

TRANSCRIPT

LEGISLATIVE COUNCIL ENVIRONMENT AND PLANNING COMMITTEE

Inquiry into the 2022 Flood Event in Victoria

Echuca – Thursday 24 August 2023

MEMBERS

Sonja Terpstra – Chair

David Ettershank – Deputy Chair

Ryan Batchelor

Melina Bath

Gaelle Broad

Wendy Lovell

Samantha Ratnam

Rikkie-Lee Tyrrell

Sheena Watt

PARTICIPATING MEMBERS

John Berger

Ann-Marie Hermans

Joe McCracken

Evan Mulholland

Rachel Payne

WITNESSES

Leah Taaffe, Chief Executive Officer, and

Lauren Davy, Executive Director of Operations, Community Living and Respite Services.

The CHAIR: Good afternoon, everyone. I declare open the committee's public hearing for the Inquiry into the 2022 Flood Event in Victoria. This public hearing is for the Environment and Planning Committee, a bipartisan committee of the Parliament looking into the October flood event. We will be providing a report to Parliament which will include recommendations to the government. Please ensure that mobile phones have been switched to silent and that background noise is minimised.

I would like to begin this hearing by respectfully acknowledging the Aboriginal peoples, the traditional custodians of the various lands we are gathered on today, and paying my respects to their ancestors, elders and families. I particularly welcome any elders or community members who are here today to impart their knowledge of this issue to the committee. I welcome any members of the public in the gallery and remind those in the room to please be respectful of proceedings and to remain silent at all times.

All evidence that you are giving today is protected by parliamentary privilege as provided by the *Constitution Act 1975* and provisions of the Legislative Council standing orders. Therefore the information you provide during the hearing is protected by law. You are protected against any action for what you say during this hearing, but if you go elsewhere and repeat the same things, those comments may not be protected by this privilege. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All evidence is being recorded. You will be provided with a proof version of the transcript following the hearing. Transcripts will ultimately be made public and posted on the committee's website.

I will just take the opportunity to introduce myself, and then committee members will also introduce themselves to you. My name is Sonja Terpstra. I am the Chair of the Environment and Planning Committee, and I am a Member for North-Eastern Metropolitan Region.

John BERGER: My name is John Berger. I am a Member for Southern Metro.

Wendy LOVELL: Wendy Lovell, Member for Northern Victoria Region.

Rikkie-Lee TYRRELL: Rikkie-Lee Tyrrell, Member for Northern Victoria Region.

Gaelle BROAD: Hi. I am Gaelle Broad, Member for Northern Victoria.

The CHAIR: And with that, I will hand over to you. If you could please keep your opening remarks to about 10 minutes, but also if you could just state your name and the organisation that you are appearing on behalf of before you begin your remarks. Over to you.

Leah TAAFFE: Thank you. My name is Leah Taaffe. I am the CEO at Community Living and Respite Services, and with me is Lauren Davy, who is our Executive Director of Operations. I too would like to acknowledge the country that we are meeting on today and the Yorta Yorta and Wolithiga people and pay my respects to their elders past, present and emerging.

We are really pleased to be here today to be presenting to the members of the Legislative Council Environment and Planning Committee. We are representing a community not-for-profit organisation that was founded in 1979 to provide disability support services in the Echuca region, and over the past 45 years we have experienced steady annual growth. In 2022–23, the financial year just finished, we supported 389 people in a range of disability services, employed just under 160 staff and had 100 volunteers supporting us. We are a registered NDIS provider and support 37 adults with disability aged from 18 to 68 who receive 24/7 support and live in specialist disability accommodation. We are also a registered provider of residential care under the *Children, Youth and Families Act* Victoria and provide 24/7 support in two homes for four young people with disability, ranging in age from five to 16 years old. That is a total of 41 people with disability receiving significant and complex supports in a residential care setting within Echuca and Moama. All of our residential services are delivered here. We have got 16 homes in Echuca supporting 32 people and four homes in Moama

supporting nine people. At the time of the floods in October 2022 we were supporting 39 clients, as we had two vacancies in our residential care settings.

We supported 29 people to evacuate during the flood, and the remaining 10 people stayed with family members in a safe location. We did that evacuation with no support from any emergency management agency; the Department of Families, Fairness and Housing, who have a statutory responsibility for three of those young people; the national disability insurance scheme; local governments; or state governments. We determined who needed to leave. We identified a safe location. We established it. We supported other providers to access it. Not only did we secure a safe location for our own clients, we also did this for 15 other people with disability who are supported in other residential homes or other homes impacted by the flood in our area. We brought all of the equipment that we needed with us, which included hoists, wheelchairs, shower chairs and commodes. We ensured that staff who could not return home or chose to stay with evacuated clients were housed and fed. I could not get any agency in Victoria to properly engage with us and provide us with consistent, understandable information which could support our decision-making, so we became experts, particularly Lauren and I, at reading flood maps, elbowing our way into meetings and taking conservative risk-assessed decisions based on a minimum-harm outcome. We worked 24/7 to make sure our clients and staff were as safe and as comfortable as they could be.

We were able to access limited information through Campaspe shire, whose staff tried hard to get us access to people and information, but they were overwhelmed with the need to respond to the impact of the flood in Rochester and Echuca, trying to maintain the emergency relief centre and dealing with the impact of the flood on their own homes and families. We tried to get access to information through DFFH, as the organisation and people with statutory responsibility for three young people in our care at the time. Unfortunately, as they tried to redeploy people to teams and change structures to react to the events, we were left with challenging communication and limited understanding of what they could provide us with. This meant that they provided us with no support and no information – and in fact added to the extreme stress and challenge we experienced throughout that period. We tried to access information through the National Disability Insurance Agency. They were also unable to provide any support other than add further reporting requirements, to which the only feedback we received was an automated email reminding us of our obligations as a registered provider. After the events the NDIA did provide access to a helpline to enable people who had been impacted by the flooding to access additional funding.

Our clients were out of their homes for two full weeks. That is a very long time for most people, and it was an absolute credit to our staff that our clients had a really wonderful, positive experience while they were out of their homes, unsure of when they would return. And when trying to make the decision if or when we should return to our homes, we also received no support or information from any agency.

With I suppose our specific response to the term of reference, we thought about the adequacy and effectiveness of the early warning system. We have also become really familiar with the Australian Institute for Disaster Resilience since the floods, and we know how they define an early warning system as ‘timely and effective information’ and that any weakness or failure in that results in a failure in the whole system. Our experience of the early warning system was that it was not accessible because you needed to have internet access, and that is patchy; and it was not accessible because we were not able to understand it. The language used in it is confusing and unclear to someone who is fully literate and has no cognitive impairment; it is completely inaccessible to someone who has an intellectual disability, is illiterate or is impacted with cognitive decline. It was wrong, it was incorrect and it was slow to be updated – and it was ineffective, because people lost trust in its efficacy and its accuracy.

The use of community meetings, which were held both in person and streamed online, became useful after the flood event when they appeared to be better structured and planned. The initial community meetings were unstructured and added to concern and confusion due to the way in which messages were communicated. Experiencing the army knocking on your door telling you to evacuate when the VicEmergency app still stated you were in a ‘watch and act’ zone was confronting and caused significant trauma to our clients and our staff.

The resourcing of the state emergency service and the adequacy of its response and the adequacy of its resourcing to deal with increasing floods and natural disasters in the future was also something we thought was important to address. The VICSES, as we know, holds critical roles in Victoria’s emergency management arrangements, including flood planning and response, and it is a volunteer-led organisation with members in

every area impacted by the flood. They did the best that they could, which was not good enough, and that is not a reflection on the personnel involved at all; rather, it reflects the under-resourcing, the poor training and the insufficient systems in place which would enable a robust, coordinated approach in response to any emergency event. It is also clear that there are significant gaps at every level of government in relation to planning, response and recovery. It was demonstrated that the framework in place is not effective, it does have significant gaps and it absolutely does not consider vulnerable people and how to ensure they are supported through emergencies and natural disasters. A vulnerable persons' register exists, but it is not kept up to date, it is not utilised and it is not properly understood.

None of this information is new to us. It has been demonstrated clearly during the bushfires, and again, during COVID. Vulnerable people are always the last people to be thought about. Given that as an organisation where the majority of our relationships are held with Victorian local and state government, and we could not get access to useful information, demonstrates the complete lack of understanding of how to mobilise and effectively use the partnerships already in existence at local and state levels when an emergency event occurs. It also demonstrates how incredibly difficult it would have been for a person with a disability, their family or carers and other vulnerable members of our community.

We could access a better level of information and support in New South Wales, a few short metres across the river. In New South Wales we were given risk assessments of our properties at risk of flooding, and we were given access to a meeting with NSW Health's disaster management team, the local incident controller and aged care providers every single day for half an hour. This was all provided, not because they have a framework in place for including people with disability or their support providers, but because they had a framework in place for supporting aged care, and we leveraged existing relationships to gain access to those meetings.

As part of the NDIS practice standards, registered NDIS service providers like us are required to meet the recently created outcome of 'emergency and disaster management', which includes planning that ensures that the risks to the health, safety and wellbeing of participants that may arise in an emergency or disaster are considered and mitigated and ensures the continuity of supports critical to the health, safety, and wellbeing of participants in an emergency or disaster. This is really important work that should be completed, albeit it has only been done by registered providers. But that work is absolutely futile if emergency management systems and organisations are also not required to embed resources and requirements for people with disability.

Work has been completed to create a disability-inclusive disaster risk reduction framework by the Collaborating 4 Inclusion team. This team consists of the Centre for Disability Research and Policy at the University of Sydney and the Australian Institute for Disaster Resilience. This project has been delivering work in Queensland, New South Wales and Victoria to improve disaster planning and outcomes for people with disability. This work needs to be embedded into the work of emergency management agencies in all states and territories.

Other related matters – we think it is important to talk about the emergency relief centre. The planning and preparedness of local councils to stand up and maintain emergency relief centres needs to be resourced and strengthened. When the emergency relief centre in Echuca was set up, there was no consideration of how to support people with a disability. Everything was done in reaction to a lack of preparation. This was demonstrated by us, both me and Lauren, getting calls on the first night of the floods, Friday 14 October, to ask if we could house people who had arrived at the evacuation centre who could not sleep on the floor due to either age or mobility issues. It was further demonstrated the following day when people were being moved to the evacuation centre in Bendigo and large buses were provided to transport people there and not one accessible vehicle was engaged. We housed those people overnight, and then we staffed an accessible bus and transported people to Bendigo and later connected Campaspe shire staff to another large provider of supported employment locally who has got a fleet of accessible buses.

As the emergency evacuation centre continued to operate, which was for an incredible 35 days in total – which is a very long time – the shire team did bring other services and supports in, but this took time and still did not support everybody adequately. We again received calls for help to house people a full week into the flood response, which we did. It should be a part of the planning and practice that there are facilities, equipment, transport and support that can be called upon and set up so that when a person arrives they are supported. If it were not for the relationships that we have in our community and our willingness to help, then there would have been a lot of people whose health and wellbeing would have been at significant risk of immediate harm.

Finally, I would like to reiterate that our experience as a cross-border provider of essential services clearly demonstrated the lack of inclusion in emergency planning processes for people with a disability, both in Victoria and New South Wales. This was evidenced by the lack of accessible transport and there being no accessible accommodation and no accessible information being provided to people –

The CHAIR: You have 2 minutes.

Leah TAAFFE: yes – no coordination of information across state borders, no inclusion of residential care service providers and no access to any accurate information in Victoria. Substantial improvements are required, which will require significant resourcing and commitment. While the flood event was incredibly difficult and its impact continues to be felt today and will be for many months and years to come, there is a very strong appetite in our community and many others for a collaborative approach to working in partnership to improve our systems and framework. We need to do better. These disasters are not going to stop, and the way to do better is to ensure we deliver inclusive planning, robust frameworks and proper resourcing of local governments and state emergency services.

The CHAIR: Did you want to add anything? No. Okay. All right. Thank you very much for those opening remarks. We will go to questions. Ms Lovell.

Wendy LOVELL: Thank you. Obviously things went wrong. Do you have any solutions for us for next time?

Leah TAAFFE: Well, as I said, it is about building the frameworks and using the work that has been done already. I think that is probably one of the most frustrating things for us. There is work that has been done that just needs to be brought together, and the work that AIDR and the University of New South Wales have done is good work. You know, it talks about person-centred emergency planning, and it identifies the work that you need to do to have good robust systems in place. It is there; we just need to adopt it.

Wendy LOVELL: There was a framework for engaging with aged care in Victoria. I am from Shepparton and was confined there for the floods. I was displaced from my home but in town doing my work, and there was certainly a lot of interaction with the aged care sector there, because we had to actually move people out of some of the aged care facilities. So I am surprised that that did not happen over here and disappointed if it did not happen and surprised you were not engaged in that.

Leah TAAFFE: Yes, but again, that is about aged care. It is not at all about disability services or residential care for young people.

Wendy LOVELL: But you talked about how in New South Wales you were able to link in through that aged care plan –

Leah TAAFFE: Yes, because it was very obvious and easy for us to see that that existed and then how we could get access to that, and we were able to get access to that because of our relationships that we had built through COVID.

Wendy LOVELL: Thank you.

The CHAIR: Just as a follow on from that, who was the lead agency in New South Wales? Was it led by disaster recovery, or was it the Department of Health? Who was actually the main one?

Leah TAAFFE: The lead agency in New South Wales is the SES, the same, but the New South Wales Department of Health have a disaster management team.

The CHAIR: And was that who was leading that?

Leah TAAFFE: They were leading the response for aged care providers, and we happened to know Denise Garner, who was the lead, because we engaged with her through COVID. So I sent her a message going, ‘You’ve got these meetings – can we come to those?’

The CHAIR: So it was not that you were specifically included but it was because of your own relationships that so you were able to hook into a network, right?

Leah TAAFFE: Yes.

The CHAIR: So in your opinion, is it going to be led by the Department of Health or disability and ageing? Who is the agency that should be leading a response for organisations like yours in Victoria?

Leah TAAFFE: I think that is something for the state government to identify, but the organisation with responsibility – really it sits between Health and the Department of Families, Fairness and Housing. One of the challenges that the NDIS review is talking about is the bottom falling out of other supports for people with disability at state level once the NDIS was introduced, because there really is not a system in place within state government where there is accessible support for people with disability or where there is knowledge around what services are being offered and how to coordinate that. So there is a gap in the system as a result of that, and it is: how do we fix that gap? Because the NDIA's response is it is not their job to coordinate, it is their job to fund.

The CHAIR: Yes, from an emergency management response point of view.

Leah TAAFFE: Yes, which is reasonable. And the quality and safeguards commissioner, who regulates any NDIS service providers – that is also not their role. So there really is not anyone left within the service.

The CHAIR: There is a gap. I guess one of the things that is great about these hearings and about this inquiry is that we actually get to ask witnesses what they think should happen. So you said to me, 'Oh, it's for the government to identify,' but I am interested in what you think, as someone who works in the sector, about who should drive it, because you are an expert in this field. So what should it look like, and who should drive it?

Leah TAAFFE: In my opinion I think it should sit with the Department of Families, Fairness and Housing. They hold responsibility for residential care for young people, and they also have an equivalent responsibility for other people with disabilities who are outside the system, so I think it really sits with them.

The CHAIR: And in your experience, has there been a previous example of where that has been provided, or has it always been a gap? As long as you have worked in the sector, has there always been a gap or has there been – I am just trying to look at what has happened in the past. Has it not changed or –

Leah TAAFFE: It has become a gap because of the introduction of the NDIS. Pre the NDIS everything sat within what was DHS and then DHHS and is now DFFH, but with the introduction of the NDIS those responsibilities got lost.

The CHAIR: Yes, sure. Did you want to add anything to that?

Lauren DAVY: No, I was just going to make the same point.

The CHAIR: . Okay. Sure. All right, thank you. Dr Ratnam.

Samantha RATNAM: Thank you so much for your evidence and providing that account. It is really powerful. In fact a number of us this morning as we were touring the flood levees were remarking upon what happened to the disability community around that time, given the gaps we were starting to hear about through the evidence yesterday as well. So it is very timely, and thank you very much.

A couple of things to follow up on: just part of that conversation talking about the NDIA saying, 'Well, it's not our responsibility' – maybe technically it is not, but they hold a lot of that information, right? It is about who holds information and who can get that information out to the people as quickly as possible, so you are looking to agencies that have this kind of other coordination responsibility then to help in those times. So I think it is some good food for thought to think about them saying it is not their role, but what responsibility comes with being the holder of all that information?

I was also interested in what you talked about, which is the collaboration of the inclusion team. You were talking about the disability and disaster action plans that have been developed. This sounds like it is happening out of government – at university you talked about. Can you just give us those details? I would just like to follow up on that.

Leah TAAFFE: Yes, the Australian Institute for Disaster Resilience – they have partly funded, along with the University of Sydney, a group that have come together, and they call themselves Collaborating 4 Inclusion. It is all about trying to build good frameworks and really practical resources for people with disability in an emergency – for the agencies and organisations that support them. They specifically worked with agencies in New South Wales, Victoria and Queensland to help build their systems, but they have been done on an individual basis or a location basis, not necessarily on a state-mandated or required basis.

Samantha RATNAM: Yes. Okay. It sounds like there is going to be some really interesting work that is going to be hopefully instructive and informative to the systems that we set up for future disaster recovery management.

Lauren DAVY: Because it is such an isolated response that happens in small pockets, we only found out through our own connections. It is not something that we knew about as a provider that we could implement beforehand. It was post the events that we found out about this work and said, ‘Why isn’t this everywhere?’ This would have saved a significant amount of trauma, risk, work, expense.

Samantha RATNAM: Thank you for finding out about it, and we must find out about it because it is going to be really important. The assumption is probably out there that these systems and plans are all there layered and they all kick in at the right time, but I think one thing, early days in the hearings of this inquiry, we are already becoming quite aware of is that we have got some work to do in terms of disaster preparedness. Unfortunately, we going to see more kind of climate disasters more frequently in our futures, and now is the time to get those systems ready. Unfortunately, we are going to have to be prepared, and you would think they would be systemic and statewide, so we have got some work to do. So thank you for letting us know about that.

The CHAIR: Mr Berger.

John BERGER: I do not have any question as such. I was listening intently to your report, and I think there are some serious flaws that happened with your group. I just wonder, how are the people and how are your staff dealing with what has happened?

Leah TAAFFE: We had a number of staff impacted by flooding too, who were amazing because they stayed with us and with the people that they support rather than going home and helping their own families out. What we did was we moved everybody out to the golf course – Rich River Golf Course – because on the flood map that was the spot that was not going to be impacted. Because we all know each other, because it is all local, I just rang Shane Gloury and said, ‘What have you got? We’re coming.’

The CHAIR: ‘Put the kettle on.’

Leah TAAFFE: Yes, ‘We’re going to have some fun.’ Because we brought everybody together in that location, it actually was a really positive experience because it was very quiet out there. There were no trucks and helicopters and ambulances and fire engines, and all our staff worked really well together. It was the place you went to if you wanted a little bit of an oasis and downtime, because everybody was on a holiday, having a really positive time, which was really well supported by the golf club staff and by the wider community too and by our staff. I think that being able to do it together helped our staff hugely, and it absolutely helped our clients that we supported. As we have come out of it, we have talked about, ‘How do we do that again in the future? How do we make sure that people feel really well supported?’ They felt like we were there all the time and we were talking to them all the time about what was happening. We were trying to make sure that people had information, because the thing that often causes concern and anxiousness is not knowing – the stuff that you do not know – so we were trying to make sure that they had as much information all of the time as possible, and we did that post the event.

Lauren DAVY: We did, and we did a significant amount of work with our staff that could not continue to work. There were a number of people who could not come to work because they were at risk of being cut off from being able to return home or they were displaced or any of those kinds of things. We did work where we contacted them every day and then made plans about how often they would like to be contacted afterwards, because it was hard to get information and we were being able to elbow our way in to get some information. We used our resources and our networks to be able to share some of that, because it was challenging to get credible information at the time, and our staff were concerned about it as well. We did the same with our clients who were able to remain at home or they went to stay with family or whatever their circumstances looked like.

Some of them evacuated into the evacuation centres. We did the same thing where we contacted regularly, daily, and checked with them because the information they were getting from Facebook was not credible, was not reliable and was causing considerable concern – and considerable risk to them, because they were not able to determine what was credible information. That happened to lots of people, not just our community that we support.

The CHAIR: Ms Tyrrell.

Rikkie-Lee TYRRELL: Look, it is really hard to find any questions. The statement was actually tremendous.

The CHAIR: It was actually really comprehensive.

John BERGER: Yes.

Rikkie-Lee TYRRELL: You have given us the cause, the effect and the answers and where to find them, so I cannot.

The CHAIR: That is all right.

Rikkie-Lee TYRRELL: But I say thank you, thank you for that. The deliverance – beautiful.

Wendy LOVELL: I do have another question.

The CHAIR: Ms Broad.

Gaelle BROAD: Thank you very much, and I agree that your contribution has been fantastic today. I guess just one – the research that was mentioned earlier. Are you able to share that with us?

Leah TAAFFE: Yes.

Gaelle BROAD: Yes? Thank you. That would be excellent. Also, you just mentioned the information that you received at the start was inaccurate and the community meetings were not very well run. What would you like to see in future? How can that be improved? I guess we are interested in where you were going for that information, but what would you like to see, and particularly with the community meetings, to be more inclusive?

Lauren DAVY: It was resourcing. The people on the ground and the personnel themselves were actively doing their best, and I do not think it is an issue in that state; it was the resourcing and the frameworks to be able to roll these out. You need to practise and you need to plan and you need to review and you need to refine these types of things; it is not something you can do on a whim, and it is not something that you can do if you have not done it for five years – it will be completely different again. So for us it was that they did not have the information. They were trying to share it. It was hard to hear, the technology was not there, the people who were presenting were probably trying to evacuate from their own homes. So there were all of those kinds of things that led to those meetings not being maybe as helpful as they could have been or as they were further down the track.

But also on the information that we were trying to receive: like we said, on the app it was stated that one of our residential facilities was in a watch-and-act zone; we had the army knocking on the door that night to tell them to evacuate to the evacuation centre that was four blocks away. So that was a really challenging process, to be able to understand, ‘Well, why is that a risk? Where is that risk coming from? Are we best to leave and try and take people with significant and complex challenges into a noisy space with no way of being able to manage and support their needs?’ No-one was able to tell us, the people who were asking us to evacuate were not able to tell us. They just said, ‘Our orders are to come and tell you to evacuate.’ That is really challenging at 8 o’clock at night, for us to be able to now make some decisions about how we do that, because we need to ensure we are keeping our clients safe. We need to keep our staff safe. We need to be able to keep the community safe as well, because not everyone can go to an emergency evacuation centre; not everyone can manage that type of sensory environment or load or process the information at the speed that we need them to process it at. If you are being asked to leave at 8 o’clock at night, that is really hard for us to be able to

communicate to a lot of the people that we work with; they need time to consider these things and have time to ask questions. That takes skilled staff, and it takes time.

Gaëlle BROAD: So it is informing you, so that you then inform the clients? But like you said, as far as a place to go, you were looking for somewhere that was quiet and not necessarily in with the rest of the emergency relief. Yes, that is interesting.

Lauren DAVY: And with information about why that would have been a risk. If we had been able to have information like we did in New South Wales where we got a risk assessment that said, 'These are the types of risks that your property is under, these are the triggers that you need to consider and this is the information to watch,' we would have been able to make those decisions earlier ourselves. But we could not get that information. We could not find out why that particular house was being asked to evacuate; there was not any information about when that might be and what that would look like. So that makes it very hard to make a good decision in an emergency, if you do not have that kind of information.

The CHAIR: Ms Lovell.

Wendy LOVELL: Sorry, I should have said before, thank you very much for your submission and particularly thank you for your work during the disasters. Amazing. I was just wondering, with any of your clients or anyone else you know of locally where the state is the guardian, if the response was any different for those people.

Leah TAAFFE: Three of our young people who live with us, the state is their guardian, and we have three other adults with a disability where the state is their guardian. We had no communication or contact from anyone in any of those teams other than to ask us to report on things that were not particularly useful at that point in time.

Wendy LOVELL: Not much of a guardian.

Leah TAAFFE: No.

Wendy LOVELL: Thank you.

The CHAIR: I think all of us agree you have done an excellent job in giving a very comprehensive statement, so we are all struggling to find questions to ask you. But it sounds like you got up to speed very quickly by doing your own sort of searching about what to do. So it sounds like there was not any advanced planning on evacuation or disaster – like, 'What do we do?' – and it sounds like you have come up to speed very quickly. So there was not a plan in place for your facility earlier on; this is the first time you have had to contemplate evacuating in a disaster – is that right?

Lauren DAVY: Yes.

Leah TAAFFE: Yes. We had stood down our COVID emergency planning committee on the Wednesday, and we stood up our flood emergency planning committee on the Thursday. Yes. So, you know, we had had a bit of practice with COVID on how to manage in an emergency. While it was a different emergency, it is entirely the same skill set.

The CHAIR: It is an emergency, right.

Leah TAAFFE: Yes. And so, yes, we have just gotten really skilled at trying to find complex information in a vacuum –

The CHAIR: Very quickly, yes.

Leah TAAFFE: Yes – where you do not have someone you can call.

The CHAIR: If you compare it to, say, your COVID sort of process that you were following, was there direction from either the NDIS or other agencies? So the same sort of outcome again – it is like there was no kind of central coordination for guidance for your facility and your residents to follow. You have kind of had to make it up yourselves by getting the information you need to formulate a plan.

Leah TAAFFE: Yes. And then when the public health units were stood up, they were a source of support and information.

The CHAIR: Right.

Lauren DAVY: There is an ongoing comment that if you want to know what happens in disability, just wait four to six weeks after what happens in health. It seems to be that, you know, this happens first and then, ‘Oh, that’s right, disability.’

Leah TAAFFE: Yes.

Lauren DAVY: So it can be a real challenge, and it was a real challenge at the start of COVID to get information that was specific to people with disability. It is much better now. I mean, there has been some really good work done in that space now, but at the start of that process that was just as challenging.

Leah TAAFFE: Yes. And we did the same thing in that we made decisions based on the information we could get and reducing the risk of harm as quickly as we possibly could.

Lauren DAVY: And local relationships were absolutely key to surviving both. It was the people that we knew locally in those early first weeks, the first two weeks of both. The strength of our community was actually what helped us manage. And, you know, if you were not in such a supportive and inclusive community, that would be even more challenging.

The CHAIR: Can I just ask a question about management of medication and those sorts of things? Talk to us about how you navigated that space, because we have heard from other witnesses that the pharmacy down the road was inundated or shut. So how did you manage that? What did you do?

Lauren DAVY: Local relationships – so we identified that as a risk really early, that that was going to be a challenge for us because we did not know how long we would need to be evacuated. We did not know how long people were going to be impacted. So having really good relationships with our local pharmacies – it was day two, I think, we thought about that – and we got in early, and we said to them, ‘Right, can we get –

The CHAIR: Scripts.

Lauren DAVY: Yes. We worked through, ‘Well, this is what we need,’ and we communicated it really well to them. So we tried to make sure that we were clear and that we collated all the information and got that to them as quickly as we could so that they could act on it as well, and everyone who we made contact with was fantastic. And particularly our own staff, in being able to think these things through, were excellent. They know their clients really well, and they really thought about, ‘What are they going to need?’ I think one of the things that really helped us is that at the start of this process we said, ‘We think we’re going to be out for three weeks. Let’s plan for three weeks, and if we get home earlier, fantastic.’ So rather than trying to do day by day, we put the planning long term straight up.

The CHAIR: Yes. That makes sense too, because obviously you are in the unknown and to prepare for and plan for the worst possible scenario – so if it turns out it is a week, it is a week. I mean, we have heard there are people who still are not back in their homes even now.

Lauren DAVY: Definitely.

The CHAIR: So in your situation it is even more unpredictable and hard to figure out what is an appropriate time frame.

Lauren DAVY: Medication, access to help – we had a couple of people who needed to seek medical advice while we were evacuated. That was really challenging. Access to equipment, access to therapy and behaviour support – as you can imagine, the homes that people live in are set and modified to really suit their needs. When you move out of that environment, that brings a lot of challenges, and that was particularly challenging in being able to support people for that length of time in an environment that was not suited to their needs, for both mobility and behaviour support.

Samantha RATNAM: Just a couple more questions, if I may. You might not be able to speak to this, but I am interested in your insights if there has been much discussion within the disability support sector more broadly or the youth sector more broadly locally in terms of what their experience was like, was it similar to yours, and what they might be calling for. The other question that I had was: post event, given the gaps in that coordination, is there any way to track how people are going now? Is there any register or account of people who are experiencing vulnerability should there be another flood event or another disaster that we could then rely on for the next event, or is that still a gap?

Leah TAAFFE: We have that information about our clients –

Samantha RATNAM: Your clients? Yes.

Leah TAAFFE: but other people who we do not support, no idea how they are being supported –

Samantha RATNAM: You have not got a sense that somebody is doing that work to collect that in case there is any future flood?

Leah TAAFFE: And I would imagine that no-one is doing that work –

Samantha RATNAM: No-one is doing that, okay.

Leah TAAFFE: at this point. And in terms of the other providers locally, we are all pretty much on the same page in terms of –

Samantha RATNAM: Okay, similar experience.

Leah TAAFFE: Yes, what our experiences were like – and we all worked together, so I picked up the phone and called a couple of CEOs and went, ‘I’ve got rooms out at the golf club. What do you need, because I’ll try and get extras for you if you need those’. When we realised that the shire did not have accessible vehicles I picked up the phone and rang another CEO who has got that fleet of accessible vehicles and said, ‘Are you happy to share that?’, and he was like, ‘Yeah, of course.’ We all work together all the time, but all our experiences were very similar in that we could not get information, so we relied on each other for that rather than trying to find that elsewhere.

Samantha RATNAM: Thank you.

The CHAIR: Ms Lovell.

Wendy LOVELL: Just following up on those clients where the state was the guardian, what would your expectations have been of the state in that situation?

Leah TAAFFE: My expectations would have been that they (a) would have been interested in what was happening with them and how they were as human beings and individuals, and then (b) what could they do in order to help us get the information that we needed to make sure that they were kept safe and well, and neither of those things occurred.

Wendy LOVELL: Thank you.

The CHAIR: Any other questions? Thank you so much. That was a very comprehensive submission that you gave us. It was really informative and very, very helpful. It has been really eye-opening, I think, to hear of the experiences of the people that you care for, so thank you very much for providing us with that information. Thank you for coming today.

With that, we will declare this session closed and thank everyone for coming. That is the end of our hearing for today.

Committee adjourned.