



**THE NATIONAL COUNCIL OF WOMEN OF QUEENSLAND INC**

Established 1905

*Patron: His Excellency the Honourable Paul de Jersey AC,  
Governor of Queensland*

PO Box 6128  
WOOLLOONGABBA QLD 4102

24th June 2020

Ref. EA8-5/2020

Committee Secretary  
Economics and Governance Committee  
Parliament House  
George Street  
Brisbane Qld 4000  
**Email:** [egc@parliament.qld.gov.au](mailto:egc@parliament.qld.gov.au)

Dear Sir,

**RE: INQUIRY INTO THE QUEENSLAND GOVERNMENT'S ECONOMIC  
RESPONSE TO COVID-19**

The National Council of Women Queensland (NCWQ) is a non-government umbrella organisation with broadly humanitarian and educational objectives, and works to improve conditions for women and their families, especially the most vulnerable. The NCWQ represents nearly 40 women's organisations and welcomes the opportunity to comment on the Queensland and Australian Governments' responses to COVID-19 and related matters.

This submission has been prepared by the NCWQ Health Adviser, Dr Kathryn Mainstone and the NCWQ State Coordinator, Dr Pat Pepper.

Yours sincerely,

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### Executive Summary

The NCWQ congratulates the Government on achieving a favourable outcome in combating the COVID-19 virus in terms of health compared to most other countries. (4 deaths/million population and 826,123 tested/million population'). There are, however, areas which the NCWQ considers need addressing.

1. Supply of essential medical supplies and equipment e.g. Personal Protective Equipment and Ventilators,
2. Availability of funds for vaccination trials through to human trials, if successful at each stage of preliminary testing, and ongoing funds for vaccine research deemed to be scientifically necessary once the crisis of this pandemic is dealt with,
3. Procedures at points of arrival into Australia,
4. Technology for fast tracking contacts of cases,
5. Material for essential services, infrastructure and security sourced from trustworthy and several sources or the ability to produce locally developed.

Problems arising from the lack of essential medical equipment and vaccines are discussed. The responses of Sweden, South Korea and Taiwan to the COVID-19 pandemic and St Louis, Missouri, USA to the 1918/19 Spanish flu pandemic were investigated to determine if there were aspects which might help Australia's response to a future virus pandemic or which might be avoided.

With globalisation, the change in demographics etc, pandemics may well become more frequent so it is imperative we learn from experience. The Australian Government must form strategies and solutions based on scientific evidence. Lessons learnt from history are important and, in this instance, not to be forgotten or ignored.

### Supply of essential medical supplies and equipment

**Availability:** Edith Cowan University in WA released preliminary findings from their survey of 350 front-line health workers – doctors, nurses and paramedics - on 25<sup>th</sup> April 2020, when the pandemic was starting to increase in Australia. At that time, the survey revealed that half the staff did not have access to sufficient PPE (personal protective equipment) and that 70% had been asked to ration their use of PPE. Doctors reported an overall lack of face masks, face shields, gowns and hand sanitiser. Over 20% reported being tested for COVID-19 and 17% had undergone periods of self-isolation due to work-based exposure. 80% were concerned about exposing their family and 41% expressed this concern as “extreme”. They reported a lack of communication between their employers and themselves regarding the issue<sup>2</sup>.

Fortunately, the Australian government acted early enough to contain this pandemic and it appears that the state governments have now stockpiled sufficient PPE to supply their state hospitals should the virus quickly turn into a more widespread concern. The private suppliers appear to have also gained enough supplies to supply GPs and private hospitals but this is a more difficult thing to gauge, given that GPs are a more amorphous group.

**Conclusion:** An important lesson from this recent pandemic is that PPE supplies must be kept at a level that enables our government to supply and protect quickly. Pandemics are





always possible and, as learned scientists have pointed out, coronaviruses and influenza viruses are likely to mutate into another pandemic strain within the lifetime of current sufferers. We must develop the capacity to ensure local provision of masks, gowns, gloves and chemical reagents and have adequate stores of PPE or else risk the devastating toll seen amongst people in countries all around the globe.

### **Vaccines**

With COVID-19's toll readily visible in all countries that did not "go hard, go early", the funding of vaccination research from government is easily met. What is not seen so readily is the reduced funding of vaccination research in Australia when specialised physicians call for it and it is not deemed necessary. Such was the case with Prof Nikolai Petrovsky, Professor of Medicine at Flinders University, who has been involved in SARS research since 2002 and had a SARS vaccination ready to face human trials but was defunded at the time of the development of the H1N1 influenza pandemic in 2009 because SARS was 'no longer a problem'. This was despite Prof Petrovsky predicting only four years ago that coronavirus would cause problems in humans as it eventually transferred across from animal vectors.<sup>3</sup>

### **Sweden's Experience**

**Health:** Although Sweden did not impose lock down like other countries and restaurants, cafes, bars and most businesses remained open, several measures<sup>4</sup> were put in place to ensure hospitals could keep pace with the outbreak and to protect the elderly and at-risk groups:-

- Swedes were urged to work from home if possible, and respect hygiene and social distancing guidelines
- older students were stopped from going to school,
- gatherings of more than 50 banned,
- the vulnerable and elderly (over 70) urged to stay home and
- visits to homes for the elderly banned.

Despite the measures, residents of elderly care facilities contracted COVID-19 and, as of 15<sup>th</sup> June, Sweden had 4,891 deaths linked to COVID-19 (one of the highest death rates in the world at 484 deaths per million)<sup>6</sup>.

Sweden's Public Health Authority has confirmed that only 7.3% of people in Stockholm had developed the antibodies needed to fight the disease by late April and this was well below the 70-90% needed to create "herd immunity" in a population<sup>4</sup>.

**Economy:** In January, the Swedish government forecasted GDP growth to be 1.1%. The European Commission has now forecasted a Swedish contraction of 6.1% (compared to 6.5% for Germany and -7.7% for the Eurozone). Also now, the government expects a jobless rate of 9% for 2020 and 2021, compared to 6.8% in 2019<sup>5</sup>.

The downturn is largely explained by its dependence on exports (around 50% of GDP). Some of the Sweden's biggest companies, e.g. Volvo Cars and Scania temporarily halted production in Sweden. This was not because of local restrictions, but because of supply chain problems.





Meanwhile, consumption plunged by 24.8 percent between March 11 and April 5, according to a study conducted by four University of Copenhagen economists<sup>5</sup>. The Swedish Government has committed up to around SEK835b (A\$130b). This includes SEK565b (A\$88b) loans and guarantees which should only weigh on government finances temporarily. Other direct costs for the government, such as increased expenditures and reduced incomes, are estimated to around SEK270b (A\$42b)<sup>7</sup>.

**Conclusion** – Although Sweden was able to ensure hospitals could keep pace with the outbreak, it was unable to protect the elderly in particular. Its economy has still suffered.

Like Sweden, Australia also experienced problems with supply chains. The NCWQ would urge the Government to ensure that the supply of material for essential services, infrastructure and security can be made locally or sourced from trustworthy sources.

### **South Korea's experience:**

**Health:** After the 2015 outbreak of the coronavirus MERS, South Korea strengthened an infectious disease law allowing health authorities quick access to cell phone data, credit-card records and surveillance camera footage. This enabled them to use aggressively mobilized technological tools to trace contacts and enforce quarantines<sup>8</sup>. The government launched apps to notify people of the inventory status of face masks in nearby pharmacies to address shortages<sup>9</sup>. Priority was given to detecting cases early with large-scale diagnostic scanning and meticulous epidemiological studies. Scanning stations across the country were set up and conducted around 20,000 free-of-charge tests daily. These measures and information regarding the outbreak were rapidly shared with the public so that those who contacted positive cases could take the test on their own initiatives<sup>10</sup>. Hence together with high citizen vigilance South Korea's overall infection rate remained low<sup>8</sup>.

However the relaxation of social distancing guidelines and erosion in citizen vigilance has caused a resurgence of infections in the Seoul region<sup>8</sup> with small, sporadic outbreaks at clubs as well as at a warehouse run by local shopping giant, Coupang. Facilities deemed to be "high-risk" of spreading COVID-19 such as fitness centres, clubs, and karaoke bars will now be required to install QR code readers and people wishing to enter such facilities will need to scan their QR code from Naver's smartphone app. Personal data collected from the QR codes will be encrypted and destroyed after four weeks.<sup>9</sup>

The total cases in South Korea are now 12484, including 281 deaths (5 per million population<sup>1</sup>). Most people have recovered, but the number of active cases rose back above 1,000 in the second week of June after dropping below the mark in mid-May<sup>8</sup>.

**Economy:** In the first quarter South Korea's economy suffered the worst contraction since 2008 with falling consumption due to the coronavirus weighing on sentiment and keeping people homebound. But the Government's stimulus kept it from being worse and is likely to continue to play a significant role. At least 245 trillion won (A\$199 billion) has been pledged in spending, loans, and guarantees, together with a further 7.6 trillion won to pay for cash handouts to millions of mid-to-lower income families. President Moon Jae-in has called for a third emergency budget to create jobs longer term<sup>11</sup>.





The main risk to South Korea's growth is global trade as markets in the U.S., Europe and Japan grind to a halt. How strongly consumption rebounds, the speed of stimulus efforts and the depth of the global trade slump will determine South Korea's growth or otherwise<sup>11</sup>. The International Monetary Fund expects South Korea's economy to contract less than G7 this year<sup>11</sup>.

With the coronavirus pandemic hitting exports, consumption and corporate investment, South Korea has projected growth of just 0.1% for 2020, which would be the worst performance since the 1998 Asian financial crisis<sup>12</sup>.

### **Conclusion:**

South Korea implemented lessons learnt from its experience of the MERS coronavirus. The 3T strategy (Test, Trace, Treat) confined the death rate to 5 per million. South Korea's trade-reliant economy is suffering but not as severely as many other countries.

Although Australia compares favourably with 4 deaths per million population and 82,612 tests per million population to South Korea's 5 and 23,328<sup>1</sup>, the technological tools to trace contacts could be investigated while protecting the privacy of personal information.

### **Taiwan's Experience:**

**Health:** Taiwan has learnt from the lessons of the SARS outbreak in 2002-3. Like South Korea, it flattened the curve by implementing data-driven solutions: contact tracing at the early onset of the pandemic, managing of supply chain and medical resources, and ensuring timely updates on the crisis. In January, the National Health Insurance Administration and the National Immigration Agency created a joint-data base with the strict observance of legal standards on data privacy and protection. This database enables a risk assessment approach to identify possible infections based on travel histories of foreigners and citizens arriving in Taiwan. By scanning QR codes upon entry, passengers recorded their health information and travel itineraries. Extracting relevant information from the database which was shared among hospitals, pharmacies, and clinics allows a patient's risk level to be classified based on his or her travel history within 14 days. The database is also used to check the availability of masks on local pharmacies or health centres using an online-real time map<sup>13</sup>. The total cases in Taiwan are now 446, including 7 deaths (0.3 per million population) from 3164 tests per million population<sup>1</sup>.

**Conclusion:** Given Australia's experience of the virus being spread from passengers from cruise liners, could a similar border control system to Taiwan's be investigated? While it may not have avoided the Ruby Princess debacle as the doctors thought the passengers just had influenza, at least if the health authorities have the passengers' health information and travel itineraries on line they can rapidly track them. In retrospect, of course, the ship should have been quarantined until the virus results were available.



### **Experience of St Louis, Missouri, USA during the 1918/19 Spanish Flu Pandemic:**

**Health:** St. Louis experienced one of the lowest excess death rates in the USA, just 358 per 100,000 people after 24 weeks, much lower than Philadelphia with 748 deaths per 100,000.<sup>14</sup> In contrast to Philadelphia which only imposed bans on public gatherings more than two weeks after the first infections were reported, St. Louis introduced a broad series of public health measures within two days of the first reported cases<sup>15</sup>. However, when St. Louis lifted restrictions on public gatherings less than two months after the outbreak began, the city experienced a second wave of high death rates, a fate not experienced by cities that kept interventions in place<sup>14</sup>.

St Louis's comparative success is credited not only to the strong and capable leadership of the health commissioner who had the foresight to act quickly and decisively but also to the support through home nursing by an organized local Red Cross.<sup>16</sup> The latter worked closely with public health authority to organize nurses, supplies, food for convalescents, transportation for nurses and patients, and information. This illustrates how the voluntary sector can aid greatly in distributing resources and information, and in connecting people to resources during a pandemic<sup>17</sup>.

**Economics:** Thomas A. Garrett, Assistant Vice President and Economist Federal Reserve Bank of St. Louis concluded that the economic effects of the 1918 influenza pandemic were short-term. Many businesses, especially those in the service and entertainment industries, suffered double-digit losses in revenue. Other businesses that specialized in health care products experienced an increase in revenues. His report suggested that the 1918 influenza caused reductions in human capital for those individuals in utero during the pandemic, therefore having implications for economic activity occurring decades after the pandemic.<sup>18</sup>

**Conclusion:** The St Louis experience demonstrated the "go hard, go early" rule working, when there is no cure, but also the danger of relaxing restrictions too early for health. There will be economic implications for the generations to come from the current pandemic, paying back the accrued debt, not just ramifications for those in utero.

With globalisation, the change in demographics etc, pandemics may well become more frequent so it is imperative we learn from experience. Government must make use of available scientific evidence and heed advice from the science community. History should never be allowed to repeat itself and there are many valuable lessons to be learnt from the experience of past pandemics.





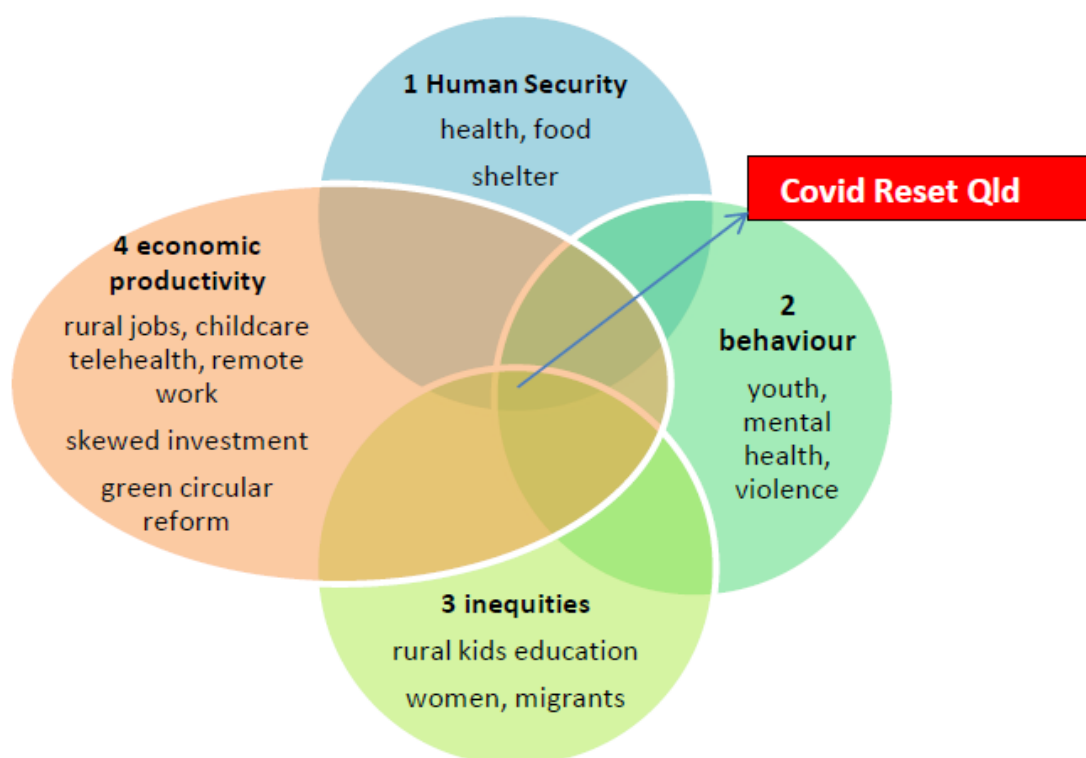
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**NCWQ: Covid & Queensland's Economic Reset**National Council  
of Women of QLD

Supplementary Information For Inquiry Submission 20

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**Contents:** framed by Sustainable Development Goals
**1 Introduction****2 International lessons governance – SDG 16**

- a. Women's leadership, inclusive justice for care economy SDG 5
- b. Shadow Pandemic UNW + EU
- c. ERA Women's Proposals to Federal Government

**3 Human Security**

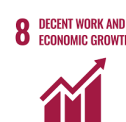
- a. SDG 3 Health – preventative and crisis care (underpinned by SDG 15)
- b. SDG 2 Food Security (local produce, farm labour market, and manufacturing)
- c. SDG 11 Shelter
- d. SDG 3 Mental Health
- e. SDG 5 Domestic Violence

**4 Addressing inequalities**

- a. Rural Women contributing to the economy
- b. Youth - Intergenerational debt
- c. SDG 5 Women are the voice for voiceless
- d. SDG 4 children and youth education
- e. SDG 8 access to connectivity and telecommunication for remote work
- f. SDG 10 equality to access to livelihoods/ paid work/ careers

**5 Economic Productivity Multipliers**

- Childcare, Disproportional investment, Infrastructure review, Ethical Economic Futures





**NCWQ: Covid & Queensland's Economic Reset**

Supplementary Information For Inquiry Submission 20

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**1 Introduction**

The National Council of Women in Queensland commends Queensland Government for seeking broad consultation on economy recovery from unforeseen impacts of Coronavirus. NCWQ reiterates that women comprise **half the population** and should be active in ongoing **participation** in debates, decisions-making, implementation and evaluation of pilot projects and policy in Queensland.

**Women care** about their children, grandchildren and themselves now and into the future.

On 1 August 2020, NCWQ Advisors representing many portfolios gathered to contribute information to Coronavirus impact our Queensland futures. These advisors reside throughout FNQ, SWQ, Central Queensland, Sunshine Coast, Gold Coast and Brisbane. Our Chair/ Coordinator is Dr Pat Pepper, authored the original submission for NCWQ with Dr Kathryn Mainstone. Women **represent about 52% of the population** so should participate in decision-making. We believe economic security underpins long-term human security, while addressing inequities in access to education, communications, trade, and meaningful work, as reflected in UN Sustainable Development Goals.

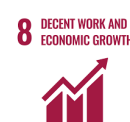
**Inquiry focus:** economic response limitation, what can Queensland do along with Federal initiatives, must not divert funds from current COVID work, report back within 3 months, although ongoing brief. **Supplementary questions:** rural women in the economy

**Original June submission** (Dr Kathryn Mainstone and Dr Pat Pepper) highlights:

- Essential equipment and PPE
- Funds for vaccine human trials
- Arrival to Australia points,
- Technology for tracking cases,
- Ability to local develop technology and resources for self sufficiency

Since the original submission in May/ June, there has been a significant jump in our findings.

*Highlighted text is intentional to expedite speed reading.*



**This submission recommends that Queensland:**

- 1 As women comprise half the population, ensure women participate equally in policy and pilot projects implementing economic recovery.
- 2 Negotiate better outcomes through **National Reform Council** (formerly COAG) so that **Queensland GST funds** are directed to priority areas for Queensland
- 3 **Empower people (women) by implementing sound governance** through prevention, mitigation, crisis care, and ongoing vigil (original submission).

**Human Security: Right to food**

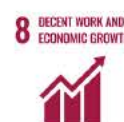
- 4 Ensure **water security** mechanisms address capacity for domestic food production.
- 5 Positively promote local labour in **Rural Primary Production** and Care Economies considering the implications of the Pacific Migration Scheme.
- 6 Strengthen the review of the Queensland **Human Rights Commissioner** role (due November 2020) and policy to include prosecuting triggers that facilitate **modern slavery** for all casual workers, including local, migrant, backpacker working conditions.
- 7 Review Queensland's role in **Fair Work Australia** investigations.
- 8 Consider systems for **facilitating local labour** to support harvest of local produce, and local manufacturing and distribution of food. Make farm work honourable.
- 9 Urge **Queensland Competition Commission** to investigate price gouging of basic commodities.

**Economic security for right to shelter**

- 10 Match job opportunities to local labour supply for personal financial security.
- 11 Provide funded safety nets for **students** and people in crisis (not just rely on systems provided by civil society unfunded) especially for the right to shelter (housing)
- 12 Provide support systems for those **at risk of losing their housing**, by strengthening crisis triggers for financial support or actual physical housing placement, where federal systems have cracks. (Lady Musgrave: August 2020).

**Personal security**

- 13 Increase funding to the **public hospital mental health system** by 25% which would enable them to employ extra staff to deal with the expected deluge for years to come.





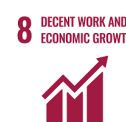
- 14 Increase funding to all groups active in supporting women who are subject to **domestic violence by 25%**.
- 15 Ensure the **thorough education of all Queensland doctors, emergency services and police** in how to look for and manage domestic violence cases.

#### Address inequalities

- 16 **Rural Impacts:** Address cumulative impacts by **tailoring recovery initiatives for women**
- 17 Target rural and regional women to enhance their **return to the workforce**
- 18 **Multiply opportunity** through better connectivity, telecommunications and telehealth.
- 19 Queensland **Government / Parliament underwrite** rural and remote community groups **insurance** (as previously done through Department Natural Resources).
- 20 Reassure **youth and young people** that the essentials are available to everyone, and we will survive and thrive in future, because we are **learning to be smarter through adversity**.

#### Economic productivity multipliers

- 21 Provide quality affordable **childcare for women to participate** in the paid workforce.
- 22 Provide **decent work** for all who participate (SDG8) recognising skill and potential
- 23 Continue investment in **connectivity and telecommunications** as remote working becomes a viable option for education, business, social cohesion, and telehealth.
- 24 Invest in the Care Economy.
- 25 Determine refined **need for capital** infrastructure for Queensland through the lens of full externality costs (human health and environmental stewardship) for an ethical economy
- 26 **Redirect** future infrastructure **investment** towards implementing systems for **healthy** communities and **regenerative cities** by implementing SDGs 7(renewable energy), 8(decent work), 9(Innovative inclusive infrastructure), 10(equality), 11(sustainable cities), and 12(production and consumption - circular economy)
- 27 Implement systems for **current projects** that embrace
  - a. Green New Deal
  - b. Carbon Asset Disclosure – infrastructure review
  - c. Circular Economy principles
  - d. Clean Energy Finance Corporation & Green Climate Fund principles



## NCWQ: Covid &amp; Queensland's Economic Reset



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## 2 International women's leadership

This section reviews lessons from international contexts, women's leadership examples, and work undertaken throughout Australia in the last few months.

Countries with most effective COVID management are highlighted as being led by women. 4 themes emerge [empathy, compassion, listening and collaboration](#) from the 17 countries below, plus women leaders in New Zealand, Denmark, Germany, Taiwan, Finland, and Iceland. Below is the analysis of easing of restrictions with indicators of openness.

## The Great Unlocking?

On reopening, Asia leads, and Europe follows, with strategies differing across countries.

	School		Retail		Industry	Services			Events, Large Gathering	Travel (International)	Contact Tracing*	Social Distancing/Masks	Targeted Isolation	Testing Expansion
	Primary	Higher	Small	Large		Small	Large	Cafes						
Austria											✓	✓		✓
Czech Republic											✓	✓		
Denmark											✓	✓		✓
France											✓	✓	✓	✓
Germany											✓	✓	✓	✓
Italy											✓	✓		
Norway											✓	✓	✓	
Poland												✓		
Spain												✓		✓
Sweden												✓	✓	✓
China											✓	✓	✓	✓
New Zealand											✓	✓	✓	✓
South Korea											✓	✓	✓	✓

Note: Estimated status of opening as of May 12 (except for New Zealand whose status is as of May 14), based on announcements by authorities. Cafes refers to dine-in restaurants and cafes. Travel (international) refers to non-essential international travel. \*At this stage, contact tracing apps in Europe are mainly on a voluntary basis with decentralized data-protection/sharing approach.

Scale of Opening: green = open with restrictions/guidelines, yellow = partially open, red = closed.

INTERNATIONAL MONETARY FUND

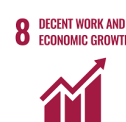
## United Nations Joint Statement - Inclusive Justice Care Economy

ED UNW and EU Commissioner

Extracts: lessons, shadow pandemic, long term care systems, **CareEconomy** investments

*Disasters shape the course of history. In the wake of the Spanish flu of 1918, more women entered the labour market and in roles previously reserved for men. Some were even paid an equal wage to their predecessors and leadership positions in the workforce were taken up by women. A century later, in the midst of another pandemic, we are still fighting hard for gender equality, with the coronavirus crisis amplifying existing inequalities and power imbalances and disproportionately affecting women – including in the devastatingly sharp increases in domestic violence. Yet the pandemic is also an opportunity to 'build back better' and transform structural gender inequalities.....*

Women are also on the frontlines of providing health and care services, exposed to the risk of coronavirus infection on a daily basis. [Globally, women make up 69 per cent of health professionals and 88 per cent of personal care workers.](#) In the EU, care workers are often **migrant** women workers





## NCWQ: Covid &amp; Queensland's Economic Reset



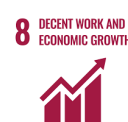
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from poorer countries who fill care deficits in richer countries..... We need to do much more to ensure investment in health, childcare and **long-term care systems**.

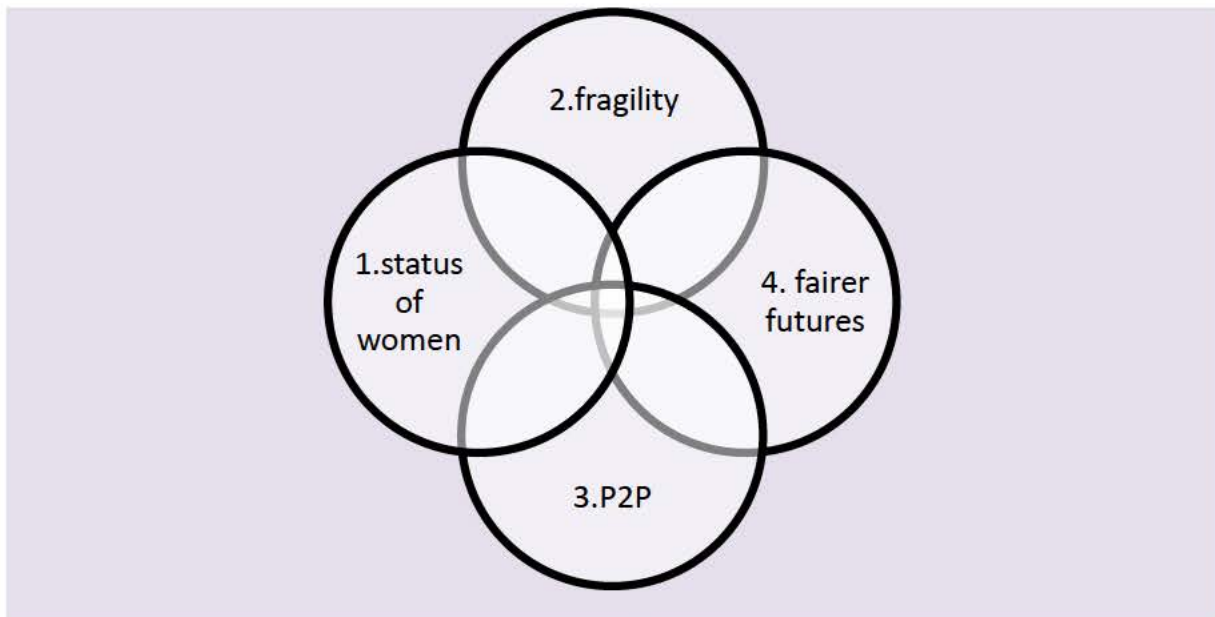
And the growing reports globally of a "**shadow pandemic**" of domestic and other forms of violence against women underline the importance of continued action to prevent and respond to it, such as through the EU/UN [Spotlight Initiative](#). **Shadow Pandemic documentation forms appendix 1.**

We call on all countries to make long overdue investments in the care economy.... **sustainable recovery** that yields **multiple returns**:

1. women with care responsibilities who have lost their jobs will more easily (re)enter the workforce
2. resources will be directed to the care economy with the potential to create jobs at a time when unemployment rates are soaring and governments are keen to get people back to work; and
3. we will be supporting green jobs that provide care for people while avoiding further environmental degradation, keeping gender justice and climate justice as firm priorities.
- 4.



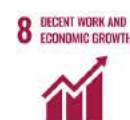
## ERA Women's Proposal to Australian Government May 2020 – extracts



4 perspectives : homeless migrant student, family violence, casual workers, health & aged carers

## ON COVID-19

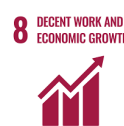
1. Implement a gender lens on all COVID-19 response measures, including using tools such as Gender Responsive Budgeting (GRB);
2. All COVID-19 decision-making and implementation bodies directing and supporting response and recovery have gender equitable representation, with at least 50% women and gender diverse people. The leadership of such bodies should aim for diverse sector, industry, and demographic, and be publicly reported and transparent.
3. Invest in social infrastructure, including child and aged care. Investment in the care sector has more positive implications for GDP and women's employment than investment in physical infrastructure. The 2016 *Investing in the Care Economy* report by the Women's Budget Group estimated that a 2% investment of GDP, in conditions of high unemployment, would lead to the creation of 600,000 jobs in Australia and a 2.3% growth in employment, in comparison with 0.5% growth in employment from a similar investment in construction. Moreover, most of these jobs would benefit women,<sup>i</sup> who have been harder hit by the economic downturn, and would substantially progress the Government's commitment to women's economic security;
4. Invest in the construction of social housing as economic stimulus, based on the successful 2009 Social Housing Initiative (SHI). The SHI has been credited in an independent review with adding \$1.1 billion per annum to the GDP over the 4 years of the initiative, and for increasing employment in the construction sector by an estimated 14,000 FTE during its duration.<sup>ii</sup> Social housing remains a crucial safety net for older women experiencing a lifetime of poverty; the SHI had positive benefits for the social housing system, including the addition of almost 20,000





dwellings, and the return of roughly 12,000 dwellings to the portfolio through repairs and maintenance.

5. **Review the child care subsidy and tax and welfare system to increase access to affordable child care and support more women,<sup>iii</sup> particularly low-income women, into employment,** and to ensure all children have access to quality early childhood education, which is more important than ever in the current context of economic crisis;
6. **Reform VET sector through review of the appropriateness of training packages in a post-coronavirus economy for flexible and changed jobs;** and provide Government funding to support free study for those needing new and further skills for changed jobs and to increase employment opportunities. Consideration should be given to the essential role of social infrastructure, including early childhood education and care, health care, and aged care sectors in responding to the pandemic;
7. **Investigate and provide a carer's credit<sup>iv</sup> to full-time carers that are in receipt of income support or have the care of a pre-school child.** Carer credits contribute to economic revaluing of care, and reduce the disadvantages of unpaid work and care for women's long term economic security.
8. **Align all social security payments to a liveable income, including by maintaining an increase to the rate of JobSeeker, Youth Allowance and related payments** following the expiry of the Coronavirus Supplement and in line with the recommendations of the report from the Inquiry into Newstart and related payments. Prior to the pandemic, women were in receipt of unemployment payments for longer periods than men, and made up the significant majority of recipients of part-rate payments, showing that social security is an important safety net for women, who do the majority of unpaid care and work underwriting the economy.<sup>v</sup> Permanently suspend mutual obligation requirements and conditionalities for access to payments.
9. **Recognise and prioritise sexual and reproductive health services and information as essential** rather than elective, especially during crisis, including by ensuring access to PPE, mobility of practitioners and financial support. Increase access to medical abortion via telehealth, and protect access to surgical abortion<sup>vi</sup>. Investment in maternity services and breastfeeding must also be protected.
10. **Increase investment in mental health services.** While investments to date in mental health are welcome, additional funding is needed to fill gaps in access and reduce waiting periods for services including psychologists and counsellors, subsidized through a Mental Health Plan. Grants to support services to increase the availability of practitioners are needed to close the gap between raising awareness of mental health, and support;
11. **Invest in women's specialist domestic and family violence services, including crisis and emergency accommodation, health and legal services,** to respond to increased need as

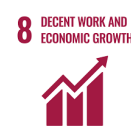
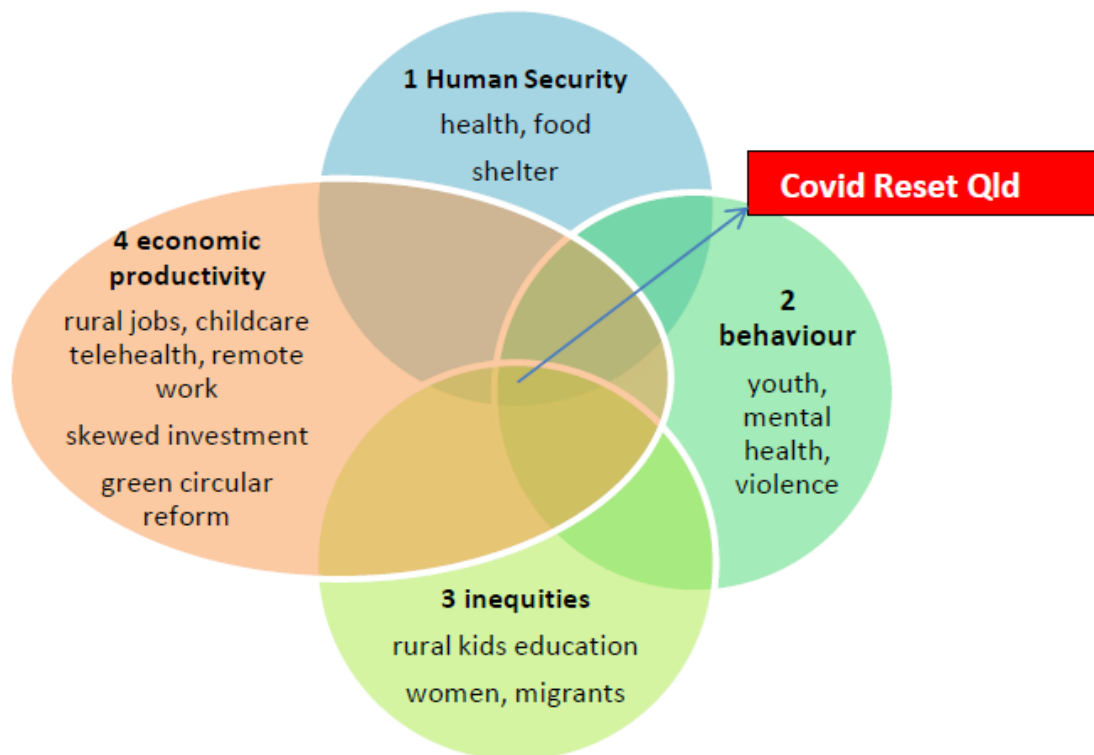


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restrictions ease. In addition, increased measures for oversight of women living in closed residential settings, and training and advice to community service providers to recognize and respond to violence must be protected both in crisis and recovery.

- 12. Take action federally to ensure women and children experiencing violence on temporary visas have income, housing, healthcare and legal support.**

### What can Queensland do?





### 3 Human Security

When we consider economic responses we need to look to the **building blocks of society** to determine the security of our basic ingredients for a positive economic recovery. This report considers human security, our vulnerabilities, **and how to engineer** economic productivity multipliers in the right direction. This section looks at specific interventions to address systemic and long-term issues **exacerbated** by COVID.

#### 3 A Health: SDG3 Dr Pat Pepper, Dr Kathryn Mainstone and Tracey Martin

Health Prevention and crisis care matters were lodged in the original submission. Update:

Points to be emphasised from the original submission

#### 1. *Supply of essential medical supplies and equipment e.g. Personal Protective Equipment and Ventilators,*

*As illustrated by the survey of front line health workers by the Edith Cowan University, Australia did not have adequate personal protective equipment, although this was remedied.*

*Given the possibility of coronaviruses and influenza viruses mutating into another pandemic strain, we recommended that Australia develop the capacity to ensure local provision of masks, gowns, gloves and chemical reagents and have adequate stores of PPE.*

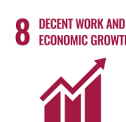
*Australia ( and the World) currently does not have sufficient capacity for vaccine production, though companies such as Serum and Johnson & Johnson are building new plants and boosting production scale. There is also a critical global shortage of syringes, needles and glass vials to urgently address to deliver the vaccine.*

<http://theaustralian.smedia.com.au/HTML5/default.aspx?href=NCAUS/2020/07/27>

#### 2. *Availability of funds for vaccination trials through to human trials, if successful at each stage of preliminary testing, and ongoing funds for vaccine research deemed to be scientifically necessary once the crisis of this pandemic is dealt with,*

*When endemics are controlled, funding for vaccines can curtailed even though successful at early stages. e.g Had research by Prof Nikolai Petrovsky, Professor of Medicine at Flinders University continued with SARS vaccine , the COVAX – 19 vaccine, would be much further advanced now.*

*Vaccines are looking promising but an unhealthy bidding war with wealthy nations securing reserves is in danger of developing. e.g. AstraZeneca are reported to have allocated substantial early supplies of vaccine to countries who heavily invested. When high-income countries directly negotiated large advance orders for the H1N1 (swine flu) vaccine, access by vulnerable poor countries was delayed with dire results. To quote Ian Frazer, the Australian scientist who developed the HPV vaccine “Every country will be vulnerable to the spread of the virus if we don’t achieve universal immunisation (against COVID -19 virus) across the planet,” Also the disease will continue to disrupt global supply chains and, as a result, economies around the world. Strategies based on risk of transmission are needed with the most vulnerable groups (health workers, the elderly and immune compromised, no matter where they reside) inoculated first.*



<http://theaustralian.smedia.com.au/HTML5/default.aspx?href=NCAUS/2020/07/27>

### 3. Procedures at points of arrival into Australia,

Taiwan learnt from the lessons of the SARS outbreak in 2002-3 and as of 7 August 2020 the has 3345 cases, with 58 deaths (0.8 per million population) from 10731 tests per million population<sup>1</sup>.

We recommended Taiwan's Border Control system be investigated. In January, their National Health Insurance Administration and National Immigration Agency created a joint-data base with the strict observance of legal standards on data privacy and protection. On entry to Taiwan, foreigners and citizens record their health information and travel itineraries with a Quick Response (QR) code. Sharing relevant information from the database with hospitals, pharmacies, and clinics allows a patient's risk level to be classified based on his or her travel history within 14 days.

### 4. Technology for fast tracking contacts of cases

After the 2015 MERS outbreak, South Korea strengthened an infectious disease law allowing health authorities quick access to cell phone data, credit-card records and surveillance camera footage. Similar to Taiwan, South Korea integrated global infectious disease data culled from the national health authority with mobile data provided by the Korean Telecom allowing real-time monitoring of potential and confirmed cases among individuals visiting high disease risk-areas. With scanning stations set up across the country conducting around 20,000 free-of-charge tests daily, contacts of patients can take tests on own initiative. QR code readers are required to be installed at facilities such as fitness centres, clubs, and karaoke bars, and people entering need to scan their QR code from Naver's smartphone app. As of 7 August 2020 South Korea has 13519 cases, with 303 deaths (6 per million population) from 31471 tests per million population<sup>1</sup>.

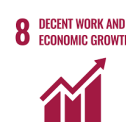
We consider South Korea use of technology to implement their Test, Trace and Treat strategy and their Parliamentary Acts to safeguard data privacy and protection worthy of investigation.

### 5. Material for essential services, infrastructure and security sourced from trustworthy and several sources or the ability to produce locally developed.

As of 7 August 2020 Sweden has 81967 cases, with 5766 deaths (571 per million population) from 85429 tests per million population<sup>1</sup>, not a recommendation for its health policy. Its economy has still suffered although not as much as the EU which had an average GDP of -11.7% in the second quarter. Sweden's GDP fell by 8.6 %, due according to Statistics Sweden, to a decrease in household consumption and exports, which suggest a change in people's behaviour. Also Sweden is a highly export-focused country, so any economic downturns on an international scale would inevitably have a substantial effect on Sweden. There were also supply chain problems. The Swedish government believes that GDP will fall -6.0% this year and unemployment rise to 9.3%.

<https://www.thelocal.se/20200805/what-does-swedens-gdp-drop-actually-tell-us-about-lockdown-and-the-economy>

In comparison, Australia's GDP is forecast to have fallen by 7% in the June quarter and to fall 3.75% for the 2020 calendar year. The unemployment rate averaged 7% in the June quarter 2020 and to peak at about 9.25% in the December quarter. <https://theconversation.com/budget-deficit-to-hit-184-5b-this-financial-year-unemployment-to-peak-at-9-25-in-december-economic-statement-143253> July 23, 2020 11.55am AEST





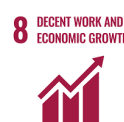
*Like Sweden, Australia also experienced problems with supply chains. The NCWQ would urge the Government to ensure that the supply of material for essential services, infrastructure and security can be made locally or sourced from trustworthy sources.*

*Experience of St Louis, Missouri, USA during the 1918/19 Spanish Flu Pandemic is often held up as an example of “go hard, go early” rule working but it also demonstrated the danger of relaxing restrictions too early for health.*

### 3B Food security for all Queensland Tracey Martin and Dr Donnell Davis

Rural women's contribution to the rural economy is multi-faceted. Food security is universal and dependent of climate factors like water, drought, bushfires, cyclones, and floods. #ncwq Tracey Martin from NCWQ and Rural Women's Network is verbally presenting evidence to the Inquiry on 17 August 2020.

- **Food supply** from farms difficult after drought, bushfires and flood before COVID.
- **65% of farms are still in drought affected areas with limited access to water.** QWRRN
- Limited Labour following loss of international labour supply (Pacific Labour Migration), backpackers, with other families as share farmers. In August, **Northern Territory deliberately flew in Vanuatu labour force** to pick mangoes. SBS news
- Queensland is inadvertently propped up by **backpacker workforce**, under 88-day farm work Visa but this is under review by federal government. September is harvest time but many farms need physical help. Local labour is encouraged together with Centrelink jobseeker arrangements. #DFAT #Homeaffairs
- Food demand by towns and cities. People are changing the **way we eat** and most have been forced to cook at home with **primary produce**, but recipes have no consideration for 'food miles' so there are unintended consequences.
- Food **processing close** to home is a preferred future and opportunity for entrepreneurial farmers to vertically integrate.
- Price rises and **price gauging** everywhere (rural and urban) ACCC
- Import and export impacts ( unintended consequences)
- **Modern Slavery conditions** may apply broadly in Queensland in future, so we need to ensure fair treatment and conditions. #endslavery, #7news



## NCWQ: Covid &amp; Queensland's Economic Reset



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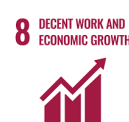
## What can Queensland do?

1. Ensure **water security** mechanisms address capacity for domestic food production.
2. Positively promote local labour in **Rural Primary Production** and Care Economies.
3. Strengthen the review of the Queensland **Human Rights Commissioner** role (due November 2020) and policy to include prosecuting triggers that facilitate modern slavery for all casual workers, including local and migrant and backpacker working conditions.
4. Review Queensland's role in **Fair Work Australia** investigations.
5. Consider systems for facilitating **local labour** to support harvest of local produce, and local manufacturing and distribution of food. **Make farm work honourable.**
6. Urge **Queensland Competition Commission** to investigate price gauging/ gouging of basic commodities.
7. Consider the implications of the **pacific labour migration scheme** as it relates to Queensland economy, where these jobs related to farming, domestic and care sector.

## 3C Right to Shelter Dr Donnell Davis and Dr Pat Pepper

Vulnerable people include

- **Stranded young students** and casual worker **migrants** have no eligibility for support from federal government, or urban universities or other avenues besides the community sector. Some rural universities have provided free breakfast for students. There has been limited forgiveness of **rental debt for students**, because the landlord moratorium does not necessarily apply.
- Families **fleeing from violence** – increasing from 500 cases to 3200 cases in early Covid months are **seeking crisis housing**. The protocol for **perpetrator to vacate** leaving the children settled at home has not been implemented well here.
- **Emergency and crisis shelter** may have been offered vacancies from student unit accommodation but that has not realised in practice.
- Airbnb provided free accommodation avenues but this was not actualised in practice.
- Most **casual workers** may have lost their jobs, meaning home mortgages and rental payments were and are still vulnerable.
- Banks do not forgive **mortgage respite** – they just add premiums and start higher interest rates on larger debt in one year's time. Banks continue to post record profits.
- Emergency and essential services workers are on the frontline most exposed to infection. **Health care, aged care and working with disabled peoples and school students** because of the inherent hazard of not taking preventative measures or limited early intervention mechanisms. Federal government is addressing this but there might be more Queensland can do. An Aged Care protocol is being piloted.





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- In August, **Lady Musgrave Trust** conducted two days of intense discussions around housing. You Tube can be accessed via this [link here](#)

**What can Queensland do?**

1. Match job opportunities to local labour supply for personal financial security.
2. Provide funded safety nets for **students** and people in crisis (not just rely on systems provided by civil society unfunded) especially for the right to shelter (housing)
3. Provide support systems for those **at risk of losing their housing**, by strengthening crisis triggers for financial support or actual physical housing placement, where federal systems have cracks. (Lady Musgrave: August 2020).

**3 D Mental Health – Dr Kathryn Mainstone**

Population groups of increased risk:

- Pre-existing anxiety disorders and mental health problems
- Health care workers
- Being placed in quarantine
- Unemployed and casual workforce

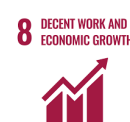
Recommended strategies:

1. Offer practical support, including financial
2. Provide good quality information
3. Offer technology enabled mental health services
4. Understand the negative psychological impacts of mass quarantine
5. Strengthen mental health support systems for health care workers
6. Provide mental health screening support for COVID-19 patients

The Federal Government has just released an increased version of their Mental Health Care Plan which will enable the above at-risk groups to have 10 extra psychology sessions, having been referred by a GP.

**What Can Queensland do?**

Increase funding to the public hospital mental health system by 25% which would enable them to employ extra staff to deal with the expected deluge for years to come.

**3 E Violence: domestic and family**

23% of women have already experienced domestic violence in Queensland.

- **11% increase** in calls to the 1800RESPECT hotline service
- **75% increase** in Google internet searches on the subject

This is an emergency and needs to be constantly talked about until we are not experiencing the loss of one woman per week - before COVID -19!

[https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/20200319\\_covid19-evidence-and-recommendations.pdf](https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/20200319_covid19-evidence-and-recommendations.pdf)

Neil J. Domestic violence and COVID-19: Our hidden epidemic [published online ahead of print, 2020 Jun 11]. *Aust J Gen Pract.* 2020;49:10.31128/AJGP-COVID-25. doi:10.31128/AJGP-COVID-25

### What can Queensland do?

- Increase funding to all groups active in supporting women who are subject to domestic violence by 25%.
- Ensure the thorough education of all Queensland doctors (emergency services and police) in how to look for and manage domestic violence cases.

### (Gendered Violence) UNW Shadow Pandemic Recommendations to Governments

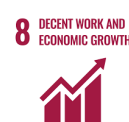
**Allocate additional resources** and include evidence-based measures to address violence against women and 1 girls in COVID-19 national response plans.

#### **Strengthen services for women who experience violence during COVID-19**

• Treat services for women who experienced violence as essential services. • Strengthen services, including shelters, through capacity rapid assessments, and through design of risk assessments, safety planning and case management, adapted to the crisis context, to ensure survivors' access to support. • Ensure psychosocial support for women and girls who experienced violence and frontline health and social support workers. • Expand the capacity of shelters, including re-purposing other spaces, such as empty hotels, or education institutions, to accommodate quarantine needs. • Strengthen helplines, including through protection from sexual exploitation and abuse (PSEA), online counselling and technology-based solutions such as SMS, online tools, and social support networks.

#### **Build capacity of key services to prevent impunity and improve quality of response**

• Raise awareness of police and judiciary about the increase of violence against women and girls during COVID-19 and provide training on how to respond, protect and refer victims and survivors to appropriate services. • Train first responders on psychosocial support, including health workers, law enforcement and court officials and emergency shelter and counselling staff still operating during the crisis. • Provide training for education and child services staff on safety and referral information for children who may be experiencing abuse at home or who may be vulnerable to online predators.



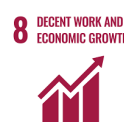


***Put women at the centre of policy change, solutions and recovery***

• Ensure support for grassroots women's rights organizations, especially those that provide essential services to hard-to-reach, remote and vulnerable populations. • Ensure women's organizations and women's community organizations participate in the decision-making processes so that needs and concerns are identified and included in prevention of and responses to violence against women and girls. • Consider the role of women's organizations in recovery plans and the longer-term solutions to address the increase of violence against women and girls during COVID-19.

***Ensure sex-disaggregated data is collected to understand the impact of COVID-19 on violence against women and girls and inform the response***

• Collect sex-disaggregated data on the incidence of violence against women and girls, including domestic violence (including psychological and economic violence) and sexual violence, recording place of occurrence. • Collect data on the needs and capacity of services to respond to the increased demand from women and girls in the context of COVID-19. • Ensure any data collection efforts does not put women and girls at greater risk of violence and distress.



## 4 Addressing Inequalities

This section looks at specific interventions to address systemic and long-term issues **exacerbated** by COVID.

### 4 A Rural and remote women contributing to the economy

Women underpin and are a 'lever' the government can pull to drive a faster and sustainable recovery.

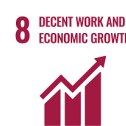
#### Improvements in 2020 need to remain for recovery:

At the outset it is important to highlight the gratitude of many people, families and businesses in rural and regional areas who are grateful for the swift response to Covid-19 lockdowns that included access to telehealth services, rapid improvements in telecommunications and replacing income quickly lost through lockdowns. What did become increasingly clear was that rural and regional Australia was comparatively well acquainted with isolation and limited services, such that adapting was possible. With agriculture continuing as an essential service, we saw our rural and regional areas be highlighted for the always crucial role in providing food for the country.

- **Women contribute 74% of off-farm income.** This is essential to the areas in drought. Rectifying the impacts on women's employment in rural and regional areas due to Covid-19, including in casual roles (not supported by job-keeper), many professional roles that have been stripped as regional corporate and universities roles have closed need to be replaced – urgently.
- Non-urban centres are closing, so financial augmentation for households are limited.
- **Telehealth and further connectivity support** that was quickly applied since Covid-19 have been game changers. **Those efforts are appreciated.**

#### Addressing Cumulative Impacts through Tailor recovery initiatives for women:

Essential to tailor economic initiatives and stimulus to support women as this flows through to families, children and broader economy. Projects need to focus on women, and ensuring there isn't long term lower employment or less employment for women. This is essential in rural and regional communities with that supplementary income support rural and regional communities through drought and supports the local economy. The short and long-term impacts of the cumulative impact of Covid-19, prolonged drought on business and regional economy, recovery from flood and the ongoing limited options available to women in rural



and regional areas, now puts at risk women and their role in underpinning rural and regional economic through their contribution – driving State recovery through the regions. Any approach to recovery needs to also **target rural and regional women to enhance their return to the workforce** (where Covid-19) affected, services and telecommunications) enhanced during Covid-19 must remain and initiatives that target the employment of women into roles in Ag, higher education, technology and funding the remote work movement where the highly skilled women who have moved to or married into rural and regional families – is actively and effectively utilised by cities in Australia and overseas.

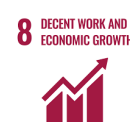
### Insurance Risk Inhibiting Regional Economic Activity:

Events are essential to rural and regional communities. Has there been any work around clarifying and setting expectation for what is 'reasonable care' for Covid events. Office bearers and directors are now cancelling events even where there have been 0 cases, and the curve is not just flattened but the virus eradicated.

Insurance companies are not covering **community activities** and the future of Civil Society Organisations is unclear and many are dissolving. This loss impacts on social resilience for all organisations, communities and rural businesses. COVID industry plans are not sufficient to ensure insurance companies are honouring their promotions.

### What can Queensland do?

1. **Rural Impacts:** Address cumulative impacts by **tailoring recovery initiatives for women**
2. Target rural and regional women to enhance their **return to the workforce**
3. **Multiply opportunity** through better connectivity, telecommunications and telehealth.
4. Queensland **Government / Parliament underwrite** rural and remote community groups **insurance** (as previously done through Department Natural Resources).





#### 4 B Intergenerational human security: Kids responses to Covid, intergenerational debt

The long term impact of these crisis restrictions upon children is cause for concern. Lessons from the past may assist in strengthening **kids' resilience**. Early intervention now can prevent **sense of hopelessness** and the long-term emotional pandemic.

Young People feel that they:

- Are immediately impacted with **restricted social interaction from school** or sports or culturally, outside the home thereby feeling penalised through no fault of their own
- Are **most exposed to adverse change** as a result of COVID, with loss of work opportunities, career stability, dating opportunities (limited personal meeting, no dancing, limited recreational gatherings, no fun).
- Will bear the **economic cost of Covid for another 40 years**. (UN Intergenerational debt)

#### What can Queensland do?

Reassure youth and young people that the essentials are available to everyone, and we will survive and thrive in future, because we are **learning to be smarter through adversity**.

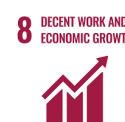
#### Who are adversely impacted?

#### Women speak for the voiceless

*'No-one would have known if I died in my room' is the story about migrant students in lockdown/ closedown when six in ten lost their casual jobs. (August 2020: Covid ABC news)*

- Kids, students
- disabled (adults and school students)
- Indigenous peoples
- migrants
- casual workers
- care workers
- Homeless women and at risk of losing shelter
- Ageing (protocol for Queensland – currently promoted by Federal government)

Women speak for families, communities and networks of interest.



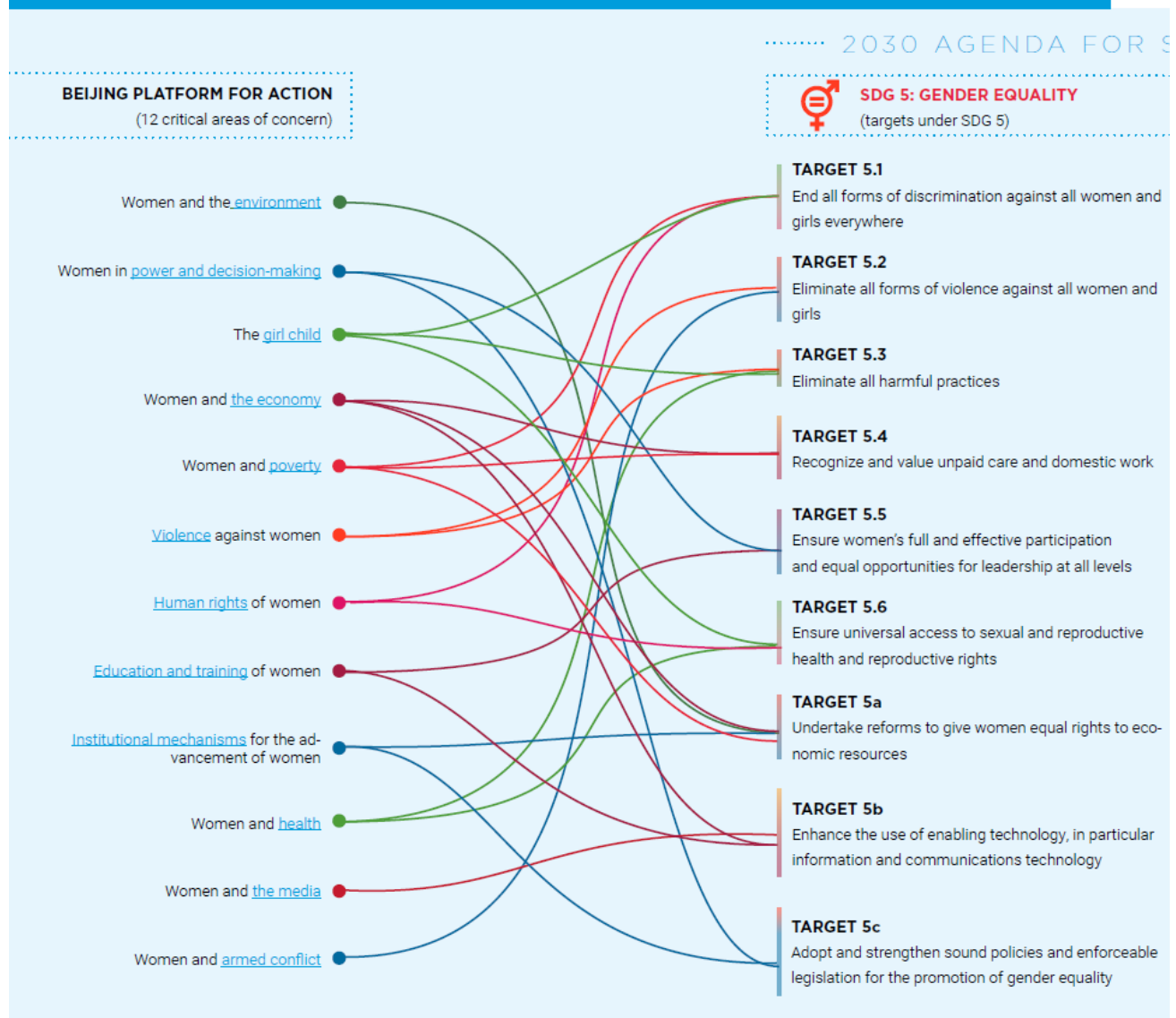
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FIGURE 1: Inter-linkages between the Beijing Platform for Action and 2030 Agenda targets\*

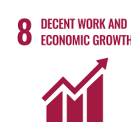


[dance note for comprehensive national-level reviews, Twenty-fifth anniversary of the Fourth World Conference on Women and adoption of the Beijing Declaration and Platform for Action \(1995\).](#)

\*\* This list is illustrative and not comprehensive. It may include some targets that are not directly related to gender equality or refer to gender equality in a broader context.

## What can Queensland do?

- 2 Implement SDG 8, SDG 10 **Decent work, addressing inequalities**
- 3 Implement strategies from Nordic countries so childcare multiplies participation in the economy
- 4 SDG 5 Women are the voice for voiceless SDG5
- 5 SDG 4 children and youth education (to enable prosperous flexible futures)
- 6 SDG 8 access to communications for remote work
- 7 SDG 8 & 10 access to livelihoods/ paid work/ careers



## 4 Economic Productivity Multipliers

This section looks at the long term horizon for sustainable systems for resilient self-sufficiency by optimising environmental and human capital. Women care about their children, grandchildren and themselves now and into the future.

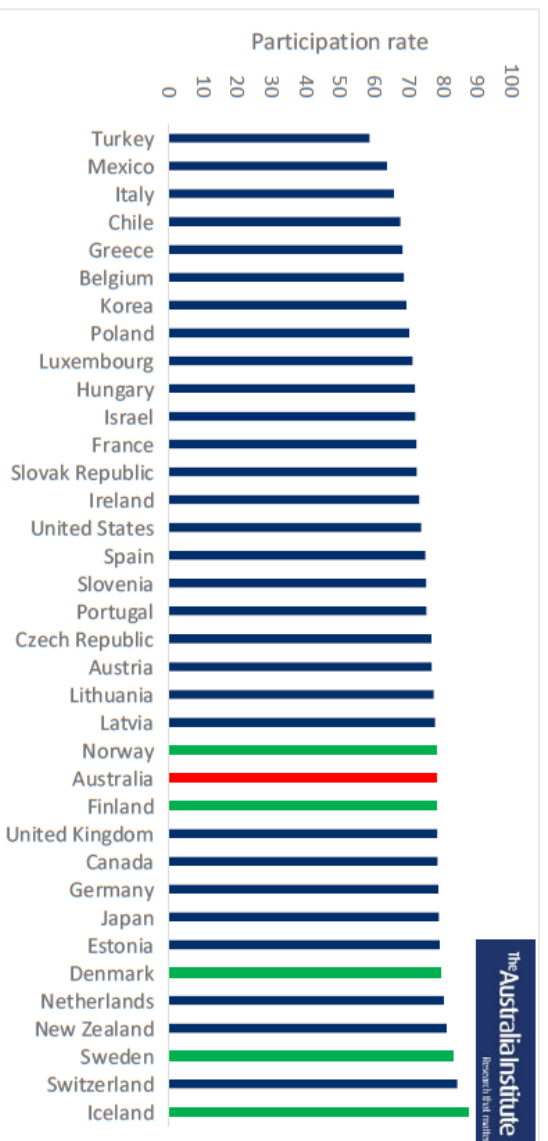
**Women's direct participation** in the economy can **effectively multiply** with systemic long-term horizon initiatives, like **child care**, ongoing **education** and **professional development**, **access to opportunity** with on-going participation in **decision-making**. This has the capacity to almost double the current formulae, if well-designed strategies are promoted. (UNDP:2020)

Furthermore, an ethical economy does not diminish the healthy resources on which human health depends. (NGS: 1992) **Queensland government is a trusted institution** to implement SDG 7(renewables) 8(decent work), 9 (innovative inclusive infrastructure), 10(equality), 11(sustainable cities), and 12(circular economy). **How?**

### Women comprise half of Queensland's capacity for long-term economic security

Provide economic recovery via affordable **quality childcare**: The capacity for Queensland to respond positively is to make it easier for women to **participate in the workforce**. Not just the professional women or women in essential services, but all women who participate in the paid workforce.

Figure 1 – Participation rates by OECD country



### 4 A Economic recovery via affordable quality childcare:



3 GOOD HEALTH  
AND WELL-BEING



5 GENDER  
EQUALITY



2 ZERO  
HUNGER



10 REDUCED  
INEQUALITIES



4 QUALITY  
EDUCATION



8 DECENT WORK AND  
ECONOMIC GROWTH

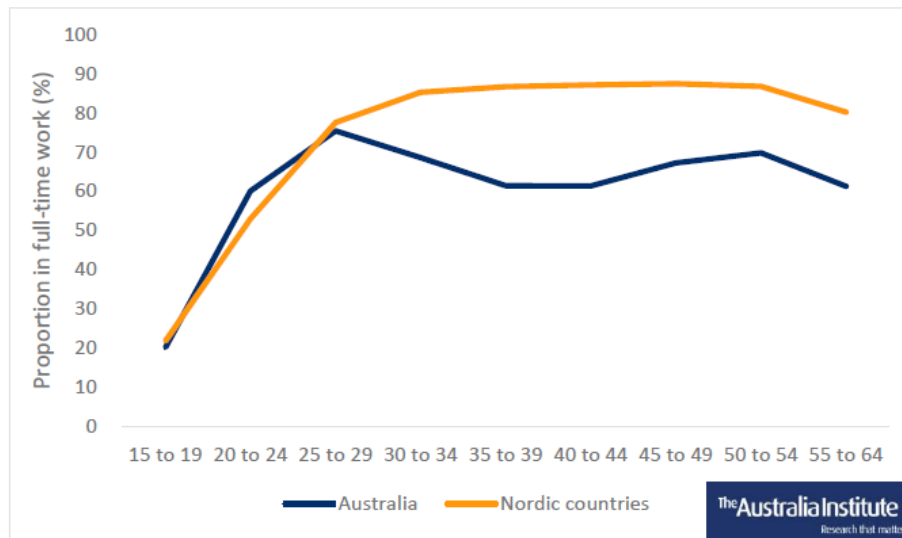


16 PEACE, JUSTICE  
AND STRONG  
INSTITUTIONS



Nordic countries with easier and affordable access to high quality childcare for parents, have higher work participation for women (Grudnoff & Denniss, 2020). These researchers have reported that at the age when many households are raising children, the proportion of Australian women in full-time work falls but for women in Nordic countries there is no drop. Also the proportion of the Australian female workforce in full-time work never reaches the height that it was before typical child raising age.

**Figure 6 – Proportion of women in full-time work for Australia and Nordic countries**

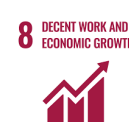


By supporting women to remain in the workforce while raising a family, Nordic countries increase economic growth long term. Grudnoff & Denniss estimate that with the same labour force participation rates the Australian economy would be \$60 billion, or 3.2 % of Gross Domestic Product, larger.

Net childcare costs in Australia for a couple on an average wage could absorb 17% of household income, compared to just 4% in Sweden and Iceland. In addition to the economic benefit of high-quality childcare and early childhood education, there are emotional, cognitive and socialisation benefits ensuring the majority of children, including those in poor circumstances, reach teenage and adulthood healthy and able to achieve their intellectual potential.

Stanley & Denniss (2020) <https://www.theaustralian.com.au/commentary/quality-childcare-can-help-rebuild-our-economy/news-story/713144625c8ba63de82993efd260d5ff>

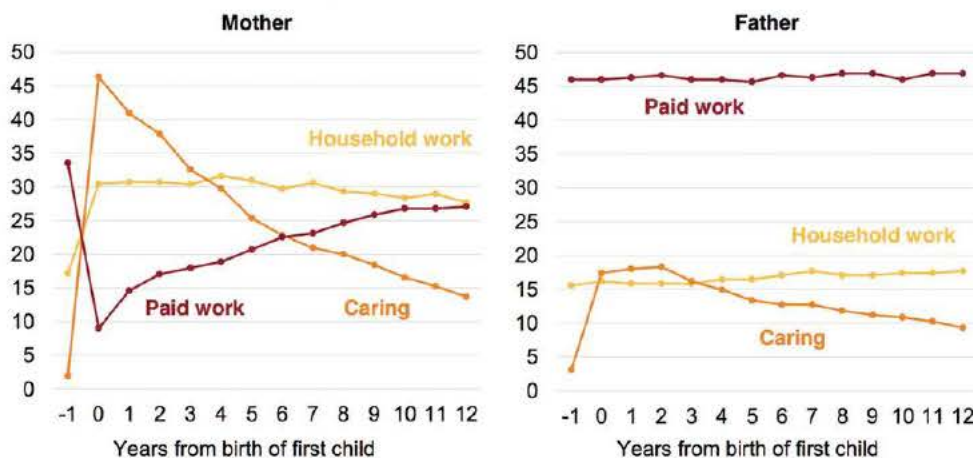
Grudnoff M and R Denniss (2020) Participating in growth Free childcare and increased participation. <https://www.tai.org.au/content/nordic-countries-show-free-childcare-key-economic-recovery>



### The nature of work changes dramatically for women after a child, but not for men

GRATTAN  
Institute

Time use before and after the birth of first child, average hours per week



Note: Age of youngest child = -1 is the year before the birth of the first child.

Sources: Baxter (2019) Fathers and work: A statistical overview, AIFS, Analysis of HILDA pooled waves 2-16.

This August 2020 graph shows the Australian findings of further research. (Grattan: 2020) It describes opportunities for equal participation, given the countries that actively provide affordable childcare.

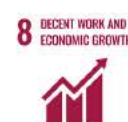
#### 4 B Quality Technologies

Thank you for the improvements to connectivity so Queenslanders can survive and thrive in this current environment. Better quality technology is required for remote work, education, telehealth and maintains some social cohesion/ connection for those isolated:

- Communications depend on good connectivity.
- Ensure access training and support to IT for working remotely, school education, telehealth and quality of life information and mobility.
- Ensure all Queenslanders have access to adequate **satellite** or NBN for communications

#### 4 C Infrastructure investment for long-term healthy future

Hard infrastructure usually equates with urban development. Cities are usually the **engine-room for modern economy** with 75% of the contribution but during Covid things have changed significantly and may never return to the same capitalist- centralist model. (Prosperity without growth: Jackson) SDG 11. **Building our way out of a recession** is a 1950s theory. Recovering from a pandemic is a different animal that seek **regenerative capacities**, without killing the goose that lays the golden eggs.



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Climate change **exacerbates the impact** of the Covid economic crisis, so we need a proper transition to a sustainable reset.

**Diseases arise from unhealthy environments.** Please refer to wet markets and international lessons by Dr Pat Pepper. Cities are also our biggest polluters (sometimes 80% of greenhouse gas) but in Queensland other factors impact significantly like mining operations, land clearing, overgrazing, intensive animal husbandry, while carbon-sequestering forests dying from climate impacts. Greenhouse gases over 350 parts per million, and pollutant particulates smaller than 10 micrograms per cubic meter ( $\mu\text{g}/\text{m}^3$ ), in concert with water pollution and scarcity, are the **recipe for disease**.

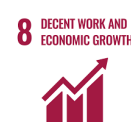
In fact, the **town planning discipline was born from public health issues** in 1864, but indigenous people knew these millennia earlier from their social communities. What can we do: Make investment decisions for different sorts of **public infrastructure for maturing economies**, like the EU has done.

We could **redirect large investments** of elective hard physical infrastructure where demand is minimised by Covid to **circular economy or sustainable industries**:

- Future cities may not operate the same ways - traffic and transport investment might reduce from 20% to 60%, so those congestion projects might be delayed (Urban Design 4 Pandemics) **Suburban capacity** might need more attention (localising community services) through the Queensland Government regional planning **12 sustainability principles**.
- The 1950s model of '**building our way out of recession**' is not be the right formula for pandemics (UN Habitat – healthy cities, prosperity without growth) Re-use redundant or **underperforming public infrastructure** for crisis and alternative social benefit projects (housing, evacuation centres, community centres, small or remote schools, emergency testing and vaccine centres)
- **Invest in care economy** and soft infrastructure for better quality of life as people's lives reset. Consider **supply chain** ethics. What are impacts of purchase? Toxic? Slavery?
- Labour futures are changing. (See futuring scenarios by world leaders – Sohail)

**Examples**

- SDG 7 – renewable energy / green power sharing/ community self-sufficiency/ decentralising supply: Transition towns, Drysdale, Port Augusta (Australia)



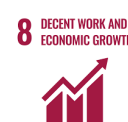


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- SDG 9 – innovative infrastructure includes **retrofitting old facilities** to ensure positive benefit form community or **redefining the need** that triggers expensive new infrastructure: Rotterdam, Melbourne, Newcastle, Geelong, Portland, HighLine NYC
- SDG 10 – providing **equality of access** and **socialising the benefit** (instead of selling public assets to the highest bidder) because capitalism ≠ pathway out of a pandemic.
- SDG 11 –sustainable communities and cities that **share resources** and absorbs more pollution than generates (**less carbon footprint**). Australia is greatest carbon polluter per capita, so this can be **transformed** as cities become more conscious in 4 ways. The UN **New Green Deal** and the **Carbon Disclosure Project** (John Hewson) helps navigate that.
- SG 12 – **circular economy** where (1) Design Out Waste (2) Materials made to function for the highest value long-term (3) regenerative economy for better social systems by:
  - 1 Circular supply (cradle to cradle – renewable input)
  - 2 Resource recovery (through technology)
  - 3 Product life extension (fix it don't throw it)
  - 4 Sharing economy (equipment library, hire don't have to individual buy)
  - 5 Look at the product in eye of the service rendered (and seek engagement).

**What can Queensland do?**

1. Provide quality affordable **childcare for women to participate** in the paid workforce.
2. Provide **decent work** for all who participate SDG8, recognising skill and potential
3. Continue investment in **connectivity and telecommunications** as remote working becomes a viable option for education, business, social cohesion, and telehealth.
4. Determine refined **need for capital** infrastructure for Queensland through the lens of full externality costs ( human health and environmental stewardship)
5. **Redirect** future hard infrastructure **investment** towards implementing systems for healthy communities and cities by implementing SDGs 7(renewable energy), 8(decent work), 9(Innovative inclusive infrastructure), 10(equality), 11(sustainable cities), and 12(production and consumption - circular economy)
6. Implement systems for current projects that embrace
  - Carbon Asset Disclosure – infrastructure review
  - Circular Economy principles
  - Green New Deal
  - Clean Energy Finance Corporation & Green Climate Fund principles



## NCWQ: Covid &amp; Queensland's Economic Reset



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## References:

- APA6 style references in text throughout the document
- Additional information: in Harvard 6 footnote style.

<sup>i</sup> Women's Budget Group, (2016). *Investing in Care: A gender analysis of employment stimulus in seven OECD countries*, UK: International Trade Union Confederation, available: [https://www.ituc-csi.org/IMG/pdf/care\\_economy\\_en.pdf](https://www.ituc-csi.org/IMG/pdf/care_economy_en.pdf), 7 May 2020.

<sup>ii</sup> KPMG (2012). *Housing Ministers' Advisory Committee: Social Housing Initiative Review*, September 2012, available: [http://www.nwhn.net.au/admin/file/content101/c6/social\\_housing\\_initiative\\_review.pdf](http://www.nwhn.net.au/admin/file/content101/c6/social_housing_initiative_review.pdf), 24 March 2020.

<sup>iii</sup> Wood, Danielle, et al. 'Permanently raising the childcare subsidy is an economic opportunity too good to miss', *The Conversation*, 27 April 2020, available: <https://theconversation.com/permanently-raising-the-child-care-subsidy-is-an-economic-opportunity-too-good-to-miss-136856>, 7 May 2020.

<sup>iv</sup> As recommended by AHRC (2013). *Investing in care: Recognising and valuing those who care*, Volume 1 Research Report, Sydney: AHRC, available: [https://www.humanrights.gov.au/sites/default/files/UnpaidCaringVolume1\\_2013.pdf](https://www.humanrights.gov.au/sites/default/files/UnpaidCaringVolume1_2013.pdf), 7 May 2020, see also: Hamilton, Myra. 'Carers deserve more credit in the retirement incomes debate', *The Conversation*, 2 April 2015, available: <https://theconversation.com/carers-deserve-more-credit-in-the-retirement-incomes-debate-39104>, 7 May 2020.

<sup>v</sup> Equality Rights Alliance, (2019). *National Plan on Gender Equality: Economic Wellbeing*, ACT: ERA, available from: <http://www.equalityrightsalliance.org.au/wp-content/uploads/2019/12/19703-ERA-Economic-Wellbeing-web.pdf>, 7 May 2020.

<sup>vi</sup> For example, see Marie Stopes Australia. 2020. *Situational Report: Sexual and Reproductive Health Rights in Australia*, available from: <https://resources.mariestopes.org.au/SRHRinAustralia.pdf>, accessed 7 May 2020.

## Appendix 1

