



Advocates Discuss: emergency and crisis response

From June 2022, Disability Advocacy Network Australia ran the "Advocates Discuss" series: fortnightly hour-long discussions via Microsoft Teams - creating an opportunity for interested advocates to take a closer look at and speak about a number of key topics emerging in the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission or DRC) and its examination of abuse, violence, exploitation and neglect. Participants were encouraged to share their insights, observations, stories and case studies, and the discussion questions each week included opportunities to share perspectives on what recommendations advocates would like to see being made by the DRC, in relation to the topic in focus.

Identifying details have been removed from the edited transcript below. Participants in each session are identified as advocates from their state or territory, and are also numbered, where multiple advocates from that jurisdiction took part. Participants were informed that sessions would be recorded to capture their insights and observations. Care has been taken but errors may exist in the transcription.

DANA would like to acknowledge the Traditional Owners of the various lands around Australia from which advocates participated in these virtual meetings and pay our respects to Aboriginal and Torres Strait Islander Elders, past, present, and emerging.

DANA would also like to acknowledge the time and generosity of participating advocates from a diverse range of advocacy organisations around Australia, and the funding of the Australian Government Department of Social Services for DANA to provide DRC systemic advocacy support. Visit www.dss.gov.au for more information.

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Transcript from discussion – 19 July 2022

Siobhan Clair:

Welcome, everyone. There may be still a few people to join, but I suppose I'll start introducing today's session. Mary is unfortunately sick, so I'll be leading the discussion today, and we've got Auslan interpreters and captioning available, and it should be hopefully working well for you.

Anyway, I'll officially start the meeting. I'd like to acknowledge that we're all joining today from Aboriginal lands. I'm on the land of the Wurundjeri people of the Kulin Nation, and I'd like to acknowledge Elders past and present, and recognise that sovereignty on these lands [was never ceded] and acknowledge any Aboriginal people who are joining us today.

Today these sessions are really about hearing from advocates with experience, and there are quite a few organisations that have done some significant work. Unfortunately, in the past few years, we're having more frequent emergencies and crises, like natural disasters, and COVID, and [have] been living in that for some time now, and it's an ongoing crisis, really, for many people with disability. I thought I would just sort of start going through some of the questions from the issues paper.¹

We might start out of order, and just begin with what are people's experiences in getting assistance and information in an emergency. How does a lack of assistance and information expose people with disability to violence, neglect and exploitation. Did anybody want to start off the conversation today? ...[TAS Advocate 1] in Tasmania. Over to you.

[TAS Advocate 1]:

Just to kick off, because I'm sure there are other people with a lot to say. When it comes to getting support for clients in an emergency in Tasmania, there's no clear, consistent pathway or right place for a person with a disability to go, or even an advocate for a person with a disability to go, or even an advocate to go to when emergencies occur.

So Tasmanian emergency planning documents, the last I reviewed them, were 300 pages long and they mentioned the word "disability" twice in 300 pages, both of which it basically noted that some adjustments would have to be made with people with various impairments, but there was no follow-up on that to then actually look at

¹ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Emergency planning and response issues paper*, April 2020, pp10-11.



what those impairments would be, and what they would mean in that context. It was just a very check-box acknowledgment.

Even in setting up the disability-specific crisis response stuff on COVID, which has been way more comprehensive in terms of disability than anything we've seen before, there was a disability team within the Tasmanian Crisis Response Unit that existed for a week, and then wasn't staffed, and then disappeared again. And there's still [a] contact person, who is now in a different role, who you can chat to if you're an advocate, but there was nowhere for a person with disability to go to. The website had a section for disability that was never populated. I'm pretty sure it's still unpopulated.

Siobhan Clair:

That sort of gap between the principle and operationalising of, you know, actually making it happen for people on the ground, which is obviously a huge logistical challenge, but it definitely needs a dedicated team.

[TAS Advocate 1]:

I'll copy some other links that I found, because there have been, even though I think we can see that there's a lot of inadequacies, because a lot of this State and Territory, and also Federal gaps, where a lot of the COVID stuff has come through the Health Department, and there's a lot of effort to make things accessible online, but that gap is often in reaching people that need [the] information, not on a website, but actually made real for them practically.

I mean, in relation to COVID, also we know that advocacy organisations often try to fill some of this gap, so we're often inadequately resourced to do so. Does anyone else want to talk about some of their experiences in trying to bridge that gap, or what you see on the ground is, like - yeah, just during - either fires, or during COVID, or some other kind of emergency or crisis in your local area? I can see [SA Advocate 1] has got her hand up.

[SA Advocate 1]:

Just really about COVID vaccinations. So we advocate for people with intellectual disability, and we have been going along with people to get their COVID vaccinations, and also people who have had COVID, and what we found is that GPs, and people like that, don't know about things that might be available to people, around having contacts come to their home, and those kinds of things. Or on the flipside, that a GP goes, "[You] are not somebody who fits the criteria for having somebody come to your home." I don't know if that's because they think it's only about if you've got a significant physical disability and you can't get out. So, we



found that to be quite complicated at times, around trying to get GPs and people to understand what the particular needs might be around this particular person because of their extreme marginalisation and complexity in their life, but it's a very hit and miss kind of experience, I think.

Siobhan Clair:
[NSW Advocate 1]?

[NSW Advocate 1]:
Yeah, having said that, you might guess that I'm going to be talking about the problems with people with disability face who don't speak English, and, yeah, if things are difficult for people with disability generally and are not included in documents about emergency situations, what to do and so on, I would guess that people with a disability who don't have English as their first language are further marginalised. For instance, any sort of emergency situations on the trains in Sydney, I think the assumption is that on the train system everybody speaks English, nobody speaks any other language, and I think, yeah, that problem is pretty much sort of across the board, and, yeah, it's something that seriously needs to be addressed. Yep.

Siobhan Clair:
Thank you, [NSW Advocate 1]. Does anyone else want to chime in now? I've been putting some links that I've been gathering over the last couple of days.² There are some good things out there. For instance, we had some great advocacy perspectives at the COVID hearing in 2020, and we did a sort of a survey and research report about the insufficient advocacy available for people, even though there was some funding, and the COVID-s-pecific projects that have been funded in the advocacy sector, so it's great to see some of the different work that's been done, so I'll add a few more links. Let me know if you know of other things that have happened in your region, or that your organisations have done.

I'm really pleased to see some of the excellent work done by Gippsland Disability Advocacy in collaborating with the Country Fire Authority and some other organisations around disability-inclusive emergency management and planning for people who may be left vulnerable in bushfires or other things. So, yeah, it would be great to hear of an initiative like that, or any other experiences that you think are relevant. I'll go back to the issues' paper questions.

² From this initial research, DANA has since developed this article presenting links to a range of resources: [Issue Spotlight: Emergency Planning and Crisis Response for People with Disability | Disability Advocacy Network Australia \(dana.org.au\)](#)



What are the supports required to ensure people with disability are not at risk of violence, abuse, neglect and exploitation in an emergency. For example, health support or financial support. This is something that has obviously come up during COVID. Would anyone like to talk to that? Feel free to just jump in...

[WA Advocate 1]:

I just want to, yeah, [WA Advocate] from [WA organisation], disability advocate. I'm not going to say anything in relation to COVID as such, but I just wanted to mention the risk of people who are vulnerable in events such as natural disasters, such as fires and floods and so on and so forth.

One of the local councils, when I was working in a previous role, the local council were being very proactive around actually charting and mapping those people who were vulnerable in the community who would actually require assistance to vacate their homes in the event of needing to get out quickly, which I thought was really proactive, because I think we also assume that those people who need to leave [have] support systems, or the capacity to do that, but not everyone can. And that's not just for people who [have] a physical disability. That's also for people with an intellectual disability, or people who have struggles with mental health and so on.

So, I know that where I live, that community was quite small, but that's not to say that that couldn't be something that could be done across local government areas throughout Australia.

Siobhan Clair:

Absolutely. There seems to be some great work also being done, and I mentioned Gippsland Disability Advocacy. There's some work being done by Queenslanders with Disability Network too, and I think they have something like that in, I think there's a pilot project in a limited number of LGAs. So, I've posted some links there, but, yeah, it may not be comprehensive, but I'd love to see if there's other work being done.

Apart from that sort of vulnerability to violence, there's other questions that come up. In this issues paper [is] exactly that point of how can people with disability be included in emergency planning and responses to ensure strategies that reduce risk of violence, abuse, neglect and exploitation.

So, I think we can all see, as DANA put in our recent advocacy submission for the kind of active involvement that is needed, you know, organisations need resourcing to facilitate more people, both with physical and intellectual disability, or all forms of



disability, to be more involved in planning.³ Does anyone want to talk to that, initiatives they've seen, or possibilities they see for improving that in both Local, State and National levels? Or other negative experiences of that not happening? [VIC Advocate 1]?

[VIC Advocate 1]:

Good afternoon, everyone. I'm [VIC Advocate 1] from [regional advocacy organisation] and I work in a fairly, not a small, rural town, but I cover a few small rural towns. Just in that, in relation to what they could be doing to help in those situations, is to actually have access to emergency funding when required; that all organisations can sort of tap into when something, or an event, takes place.

Even with COVID, I think that all our local organisations were sort of just going, "We don't have the resources or the funding to be able to put all this extra communication in place." But if it was already there, so that you could only tap into when there was an emergency situation, I think that that would be really useful for organisations just to have there in the background. You know, not to be used all the time, but when there's an emergency.

Because for us, we had a massive storm event that took place in June 2021, which took a lot of our clients in our local community out of their homes... [sound issues] That took people out of their homes at that time. They had no power, no food. It was a really difficult sort of situation, and although I know that emergency management from local councils are stepping up their game a little bit more now, but that's due to the COVID situation, it's not sort of really solidly in place. This is the process, this is what we should do. It was a bit sort of all over the place, and I'm starting to see that change now in our local council. They're becoming, I guess, better at making their policies and procedures more... clearer for organisations such as ours to be able to contact them, and assist them in that situation. But it was lacking, but being on the Disability Access Committee, I'm starting to see some changes. So that's positive news.

The other thing around the COVID situation, that was just a massive mismatch, wasn't it, really. That was really learning as we went along, and that included everyone. You know, from government levels, to local council levels, to our levels. But what I did pick up was advocacy seemed to be doing a lot of the work with clients who had no idea what was going on, what the rules were, what the regulations were, what the policies were, what funding was available, and what I would have liked to have seen was a more collaborative approach between local

³ Disability Advocacy Network Australia (2022) Submission on the National Disability Advocacy Framework, pp 25-26, 54-55.



medical centres, community health, Orange Door,⁴ anyone that was sort of local in those areas to have a more of a collaborative approach to be able to get information out to people, because we were having to keep up-to-date daily ourselves in what the changes were, and then distribute that within our clients, even ones not on the books at the time. We still made the effort to ensure that people were as up-to-date- as possible.

We were finding people were sitting in their homes frightened. They had no idea what was going on, on the outside. They were seeing the news, but no-one from the NDIA was contacting them to say... I know that that's just one element of it, but there was no communication going on there either, informing people of what was happening, what was going to happen with their supports. It was really lacking.

So, for me, I'd love to see that in those situations there was more a collaborative approach, and maybe local councils, or someone like that, would need to take the reins of that, finding out who is in their local community, listing all of those things and then starting a massive email chain to organising meetings or something to take place. That's just what I found working in that space.

[QLD Advocate 1]:

When I was working as a... I'm an independent advocate with [QLD advocacy organisation]. I'm one of the advocates [in South East Queensland area] here at the moment. Previously, I was working as a local area coordinator in [coastal region], and part of our role through the information linkages and capacity building funding, through the LAC partners in community was to work on codesign... and we were doing quite a bit of work getting a committee together of people living with disability, working with the council, but I feel that that was... what was initially part of the that information linkages and capacity building funding for the partners in community as the Scheme rolled out was about linking in with that emergency planning, making sure that vulnerable people in community were looked after, that they had input into what things were to look like in case of emergency. But I think that that has fallen through the cracks.

Bill Shorten highlighted that in a meeting... that the initial design of the NDIS and how it was meant to build capacity within local communities, it hasn't worked through partners in community, and that they need to go back and look at how that's rolled out. So, I think that from a national level, they're aware that that part of things has completely fallen through the cracks as far as NDIA funding, and where that plan was going into place. But hopefully with now that they're aware of that, there will be some changes in that space.

⁴ [Family violence support and extra help for children and families \(orangedoor.vic.gov.au\)](https://www.orangedoor.vic.gov.au)



Siobhan Clair:

Fingers crossed, [QLD Advocate 1]. I think we would agree that that's an area for improvement and has not been working as initially envisaged. Back to [NSW Advocate 1]?

[NSW Advocate 1]:

Just picking up on what [VIC Advocate 1] had said earlier. I mean, in my organisation, it essentially does a lot of capacity building and community development work, and I guess sort of information around COVID sort of issues, it became sort of very much a part of that as well.

But probably what made things sort of a bit difficult at the time were sort of perhaps mixed messages from government. A sort of heavy-handed approach in the areas of Sydney where, you know, our clientele basically sort of - you know, resides, and, yes, there's a lot of frighten people in their homes, as [VIC Advocate 1] was saying. You know, certainly even more so with those, as I mentioned before, who don't necessarily understand English, and do need information provided to them in their language of origin.

So I guess we did our best, I suppose, to sort of, within the constraints, but as an organisation generally, yeah, we're a disability advocacy service. We're not sort of funded, or we're not expected to do emergency services, and, of course, [It is] not going to be the only problem that seriously affects us. There's sort of so many emergencies, and, yes, people with disability from various backgrounds, there has to be so much more work done to date to include those people. Thanks.

Siobhan Clair:

Thank you [NSW Advocate 1]. [VIC Advocate 2]?

[VIC Advocate 2]:

I agree with what [VIC Advocate 1] was saying to work collaboratively across agencies. It's vital when there's a crisis situation develops. [*Internet connection issues*] ...that the financial exploitation that was going on was going on for years for multiple reasons. So sometimes from these crisis situations, we find people with disability that are going without support, but also we discovered abuses that have been happening.

I guess the challenge is how do we capture people who don't have supports, who don't have family members, who don't have the capacity to ring someone, or they may be so stressed and anxious with what's happened that they've been uprooted



from their home that they can't verbalise the things that are happening around them. They can't even say, "These are the people that have been helping me; that I would normally get someone to put me in contact with." So, they are very isolated.

And one of the big things that we discovered from this group of people [is] the care plans of that accommodation setting were, in part, fabricated, and gave incorrect dates of birth, but they were totally inadequate to respond, and I think there needs to be more work done there around compliance of care plans for residents.

The State Government is the regulatory authority for those settings in Victoria, and what we discovered, there were two sets of files for residents, and so when authorised officers came in, they were presented with one file. When someone else came in, they were presented with the other. So there needs to be more done with compliance, and we know that for a fact.

So, this lady, for example, was marked down as being 10 years younger. So, they gave her a slightly different day of birth, but the same month of birth, but made her 10 years younger, and that is about keeping frail age residents in an SRS sector instead of going off in the aged care sector

The State Government needs to pick up on regulation of these settings, because it's not okay to begin with that these things are happening; but when there's a crisis, terrible things could happen. There could be adverse problems when there's a crisis, and people don't know about their care needs, and there's an assumption that everyone in society has family around them or informal supports; they don't. This is just one lady that I can give you an example who doesn't have those supports, and the number of days that it took for us to find it.

But even when [she] did get in in engagement with the Department of Families, Fairness and Housing in Victoria, they didn't explicitly state to us that they had given a directive that the SRS providers were not to have contact with any of the residents. It was an important piece of information, because those proprietors were continuing to try and exploit the residents and have contact with them. So that's about collaboration. That's a serious need for collaboration. When advocates are ringing and they're saying, "We've got a history with this resident." These are the directives that we have given. If the proprietors contact you, do not tell them anything.

We don't know how to respond if a proprietor contacts us, because we haven't been given that piece of information, but that means government-authorised officers and their COVID response team needed to collaborate and be transparent about that,



because we're not trying to do something untoward ourselves. We're trying to get those residents support, but I guess that that's that's an example of how things can work, but also where everything fell down in the process. I'll leave it at that.

Siobhan Clair:

Thank you, [VIC Advocate 2]. Did anyone else want to talk? I saw, was it [QLD Advocate 1] who had their hand up? Or anyone else want to chime in there?

[QLD Advocate 1]:

Just going back to what's been said about people in crisis situations dealing with QPS and other services like that, finding people that are living with psychosocial disabilities, or disabilities that require things to be explained and broken down in simpler terms, that's something that we have been dealing a lot with lately, and especially with QPS. Things are escalating and getting to a point where there's such a miscommunication that people have gotten charges put against them because they simply don't understand, and culturally the people that are there to respond to emergency situations have no capacity to understand the communication needs of people living with a disability.

We've been finding as advocates, that we're almost acting in a translator role, to be able to break communication down for interactions with even Queensland Health, and there should be some more culturally, like, more education for those government departments that are dealing with people with disability in understanding that there are so many varied communication needs across the spectrum of disabilities out there.

I think that they don't fathom the time that it takes, and often in an emergency situation, there isn't the time to communicate effectively. But there is sometimes they need to understand, to build trust and rapport, that some things are going to take time, so that people aren't further traumatised by the emergency situation that's going on by the people that are there to support them as well.

Siobhan Clair:

Yes. That's definitely something that comes up often, isn't it? The advocacy role as a sort of translator in either a health, or justice, or some other kind of legal system where, yeah, that more in-depth communication support is needed. You know, both ways, to facilitate any interaction, and it shows the huge scope for forming these systems and the need for more disability confidence and competency. Did anyone else want to talk more to that?



We've also got different organisations that have probably done great work in projects around this area. I know that Advocacy Inclusions are doing a focused Canberra disability review edition on COVID and emergency planning, and there's been some really good academic work sort of led by 'Collaborating 4 Inclusion'⁵.... ...[That initiative has] also been collaborating with Queensland's Disability Network, and I think they've done some work in the ACT. So, it's good to see they talk about Person-Centred Emergency Preparedness, so having toolkits and guides for people to do some of that pre-planning. But it does take a lot of work to do that proactively, and often you need to have advocates involved in thinking that through. It's not...it needs more funding to sort of operationalise some of these great frameworks that have been developed. Did anyone else want to talk to things in your local area, or other problems you've come across in this space?

We've touched a little bit on people with disability in closed facilities and segregated settings. I mean, we've talked quite a lot about this in past discussion sessions that DANA has... because we know that this is something that advocates are often working with, but they are, as [VIC Advocate 2]... and some of the other examples today, there is increased risk of violence, abuse, neglect and exploitation during emergencies because of the chaos, and crisis, and the lack of this kind of intensive support that people need.

What is needed to ensure people with disability in these settings are safe if facilities are locked down or evacuated? [NSW Advocate 2]?

[NSW Advocate 2]:

Hi, everybody. Just one issue that I wanted to share that has come through [our] channels has been just an issue with people that are living alone in fully automated homes, and I'm not sure if it's been raised, but that was a real issue in that there was no safeguarding in place when there was an emergency, or a natural disaster.

So, yes, one issue is backup batteries, and policies involved in that process, because even though you'd think it would be obvious that there are hospitals that would make it clear to people, but it's not being communicated; that you need to have a backup option ready.

The process about that [is] you can register with your energy retailer so they're aware, if there is a blackout, that they can inform you in advance of how long that's going to be and when that's going to be, so you can have those backups in place.

⁵ **Associate Professor Michelle Villeneuve** - [Collaborating 4 Inclusion | Collaborating for inclusion of people with disability in the community.](#)



But it's not just about the backup battery, but apparently with the flood or fire, first responders didn't know that the person lived there and there was no knowledge of additional needs. So, a plan really needs to be in place so that the ambulance, police and Fire Brigade are informed of the situation and have access in the event where there is automation and it's not working. And that that really needs to be updated on a yearly basis, and that the solution is ensuring that first responders have information of the residents' needs, as well as instructions of how to access the home in an emergency.

In this particular case, there was a specific lock that was installed with a key and the code provided was provided to the New South Wales Ambulance, Police and Fire Brigade, but it wasn't straight forward to organise. It took a lot of phone calls to the different services, and some personal contact with the first responders to get that in place. So, yeah, that was a real sort of example I thought was a good idea that we need to have some kind of automatic connector, communication, so that people know to check on them.

Like you were saying, [VIC Advocate 1], knowing if that person has an emergency contact or not, and if they don't, to make sure that there's these kind of backup systems in place.

Siobhan Clair:

That's a great point. I was thinking, because we think of floods, storms, and fires, but if Australia is going to have a lot of blackouts, I mean, that is a problem for people with disability, relying on power, not just for lifesaving things, but they're at risk if there is a power outage, and if we're going to be having a lot of them in Australia, it's quite worrying, and something we need to be planning for. Was there anyone else wanting to, sorry?

[NSW Advocate 2]:

There's another example based on that blackout scenario, and I guess it's not mental health related, but the point is there's not a lot of places for people to go, like respite places, because blackouts can cause panic, and there was a scenario where that happened, and the person was put into hospital after three days of a blackout and paranoia had kicked in, and they were now getting kicked out of the hospital because they were saying that this isn't the place for you, and there's no place for them if they need some sort of acute support in that scenario. So that's another issue; is a place for people to go when they need some extra supports when there is a crisis.



Siobhan Clair:

Yeah. I mean, I think everyone has probably got examples of those gaps of places for people to go and deficiencies in the accommodation and supports available.

In the issues' paper, they talked about oversight and safeguarding practices. Some of the conversations [have] been contemplating those themes. [NSW Advocate 1] has talked about culturally and linguistically diverse people and multicultural populations that they specialise in. The issues' paper asked about the particular experiences of children and young people, First Nations people, women and LGBTQI+ people. Did anyone else want to talk to some of those issues for those particular groups [who] are disadvantaged in that space?

There's also a question they raise about the effectiveness of initiatives like businesses in supporting people with disability around the pandemic. So, dedicated supermarket shopping hours, or home delivery services. Have these been effective? Is there anything else you can see being done, or you know things that might apply to other types of emergencies, because we're all familiar now with what the particular issues [are] that COVID has thrown up. Anyone want to talk to any of those issues?

There was a question about maintaining social and community connections. I know quite a few advocacy organisations have done some great work online to try and keep people that can use the Internet somewhat connected with their sort of social networks. Like Speak Out was doing daily things at one point, and I think in the links that I've shared, there have been some great projects by organisations like CID, and, yeah, VALID have done some great videos and online content about how to look after yourself during these kinds of times; how to spend your time, or suggestions, and there's been some great podcasts about staying connected, or looking after your mental health. These are often things that are probably more likely to help some people [more] than others. [NSW Advocate 1] were you wanting to talk about that?

[NSW Advocate 1]:

Well, yeah. I mean, I guess some of those initiatives are certainly positive, but I think something like any type of emergency, bushfire, flood, or a blackout or whatever, you name it, by its very nature, it's sort of it can be unexpected, and sudden, and it also can seriously, well, sort of reveal poor states of infrastructure, and a whole bunch of problems that should have been fixed up beforehand anyway, and that are absolutely, sort of, you know, made worse in the case of emergency. Like, if places are sort of inaccessible, for instance - something like inaccessible railway stations - If people have to get out in a hurry, can you imagine somebody in a wheelchair, or vision impaired, trying to get out of that place which is not properly accessible at the



best of times. So, a whole lot of these. you know, mundane and boring tasks, I guess, when it comes to sort of infrastructure, design and so on.

You know, they really have to be seriously dealt with here and now. I think some of the residential aged care facilities and disability accommodation, and some I can sort of think of, yeah, they're not good now. How bad would they be in the case if there was, sort of, a fire, or whatever. I mean, some of this stuff, you know, it still hasn't been sort of properly addressed in the 21st century.

Siobhan Clair:

Great point, [NSW Advocate 1]. We're coming up to the last five minutes. Is there anyone that hasn't talked yet that would like to chime in on any topic that we've talked about, or that we haven't talked about today? Feel free to get in touch if you know of other things that I should add to the list, so put it in the chat. It might be good to do a blog post about some of these issues and some of the work being done around the country. [VIC Advocate 1], or was anyone wanting to talk again?

[VIC Advocate 1]:

I'd really love to see more of a national approach to being a bit more proactive and not so reactive, and really considering everybody, every person with a disability that would like to do an emergency plan, no matter what the emergency is, that it's there. It will be in their home. It's given to particular providers, if they choose to do so. That's kind of more of a national approach, because we're all sort of doing bits and pieces, and councils do bits and pieces of this, but wouldn't it be amazing if there was a go-to for everyone, and everyone was ready and prepared for any emergency that might take place. You know?

It came up with our bushfire season and stuff, and they were all out there trying to get these, you know, prepared for the bush season and let's make an emergency plan for you, but we're really missing the point of that. It should actually be for all emergencies, so the person knows that there's going to be a consistent approach nationally, no matter what the situation is. This is what your plan will be. These are your contacts. This is who you would approach. This is who would support you. This is who would take over your supports if no-one could come in and offer that support.

I just think we're kind of doing BandAid fixes all the time, and it just needs to be sorted once and for all. Because the COVID thing brought up this situation, but it's all been reactive, and it was big at the beginning of COVID, the pandemic, everyone was sitting in on meetings with emergency management trying to work out how nationally they were going to approach all of this, but really it didn't stay consistent.



We had lots of meetings at the beginning, and it then kind of petered out and it's been almost forgotten again. But it really does need to have a more consistent approach. That's sort of how I'd really like to see it. I think we're just missing the point of that, and always reacting and never really being proactive about what our approach should be, therefore, how do we expect people out there in our communities to know what approach is going to happen? What's going to happen? They're never going to know, because we have so many different approaches, and we have them all different state-wide, and locally, [what] do we expect to have everyone to do in a emergency situation, when we don't know what's happening on the ground. So that's what I would like noted, and I would like to see a change in that really soon.

Siobhan Clair:

Thank you. Excellent point. Because as much as there's great projects happening, if there's a kind of piecemeal approach from, as you say, local, state, federal, and no-one is really cooperating, and it isn't comprehensive, I can see that people will be like, "You don't want to be too alarmist, and people with disability might be overwhelmed by thinking about it," but if they know that they're prepared and [what they're] doing in that worse case scenario, it's going to make people feel a lot more comfortable and less scared of the future, if we're actually prepared.

[VIC Advocate 1]:

You know, people in organisations, are doing amazing work in that space, but they had to apply for funding to do it in that space, and that's where I was, you know, coming back to that. There should be always emergency management funding sitting there regardless. You shouldn't have to apply for it. It should just be sitting there, and if you're going to be part of that, you should be able to access it and get some things done, instead of having to do the whole, you know, getting approval for your funding, and then you're able to go and do these small projects. But there is some emerging projects that came out of it. So, congrats to some of those that were involved in those.

[Siobhan Clair]:

Thank you. We covered a little bit about recent submissions that all of this project, short-term funding is not very helpful. It needs to be funding as needed, and more funding and not trying to fit into different boxes with applying for grants, because that's [a] lot of time and effort for advocacy organisations who are often well placed to really help respond and reach some of those people that need support in a crisis.

So thank you, everyone, for joining today, and for all of your contributions, and feel free to get in touch if you have other ideas or things you want to point me towards,



ADVOCATES DISCUSS



because it would be great to have a bit of a focus on this, in something that we publish in the future. So thank you, everyone. Thank you to the interpreters. I really appreciate it. And I really appreciate everyone taking time out of their day to join and see you next fortnight. Bye.

END OF MEETING



Comments In Chat

[VIC Advocate 1]:

We discovered, even when an individual has a financial administrator, that there was a significant level of exploitation around the Commonwealth Govt's stimulus package during Covid Lockdown. Funds were released by the financial administrator to an accommodation provider in full - the person with the disability, whilst they had heard about the package, did not even know they were recipients of the funding. Administrators hid behind there were to be no restrictions of use of the funds and they were required to release it in full upon request. So, when an exploitative party rang and said 'send all the funds to the house account' the administrator did. The person with the disability did not receive a cent of the funds. This happened for multiple residents in one setting. The oversight of safeguarding assets of a person with disability is problematic.

Yes [VIC Advocate 2] a safety plan is a good idea. It could be linked to MyGov records via Medicare, NDIS or MyHealth Records. It should also include who not to contact to protect those experiencing family violence.

In terms of emergency funding access. We find many services think advocacy agencies have access to brokerage funds for emergencies and are surprised to discover we don't have a pool of funds available.