

A large orange speech bubble with a white interior, containing the text 'IDEAS does information so you can do life.'

**IDEAS does
information
so you can
do life.**

IDEAS Response
**Disability Royal Commission Issues paper –
Emergency Planning and Response**

July 2020

Phone 1800 029 904

or visit ideas.org.au

24th July 2020

IDEAS (Information on Disability – Education and Awareness Services) submission in response to Disability Royal Commission Issue paper – Emergency planning and Response

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IDEAS would be pleased to speak directly to the Disability Royal Commission

IDEAS is an organisation dedicated to the improvement of the lives of people with disability, their families, carers and supporters. Established in 1984, IDEAS is the pre-eminent national provider of independent, accurate information and referral services for any disability-related enquiry by anyone, no matter the type of disability, the cause of the disability or the age of the enquirer. IDEAS' values and mission are underpinned by adherence to the social model of disability.

Over the past 36 years we have assisted over 9 million people to get the information they need to get on with life. Enquiries are resolved via multiple platforms, including a national toll-free line, website, email, SMS, live chat and face-to-face via community outreach services and events. Over 70% of our board and staff live with or have lived experience of disability. We do information so that people with disabilities can get on with life, whatever and wherever that may be. IDEAS liaises closely with specialist cohort disability peak organisations and has strong bonds with the individual advocacy sector and systemic advocacy organisations. Our experience demonstrates that over 80% of enquiries do not relate to the particular disability a person lives with; rather, barriers to inclusion are shared across most disability types.

IDEAS understands that providing accurate and relevant information is immediately beneficial to a person with disability. Most importantly, information we provide enables people with disability to problem-solve themselves; it is an indispensable tool for agency, choice, control and management of

their own life. An independent evaluation conducted in 2018 found that among people who sought help from IDEAS:

- 92% felt they had enough information to make decisions for themselves
- 90% gained the confidence to take action to solve the issue for themselves and
- 72% had within 4–6 weeks of receiving the information:
 - accessed a service they not had before
 - changed a service provider
 - engaged in a mainstream activity they had not participated in before

These outcomes suggest that information services have a role as market stewards and a role in safeguarding, as information provision directly rectifies market imbalances arising from information asymmetry of across all sectors of disability services and supports, whether for NDIS participants or not.

The IDEAS methodology hinges on empathic listening. Our research shows that people often come to us in a confused state, frustrated by a raft of troubling issues. A combination of close listening and targeted questioning quickly achieves an atmosphere of calmness in which the person making the enquiry can hear solutions, and allows them to take charge of how they receive the information they want. Assured that the information they receive is accurate and trustworthy – it is often triple checked –, they are given the confidence to move forward with their chosen course of action.

Trust and individualisation are central to IDEAS' service model. IDEAS improves the relevance of its information by including searches for availability so that customers do not receive referrals to services that have no availability, thereby avoiding a frustrating 'ring around' and retelling of their stories. IDEAS sometimes raises awareness of services that are not currently available, but we ensure the customer understands this and has viable current options to obtain the services and supports they require, whether disability-specific or mainstream.

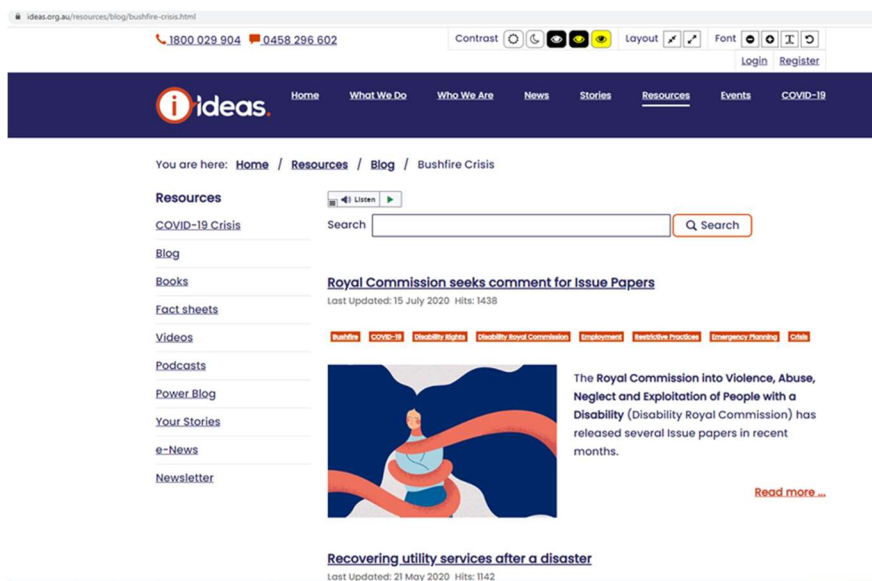
Executive Summary Recommendations:

1. Provision of emergency assistance to people with disability needs to have a base level of permanent funding with surge funding available at the onset of an emergency for a minimum of 12 months from the onset.
2. There needs to be a single, dedicated freecall line for people with disabilities in permanent operation, which is advertised very heavily as the primary contact point for people with disabilities in times of emergency.
3. There needs to be an official, direct flow of information from all government agencies and departments involved in emergencies to inform that line in a timely manner.
4. People with disabilities, especially people with disabilities from CALD and ATSI backgrounds, should not have to wait for resources to be made accessible to them; resources must be designed to be completely accessible from the outset. A
5. Emergency assistance must be designed with an outreach surge capacity.
6. Emergency assistance should be able to be delivered on a dwelling-by-dwelling basis is safe to do so.
7. Dedicated teams for people with disability should be created from the outset.
8. Information practitioners already operating in the disability space should have their expertise recognised and be included in discussions with government committees regarding the health emergency, given that much of the remit of these committees has to do with communication of accurate and timely information.
9. Rapid and sometimes unpredictable developments are often a feature of emergencies, and websites need to be dynamic enough to cope with these.

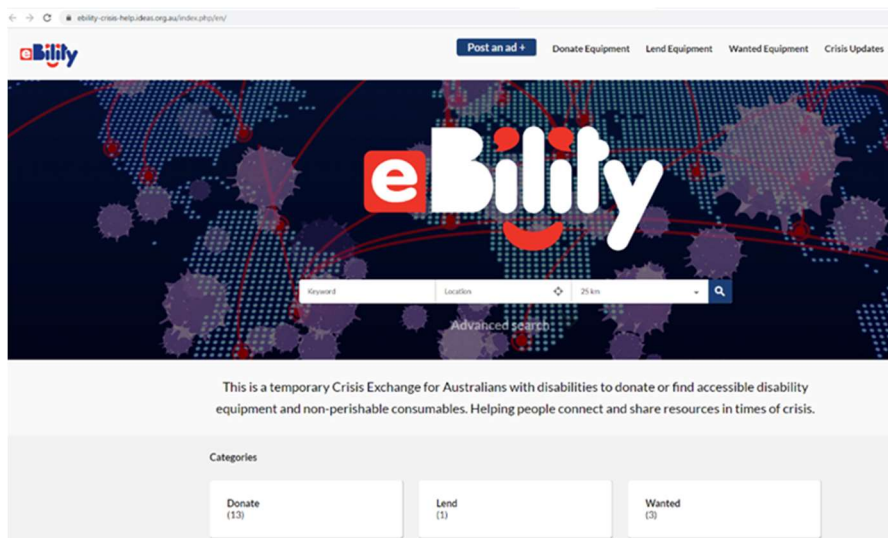
During Black Summer IDEAS turned our service to provide information about the current status of bushfires via our phonenumber, website and social media platforms to keep people with disability up to date with relevant information and news. Prior to this we had already shared preparedness information through our channels.

With no dedicated emergency resources, we:

- Developed a dedicated section of our website in 48 hours and populated it with curated, fact-checked, accessible information, along with real time updates on Twitter and Facebook



- Developed a give-and-want site for disability equipment

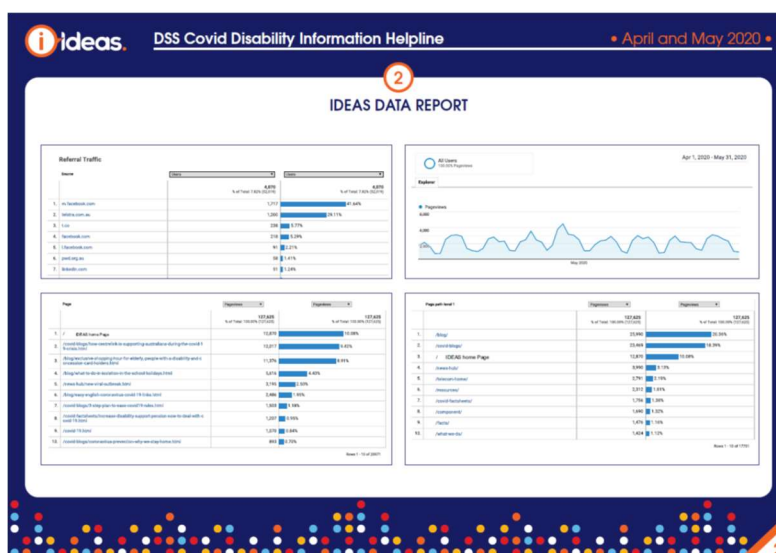


- Staffed a phone contact centre with expert information officers, who were briefed daily so that all information given out was accurate
- Attended firegrounds in advocacy and information roles, providing direct support to individuals
- Advocated to government about the necessity for individualised communications targeted to people with disability in and around the firegrounds
- Raised the issue of inaccessible evacuation centres with the NSW Ministers in the Emergency and Disability Services portfolios
- Created content that was widely disseminated through the community and disability sector, this was especially relevant on weekends and out of hours time and when Government was not producing information for PWD
- Answered enquiries from people with disability and other community members
- Attended relevant community meetings
- Attempted to deploy Ezy-Dun-our portable accessible bathroom – to affected areas in south-east NSW- which turned out not to be feasible
- IDEAS' Head Office was in a fire-impacted zone so emergency plans and rostering were operationalised to enable staff to work from home and rotate back into our centre as necessary, thus protecting the well-being of staff with regard to their personal safety and mental health, as well as their income while ensuring continuity of service

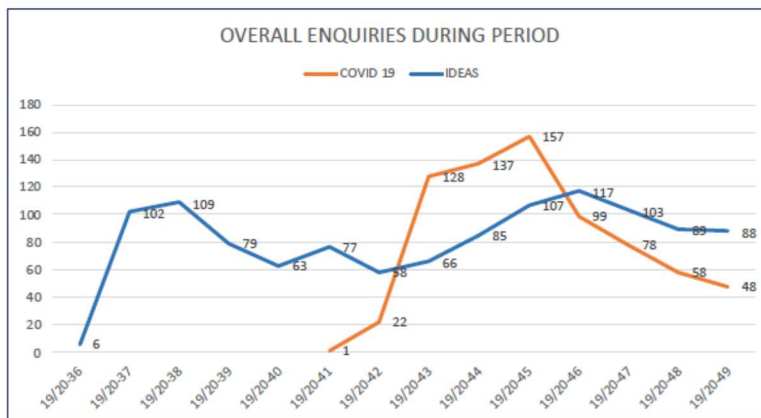


During the Coronavirus pandemic and Covid-19 crisis, we have within current funding resources:

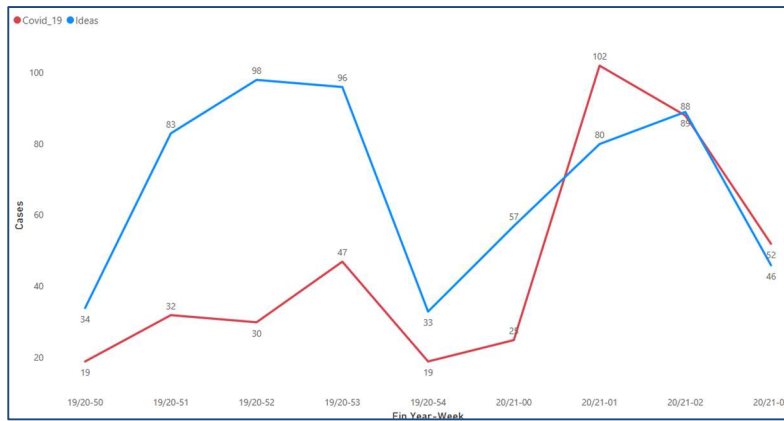
- Submitted several proposals to the Government stating how a national helpline would work to meet the needs of people with a disability and created a beta website for approval in preparation for rollout,
- From April 9, we have been operating the federal government Covid-19 Disability Information Helpline (with no additional funds) with trained staff from 8 am–8 pm on weekdays utilising a Govt supplied phone number and referencing a Govt website, in addition to responding to calls on the IDEAS 1800 Infoline.
- Developed and published more than 40 Covid-related articles to date, all in accessible formats and specific to the needs and interests of people with disability for whom standardised advice such as “wash your hands and don’t touch your face” may be neither relevant nor possible
- Provided daily social media activity with the latest news, updates, helpful tips, advice and links to useful articles.
- The following statistics are an overview of the activity IDEAS conducted since 9 April:



Calls to both lines April – May 2020



Calls to both lines June - July 2020



Case Studies:


Case Studies

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SEXUAL ASSAULT

Customer called because she has been sexually assaulted and came across our number on the DSS website relating to information on domestic violence.

The crime was reported by someone else in her building and when the police came, she was still bleeding from the crime.

RPA is the closest hospital to her which has a sexual assault unit. The customer tried for a while to contact them and wasn't successful. She spent 8-9 hours at St Vincent's hospital while doctors from there attempted to contact RPA so they could do a rape kit without success. In the end St Vincent's decided to treat her even though they didn't have the necessary resources for a forensic rape kit because she had been through hell and back. The doctors advised her to bag her clothing which she has done, and still has the clothing in her house because she has so far not been able to report her crime to the police.

They would not accept her statement because in her words due to her ABI they didn't think she had the capacity to judge whether she had been sexually assaulted or not. They wanted medical evidence of the crime before they would accept a statement from her. She has still not done a statement. Customer needed an advocate that is a disability advocate but well-versed in sexual trauma. Transferred customer to Medhealth who looked after her for a time, and they have referred her to Blue Knot. I spent about twenty minutes on the phone with her all up for Wednesday and another hour on the phone to her on Thursday. Provided her via text the numbers for Blue knot, access line, 1800 RESPECT and victims services. She said that our service was fantastic, and thanked me profusely for my time and assistance. Sent me an MMS picture MSG via email saying "You are appreciated."

CONSULTED WITH KATH (LEAD) AND SHE ADVISED:

- 1 **Ambulance** - For rape kit
- 2 **Police** - Ambulance will hurry the police up
- 3 **1800 RESPECT** which is - 1800 737 732
- 4 **DOC's or FAC's** if children are involved which is - 1800 656 463 (Domestic Violence line)
- 5 **Women's support centres/refuges**
- 6 **Advocacy** any issues arising from a conflict of interest with a local advocacy service in her area. Around Sydney. Previous assault she incurred an ABI and now they're concerned about her capacity. (Also asked for the recording to be turned off)

- **20 minutes** - initial phone call
- **1:52 hours** - Follow-up phone call - same day - provided her with verbal information
- **15 minutes** - Research and compilation of resources
- **5 minutes** - SMS sent with further information and phone numbers


1:42 HOURS - FOLLOW-UP PHONE CALL BY LEAD

The details of this conversation have been extensively edited

Phoned back caller to follow up on call. Caller stated her name as River (not her real name). River really appreciated the call back. The conversation was extensive:

The summary is that she has received assistance from several services but had not yet lodged a statement with police due to factors such as fear of local police and retribution from the perpetrator.

IO agreed to research DV support for PWD and email to her. A txt will need to be sent to remind her to check her email.


Case Studies

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ASSESSING COVID TESTING

Customer called and is 76 yrs. of age, looks after son that has a disability and he is showing signs of Covid-19. He is aggressive and has lots of behaviours around being tested and his mother can't restrain him to have the tests. The mother called and had locked herself in her room so that she could try to find a way to help her son. The mother had already called the Covid-19 health line and they couldn't assist as he was unwilling to be tested, and he will be resistant and non-compliant. The mother is unsure on how to go about this as there seem to be no special considerations for people with disability.

I OFFERED A FEW SUGGESTIONS BELOW

- Regularly recording and documenting the signs and symptoms.
- Monitoring behaviours
- Noting down who the customer has been in contact with.
- Maintain social distancing
- Call and book a drive through test.
- Notify them of the behaviours, and ask them to allow a longer booking time to allow for behaviours and refusal of testing.

WHAT DID IDEAS IO DO?

- IO listened carefully to Caller
- Options provided / explored over the phone during call - 15 minutes

How many calls / emails did we need to do?

- Enquiry answered during call

How long did the call take?

- 15 minutes

How many choices did we provide?

- Mostly strategies and IDEAS from IDEAS resources and DSS Website

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DOWNLOAD OF COVID APP

OVERVIEW:

CUS is a 72yo male and was wanting to download the Covid Safe App

WHAT DID IDEAS IO DO?

- IO found out what type of phone and operating system CUS has
- IO then advised CUS how to find the App Store on his phone using the search feature
- IO then explained to CUS how to search in the App Store
- IO then explained how to download the App
- IO was downloading the App at the same time
- IO then talked CUS through how to set up the App

How many calls / emails did we need to do?

- n/a

How long did the call take?

- 15 minutes

How many choices did we provide?

- Problem solved

IDEAS' previous experience of dealing with emergencies related to fire and flood

IDEAS has worked on fire and flood emergencies in regional NSW, particularly from 2010 to 2012.

Our experience shows us that people with disability become more vulnerable when they are excluded. It is therefore vital to include people with disabilities in emergency planning at all levels of government – for federal, state and local. They are experts not only on their individual disability but also, importantly, on the barriers to people with disability getting their needs met safely.

Responses to questions:

Question 1: What needs to be done by governments to increase the safety and well-being of people with disability during an emergency such as the COVID-19 pandemic or the Black Summer bushfires?

To increase the safety and well-being of people with disability during an emergency such as the Covid-19 pandemic, the Black Summer bushfires and floods, governments must:

- First *acknowledge* and *include* people with disability and older Australians in all preplanning. All tiers of government should map the distribution of these at-risk demographics within the relevant areas.
- Include people with diverse abilities and people living with disadvantages. This means involving them as decision agents in the planning processes and ensuring all consultations and engagements are inclusive; that is, all materials need to be in multiple formats (e.g. Auslan, Easy English), provisions need to be made for personal supports, accessible IT for communications, scheduled breaks and intermissions for medical and bathroom needs.
- Ensure people with disability are referred to as 'people with disability' in all media communications, rather than lumped into an amorphous group called 'vulnerable people'. People with disability have told us they want to be accorded the same respect as other identified cohorts such as older Australians and residents in aged care settings.
- Ensure emergency plans across jurisdictions – federal, state, and local – re accord with each other rather than containing contradictory elements.

- Be prepared for emergencies to cross geographic and administrative boundaries. As with Black Summer and Covid-19.
- Must constantly publicise where to find trusted, up-to date information, whether that be the local ABC radio station, the relevant government webpage or helpline.
- Make certain that designated contacts are reachable and that contact details are up to date, particularly in the case of personnel nominated in emergency plans. During Black Summer IDEAS could not get email replies, phone calls answered or responses via social media from any of the nominated personnel, from CEOs or designated staff from relevant NGOs, from local governments, mayors, or the relevant state members, or emergency chiefs. An example of the detrimental effect this had was the inability to deploy our accessible portable toilet facility with change table and hoist, complete with own generator, despite the fact that in some areas such as Bega, portable inaccessible toilets were provided at show grounds and local government was scrambling to install temporary ramps for access into old, inaccessible toilets, even though the internal infrastructure remained inaccessible for people with disabilities.
- Improve minimum acceptable standards beyond the implementation of basic KPIs for safety grounds and evacuation centres.
- Ensure all official communications are released simultaneously in accessible formats on all platforms, including Auslan, captions, image descriptions etc. This has not been the case in the Black Summer and in Covid-19 emergencies.

For example, when the national cabinet announced their initial three-stage safety plan for the emerging Covid 19 pandemic, it was produced as an inaccessible PDF, which was then circulated via scan (which is a photograph). It was therefore impossible to enlarge the font size, to transfer into a Word document for editing/highlighting/abstracting into digestible factoids, to upload to WCAG-compliant websites, to post on social media as a fact sheet able to be read by screen readers or manipulated on screens for individual access requirements by users. This has been a consistent failing throughout the Covid-19 crisis by both state and federal governments. The outcome of this practice has meant that organisations like IDEAS have had to spend hours reformatting information to make it accessible before

publication and distribution. Not only has this been unfunded work, it has also caused unnecessary and unreasonable delays in conveying essential information.

- Ensure there is not exclusive reliance on online and digital platforms
- Have surge plans for care as well as emergency response, involving the usual agencies, police and ADF where required
- Have clear definitions of what key messages mean, for example:
 - This is the advice for today
 - Shelter in place (consider how to express this in Easy English)
 - No-one is coming
 - Evacuation area
 - Safety area
- Perform audits of designated safety grounds for accessibility and capacity, in particular regarding toilets and water supply.
- Upgrade the infrastructure of these sites to the highest achievable standards, including but not limited to accessible bathrooms, clean water sources adequate waste solutions for nappies and continence equipment, and safe disposal of medications and sharps. Continuity of supply of consumables including soap, sanitiser and drinking vessels should also be ensured.
- Pre-plan procurements and scheduled deliveries of consumables such as PPE, facemasks, gloves, earplugs, sunscreen, matting and shading.
- Audit expiry dates for goods held at factories or supply centres.
- Have pre-prepared wayfinding signage for designated safety grounds.
- Have pre-prepared Easy English fact sheets with pictures so they are accessible to all.
- Have pre-prepared, culturally appropriate translations in community languages without English introductions.
- Use social media with government ID in LOTE and Auslan from the start
- Liaise with hospitals so people are not refused entry to emergency departments if they are in extremis, near death, or have very high support and medical needs.
- Have pre-prepared contracts for engagement of charity or aid suppliers for emergency goods and services.
- Ensure relevant agencies and suppliers have undergone disability awareness training.

- Establish workable triage processes for arriving evacuees. For example, ensure access to bathroom for people with disability, their carers and families; ensure people with alcohol and/or drug dependencies, and people with psycho-social illnesses are properly catered for.
- Use local knowledge to identify and, where necessary, separate different language groups of first peoples especially if it is known that a group of people from one area within region have long-standing and complex interfamily and or intertribal issues with another group.
- Publicise in accessible formats deployment of service staffs for emergency payments, such as during Black Summer, including locations of the vans ahead of time and the hours of operation. During Black Summer there was no consistent communications strategy covering the deployment, venues, times, and services available from portable service centres.

IDEAS pursued this information for broader dissemination via our and information officers right up to ministerial level to no avail. This meant that people with disabilities and other disadvantaged people seeking emergency relief remained uninformed and underserved.

- Nominate key supplies and ensure that they are available from local supermarkets and fuel suppliers, which should have sufficient supplies for a minimum of 3–5 days.
- Introduce rationing/purchase limit immediately it becomes necessary, with plans for ensuring equal access to all.
- Have alternate pay situations should the internet not be available.
- Have ready-to-deploy analogue communication systems, including battery-powered transistor radios and torches, pencils and paper.
- Have free wi-fi services at all safety grounds and evacuation centres.
- Have smart phones available for use/loan and/or tech assistants with roving devices for people to communicate with family and loved ones.
- Have charging stations attached to generators or a secure power supply for recharging mobile devices, mobility aids and other essential equipment (e.g ventilators).
- Have teams of human services, allied health, nurses and disability support workers at supermarkets, ATMs, chemists and fuel stations as ‘support concierge people’. Such support is essential to prevent exhausted and disoriented people becoming overwhelmed.

Question 2: What supports are required to ensure people with disability are not at risk of violence, abuse, neglect and exploitation during an emergency? For example:

- **Health support**
- **Financial support**

If safe, teams of appropriately qualified people from the health sector – NSW DCJ, Human Service departments and the local government community/disability/aged sector, bolstered with volunteer disability support workers or allied health students – should go into the community and knock on doors to ask people what supplies they need immediately, listen to concerns, ensure supply of vital medications, and where necessary refer for mental health supports. These should be area-based and conducted at least every two days, giving people the choice to opt out. The lead worker for each area should not be rotated out, so there is a single point of contact for the person with disability.

A safe and uninterrupted supply of medications in emergency situations is absolutely vital, particularly for people with disability. Government should consult with and engage pharmacy peaks, doctor peaks, allied health professionals, people with disability organisations, emergency planners, business peaks, PHNs and hospital pharmacy leaders and staff.

For financial matters it should be presumed that websites will crash and that government service phonelines will be overloaded, so a method for smoothing access to emergency payments should be readily available, with minimum ID required (e.g photo and signature). Black Summer produced many examples of people literally having nothing except the clothes they stood in, and systems' inflexibility in not allowing them to proceed with Services Australia, Services NSW or banking due to absence of ID led to further trauma for people already shocked and displaced.

If inflexible systems are not adaptable and individualised, and backed up with a concerted outreach program, people with disability are at a higher risk of exploitation, humbugging, malnutrition, poor management of attendant health conditions, and further isolation making them more vulnerable to abuse and neglect.

Report from an IDEAS officer 5/2/20:

The meeting was well attended and highlighted the issues that people in the Eurobodalla are facing. One of the major problems is the Disaster recovery centre in Batemans Bay: workers were telling stories of people going in and being told there were no fires in their area; another story was of an Aboriginal lady who belongs to a large mob on the Mogo area and was asked to justify her surname. She walked out in tears.

Question 3: What is the experience of people with disability in getting assistance and information in an emergency? How does a lack of assistance and information expose people with disability to violence, abuse, neglect and exploitation?

The experience of people with disability in getting information and assistance in an emergency is poor and they are more excluded than other Australians, creating an unnecessary vulnerability.

Report from IDEAS Officer 15.1.20

Individuals and families wanted to know what financial assistance was available. Unfortunately, due to the fact that most of this information goes through the Human Services department, we were unable to fully inform them. An attempt was made at contacting Centrelink; however, we were unsuccessful in sourcing a representative from Centrelink to assist us.

Some customers had begun the process of applying for the available payments, allowances and grants, but found the process too convoluted and gave up in frustration or were deterred by the overwhelming amount of documents that needed to be provided – documents they did not have. This resulted in additional stress over and above the stress of being evacuated from their homes and losing their income.

Service NSW is assisting bushfire-affected people by waiving the fees to replace documentation and IDEAS' advocates were able to alleviate some of the stress by assisting customers with the copious amounts of paperwork involved in receiving government assistance. (The Disaster Recovery Allowance form is 16 pages long!)

Victims were frustrated by the fact they had to provide documents that they did not have because of being evacuated or having their premises destroyed in the fire.

The general feeling from the collaborating organisations was disappointment that a Human Services representative was not available to assist with people's immediate crisis needs.

The general feeling from the public was disappointment that despite assistance being promoted, accessing the assistance was difficult. They also did not feel heard. Many of the phone calls being made by people affected were met with an automated phone system, which was immensely frustrating. When people did reach a person on the other end of the phone, it was felt there was a lack of compassion as well as the operator being ill informed about the next steps to recovery. People were often told different things by different staff members regarding the same inquiry.

In IDEAS analysis in both the Black Summer and Covid-19 there is a minimum three-day fail point in all matters concerning communications. This includes:

- Auslan provision
- Captions
- Specialist helplines
- Easy English factsheets
- Use of social media

Additionally:

- Services and supports disappear without warning
- People are hesitant to leave accessible premises for unknown or inaccessible premises
- Women are choosing to stay with a violent partner rather than disturb the routine of their disabled child or children, thereby risking further abuse

There is a further fail point, which concerns what information people with disability need to preserve their human rights and keep them safe. IDEAS' experience shows that people with disability invariably need to know very specific details relating to the conditions or impairments they live with,

in the place where they live, and have questions about medicines, allied health, and services and supports to maintain their independence safely in emergencies.

For example, in the current Covid-19 emergency people with disabilities who may also be a carer for a relative with disabilities have needed to know where they can get tested taking into account, mobility, communication and behavioural needs, and capacity to endure a nasal rather than a saliva test. They also must find out which testing centre in their area will be best able to accommodate their needs. They need a central place to access all this information and to access people with the expertise to listen properly and then help them get to a satisfactory place for testing. With testing centres being diverse and sometimes temporary, it is very difficult for a person with disability to navigate the options. For instance, they need to decide whether a specialist respiratory centre might be the best option; or whether the ED at the nominated hospital might be more accessible; or whether a mobile pathology service might, after referral by a GP, be appropriate if the person absolutely cannot get out of their home. They might also need to work out how they might access transport to attend a testing centre if they do not have enough money to pay for a taxi, and community transport services have been suspended. Navigating these sometimes confusing and often disparate options is a great stressor on people with disability, who might be experiencing heightened anxiety due to being a greater risk. People with disability calling the Covid-19 Disability Information Helpline operated by IDEAS during the pandemic have usually tried to navigate this for themselves before calling. They go through the testing sites if they have access to digital information, but the fail point then is that no one answers the phone at the site for them to ask this specific information about their needs for testing, or worse, they get someone who says, 'I don't know'. The first thing people with a disability want in emergency situations is for a real person to answer the phone, and for that person to have access to accurate, reliable information.

Report from IDEAS officer 15/1/20

Advocate spent most of the day with one gentleman who was living in his caravan where the Mobile Unit was parked at the jetty. The gentleman had absolutely no idea what assistance was available. There were several other caravans in the same location.

As was experienced yesterday, bushfire-affected people are often left with absolutely nothing. In the case of the gentleman in his caravan, he had to evacuate from Wyndham where he lived with his sister. His sister had to accompany their aging mother to hospital in

Canberra and left with the car and the mobile phone. The gentleman in the caravan therefore had no transport and communication devices. He had also lost his bank card and didn't have access to finances. Again, this has been a disappointment for people affected by the fires because when they do phone for urgent assistance they are being told that they need to get to an alternative location or that they need to provide some kind of evidence of their situation – both tasks being impossible for them – which left them feeling there was no assistance for them. It also left them feeling completely alone.

The gentleman in question was grateful for the assistance on the ground by other people and families in the caravans near him who offered assistance with food and cooked him meals. Advocate assisted the gentleman by helping him with a Disaster Recovery Payment application but again got stone-walled by the fact that he needed ID which he did not have on him to provide – such things as his passport and permanent visa details. In this case Advocate also assisted customer into town so he could sort out his banking and go to the shops to buy a few clothes and necessities. We also found a location for him to have a hot shower as he had not had one in quite a while and was very embarrassed about it.

So far, from a customer's perspective, they have been extremely grateful to have someone assist them at ground level; someone to explain what assistance was available; someone to explain what was required in order to receive that assistance; someone who could make phone calls on their behalf to reduce their frustrations; someone who was able to assist them with immediate action.

Immediate action is what people are looking for, not convoluted processes that could take weeks to get through. Customers have been expressing high levels of gratitude just to have a real person talking with them, helping them understand and doing a bit of the legwork for them.

People with disabilities do not want to wait for an hour for someone to answer the phone, only to find out that the help offered is generic and unhelpful.

An inbound specialist information service has to be able to understand, for instance, that a request from a Vietnamese speaking person in Auburn for Meal on Wheels will require a culturally appropriate menu supplied into a Vietnamese-speaking person's home on Mondays, Wednesdays

and Fridays. This puts a lie to the usefulness – beyond the first day or so – of generic static webpages being able to satisfy the real needs of people with disability in an emergency situation.

Question 4: Will an emergency hotline service help people with disability keep safe and informed during an emergency? What other communication measures might be helpful?

An emergency hotline for people with disability during any emergency is absolutely essential. It should be the same number as a year-round access line dedicated to their information and support needs. It should be the gold standard for accessibility and accuracy and be the trusted source. It must have dedicated applied media and advertising, so it is part of the natural environment for people with disability. A static website run by government, accompanied with an unadvertised and promoted phone line will not even begin to suffice.

IDEAS has been undertaking this role, however to do it more comprehensively, resourcing needs to be enhanced.

Information services need to be included in national responses, both in the bushfires and COVID19 response, IDEAS has not been included in strategic government committees and briefings about a disability response. To have been included would have greatly enhanced our knowledge for our team on the phones and vice versa, enhanced the ability for us to feed back the issues we are hearing on the phones more comprehensively than in weekly reports. Many of the plans developed by Government, such as the Disability Health COVID response, spoke to communication and information, yet information services were not included in the development. A siloing of approaches between federal government departments, and state departments hampered information and communication efforts. No direct contacts were provided to link the information we were hearing from PWD, to the authorities making decisions about their needs. IDEAS pursued this regardless, but it has not been the most efficient or effective way to do this.

Question 5: How can people with disability be included in emergency planning and responses to ensure strategies that reduce risk of violence, abuse, neglect and exploitation?

- Be included in any planning, at all tiers of Government in a proactive manner
- Be involved in upskilling and education of mainstream services and community organisations of their needs
- Gain positions on relevant advisory groups and decision-making authorities of Local Government and relevant state government bodies, DIAPS having a mandatory section on emergency response
- Many people with a disability throughout the bush fire season presumed they were on a register or list to be evacuated. This is not universally the case, and may only exist in some community areas, led by a community response not a government initiative.

Question 6: How are people with disability in closed facilities and segregated settings placed at increased risk of violence, abuse, neglect and exploitation during emergencies? What is needed to ensure people with disability in these settings are safe if facilities are locked down or evacuated?

- Designate visitors scheme workers as essential workers, and make sure their programs of visiting are undisturbed; ideally, plan for their visits to be increased during emergencies.
- Enhance visitors' schemes to include people with allied health and/or disability-specific experience to be deemed essential workers for the period of the emergency who accompany the formal visitor to check on aspects of welfare and safety.
- Ensure that an escalating action tree be available to residents and residents' families to make sure they can keep in touch safely.
- Force institutions and congregate settings to publicise the telephone hotline numbers for abuse, neglect and violence, as well as the appropriate individual advocacy supplier for the area.
- If an NDIS participant, an emergency plan must be done as part of annual plan process

Question 8: What are the particular experiences of children and young people, First Nations people, culturally and linguistically diverse people, women and LGBTQI+ people with disability during emergencies?

- Unable to get information specific to their needs, eg pictorial resources for a child
- Often basic information is translated into language, but after that and as the crisis develops updates are not always done with the relevant practical information
- Some people may be at increased risk to abuse from family members, if they are unable to leave home or if their usual supports are not occurring
- It is important for many Aboriginal people to be able to stay on Country, the devastation of the natural environment having a profound impact on people.

Question 9: How effective have initiatives by businesses been in supporting people with disability through the pandemic, such as dedicated supermarket shopping hours or home delivery services? What else can be done?

Alliances formed by the big four grocery suppliers and governments early in the pandemic in Australia was phenomenal; however, there were unintended consequences.

For example, many people who live with disability in the community largely without supports were users of online shopping services as a 'usual' situation given their circumstances and conditions. When the online services for delivery to customers was abandoned so it could pivot to a triaged system for supply of these services, many people with disability lost their access to grocery supplies delivered to their home. This continued for around three weeks before – due to advocacy and media attention – they were again able to access this support.

Dedicated shopping hours are a good idea. They need refining so that it is clear that individuals who need to shop with a support person (either informal or paid) are not challenged by social distancing marshals.

The other fail point during the Covid-19 early period is that as there had to be a 'surge' capacity in delivery services which were often filled by such platforms as airtasker, then the delivery was left at the front door. Early on, depending on the disability people live with, when they were without their usually contracted support worker, they had to struggle to get the goods from the front door into their home and unpacked and put away – if that could even be managed.

This was very frustrating for people with disability. It is estimated that 30% of support hours were not fulfilled during the early weeks of the pandemic.

Question 10: How can people with disability, including those in closed and segregated settings, be supported to maintain social and community connections during emergencies?

- Work needs to be done on this prior to emergencies, with skills development done so people can use online platforms. The NDIS rule change to allow people to more quickly purchase devices such as tablets or i-pads was welcomed by many people.
- Again, building some of this capacity building into NDIS plans could assist. Learning to engage online in a pandemic is challenging, much better done sans crisis.
- Specific resourcing for peer lead disabled groups to be able to build these connections year-round would also assist.
- IDEAS has consistently found that people will go to services and supports that they trust in a crisis, even if that service is not crisis specific. Going to an unknown, untrusted generic phone line makes some people anxious that their needs will not be understood, they may be dismissed and so on. Allowing trusted organisations to build these relationships year-round is key, and allowing for a surge in funding to meet emergency demand

Question 11: Is there anything else we should know about the experiences of people with disability during emergencies and responses are needed?

Since April 9th, IDEAS has been manning the Covid Disability Information Helpline (DSS response). To date we have serviced over 1500 calls. This has given us further experience of the information people with disability are looking for during crisis.

Key issues that people with a disability are contacting us about include:

- getting access to testing, accessible testing, home testing etc
- supports to get essential items including groceries, medication
- managing changes to support
- worries about the 'rules' and what they can and can't do

People often call us as they

- have been unable to navigate other phone lines where there are large wait times, or there are numerous steps to take on the phone
- do not have access to online information or someone to help them find what they need
- have tried mainstream helplines and they have not had the disability knowledge to assist
- have complex problems, that take multiple steps to manage
- know our staff are able to follow up, contact places on people's behalf and call people back

Access to necessary transport has been a desperate need for people with disability during the last two emergencies. The two major barriers are:

- the cessation of community transport solutions with no structured replacements, especially for people needing to access testing
- the cost of taking a taxi has been a huge problem for people on low fixed incomes experiencing a rise in their costs of living in the pandemic.

A monthly voucher for essential travel for people with disability specifically for taxi services, would be a quick universal solution to this added barrier during emergencies.

In summary, the issue of resourcing access to information supports for people with disability properly all year, and then even more in times of emergency, meaning an emergency extra uplift in resourcing - a dedicated access point - especially phone for people with disability is a necessary service.

The risks associated with not properly resourcing an information service to be available to people with disability is:

- Unfair, as it places people at a heightened risk
- Unsustainable as there are few organisations with the resources to deliver these responses effectively
- Would assist diffuse information responsibility that is currently being worked on by many disability organisations who are all underfunded for any of these activities and it is a duplication of their time and resources
- Information will not be available at appropriate times and will be too late to be useful
- Dissipation of accuracy is inevitable
- Informs double disadvantage for people with disability again.



Examples of emergency information shared

