Title	Policy Officer
First name	Noela
Last name	McKinnon
I am making this submission as	Other
Submission type	Organisation
Organisation making the submission (if applicable)	roundsquared
Your position in the organisation (if applicable)	Policy Officer
Consent to make submission public	Public
Your story	
1.1 Causes and contributing factors	
1.2 Preparation and planning	Please see submission below in relation to the lack of preparation and planning given to people with disabilities and their organisations
1.3 Response to bushfires	
1.4 Any other matters	The need to include people with disabilities and their families and support organisations in the development of strategies to maximise their safety during bushfire emergencies

Upload files   FINAL-People-with-Disabilities-and-the-Bushfires.docx -
[Download File](#)

How did people with disabilities manage during the Bushfires?
What lessons can we learn from this disaster to ensure the needs of people with disabilities are a priority in the future?

DISCUSSION PAPER
Prepared by Noela McKinnon
Policy Consultant

for roundsquared consultants meeting
March 2020 -Canberra

EXECUTIVE SUMMARY

The summer of 2019-20 saw the most ferocious and widespread bushfires in recorded history savage much of New South Wales with communities on the South Coast from Nowra to Bega facing destruction of almost apocalyptic proportions during December and January. The bushfires destroyed forests, houses, farms and businesses, the unique wildlife, transport and communications networks and took the lives of volunteer firefighters and people trying to defend their homes. 25 people died in NSW and some 1500 homes and businesses were destroyed on the south coast with many others in various states of liveability, with rubble still to be cleared away.

The unprecedented magnitude and intensity of the fires would have made it difficult to prepare communities for all eventualities. However, there would appear to be have been no protocols in place to enable an integrated response to the destruction, dislocation and distress of people generally and most particularly those with disabilities. No register existed of who might need assistance to evacuate and/or to remain safely in their homes without power and other services. For those taken to evacuation centres, the facilities were not appropriate for people in powered wheelchairs, requiring lifters to toilet and proper beds for sleeping. For those requiring power for respirators, the hospitals did not want to assist as the person was not considered ill, yet without oxygen they would have been dead. Where was the hospital's duty of care to these people?

The case studies provided in this report outline some of the experiences of *roundsquared* members during the bushfires. *roundsquared* members, staff and the directors cannot express strongly enough their thanks to the Rural Fire Service and the volunteers from community and service organisations for the support they provided during the emergency. By comparison, given the number of reports and recommendations of Royal Commissions and other inquiries into disasters in Australia over recent decades, it beggars belief that our community was put at such risk by the political inertia and lack of economic commitment of both our Federal and State governments to ensure the safety of people in our region.

Isn't it time for our politicians at State and Federal levels to commit to supporting our regional communities with better roads, communications, vegetation management and equipment to manage such disasters and their aftermath and to develop effective integrated and inclusive disaster management protocols to maximise safety, limit damage and reduce distress?

roundsquared is an independent peer organisation providing flexible and responsive support, mentoring and consultancy to people with disability and their families. A key focus of *roundsquared* is to assist our members lead good lives through improving opportunities for social, economic and cultural inclusion as well as access to supports that will enhance their functional capacity. *roundsquared* consultants work with the individual and their family to utilise their NDIS funding in the most effective manner to achieve their goals and to facilitate access to appropriate mainstream and community resources and services. *roundsquared* also supports members through crisis resolution and with building self-advocacy skills to improve their independence and confidence.

roundsquared has 274 members throughout NSW ranging in age from 3 to 67 years with disabilities across the spectrum including physical, intellectual, cognitive, sensory and psycho-social. Many of our members have multiple and complex needs requiring a connection with a variety of allied health services and the engagement of a range of supports including person care, social support and assistive technology. Our main office is located in Moruya where the majority of our members (173) live across the Eurobodalla, Bega and Shoalhaven Shires. Our other members are located in the Illawarra, Southern Highlands, greater Sydney, Central Coast and Northern Rivers. All our consultants have several years' experience in the disability and/or mental health sector, many with their own lived experience of disability or as the parent/carer of a person with disability.

- **Socio-economic status of South Coast Shires of NSW**

The impact of the bushfires on the south coast of NSW has been enormous in terms of loss of houses, business, farms, infrastructure such as roads, bridges, fences, guard rails, mobile towers, power poles and distribution boxes and the loss of tourism expenditure over the busiest period of the year. The bushfire impact, however, needs to be considered in the broader socio-economic and infrastructural context of the region.

Despite the communities on the south coast of NSW being popular tourist destinations and retirement areas for people from the ACT, Sydney and rural areas, the Bega, Eurobodalla and Shoalhaven Shires are all areas of socio-economic disadvantage with their SEIFA (socio-economic index for areas) significantly below the State average of 1000: with Bega – 976; Eurobodalla – 962; and Shoalhaven - 964. Average household weekly incomes are also significantly lower than the NSW average of $1481 and the regional NSW average of $1166 with Bega at $987; Eurobodalla at 946 and Shoalhaven at $992.

These lower household incomes are reflective of the casualised and seasonal nature of much of the employment in the area; the higher rates of unemployment and underemployment; and the number of individuals and families dependent on a range of Centrelink payments. The impact of the bushfires has been particularly severe on those industries employing people on a casual basis – tourism and hospitality, retail and agriculture.

Other socio-economic factors that need to be considered are:
- Higher proportion of people with disabilities;
- Higher proportion of people over 65 years requiring assistance
- High rates of domestic violence
- Lack of bulk billing GPs across the area
- Poor access to medical specialists and some allied health professionals including speech pathologists, psychology and behavioural therapists
- Lack of public transport across the region
- Poor mobile and internet connections in some areas
- Limited post-secondary educational opportunities
- Need to transfer out of the area for more complex medical and surgical interventions
- Need for significant road upgrades across the region
- The impact of the drought on farmers in the area, particularly dairy and beef.

The Summer from Hell 2019-20

The summer bushfires that impacted with particular ferocity on the communities of southern NSW has highlighted the need for improved facilities, service coordination, information, communication and transport to support people with disabilities in the bushfire areas. The scope of the bushfires was unprecedented with the duration and geographical spread of the fire devastation unmatched in Australia's recorded history. The initial impact of the fires was experienced in the Illawarra and Shoalhaven in November, with evacuations occurring as a result of the fires in Bawley Point, North Durras, Pebbly Beach, Lake Tabourie, Nowra, Wandandian, Kangaroo Valley etc. Prior to Christmas the fires spread further south and west resulting in the closure of the Kings Highway to Canberra, the Nerriga Road from Braidwood to Nowra, the Araluen Road from Braidwood to Moruya and the Kangaroo Valley Road from Goulburn to Nowra. The only way for people to get to and from the south coast to Canberra or Sydney was via Bega, Brown Mountain to Cooma and then on to Canberra and Sydney.

The bushfires destroyed our forests, houses, farms and businesses, our unique wildlife, and our transport and communications networks. The continual heat, wind and smoke made life very unpleasant and was an ever-present reminder of the danger nearby, with many people reporting that they were in a state of continual alert with their cars packed should the need for further evacuations be necessary.

The worst was yet to come, however and on New Year's Eve. Not only was the old decade farewelled but the ferocity of the fires from Nowra to Bega took on an apocalyptic character.

Large parts of communities such as Conjola Park, Mogo, Cobargo and Rosedale were virtually wiped out with areas of Batemans Bay, Catalina, Malua Bay, Fisherman's Paradise, Milton, Bega, Bermagui, Broulee, Moruya, Narooma and others severely impacted. Still the bushfires continued to spread and wreak more devastation throughout January 2020 as the temperatures climbed into the mid-40s with no rain and winds in excess of 60 kph resulting in major fire damage to more south coast towns and villages as well as the rural areas around Moruya, Bega and Bodalla. The fires continued to plague the south coast into February, and it was only with some solid rain at the end of the first week of February that the fires were finally contained and many extinguished.

The impact of the fires has been enormous. Nearly 1500 homes and businesses have been totally destroyed on the south coast, with many other dwellings and businesses damaged and in various stages of liveability. For those whose homes were not burnt in the fires, many had no power for many days if not weeks and communications were disrupted for similar periods of time. In the immediate period after New Year some areas had no access to fresh

food and groceries as all major roads were cut north, south and west. South coast communities were like ghost towns as businesses closed their doors unable to access supplies with no power. People were unable to access their bank accounts due to power and transmission failures and petrol in many areas was unavailable due to lack of power to pump. The smoke and ash were constant reminders of the devastation as well as contributing to people's increased levels of anxiety about where the fires were and what would be their next path of destruction.

<u>The response</u>

The bushfire emergency occurred over the busiest tourist period of the year when, on the one hand, staff in community organisations and bureaucracy were on leave and, on the other, many tourists and visitors were in the area. The communities along the south coast were in no way prepared for the swiftness, ferocity, community dislocation and devastation of the fires. The fact that the death toll remained relatively (but still tragically) low and that no persons with disability lost their lives is testament to the spirit of community in these small coastal communities, the dedication and bravery of the RFS and other volunteers and the generosity and 'roll-up your sleeves' response of sport, service and other clubs across the region.

The amazing grassroots response from local communities, volunteers and clubs only highlights how inadequate the preparation was from all levels of government to this emergency.

The South Coast was completely unprepared to deal with the emergency and scope of the devastation. Despite there being a *Eurobodalla Local Emergency Management Plan 2019* in place, it would appear that there was no process, framework or guidelines in place to identify elderly residents living alone and people with special physical, intellectual, sensory, psychological or cognitive needs who would need additional assistance to ensure appropriate and safe evacuation if required, as well as ongoing support, if unable to return to their homes for any reason. This *Local Emergency Management Plan* makes mention of there being '2,883 people of 7.74% of the population …needing help in their day-to-day lives due to a profound or severe disability… or old age.' (p.15). the report also notes that 5% of households have no access to a motor vehicle and that 31% of people live alone, and 20.5% are aged over 70 years. (p.16). However, nowhere does it outline what this information will be used for and how it will be used to support people in an emergency. For example, will organisation supporting people with disabilities or other vulnerable people be contacted in

an emergency and what will be expected from them. This Local Emergency Management Plan may outline its purpose, objectives, scope, principles and test and review process, but it lacks fundamental details about how it will be enacted and who will be responsible for what. One of the guiding principles is that 'responsibility for preparation, response and recovery rests initially with the Local level. If Local agencies and available resources are not sufficient they are augmented by those at the Regional level.' Roundsquared was not approached at all during the emergency. The Local Emergency Management Plan would appear to be nothing more than a motherhood statement lacking detail of how it is to be operationalised in the event of an emergency whether this be a bushfire, flood or as is currently the case during the COVI-19 crisis.

Similar criticisms can be made of the **Eurobodalla Bush Fire Emergency Plan** most recently signed off on **7 September 2011**. This document states that 'During the last fifty years, at least 11 devastating fires have occurred in the area. … The most severe outbreaks have occurred when fires, which had been burning steadily for a long time. Spread rapidly with the advent of conditions of high fire danger. …The most common direction of fire travel is from the west towards the coast, posing a serious threat to coastal settlements and more remote areas'. (p.10) This Plan is similarly light on detail as to what actions will be taken to address a fire emergency in the area.

Transport for people in powered wheelchairs combined with the lack of appropriate accommodation at the evacuation centres highlighted how ill-prepared the region was, with limited numbers of accessible toilets and showers for people in wheelchairs. Even for those not requiring evacuation, the loss of power for days and even weeks meant that they needed access to generators to remain at home and be safe. It has become apparent from discussions with various service providers and individuals that there was no disaster management plan in place that included the names and addresses of people with disabilities and whether they lived alone or with a relative/carer; whether they had access to a vehicle should evacuation be required; the nature of their disability and any special requirements (medication, assistive technology, communication devices); whether they have a generator in the event of a power failure (to ensure wheelchairs, lifters, air-conditioners, fridges, communication devices, oxygen and other machines have power); their support organisation and/or coordinator; and who had the responsibility for helping them in the event of evacuation and where the most appropriate evacuation place was for their needs.

Bushfires are not a new event in southern NSW. Major bushfires have included 1952/53 around Narooma, in 1987/88 at south Broulee and Mossy point, in 1994 at Batemans Bay, Catalina, Surf Beach, Lilli Pilli, Malua Bay and Denham's Beach; and in 2002/03 at Runnyford as well as Sussex Inlet. The difference this summer is not just the geographical spread and duration of the fires, but that many of these areas were no longer bushland but suburban and small acreage blocks – homes to families and their animals. Given the track record of fires throughout the region over the past 70 years and the increasing suburbanisation along the south coast, there should have been resources allocated to the region to ensure greater preparedness for such an event. Surely State Governments aren't so blinkered that they do not take heed from the recommendations of Royal Commissions into fires in other states to inform their emergency preparedness. [See below reference to **Final Report of the 2009 Victorian Bushfires Royal Commission**].

Local community groups on the ground are best placed during the period of an emergency to support each other. However, the Federal and State governments have the financial and constitutional powers as well as the political responsibility to ensure that all communities have an adequate level of preparedness to address emergencies that will support the immediate hands-on response of the RFS, SES and community volunteers. Federal and State governments also have the policy framework and administrative resources to ensure ongoing support to communities throughout the emergency period as well as the logistical capacity to expedite the transfer of additional resources to maintain essential services, to support people with emergency assistance and to facilitate the clean-up and recovery process.

The bushfire emergency and people with disabilities.

People with disabilities and the elderly are especially vulnerable during natural disasters and other emergency situations, as was the case in the 2003 Canberra bushfires and 2009 Black Saturday bushfires in Victoria. This can be due to their issues with mobility; poor eyesight or hearing impacting on their ability to receive messages and alerts; a lack of understanding and comprehension about the scope of the danger and what they need to do to stay safe; the lack of transport options; their reliance on assistive technology such as powered wheelchairs and oxygen machines makes evacuation from their home base very difficult; and feelings of extreme anxiety and fear impairs their ability to cope.

The issues outlined below are evidence of the lack of preparedness and local emergency management guidelines to ensure the safety of vulnerable people during the bushfires across the South Coast this summer.

- No register of vulnerable people requiring assistance in emergency
  There was no register of people who required priority assistance in an emergency, nor was there any request made to organisations supporting people with disability to ensure those at risk had been evacuated and that their needs were being addressed. On January 1, 2020, the Directors of *roundsquared* emailed all members and staff, explaining that while Moruya was not directly impacted the phones and power were down making communications patchy. The email asked for anyone who needed assistance to contact *roundsquared* and assistance would be provided if at all possible. Many of the roundsquared staff had needed to evacuate while others were unable to provide support due to road closures and lack of communication. With a skeleton staff, many members were contacted to see how they were and if they needed assistance. Case Study 1 below is an example of there being no register of vulnerable people that would require early assistance in the event of an emergency.

- Lack of generators as power was lost throughout the South Coast
  The lack of generators in the community highlighted a fundamental flaw in emergency preparedness. Not only were people with disabilities who were reliant on power for their equipment adversely impacted, but also many others in the community with health conditions that required medications to be refrigerated; body temperature regulated by access to air-conditioning; and people with chronic lung conditions requiring respirators.

  For people reliant on powered wheelchairs, lifters and breathing equipment this was a matter of life or death. For some in this situation they sought assistance from their local hospital as the evacuation centres were stretched to the limit with providing power from their generators. [See Case Study 2- Mother's report]

- Insufficient vehicles for transporting people with powered wheelchairs/other equipment. The lack of available vehicles to transport people with powered wheelchairs and other equipment such as lifters and oxygen machines highlighted an urgent need for better emergency management guidelines and preparation. Such guidelines need to

include details about the location of vans to transport powered wheelchairs and other vital equipment; the name and address of the people with disability; and details of the organisation/support worker who can provide support.

> One roundsquared members without access to a van to transport her to the evacuation centre stayed at home without power with her mother, trying to conserve battery power by restricting use of phone and wheelchair while they waited for power to be restored. Without power to access the TV and radio, the family was unaware of the danger they were in as the bushfires were very close to their home.

- <u>Limited accessible toilets and showers and appropriate bedding at evacuation centres</u>
  For many people with powered wheelchairs the situation at the evacuation centres presented more challenges with insufficient accessible toilets and showers and/or a lack of appropriate sleeping facilities. For people in powered wheelchairs who required a lifter to access toilets and showers this was not possible as even in the 'accessible' toilets the space was restricted. The sleeping options, such as sleeping on a mattress on the floor or on a church pew were completely unsuitable for people in powered wheelchairs. The result was that many slept in their chairs.

  For those with mobility issues requiring walkers the situation was much better although far from ideal. A woman with MS requiring a walker self-evacuated to the Batemans Bay evacuation centre where she registered and was taken upstairs to where there were accessible toilets. She remained there for three days and reported that the volunteers from the RFS, Red Cross and Anglicare were wonderful organising food from Coles and small cafes. However, she had no place to sleep although she made a makeshift bed. The centre was noisy with lots of families downstairs. On Day 3 she registered to go on the bus chartered to take people to Sydney. [Her daughters lived there.] The bus with 45 people and some pets was given. a police escort to the Ulladulla evacuation centre. Here they stayed overnight sleeping on the stage. The next day a local bus took them to Sussex Inlet turnoff and then another bus to Nowra. After a few hours yet another bus left for Sydney.

- <u>Needs of children with autism and people with psychosocial disabilities</u>
  The limited power availability at the evacuation centres also meant that people were unable to recharge their mobile devices. This was particularly difficult for parents of children with autism who often did not have access to the usual devices and games that helped calm them. The noise at the centres, combined with the noise of bushfire and emergency vehicle sirens and water bombing aircraft, made it very difficult for children with noise sensitivities to settle. In some instances, parents were offered a separate space to support their child. Initially there had been a lack of toys and games to support the special needs of these children. After some enquiries Muddy Puddles provided a range of toys, games and devices to the evacuation centre. Even when the emergency had passed and families were able to return home, the lack of power presented ongoing issues for children on the autism spectrum unable to watch TV or access their devices.

  The impact of the bushfires with the continuous smoke, heat and disruptions to everyday routines made life extremely difficult for many families. The Case Study below

of KK illustrates the impact of the disruption and the cost one mother went to to try to reduce the anxiety for her child.

<div style="border:2px solid black; background-color:#a0f0d0; padding:10px;">

Case Study 3 – KK

A mother lives with her 2 daughter including her in Bega .young daughter KK who has Level 3 autism and epilepsy as well as other disabilities. KK autism has difficulties with communication as well as challenging behaviours that impact on the family every waking moment of the day.

The Mother works shift work at the Bega Hospital while trying to manage and work around all aspects of KK's care and supports . The older daughter has depression, anxiety and PTSD resulting from the breakdown of the family and separation of her parents several years ago. She has been bullied at school for some time with the school failing to address the issues resulting in her moving to another school.

KK requires specialised support workers to care for her when her mother is working and, given her shift work it is often difficult for Mum to manage appointments around school and self-care as well as care for her other daughters' mental health needs.

During the bushfire period when the smoke was thick and visibility poor and the threat of fire ever-present, support workers were often unavailable for shifts, resulting in a major change in routine for KK. The local pool was also closed so one of the activities that KK liked to calm her was also unavailable. The result was an escalation in challenging behaviours increased irritability, agitation and aggression. This meant that KK's Mum was unable to work as she needed to provide her daughter's care. At her wit's end KK's Mum decided to take her daughters to a motel in Merimbula for 4 nights, using support funds in KKs plan for short term accommodation. This cost nearly $4K in support staff wages and accommodation (school holiday period). The smoke was not any better in Merimbula and there was still no opportunity to swim. The costs have come out of her daughter's plan and were done with all the right intentions but made little positive impact on KK's distress.

</div>

For people with psychosocial disabilities, and particularly those with a history of trauma and anxiety, the crowded nature of the evacuation centres was very confronting, as was the continual radiant heat, smoke and darkness resulting from the fires. *roundsquared* members who were able to return home found the lack of power very difficult with no form of entertainment such as TV available to distract them, as well as being unable to cook and wash. The breakdown of the mobile phone network and for a time the 000 service being unavailable, exacerbated this anxiety as people were unable to contact families and supports. One member who had no power for more than a week due to the number of houses nearby destroyed, was assisted to get a few nights' accommodation away from the area so that she and her son could shower and wash clothes as well as cook. For others they were unable to access their support workers and activities due to road closures and communications systems being down. Some activities [equine therapy] enjoyed by people with psychosocial disabilities were destroyed by the fires leaving gaps in key activities they had been accessing to assist with the management of their anxieties.

One woman with a psychosocial disability had all of her gardens burnt and her house singed. Many of her neighbours' houses were destroyed. She was lucky to be able to

move her horses to a safer location. However, returning home has been very traumatic for her as the sight of all the destroyed houses and trees, plus the smell of acrid smoke throughout her house, has significantly increased her levels of anxiety and distress resulting in her retreat to her bedroom for large parts of her day. In an effort to rid the house of the smell she has had her husband pull up all the carpets and get rid of the curtains. The volunteer group the Samaritan's Purse has assisted with cutting down many of her burnt trees but because there is no place to take them to, they have had to be left in her yard. This has meant that she cannot safely get back into her garden which had been a refuge and source of peace prior to the bushfire.

- Silo mentality of hospitals is inappropriate during emergencies. *roundsquared* has received several reports of hospitals turning away people with severe disabilities. *roundsquared* acknowledges that a disability is not an illness. However, for people dependent on equipment requiring power, accessible bathrooms and beds not a mattress on the floor, a more flexible approach to their needs is required during emergency situations to avoid a medical crisis. See Nardy House Case Study below.

> Case Study 4 The Nardy House Experience
> The *Bega District News* reported on 31 January 2020 how four residents with profound physical disabilities from Nardy House in Quaama were turned away by the South East Regional Hospital in Bega. The residents had been helped into vehicles and escorted by the NSW RFS to SERH in Bega due to their high level of medical need. On arrival they were told that the showground was the evacuation centre. The evacuation centre was in no way appropriate for the needs of the residents and they were finally three transferred to an Eden aged care facility. A child was eventually admitted to the paediatric ward of SERH for medical care. What is so annoying about this is that the Nardy House staff had said they only needed a small space and given that most tourists had left the area the hospital was not very busy. Also there is a fully equipped empty ward in the mental health unit that is yet to take patients, and this could have provided all the relevant support in terms of toilets, showers and beds for the Nardy residents The *Bega District News* reported that: 'A Southern NSW Local Health District (LHD) spokesperson said the health district acknowledged the communication and support regarding the care of the Nardy House residents did not meet expectations and apologised for any distress caused.'

The Nardy House experience with the Bega Hospital, however, was not an isolated experience.

During the New Year fire emergency, a *roundsquared* member DB with an ABI and paralysis due to a stroke and who mobilises using a powered wheelchair was unable to access his usual twice daily in-home care. As DB lives alone with the fires nearby, our Bega consultant, Heather, tried to organise for him to be moved to safety as he lacked the insight to understand the potential danger he was in. DB was taken by taxi to the evacuation centre who advised Heather later in the day that he could not stay there 'and to organise somewhere for DB to go'. Heather tried motels (all full), the Casuarina Hostel (advised he would need a carer at all times and no carer available). There was no option but to leave DB at the Evacuation Centre. Overnight DB must have been taken from the evacuation centre to the Bega Hospital although Heather was not advised of this. [Case Study 5 below is part of Heather's report on the events and how the system failed DB.]

> Case Study 5 – DB
> The second day, I received a call from his brother in Sydney to advise that DB was in Bega Hospital and that he needed to be discharged as he had no medical need to be there. DB wanted to return home, but the taxi refused to take him home due to the continued high intensity of the fires. There were a number of phone calls between his brother and me regarding the situation of DB's home, the fires and the inability of support services to be provided over the weekend due to fires. The next day the hospital phoned me to advise that DB needed to be discharged and that I need to find a place for him to go and to look outside the area.
> While I was in evacuation centre myself I tried to find a suitable place for DB to go for a week or two while the fires were highly active and safety remained an issue at his home.
> Unsuccessful attempts were made to find suitable accommodation out of the area. Regulations of aged care facilities required that an ACAT assessment needed to be done before entry would be considered even in an emergency. Carers Australia also were of no assistance as did not have a carer registered with them to help. Other services in the ACT were contacted but none had any vacancies or regulations meant that they could not accept him. There were NO vacancies in the Bega Valley ACFs due to evacuation from other ACFs in outlying towns. The next day the hospital advised that DB was being discharged and services need to be reconnected! The hospital advised him that he had choices and that he could decide what he wanted to do. The hospital arranged for the accessible taxi to collect him and take him home. As the immediate fire danger had reduced, the taxi took him home.
> Unbeknown to DB, he had had no electricity at home for 2 days and power was only reconnected an hour prior to his arrival home! The hospital failed to check that his home was safe to return home to and that services were reconnected again. The hospital also failed to check with his support providers to see if they could have provided in-home services. If they had enquired, they would have been told that services were cancelled the previous day due to high temperatures and safety. Private services were arranged for that day. I visited the member post hospital discharge (as I live 1 km away) to ensure he was safe within his home and checked fridges and freezers to ensure all was operating. Confirmed.

As a result of his experience, DB has expressed on numerous occasions to Heather that he will not be evacuated again and does not care if he lives or dies. Surely during such emergency situations, the duty of care of the hospital is to ensure that they do not place a person in further danger by discharging them.

The lack of preparedness of the hospitals in the region for the emergency is also of concern with reports of only 24 hours supply of diesel to power generators in south coast hospitals in the event of power failures.

- <u>The need for improved transport links to the South coast</u>. The loss of all transport links north, south and west meant that food and fuel deliveries could not get through placing yet further strains on the community. Wonderful café owners and clubs who could not keep their food cold due to the lack of access to refrigeration, offered it to people at the evacuation centres and to the RFS volunteers. The spirit of the community shone through with small groups of people offering support to those in need. Wonderful though this community response was, it is unacceptable that a region only a couple of 100 kms south of our largest city and east of our nation's capital can so effectively be cut off in all directions for days and weeks at a time. ~~So many people in the community are angry about the lack of resources allocated to this area and the Sydney-centric focus of the NSW government. Do we really need another football stadium in Sydney when people in southern NSW haven't got alternate road and rail routes to enable supplies to get through to region during a natural disaster?~~

Failure to learn from previous experiences of disaster and take on board the recommendations of Royal Commissions and Reports

How many times do we need to have Royal Commissions and investigations into disasters with thousands of pages of evidence and hundreds of hours of hearings, only for these reports to gather dust on bookshelves and for their recommendations not be implemented**?**

The Victorian bushfires of January - February 2009 resulted in the deaths of 173 people and the destruction of 2,133 houses. The *Final Report of the 2009 Victorian Bushfires Royal Commission* stated 'The Commission finds it particularly worrying that nearly half of the people who died were classified as 'vulnerable' because they were aged less than 12 years or more than 70 years or because they were suffering from an acute or chronic illness or disability'([http://royalcommission.vic.gov.au/finaldocuments/summary/PF/VBRC_Summary_PF.pdf p.5). It is therefore not surprising that some of key findings and recommendations of this *Royal Commission* relates to ensuring the safety of vulnerable people including those with disabilities. These include:

RECOMMENDATION 3
The State establish mechanisms for helping municipal councils to undertake local planning that tailors bushfire safety options to the needs of individual communities. In doing this planning, councils should:
- urgently develop for communities at risk of bushfire local plans that contain contingency options such as evacuation and shelter
- document in municipal emergency management plans and other relevant plans facilities where vulnerable people are likely to be situated—for example, aged care facilities, hospitals, schools and childcare centres
- compile and maintain a list of vulnerable residents who need tailored advice of a recommendation to evacuate and provide this list to local police and anyone else with pre-arranged responsibility for helping vulnerable residents evacuate.

RECOMMENDATION 4
The State introduce a comprehensive approach to shelter options that includes the following:
- developing standards for community refuges as a matter of priority and replacing the 2005 Fire Refuges in Victoria: Policy and Practice
- designating community refuges—particularly in areas of very high risk—where other bushfire safety options are limited
- working with municipal councils to ensure that appropriate criteria are used for bushfire shelters, so that people are not discouraged from using a bushfire shelter if there is no better option available
- acknowledging personal shelters around their homes as a fallback option for individuals

RECOMMENDATION 5
The State introduce a comprehensive approach to evacuation, so that this option is planned, considered and implemented when it is likely to offer a higher level of protection than other contingency options. The approach should:
- encourage individuals—especially vulnerable people—to relocate early
- include consideration of plans for assisted evacuation of vulnerable people
- recommend 'emergency evacuation'.
http://royalcommission.vic.gov.au/finaldocuments/summary/PF/VBRC_Summary_PF.pdf]

The Commission also commented on the failure of leadership; breakdown of the communications systems and the loss of power; the fuel loads on roads and roadsides hindering escape and emergency access; the poor coordination and overly complex relief and recovery processes; the lack of post-fire welfare checks; the lack of medical services in

smaller isolated communities; the need for the strengthening of cooperation between the State and the Commonwealth in relation to aerial resources; the inadequacy of the 'Prepare, Stay and Defend or Leave Early' policy; and the need for community education and public awareness to break the cycle of complacency about bushfires including teaching bushfire history and safety in schools.

There is a sense of *deja vu* about the above findings in relation to the recent bushfire catastrophe on the NSW South Coast.

<u>Previous responses to disaster and the inclusion of people with disability</u>

In 2015 the joint State and Commonwealth Natural Disaster Resilience Program funded the University of Sydney to develop *Local Emergency Management Guidelines for Disability Inclusive Disaster Risk Reduction in NSW*, in consultation with 3 Shires in NSW (Sutherland, Hawkesbury and Mid Coast). The guidelines focussed on 'preparedness' and brought together emergency managers and disability support providers in these communities to develop a shared view of community strengths, challenges and resources; to develop a local knowledge base; to develop competencies to self-assess individual and organisational preparedness and develop networking to sustain the project. All this sounds very positive, but in looking through the document it is light on detail and heavy on motherhood statements. The document refers to Local Government Area Disability Inclusion Action Plans to be completed by July 2017. The most relevant section was 'Practical tips from people with disability' that included suggestions such as:

- creating an emergency information card (plasticised) to be kept in wallet with contact details of family, medications and dosage;
- medical information list including GP details, medications, allergies, adaptive equipment, communication methods;
- saving important documents on USB including make and model of assistive technology
- creating a personal support network
- preparing for at least 72 hours of animal care for pets
- keeping an emergency supply kit at home and in car
- keeping at least 7 days' supply of medication.

There was also a recommendation for organisations to self-assess their organisational preparedness for natural disasters. The Australian Council of Social Services (ACOSS) has developed the ***'Resilient Communities Organisations Toolkit'*** to assist organisations support people with disability and their families/carers to determine their preparedness for natural disasters.

This toolkit is currently being reviewed to determine its effectiveness. For further information see (https://resilience.acoss.org.au/site/assets/uploaded/1aa82fbc-disaster-plan-for-community-organisations-template-final.docx

Since this tool was developed by ACOSS, the University of Sydney (2018) has developed a ***Person-Centred Emergency Preparedness (PCEP) – A Process Tool and Framework for Enabling Disaster Preparedness with People with Chronic Health Conditions and Disability - USER GUIDE. (***https://collaborating4inclusion.org/wp-content/uploads/2019/05/UOS_PrepareNSW_user_guide_FINAL_v2.pdf).

This ***User Guide*** was funded by the under the Joint State and Commonwealth Natural Disaster Resilience Program with the tool 'designed for use by community health and disability providers to enable emergency preparedness in others. The PCEP can be used to facilitate meaningful conversations with clients in the community that raise awareness about emergency preparedness to

- improve emergency preparedness for people with chronic health conditions and disability
- reduce negative consequences of disaster triggered by natural hazard emergencies; and
- improve recovery following a natural hazard event.' (p.5)

A series of three videos accompany the guide on the topics:

- Functional Capabilities and Support Needs in Emergency Situations
- Emergency Preparedness is a Process
- Key Features of Person-Centred Emergency Preparedness.

This *User Guide* provides a range of case studies as well as templates to assist in engaging in conversation with vulnerable people and their support networks about their functional capabilities and support needs in an emergency and/or evacuation. It also provides information about how to create an Emergency Kit for Staying at Home and n Emergency Kit for Evacuation.

I would suggest that knowledge of this User Guide and the ACOSS Toolkit throughout the South Coast of NSW was non-existent. and that both have only come to the fore since the devastation of the bushfires. Why fund these reports and the development of such toolkits, if there is no intention of distributing them to local communities to facilitate emergency preparedness.

The Queensland Government in consultation with the University of Sydney and Queenslanders with Disability Network (QDN) has developed a **Disability Inclusive Disaster Risk Reduction Framework and Toolkit** to provide a 'roadmap' to facilitate the co-design of local strategies to decrease the risk and increase the resilience of people with disability to disaster by community and disability support organisations and disaster management working together with people with disabilities.
https://collaborating4inclusion.org/wpcontent/uploads/2019/11/DIDRR_Framework_document_FINAL.pdf. The project has two phases:

Phase 1   Raising awareness about DIDRR as a cross-sector responsibility;
Enabling inclusive community engagement to ensure active participation of people with disability leading DIDRR;
Identifying mechanisms for DIDRR and creating a roadmap for DIDRR in Queensland communities

Phase 2   Mobilising local champions, resources and opportunities for DIDRR development
Developing innovative DIDRR at the community level through cross-sector collaboration;
Implementing, evaluating and showcasing DIDRR in action.

This **DIDRR Framework and Toolkit** highlights three inter-related issues that informed the project (outlined below).

1. People with disability are excluded from community engagement activities commonly used to increase the self- reliance of individuals and communities in a disaster.

This perpetuates inequity for people with disability and increases their vulnerability to disaster because their support needs, in emergency situations, are not understood. Family and carers face the same structural barriers as the individuals they care for in an emergency situation. Assuming they can respond effectively is dangerous for all concerned.

advocate for people with disability in emergencies.

Community service personnel have intimate knowledge of client capability and functional support needs and can use this knowledge to build preparedness together with people with disability, their family and carers. However, community and disability organisations are not adequately prepared for disasters themselves nor are they integrated into the emergency management system. In Australia, experience at the community level only comes after a devastating disaster; this is too late.

work collaboratively with people with disability and community and disability personnel.

Emergency managers need resources that better meet the learning, participation and support needs of people with disability and their support networks in emergencies. To be included in and contribute to disaster risk reduction, people with disability require accessible

2. Local community resilience depends upon the capacity of community and disability support services and disability advocacy organisations to support and

3. Asset-based resources are needed that will practically support emergency managers to

https://collaborating4inclusion.org/wpcontent/uploads/2019/11/DIDRR_Framework_document_FINAL.pdf

Three principles inform this DIDRR Framework. These are:

1. **Disability-Inclusive Disaster Risk Reduction (DIDRR) is a human rights issue –** people with disabilities must have the same opportunity to access emergency preparedness information; to participate in emergency programs in their community and to be included as a valuable stakeholder in all phases of disaster risk reduction.
2. **DIDRR actions must be tailored to the function-based support needs of people with disability in emergencies –** The *Person-Centred Emergency Preparedness (PCEP) Toolkit* referred to above identifies 8 functional capabilities and support needs that need to be considered including:

   - **Social connectedness**
   - **Transportation**
   - **Assistive technology**
   - **Management of health**
   - **Personal support**
   - **Communication**
   - **Assistance animals**
   - **Living situation**

3. **'Preparedness is a process, not a one-time event'.** It has 4 interdependent and overlapping phases that all contribute to resilience and can be used by Local Disaster Management, community and disability support organisations and people with disability.
   - **Prevention –** steps to take to identify and reduce disaster by local disaster management agencies, government, disability organisations and people with disabilities

- **Preparedness** – disability organisations need to assess their capacity to provide services to people during emergencies as well as alternative strategies and business continuity plan as well as identify resources that can contribute to whole-of-community resilience to disaster
- **Response –** Organisations need to ensure staff and clients are safe, liaise with emergency services and share assets and resources to keep staff and service recipients safe ; and people with disabilities/carers need to be made aware of the risks, heed the warnings and implement their preparedness plan with their support network.
- **Recovery –** the coordinated process of supporting disaster-affected communities psycho-social and physical well-being, reconstruction of physical infrastructure and economic and environmental restoration.

Disability Inclusive Disaster Risk Reduction Framework and Toolkit aligns well with Australia's commitment as a signatory to the ***Sendai Framework for Disaster Risk Reduction*** (UNISDR 2015) that recognises that

> 'Persons with disabilities and their organisations are critical in the assessment of disaster risk and in designing and implementing plans tailored to specific requirements taking into consideration, inter alia, the principles of universal design.'

Preparedness for, and inclusion of, people with disability in the development and design of strategies to ensure their safety and the appropriate resource allocation to support their evacuation if required, has been overlooked by the South Coast Shires in their Disability Inclusion Action Plan 2017 -21. These Plans make no reference to the inclusion of people with disability in the assessment and development of disaster management plans nor are there any specific measures mentioned that would assist to ensure the safety of people with disabilities in a disaster emergency. All the Shires Disability Inclusion Action Plans are simply a cookie cutter response that requires each Shire to respond to the four focus areas required by the NSW Disability Inclusion Act, namely

- Attitudes and Behaviours
- Liveable Communities
- Systems and Processes
- Employment

With the recent bushfires it is surely time to include strategies and actions to ensure the input of people with disability into how best to manage their needs and situations during natural disaster emergencies.

In its *Bush Management Risk Management Policy* the Eurobodalla Shire Council (ESC) made no reference to as to how the safety of people with disabilities would be managed, despite making reference under 'Focus Area' to Objective 2.2 of Liveable Communities – Shared Responsibility for Community Safety'. The blind spot that would appear to exist in the Eurobodalla's understanding of the importance of the inclusion of people with disabilities in the development and design of disaster emergency management was again highlighted on 29 January 2020, when the ESC uploaded to their website the following document: ***The new***

normal: getting and staying prepared for summer's bushfires. The only reference to people with disabilities was under the section, 'What is your plan', where it states: 'People who are at higher risk such as children, elderly, disabled or with medical conditions should always leave early'. Apart from the fact that the language is inappropriate, there was no reference as to how people with disability would be assisted or supported.

RECOMMENDATIONS AND PRIORITIES FOR ACTION

A. DEVELOP A COMPREHENSIVE AND COORDINATED APPROACH TO THE MANAGEMENT OF EMERGENCIES IN THE REGION

This would include the development of a designated position Disaster Emergency Manager within the Local Council who has responsibility for the overall coordination of the response at the local level while working with the State Fire Commission or Emergency Services Commissioner and other Government Departments. The Local Manager role would have a number of positions under this leadership role to include responsibilities for:

- Evacuation - priorities and coordination of evacuation centres including special attention to needs of elderly and people with disabilities or chronic health conditions
- Coordination with community and disability agencies and welfare groups eg St Vinnies, Salvos etc
- Liaison with the Media to ensure up-to-date information distribution
- Clean up and reconstruction

B. DEVELOP A DATABASE OF VULNERABLE PEOPLE

Consistent with the recommendations in the report of the **Royal Commission into the 2009 Victorian Bushfires,** NSW South Coast Councils, in collaboration with local disability services and aged care providers develop a **database of vulnerable residents** that can be easily and regularly updated. The information to be collected would include:

a. Name
b. Address
c. Phone No.
d. Next of kin/preferred contact: Name, Address, phone no.
e. GP details – Name, address and phone
f. Support organisation and contact person
g. Nature of Disability
   i. intellectual, sensory, physical, cognitive, psychosocial; or
   ii. frail aged/dementia
h. Mobility –
   i. walk unaided,
   ii. with a walking stick,
   iii. with a wheelie walker,
   iv. with manual wheelchair,
   v. requires powered wheelchair
i. Other assistive technology
   i. Breathing assistance
   ii. Lifting equipment
   iii. Shower/toilet chair
   iv. Communication devices
   v. Sensory toys, blankets etc
   vi. Other
j. Access to transport
   i. Own car and can drive

ii.   Family car with driver who lives with you
iii. Lives alone with no car – relies on community transport
iv.   Able to access public transport
v.   Other

Suggested Implementation

Who would be responsible for the development of such a list and for keeping it up to date?

One suggestion is that the Rural Fire Service could develop a database of vulnerable community members along with their addresses and contact details so that during an emergency they would be better able to provide prompt and appropriate assistance to such people. Given that emergencies are broader than bushfires and include floods and other natural disasters, the Police are probably the most appropriate agency to hold such information and to direct relevant services to assist. The development of a comprehensive list would require all disability support and aged care services to provide the details of vulnerable people on their books provided they have the authority to do so. The development of the list could be broadly advertised via the media and through each disability and aged care service outlining in their newsletters, meetings and discussions with individual clients, the reason for development of such a list; that personal details would be treated with the utmost confidentiality; and that the list would only be provided to particular services such as the Rural Fire Service, the State Emergency Service, the Ambulance and Community Health under specific conditions such as a bushfires, flood or other natural disaster emergency.

How could the development of such a database on vulnerable people be funded?

- The most appropriate source would seem to be through the National Disability Insurance Agency's Information, Linkages and Capacity Building Grants.
  - ILC provides grants to organisations to deliver projects in the community that benefit all Australians with disability, their carers and families.
- Alternatively, the COORDINARE Natural Disaster Grants advertised on 6 February 2020
- COORDINARE, as the South Eastern NSW Primary Health Network, is inviting local groups and organisations to apply for grant funding to deliver grassroots community-focused health and wellbeing activities that will benefit people living in affected areas.

How can confidentiality be ensured?

Confidentiality provisions as per existing government guidelines.

Who would the list be distributed to in an emergency?

The Police would be the most appropriate agency to distribute the information to other agencies including the RFS and SES as well as Ambulance and Community Health.

C. PREPAREDNESS – COMMUNITY, ORGANISATIONAL AND INDIVIDUAL

'Preparedness is a process, not a one-time event'

At the community level:

Taking inspiration from the 'Get Ready' event the RFS hold each year prior to the beginning of bushfire season, it could be beneficial to hold a similar event tailored specifically for people living with a disability.

- the event would provide information on the services and supports that are available during times of crisis and disaster, along with information regarding personal planning and how best to prepare for such an event.
- Consider potential to include the SES in this event

At the organisation level
- Implement the **Person Centred Emergency Preparedness – User Guide**
- This could provide the opportunity for disability organisation to work with their members to implement the **Person Centred Emergency Preparedness (PCEP) - USER Guide** to improve their clients/members emergency preparedness

At the individual Level

A. Develop **Evacuation Pack** for people with disability based on the information about what should be included from the *PCEP User Guide* p29
- Suggested contents of Emergency Kit as per *PCEP User Guide*

Home (stay) Emergency Kit Contents

A portable radio with spare batteries. List Channel for ABC radio: _____
A torch with spare batteries
A first aid kit
Candles and waterproof matches
Important documents including emergency contact numbers
Copies of any emergency plans
A waterproof bag for valuables
I will add the following items to my Emergency (stay) kit:

_____
_____
_____

Evacuation (go) Emergency Kit Contents
Bottled water
Dietary requirements
Mobile phone, spare batteries and charger
3-day supply of medications (including prescriptions)
3-day supply of appropriate clothing and footwear
Personal care items
Blankets
Spare home and car keys
Cash and credit cards
Food and medications for your pets
I will add the following items to my Emergency (go) kit:

 _____
_____
_____

How would this be funded:

- o The most appropriate source would seem to be through the National Disability Insurance Agency's Information, Linkages and Capacity Building Grants and such an emergency kit could be provided to all NDIS participants in disaster prone locations.
- o Alternatively funding could be sought for areas of South Coast NSW through COORDINARE Natural Disaster Grants *https://www.coordinare.org.au/for-the-community/local-initiatives-and-community-support/natural-disaster-community-grants/*

B. Create an emergency information card (plasticised) to be kept in wallet with. Contact details of family, medications and dosage and create a medical information list including GP details, medications, allergies, adaptive equipment, communications methods and contact person in disability/aged care organisation to be on the front of the fridge. Other emergency actions that should be encouraged include:
- o saving important documents on USB including make and model of assistive technology
- o creating a personal support network
- o preparing for at least 72 hours of animal care for pets
- o keeping an emergency supply kit at home and in car
- o keeping at least 7 days' supply of medication.

(2015 University of Sydney Local Emergency Management Guidelines for Disability Inclusive Disaster Risk Reduction in NSW)

Additional priorities

A. Prioritise the clean-up to remove the constant reminder of the fire event and loss that continues to retraumatise people with psychosocial disabilities and the broader community. Such a clean-up is also a necessary public health issue to ensure the rubble does not become a breeding ground for rodents and other pests. The fact that there is no facility at the Eurobodalla tips to take burnt items including trees needs to be addressed.
B. Ensure that people with disabilities have access to the psychological and physical supports to restore as much normality to their lives as possible. This includes assistance with carpet and curtain cleaning to remove the smell of smoke and ash within their houses as well as the removal of rubbish that provides a trip hazard or barrier for wheelchair access.
D. Ensure people with disabilities reliant on power have access to a generator and fuel in times of emergency where power cuts are likely to occur. This could mean that local councils have a supply of generators at various locations throughout the region that can be accessed quickly to assist those in need.
E. As a matter of urgency - Develop standards for community evacuation centres to ensure people with disability are taken to facilities that can accommodate their needs - Improve accessibility of evacuation centres to ensure better access to toilets and showers for people in powered wheelchairs and hoists.
F. Clarify the role of hospitals (and community health centres) in supporting people with complex needs and supports during emergencies
G. Secure the 000 service to ensure that access to Emergency support even if other mobile access is out.

H. Increase the number of vehicles in the community that can transport people with electric wheelchairs.

CONCLUSION

A measure of a socially just and caring society is how that society includes its most vulnerable – children, the frail aged and people with disability – in the development of programs and the distribution of funds. The recent bushfires on the South Coast of New South Wales have shown Australia and in particular NSW fall significantly short when it comes to the inclusion of people with disabilities in the development of programs and strategies to prepare the community for natural disasters and in the prioritising of their needs during the actual emergency period. This is despite the fact that numerous inquiries and even a Royal Commission have outlined strategies that need to be developed at the local level to ensure the safety of people with disabilities should they need to be evacuated or essential services are disrupted for periods of time. Even the most simple recommendations of these inquiries and Royal Commission – to have a list of vulnerable people and their situation and needs – was not in place. The responsibility fell to community organisations to ensure that their clients were safe or if they needed assistance to relocate or to stay in their homes. This was very difficult because communication systems were down; staff in community organisations were themselves evacuating or unable to travel to assist clients because of road closures.

The bushfires on the South Coast have also highlighted the social and economic fragility of the area with its already low SEIFA score and the heavy reliance on seasonal industries such as tourism and casual employment. The communities on the NSW South Coast have been largely ignored by successive State and Federal Governments in terms of Health, Mental Health, Education, Communications, Road, Rail and community infrastructure. For too long Federal and NSW Government policy has disregarded the needs of regional communities and their residents. The recent bushfires demonstrated the lack of essential infrastructure across the region and the reliance on local organisations and individuals. Local understanding and knowledge are invaluable in emergencies. However, local groups need to be assured that their efforts are underpinned by access to key information, infrastructure and financial supports at the State and national governments.

ATTACHMENT A

EMERGENCY CONTACT LIST			
EMERGENCY CONTACT DETAILS			
Name of the Person for emergency contact details			
Person Name:		**Person Address**	
D.O.B:			
Person Phone No:			
Emergency contact no 1 Name		**Relationship**	
Phone No 1:		**Phone No 2**	
Address:			
Emergency contact No 2		**Relationship**	
Phone No 1:		**Phone No 2**	
Address:			
Neighbour/friend contact			
Contact 1 name		**Phone**	
Contact 2 Name		**Phone**	
other family friend Name		**Phone**	
Medical contact information			
Doctor Name		**Phone**	
other medical contact		**Phone**	
other medical contact		**Phone**	
POLICE/AMBULANCE/FIRE 000		**mobile emergency 112**	
Nearest road crossing:			
Police stations -			
Hospital -			
POISONS centre		**13 11 26**	
FIRE DEPARTMENT 000			
OTHER SERVICES			
Electicity			
Gas			
Water			
Animal			