



Royal Commission
into Violence, Abuse, Neglect and Exploitation
of People with Disability

Overview of responses to the **Emergency planning and response Issues paper**

February 2021

Please be aware that the content in this paper may be distressing or raise issues of concern for some readers.

There are a range of services available if you require support after reading this paper. Contact details for these services are located at the end of this paper under the heading 'Counselling and support'.

Outline

Emergency planning and response issues paper

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Royal Commission) published the Emergency planning and response issues paper on 15 April 2020 and invited responses by 17 July 2020, though responses were accepted after this date until 31 October 2020.

The issues paper sought information from people with disability, their families and supporters, advocates and experts about their experiences in planning for and responding to emergencies. It also asked for feedback about what can be done to improve the safety and wellbeing of people with disability during emergencies, such as the recent Black Summer bushfires (the bushfires) and the ongoing COVID-19 pandemic (the pandemic). The paper invited responses to eleven specific questions, but respondents were not limited to answering those questions.

Purpose of this document

This document provides a brief summary of what we have been told in responses to the Emergency planning and response issues paper received by 31 October 2020. The responses expressed a range of views. The overview is intended to outline what we have been told in the responses but is not an authoritative statement of the contents of the responses. The overview does not state the position of the Royal Commission on any issue.

The Royal Commission will take the responses to the issues paper into account in its future work. That work will include further consideration of emergency planning and responses for people with disability.

Scope of this document

This document does **not** summarise what we have been told so far in submissions, community forums, private sessions or evidence at public hearings.

All information provided to the Royal Commission informs our work. The Royal Commission will continue to consider emergency planning and responses for people with disability.

In August 2020, the Royal Commission held Public hearing 5: Experiences of people with disability during the ongoing COVID-19 pandemic (Public hearing 5). Many of the responses were taken into account in the Royal Commission's [report on Public hearing 5](#), which was presented to the Governor General and tabled in Parliament on 30 November 2020.

Who responded?

As at 31 October 2020, we received 69 responses to the Emergency planning and response issues paper.

We heard from two First Nations organisations, namely First Peoples Disability Network (FPDN) and Indigenous Allied Health Australia (IAHA). We received one response from Adult Multicultural Education Services (AMES) Australia, an organisation which works with culturally and linguistically diverse communities.

We received responses from four people with disability, several family members and supporters of people with disability in addition to responses from peak bodies, advocates, academics and researchers, disability service providers, and a range of other organisations.

What did the responses say?

Responses to the Emergency planning and response issues paper provided insights into the experiences of people with disability during emergencies. Respondents discussed experiences during emergencies such as bushfires, floods and other natural disasters. Many responses focused on the effects of the COVID-19 pandemic on the disability community.

Many respondents told us that repeated emergencies have exposed Australia's lack of emergency preparedness. This lack of preparedness disproportionately affects people with disability, whose pre-existing disadvantages are exacerbated during crises.

We also heard about the diverse needs of people with disability throughout all stages of emergency planning and responses but we also heard about the resilience shown by many people with disability during crises.

The following section outlines the overarching themes that emerged in the responses we received.

Violence, abuse, neglect, and exploitation of people with disability during emergencies

The University Centre for Rural Health told us that people with disability and their carers may be at risk of systemic neglect during natural disaster emergencies, drawing on findings from a case study into the flooding of the Northern Rivers region in 2017. During the floods, people with disability and their carers were more likely to be evacuated and displaced for more than six months in comparison to people without disability. They also reported disruptions to essential services such as health, social care and food.

The Physical Disability Council of NSW said that people with disability were at risk of neglect during the bushfires, particularly as emergency information and evacuation accommodation did not appropriately consider the needs of people with disability.

The Uniting Church in Australia told us that the bushfires and the pandemic have 'led to increased risk and incidence of abuse and domestic violence' for people with disability, as well as 'neglect, isolation, and restrictive practices'. Dr Claire Spivakovsky and Dr Linda Steele told us about the multi-faceted ways in which restrictive practices and guardianship laws are used in emergency situations, including the formal and informal methods through which individuals are subject to control, coercion and detention during emergencies. Micah Projects Ltd – Lotus Support Services told us that people with disability are 'much more at risk of being taken advantage of' during emergencies. Their response illustrated how service closures and public health measures introduced during the pandemic left some people with disability at risk of violence and abuse. Women with Disabilities Australia (WWDA) had received anecdotal reports of 'women with disability being locked up against their will and having their rights to access support services, money, information, friends, family and even food restricted...in the name of COVID-19 lock down measures'.

Potential factors that contribute to violence against, and abuse, neglect, and exploitation of, people with disability during emergencies

Government responses

Article 11 of the United Nations *Convention on the Rights of Persons with Disabilities (CRPD)*¹ recognises that State Parties must 'ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters'.² Many responses emphasised that governments in Australia have a responsibility to plan for and respond to emergencies in a disability-inclusive manner. These respondents highlighted that people with disability continue to be left behind and overlooked across government emergency planning and responses.

We were told that the lack of government preparedness for emergencies demonstrated a failure of the Australian Government in implementing its requirements under the Convention on the Rights of Persons with Disabilities and the Sendai Framework for Disaster Risk Reduction (the Sendai Framework).³ The Centre for Disability Research and Policy (CDRP) and the Centre for Research Excellence in Disability and Health (CRE–DH) told us that the Australian Government has failed to establish any permanent and effective mechanisms to ensure the participation of persons with disabilities and their representative organisations in emergency planning and response. Further, Australia’s national frameworks for emergency planning and response⁴ do not encourage disability-specific and disability-responsive support during emergencies.

The Victorian Office of the Public Advocate told us that ‘the particular needs of people with disability are not front of mind in the crafting of government responses’ to emergencies. Women with Disabilities ACT (WWDACT) stated that the systemic failings of government to support women, girls, feminine identifying and non-binary people with disability during the pandemic left them feeling that ‘the responsibility has fallen on us’. Several respondents identified government delays in developing a targeted strategy for the disability community during the pandemic to illustrate that how people with disability were overlooked in responses to the pandemic. As a result of these delays, people with disability were placed at an increased risk of neglect and abuse during the pandemic.

FPDN told us that emergency situations compound the effects of an ‘insufficient and lack of investment and commitment to services and support[s]’ more generally for First Nations people with disability. FPDN explained that this amplifies the intersectional discrimination and disadvantage experienced by First Nations people with disability. In its view the responses of government during the pandemic exposed the vulnerability of First Nations people with disability and the ‘lack of pre-existing supports and services that should already be designed and delivered’.

Respondents identified that a lack of disability-specific emergency planning and response within government during the pandemic created significant challenges for people with disability in accessing essential supplies and services such as Personal Protective Equipment and accessible testing facilities. Concerns were expressed about legislative amendments introduced in different jurisdictions during the pandemic that affected the rights of people with disability and were introduced without prior consultation with people with disability and their representative organisations. Specifically, the Queensland Office of the Public Advocate’s response commented on the *Justice and Other Legislation (COVID-19 Emergency Response) Amendment Bill 2020* in Queensland while the Royal Australian and New Zealand College of Psychiatrists’ response raised concerns with the *COVID-19 Emergency Response Act 2020* in South Australia.

Some respondents recognised the benefits of measures introduced by the National Disability Insurance Scheme (NDIS) during the pandemic which improved access to assistive technologies and to home delivery services from major supermarkets. However, we also heard that the cost of accessing services online as well as delivery costs and shortages of goods created significant barriers for people with disability, and that the majority of people with disability who are not NDIS participants were unable to access these initiatives.

Access to services, supports and other essentials

Respondents told us that emergencies present significant challenges for people with disability in accessing essential services, supplies and supports. People with Disability Australia told us that during the pandemic, people with disability experienced a significant reduction in the provision of disability supports, both through services offered through the NDIS and non-NDIS funded disability supports. Children and Young People with Disability Australia (CYDA) told us that children and young people with disabilities and their families had support services cancelled during the pandemic. CYDA explained that this largely affected children and young people who are NDIS participants.

We heard that while transition to online service provision during emergencies like the pandemic benefited some people with disability, many experienced significant barriers in accessing services online. This was particularly the case for people with disability with limited access to digital technologies. Dementia Australia also told us that the move to utilising online services during the pandemic exacerbated the 'digital divide' experienced by older people with disability in accessing essential information and services.

We were told about the increased financial stress people with disability experience during emergencies, many of whom are already financially disadvantaged. Respondents noted that financial pressures during emergencies can be compounded by limited access to income support measures. WWDA highlighted the crucial need for government emergency planning and responses to 'recognise the stress that crisis and emergency situations place on the financial stability of the disability community' and to 'consider the specific economic disadvantages that face different cohorts of people with disability across Australia'. Queenslanders with Disability Network told us that during the pandemic, the increased prices of Personal Protective Equipment and other essentials, as well as 'panic buying' of essential items, prevented people with disability accessing essential supplies.

We heard about the additional responsibilities and increased pressure placed on unpaid carers during emergencies. We were told that during the pandemic, inadequate advice in relation to infection control led to many people with disability and paid support workers cancelling services in an effort to minimise risk. Carers NSW stressed the need for a continuity of supports during emergencies, raising concerns that the 'significant increase in caring load reported by many carers during recent emergencies will impact the long term sustainability of caring roles'.

Access to information

Many responses recognised access to information during emergencies as an issue of critical importance. We heard that information and advice provided by governments during emergencies overlooks the specific needs of the disability community and is often inaccessible to many people with disability.

Respondents highlighted that inconsistent communication and information during the pandemic created particular challenges for the disability community, particularly for people in closed or

congregated settings. The challenges included confusion around what constituted an 'essential service', as well as uncertainty as to how public health measures were to be implemented for people with disability. National Disability Services told us that information and guidance provided to disability service providers during the pandemic was 'inadequate or confusing and often left decision making to individual providers, resulting in varied responses'. The Intellectual Disability Rights Service (IDRS) said that there was 'no clear, well-publicised guidance' for people with disability, their families and providers within congregated settings, and a response from a group of disability service providers told us that the sector 'suffered from a lack of timely, specialised and discrete centralised information and guidance'.

We were told that the lack of accessible information during emergencies puts people with disability at risk. Responses from Vision Australia, Down Syndrome Australia and other organisations reflected on the challenges people with disability faced in seeking accessible, timely, targeted information. The Deaf Society and Deaf Services, Deafness Forum Australia and the Deafness Council of Western Australia stressed the importance of governments and media providers considering the diverse needs of people who are Deaf, hearing impaired, hard of hearing, have a hearing loss or are deafblind during emergencies. We heard support for the increase in access to sign language interpreters during recent emergencies in Australia. However, we were told that the Deaf community require access to 'timely, effective, reliable and regular' information through Auslan, closed and open captioning, and tactile communication methods throughout all stages of emergency planning and response.

CYDA told us how a lack of targeted information for children and young people with disabilities and their families during the pandemic exacerbated 'distress and uncertainty'. FPDN highlighted the scarcity of culturally appropriate and accessible information during the pandemic for First Nations people with disability. AMES Australia explained the layers of barriers to accessing information for people with disability within culturally and linguistically diverse communities. This included the inaccessibility of information, the absence of information translated into community languages, a lack of culturally appropriate information, and the difficulties faced by members of culturally and linguistically diverse communities who have limited access to digital technologies.

We also heard about the specific risks during emergency situations faced by people with disability who may rely on others for information, or who may experience barriers in accessing the internet or digital technologies. The Northern Territory Office of the Public Guardian told us that internet access in remote and very remote communities is 'poor and very limited', which 'significantly affected the distribution of information in language' for First Nations people during the pandemic. We also heard that people with disability living in congregated settings during emergencies may be prevented from accessing information during emergency situations.

Safeguards and oversight

Concerns were expressed about safeguarding and oversight practices during emergency situations, particularly in closed and congregated settings. CDRP and CRE–DH told us that people with disability in segregated settings face particular risks during emergency situations 'because of the lack of natural safeguards from families or visitors', both formal and informal. Dr Claire

Spivakovsky and Dr Linda Steele told us about the use of restrictive practices during emergencies in closed and congregate settings, including people with disability in shared accommodation such as group homes being locked in their rooms.

We heard about congregated homes being locked down during the pandemic without prior consultation with people with disability or their families, and without alternate safeguards being put in place. Responses raised concerns with how the imposition of public health restrictions imposed on closed and congregated settings prevented people with disability from exercising full choice and control. Queenslanders with Disability Network told us about supported accommodation providers ‘restricting the rights of people with disability beyond what was required under public health directives’ during the pandemic.

People with Disability Australia raised concerns about the ‘shortcomings in accountability and oversight mechanisms’ during recent emergencies, and recommended an investigation into the oversight, accountability and safeguarding measures in operation during the pandemic. Some responses also expressed concerns with the disruption of community visitor programs across different jurisdictions during the pandemic.

The Northern Territory Office of the Public Guardian explained that the withdrawal of informal, community-based safeguards during the pandemic placed people with disability in closed and congregated settings ‘at significant risk of violence, abuse, neglect and exploitation’.

Social isolation

We were told that social isolation during crises may increase the risk of violence against, and abuse, neglect and exploitation of people with disability. This was amplified for people with disability who had no face to face connections during the pandemic, did not have access to the internet or digital technologies, or who were more isolated in rural and remote areas.

Ability First Australia told us that social isolation and the closure of services during the pandemic had a detrimental effect on the mental wellbeing and quality of life of people with disability and their carers. AdvoTas explained that during the pandemic, ‘LGBTIQ+ people with disabilities overall reported increased isolation, reduced availability of LGBTIQ+ appropriate community and mental health supports, and increased fear of discrimination or “deprioritisation”.’

Barriers across service systems

The barriers people with disability encounter when interacting with different service systems can be heightened during emergencies. CYDA and the Australian Coalition for Inclusive Education (ACIE) told us about the systemic neglect children and young people with disability experience in accessing education, particularly due to the challenges of learning from home. A group of researchers told us that many young autistic people and their families struggled during the transition to learning from home during the pandemic due to the lack of appropriate support and loss of accommodations and supports provided in mainstream education settings.

Many responses highlighted how access to healthcare can be constrained in emergency situations, including for people with disability may face barriers in accessing assistive technology such as access to telehealth. We heard concerns about how prejudice within the healthcare system may 'de-prioritise' people with disability in accessing healthcare during emergencies. FPDN provided guidelines for ethical-decision making that promote the delivery of 'equity, shared decision-making and culturally safe care'. The guidelines noted that the pandemic is 'exposing the old problems of discrimination that lie at the roots of Australian healthcare'. IAHA told us that the pandemic has highlighted the need for a strong workforce of First Nations health professionals, particularly in rural and remote communities where local health service delivery is significantly disrupted by emergency situations.

Legal Aid NSW told us that people with disability, particularly those with psychosocial, cognitive and sensory disability, were negatively impacted by changes to the justice system during the pandemic. This included changes to court processes that were inaccessible for many people with disability.

Proposals for change

Respondents to the Emergency planning and response issues paper made a range of proposals for change.

The most common proposals for change can be broadly grouped into the following categories:

- Including people with disability across all levels of emergency planning and response
- Information accessibility and messaging
- Safeguards, complaints and oversight
- Maintaining community connections.

Including people with disability across all levels of emergency planning and response

Respondents told us that people with disability must be included in planning for and responding to emergencies across the planning, design, delivery and evaluation phases of emergency planning and responses. We received proposals for the establishment of an accessible and inclusive mechanism to engage people with disability and their representative organisations in the implementation and monitoring of the Sendai Framework. Some respondents recommended embedding clear and measurable implementation targets for such a mechanism in the new National Disability Strategy. We were told that governments should include and consult with people with disability and disability advocacy organisations throughout all stages of emergency planning and response, ensuring responses and recovery efforts are disability-inclusive and uphold the human rights of people with disability.

Some respondents suggested that the inclusion of people with disability in emergency planning and response could be facilitated through use of Disability Inclusive Disaster Risk Reduction (DIDRR) and Person-Centred Emergency Preparedness (PCEP). These tools and strategies were recognised as mechanisms through which people with disability can be enabled to plan for and respond to their specific needs during emergencies, while encouraging effective cross-sector collaboration.

Information accessibility and messaging

We heard proposals to improve the provision of accessible, disability-specific information during emergencies, including information that considers the multilayered experiences of people with disability. IAHA and FPDN told us about the importance of developing accessible communications for First Nations people with disability during emergencies. IAHA suggested Aboriginal Community Controlled Health Organisations should be appropriately resourced to further support the ‘development of accurate and tailored messaging’ for First Nations people with disability.

AMES Australia told us about the critical role of trusted community leaders in disseminating information to people with disability within culturally and linguistically diverse communities. Their response noted the effectiveness of the AMES Australia Leadership and Community Champion programs in getting information into isolated communities, highlighting this program as a ‘model that requires investment in advance of any emergency’. AMES Australia also told us that ‘understanding formal and informal communication channels within migrant and refugee groups is key to sustaining engagement, participation and ensuring equal access to accurate information’.

The national provider of Information on Disability – Education and Awareness Services (IDEAS) shared their experiences in providing information services during recent crises in Australia. IDEAS expressed that an accessible, accurate and trusted emergency hotline service is essential for people with disability, noting that such a service needs to be appropriately resourced. Other respondents supported the proposal that a hotline service would only be effective if it is accessible to all people with disability, as well as being appropriately resourced and well connected to the disability community. CDRP and CRE–DH suggested that rather than a hotline, a more useful solution would be to ensure people with disability are connected with an advocate to ensure they are kept safe during emergencies.

Researchers from Curtin University told us about the important role of digital technology during emergencies, suggesting the development of an accessible application that provides real-time, disability-specific information during crises.

The Australian Communications Consumer Action Network (ACCAN) provided proposals for improving the provision of accessible information in a range of community languages, as well as in digital and non-digital formats. ACCAN also suggested making legislative amendments to the *Broadcasting Services Act 1992 (Cth)* to ‘place stricter obligations on all broadcasters to provide captioning and Auslan interpretation of all emergency warnings and broadcasts’.

Safeguards, complaints and oversight

Micah Projects Ltd – Lotus Support Services highlighted the need for increased funding during emergencies for oversight bodies to conduct welfare checks. Respondents suggested an oversight body should regularly visit closed and congregated facilities during an emergency. WWDACT suggested the ‘National Abuse Hotline and the NDIS Quality and Safeguards Commission’ could ‘work more closely together’ to ensure people with disability have consistent access to reporting mechanisms during crises.

The Association of Employees with Disability Inc Legal Centre suggested that with the permission of residents, closed facilities could install cameras to monitor the actions of staff within these facilities, as well as increasing the number of staff available during emergencies and providing regular opportunities for people with disability to report to independent regulators.

Some responses recommended that increased funding for advocacy services during crises could provide additional oversight for people with disability who are at risk of experiencing violence, abuse, neglect or exploitation. CYDA told us that disability advocacy needs to be recognised and appropriately funded for children and young people with disabilities and their families during emergencies.

Maintaining community connections

Many respondents emphasised how essential community connections and active outreach is for people with disabilities during emergencies for maintaining social engagement and providing informal safeguards to prevent against violence, abuse, neglect and exploitation. We heard that online platforms should be utilised during emergencies to enable people with disability to maintain community connections as well as providing access to essential services such as telehealth.

However, we heard that any transition to online services must be fully accessible for all people with disability as well as considering the needs of those who may not have access to digital technologies. The Lojic Institute told us that this could be achieved by ensuring virtual service delivery is co-designed and co-produced with people with disability. IAHA raised their support for a dedicated mental health and suicide prevention helpline as ‘a valuable social and emotional wellbeing support’ for First Nations people with disability.

How will we use the information received?

All information provided to us, including all responses to issues papers, is carefully considered by the Royal Commission. The responses will inform our ongoing work, including public hearings, policy processes and our research agenda. The responses have also informed our report on Public hearing 5: Experiences of people with disability during the ongoing COVID-19 pandemic.

Support

Blue Knot Foundation offers specialist counselling support and a referral service for anyone affected by the Disability Royal Commission.

For support please call their national hotline on **1800 421 468** (9am to 6pm AEST Monday to Friday, 9am to 5pm AEST Saturday, Sunday and public holidays).

In addition to the Blue Knot Foundation, the Australian Government provides support to assist people to engage with the Royal Commission. This support includes:

- free legal advisory services provided by National Legal Aid and the National Aboriginal and Torres Strait Islander Legal Services through the Your Story Disability Legal Service
- advocacy support services provided under the National Disability Advocacy Program.

Further information about these supports, including how to access them, is available on the [counselling and support](#) section of our website.

Endnotes

- 1 *Convention on the Rights of Persons with Disabilities*, opened for signature 30 March 2007, 999 UNTS 3 (entered into force 3 May 2008), art 11.
- 2 *Convention on the Rights of Persons with Disabilities*, opened for signature 30 March 2007, 999 UNTS 3 (entered into force 3 May 2008), art 11.
- 3 The United Nations Sendai Framework for Disaster Risk Reduction 2015–2030 is the international framework for reducing and preventing disaster risks. Australia endorsed the Sendai Framework in 2015. The Sendai Framework outlines four priorities for disaster risk management to strengthen the resilience of countries at times of crisis. It recommends inclusive engagement and partnership, and investing in women and people with disability to lead and promote the design and implementation of accessible disaster risk policies, plans and standards. The Sendai Framework highlights people with disability and disabled persons organisations need to be part of disaster risk assessments.
- 4 The National Disaster Risk Reduction Framework (2018) and the Australian Disaster Preparedness Framework (2018).



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