

Report on COVID-19 complaints

In 2020–21, this Office received 266 complaints connected to the COVID-19 pandemic. These complaints represented only 3.8% of the total number of complaints received. Considered in this light, the number of pandemic related complaints is very small – particularly given the unprecedented, broad and deep impact across the community of pandemic related administrative actions.

COVID-19 related complaints 2020–21

Type of agency	
State department	231
Local council	19
Statutory authority	9
Public university	7
Total	266

Complaint outcomes

Action	
Declined on preliminary assessment	217
No maladministration identified	29
Discontinued	12
Withdrawn before any investigation had commenced	6
No finding necessary	2

The majority of complaints were about the administrative actions of Queensland Health (178), which is unsurprising given its central role in deciding and implementing a range of public health responses to the pandemic. The second largest number of complaints was about the administrative actions of Queensland Corrective Services (27). Other areas such as education, public universities and local councils were the subject of smaller numbers of complaints.

Complaints about Queensland Health grew from around 10 complaints per month in June and July 2020 to a peak of 30 complaints in September 2020. Considered against the number of people who were subject to border restriction and hotel quarantine decisions, this number is, again, very small.

The largest number of complaints during 2020 were made by people seeking exemption from hotel quarantine – being either a complaint about an exemption refusal or delay in obtaining a decision. Some reasons complainants sought exemptions included, attendance at funerals, disability, children in quarantine, occupation, visiting sick relatives and recovery from surgery.

We also received complaints about the conditions of hotel quarantine, such as access to fresh air and food quality, as well as the cost of hotel quarantine and refusal of applications for waiver of costs.

From November 2020, complaints about border and quarantine decisions eased off somewhat. In 2021, different types of complaints about Queensland Health decisions began to dominate. For example, in April 2021 we received a number of complaints about perceived excessive public health pandemic responses, such as requirements to wear masks. Since May 2021, complaints about limited access to the Pfizer vaccine have emerged.

Complaints were also made by prisoners about Queensland Corrective Services, due to the imposition of lockdown to manage health risks to prisoners arising from the pandemic. A typical type of complaint was the difficulty of social distancing in crowded prison environments. These complaints peaked in September 2020.

Insights and learnings

When faced by a public emergency, the community expects their government to respond strongly and rapidly. There is an acceptance that to be effective, the response may require the conferral of broad powers on government agencies at the expense of individual liberties and democratic norms.

An emergency response environment can, however, increase the risk of poor decision-making as systems come under pressure, and openness and transparency are perceived as barriers to action. As observed by the Auditor-General in his report on the Queensland Government response to COVID-19, 'it is critical that government-led responses are supported by sound controls to manage any additional risks, and effective governance and leadership must continue'¹.

In this environment, independent offices such as the Ombudsman become more important than ever by providing people with a voice, and by bringing problems in administrative actions to the surface.

Throughout the pandemic, we appreciated the openness of communication by agencies with our Office, and the willingness to work with us to solve emerging problems.

For example, around August and September 2020, we raised concerns with Queensland Health about an increasing number of complaints to our Office of delays in decision-making connected to public health directions on border restrictions and quarantine. Queensland Health officers actively engaged with us to find ways to improve their systems.

Throughout the pandemic, Queensland Corrective Services (QCS) and the Department of Children, Youth Justice and Multicultural Affairs (DCYJMA) have also been open and transparent with us about the challenges they have experienced in responding to COVID-19 in the closed detention environments that they manage. Importantly, the ability for prisoners to make a complaint to our Office was also maintained.

While COVID-19 prevented us from being able to conduct the annual adult prison visit program in its traditional form, with QCS's cooperation we have been able to work collaboratively to deliver our visit program in a virtual way using facilities at the QCS head office in Brisbane. With the support of the DCYJMA we were also able to conduct physical inspections of the three youth detention centres in late 2020 and early 2021.

A major challenge for QCS to overcome was devising a way for prisoners to receive visits from family and legal representatives. In response, it rapidly brought forward the implementation of technology to enable visits to occur via video link. Of interest is the positive comments made to our officers by some prisoners about video link visits.

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1. Queensland Audit Office, *Queensland Government response to COVID-19 - Report 3: 2020-21*, 22 September 2020, p. 1.