
From:
Sent: Friday 24 June 2022 5:03 PM
To:
Subject:

Hello

Thankyou so much for the opportunity. Please see below a description of some of the issues and experiences our organisation dealt and continues to deal with during and post flood for the inquiry to consider.

Firstly we are an Aboriginal Community Controlled Health Organisation (ACCHO) delivery comprehensive primary health care to Aboriginal and Torres Strait Islander people in the Ballina Wardell Cabbage Tree Island and surrounding areas. has been providing services to our communities as an independent ACCHO since 2008 and has grown significantly in that time. We have grown from one building in Ballina to operating from 4 buildings in Ballina and prior to the flood an additional outreach clinic at Cabbage Tree Island (CTI).

Very briefly our CTI clinic was completely destroyed with a loss of approx. \$100 000 worth of medical & office equipment and supplies. In Ballina all 4 buildings suffered damage including inundation of one building entirely. We lost all air-conditioning to 3 buildings with significant loss of equipment across the 3 sites. We are still putting things back together in Ballina and with the loss of the CTI clinic we do not have enough space to house all of our team CTI clinics currently operate out of a caravan which comes with a whole set of its own problems.

Many of the stories from the community's experience with the flood I would imagine will be communicated by Jali Land Council and directly from community. Whilst our own team have personal stories (some losing everything) I thought it would be useful to provide some information about our experience as a health organisation and share our experiences of the health response.

During the Flood

Jali did all the hard work of helping the evacuation of people from Cabbage Tree Island (CTI) their quick and caring response meant residents were evacuated safely. A member (also a CTI resident) was in contact as much as it was possible with other team members (communication inhibited this greatly) to provide information and help communicate some of the health needs. It did not appear to the team that evacuation centres had plans or coordination for health needs of evacuees. Communications being down of course was a major barrier to coordinating health responses during the crisis. team members who were able to reach the evacuation centres just went to the various locations to provide support and upon finding each other at these locations began to coordinate care amongst themselves. With communications down team members arranged to meet at a single location each day and then head to the evacuation centres to provide care. Team members included GPs various allied health professionals nurses and health workers. As Ballina sites were damaged and electricity cut we had no access to our server and as such no medical records (learnings here for us as a service). It appeared that it was the team because they were there that became the providers of medical care at the evacuation centres including setting up an account at a pharmacy so that evacuees could get the medications they needed (this ended up costing us thousands of dollars -which we were happy to contribute in such a crisis but should be considered for future planning -people will need medications left behind). doctors provided care to anyone that needed care (not just clients) reports from the team was that the situation was very chaotic and with little coordination (this is not to say there was not very capable a committed people working together on the ground -Ballina Council staff are an example of those committed and capable people -but it is to say that having a plan for what health needs evacuation centres might need to cater for is needed for future disasters is needed). team provided health care in Ballina and Lennox Head evacuation centres for approximately two weeks and then pulled back to providing our services to our clients (still outreaching to evac centres where our clients and community were located). There was no financial compensation for these weeks of work and to be clear we are not seeking compensation; it was part of the community response effort for which we are proud to have contributed to however it may be worthwhile to consider how emergency primary health care can be included and adequately resourced in the planning for future disaster responses.

Recommendation Having primary healthcare planned and resourced as part of future disaster planning. Include ACCHOs and other local Aboriginal organisations in the planning process.

Post Flood

The weeks and now months post flood there has been and continues to be many challenges. Providing primary health care to displaced people with damaged facilities and no other options to locate services remains a challenge today. Navigating the response and recovery processes has honestly been one of the most difficult challenges of my professional career. Understanding the recovery processes who is tasked with what process is confusing it all feels uncoordinated piecemeal and hard to get anything done. Please see some examples

- When CTI started to have more stable temporary accommodation we sought to put a caravan in one of the accommodation locations (only one because we have 1 borrowed van only and limited people to staff it) in order to provide some degree of 'normal' CTI clinics given our clinic was destroyed. To get permission to put a clinic caravan in a Ballina caravan park where a large number of CTI are located it took 6 weeks and permission had to be granted from Ballina Council the park managers Resilience NSW and DCJ.
- The housing response remains very difficult and uncertain for many. Whilst the wrap around care for CTI community has been fairly good there are many from Ballina and West Ballina who are experiencing housing challenges. It is a regular occurrence that our clients located in temporary housing are asked to call DCJ the day before their accommodation expires so they can be given information about the next location they will be housed. These people had also been experiencing the requirement to reapply for accommodation support each time theirs was coming to an end. Our Social worker has spent the majority of her time assisting flood affected people with these kinds of challenges since the flood.
- There appear to be an abundance of committees with very little communication about the recovery structures being put in place and how they interact. My probably poor understanding is that there is a Regional Recovery Committee made up of Government agencies only then a range of subcommittees including a Regional Health and Wellbeing subcommittee (don't know the membership or TOR) so it is hard to tell who is representing Aboriginal Health. The best placed organisations for this are in my opinion the Aboriginal Community Controlled Health Services in the region of which there are 3. Then there are the more local committees which feed into the regional structure eg. Ballina local Recovery Committee which reports to the Regional Recovery committee and then the Ballina Local Health and Wellbeing sub-committee (of which i am co-chair) which reports to the Ballina Local Recovery committee and the Regional health and wellbeing sub-committee. The complexity of this is a bit mind boggling and whilst well-meaning very complex to navigate. If the local committee can come up with a local recovery plan (as the TOR suggest) and it has some resources to implement that plan it is possible it will have good outcomes but it is still trying to sort out who should be at the table and its existence as part of a web of committees makes me worry that the work will be easily lost and forgotten. Good communication from the flood recovery leadership is needed to light a clear path forward to recovery.
- The funding environment is another complex area to navigate. My experience is again this feels piecemeal open to those who are good at navigating systems and not always directed toward where the need is. Mental Health and social and emotional wellbeing resources are going to be needed for many years we know the longer people are displaced the higher their risk of poorer mental health and for our CTI community the displacement will last for years. Directing funds via a third agency adds complication and both the State and Commonwealth have directed their funds via the North Coast Primary Health Network yet our services are highly experienced at providing comprehensive primary health care including social and emotional wellbeing services and would be well placed to receive funds directly to increase the capacity of our services instead we are placed in a competitive funds environment competing with mainstream services. I am not suggesting that we bypass process accountability is key and we support accountability and transparency I am suggesting that ACCHO's specialist knowledge skills experience and model of care be valued and heard in the recovery process.
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Finally I end on some positives because there are many. I am grateful for the good access we have had to the Flood Recovery Minister and the Deputy Commissioner for Flood Recovery both have listened and acted to expedite solutions to some of the problems we had been facing and at times it is powerful to just feel heard even though there are many challenges yet to come with solutions still to be worked out. Our team have been committed compassionate and stoic in the face of already stretched capacity post bushfires and pandemic. Our ACCHO brother and sister organisations have reached out to us from across the State to offer support. Our local Aboriginal organisations have stood together to support each other in as many ways as we can. There are many many people who care deeply and who are contributing to the recovery process in real and positive ways. We have strong leaders in our communities and my final thought would be for the recovery process to take the opportunity to invest in communities leverage the leadership that already exists (from elders to young people) and empower Aboriginal and Torres Strait Islander communities to lead recovery for impacted Aboriginal and Torres Strait Islander people.

Thankyou again for this opportunity and please feel free to call or email me should any further be required.

Chief Executive Officer