ms MacKRILL - Yes.

Ms WEBB - Was that in place or not in place?

Ms MACKRILL - Not really. Primary Health would get a lot of information from the Department, and then they would feed it through. Primary Health send out a newsletter. Some pharmacies subscribe to that, not all of them, because you don't have to. I guess it was left to the Guild as a peak body to make sure we got stuff out to our members and we would also use a WhatsApp chat group to kind of get information out. I'm sure the PSA got information out. It was a bit ad hoc.

Ms WEBB - People cobbled together something.

Ms MACKRILL - Yes.

Ms WEBB - Looking ahead at opportunities for future, what could work well in terms of communication for your sector if we were to face something similar?

Ms MACKRILL - It is really hard, I think, because people get information from so many varied sources. The information that you would see about an announcement on a Friday afternoon traditionally would come through Facebook on the ABC feed. I would watch for that, and go, 'Right, this thing's happened'. Then we might have got a phone call from the Minister's advisor to give us a heads up, but it would be pretty much an hour before it was going to happen. So, then you would be trying to get information out to your members on a Friday afternoon. The best way of getting info out, is to think about the audience and what their needs are and how they need to be prepared.

Ms WEBB - One of the things I wonder about is whether key sectors have a key liaison in a senior decision-making role, in that cohort in the department. In the absence of that, whether then the cobbled-together nature of the way communication happens is what we are left with.

CHAIR - And the risk of the miscommunication that goes with that.

Ms WEBB - For example, when I am thinking about it, did you have a senior go-to person who could be the one who made sure information went to your sector and was disseminated accurately?

PUBLIC

Ms MACKRILL - I do not think formally. I think we worked out who we would go to as we needed to. As I said, Dale Webster was really good, and Brad Wheeler was great. But even when there were discussions around the use of RATs or how we ensured that our pharmacists were not under the same isolation requirements and how our sector was viewed - are we essential workers or not? - it was work health and safety, and then it was PHEOC - and all these kinds of internal acronyms of who you need to go.

It was not like there was sectorial information that was pushed out to say, if you are in health you will get this. It was a bit difficult of navigate. If you do not work in public service and you have to navigate it, it can be a bit tricky, because you have to try to work who you go to?

Ms WEBB - Understatement of the year, I reckon.

CHAIR - PHEOC?

Ms MACKRILL -PHEOC was the Public Health Emergency Operation Centre.

CHAIR - Oh PHEOC, right. And they did not have the pharmacy-specific section?

Ms MACKRILL - No.

CHAIR - Right, okay.

Ms MACKRILL - I guess that what happened was with the Emergency Management Act, which sits with the Public Health Director, and everything gets deferred to him and he makes the ultimate decision. Then it comes back down. So you sort of... yes.

CHAIR - I was about to ask about the ideal world, which is a really - I think pharmacies are going to be dealing with the flu forever. As community pharmacies you deal with it.

Thanks for the information you provided today. It is helpful to understand some of the real, lived challenges, and the important role that the community pharmacies have played in all of this. I know they were vital in my part of the world during this whole period, and stayed open the whole time.

Ms MACKRILL - Yes. Thanks for the opportunity. It is still fresh in our minds. Realistically, the pharmacists have played an enormous role. I do not think we can underestimate the work that they have done, and into the future, the work that can be done by community pharmacies out there. Thank you.

THE WITNESSES WITHDREW.