

## **Interview with Sandi Grieve for the Bushfire Inquiry – 15 December 2020**

**ANNE-LOUISE:** The recording – so I've just started that now. We get the recordings transcribed and I'll send you a copy of the transcript once I've checked it over. If there's anything, any issues we can fix that up and whilst I know you've already put in one submission, with some of these things what we've been saying to people is we can class it as another submission. It doesn't matter whether it's a submission or not. It's still the evidence that the team will look at. And you provided most of your details in your original submission so it's merely a question for you if you would like this transcript to be published. And whether or not you want your name on it like the other one.

**SANDI:** Yep, yep. I've got absolutely zero reason for not wanting my name on it. And I don't mind either way. I guess it's all used as evidence, so as long as it gets to the right place then I'm happy. I don't really care whether it's a submission or not.

**ANNE-LOUISE:** Yeah, perfect. Thank you very much for that. So I don't need to go over all of the demographic info because you already provided that on your other submission. But I do like to remind people – I know you work in this space, but obviously talking about your experiences may bring up a range of emotions, if you want to stop at any point just let me know, happy to put the recording on pause or take a little break. But I like people to be mindful of the fact that it can be traumatic. And thank you as I said before about your submission. I'm going to refer to it a couple of times, the team have given me a couple of questions to follow up about particulars in the submission.

But then also just so ultimately, we're interested in the effectiveness of like the emergency relief and recovery. And the recovery up until – whilst we at this point in time – you know the first six or so months, we are coming back to community in mid Feb through to mid-March to say well it's now like 12 months with us. What might have changed in that recovery space? So kind of two parts in that recovery bit, acknowledging that obviously it's a lot longer than 12 months.

So I may – yeah, so some general things would be terrific. You know things that went well, things that haven't gone so well. Opportunities for improvement, as well as yeah, I have a few questions for follow up for you, and just some of the things that I've pick up from the other bush nurses. Really interested to see is it a geographical thing? Does it work better in one area or not? Or is it across the board? There are potentially some issues but also some opportunities for the future. So, because we've got a real interest in that role of that community health, bush nursing centres, and particularly in the recovery space. So, that's the background to that.

Are you happy if I just start with maybe some of the clarifying points out of your submission?

**SANDI:** Yep. Go for it

**ANNE-LOUISE:** So you talked about in the submission that there is a recovery centre in Walwa. Where exactly was that, and that was the council's organised facility?

**SANDI:** It actually – it's an interesting building. The funding was accessed to build the building under the recoveries program funding. So it was council – it was a grant that council actually made application for in order to build the recovery centre. But essentially it was the football clubrooms. So it's a brick building that's got showers and toilets and a kitchen. But I think it was always considered really as a way of getting the funds to build another facility, to improve the infrastructure in Walwa, build the football club some clubrooms. But ultimately it is considered the recovery centre, or the relief or refuge centre.

**ANNE-LOUISE:** Yeah. Which is often the case with a lot of relief centres

**SANDI:** Yeah, it's on River road

**ANNE-LOUISE:** Yeah, cool. And we noticed that the Bush Nursing Centre is listed as a member of the Municipal Emergency Management Planning Committee,

So have you had a lot of involvement with the council in the emergency management planning or the -

**SANDI:** Yeah. I used to actually go the meetings once a month. So they used to be held relatively locally, around about half an hour travel from where I'm sitting at the moment. So I used to actually attend those meetings and we used to input into that process. It actually – the busier I get and the more difficult and I guess complex the health of the community gets, the less time I have to attend meetings, particularly off site. So I have to be increasingly cautious with my time and with the sorts of meetings that I actually attend. And more and more, the meetings that I go to are the ones that ultimately hold the promise of funding for us. Because obviously also we're under extraordinary funding pressure with the current model.

So I'm very cautious and judicious about my time and where I spend my time. So I stopped going to the meetings, I reckon it's probably two or three years ago for two reasons. They moved the meeting venue away from town down to Tallangatta, so that meant then, an hour and sort of 15 minutes travel both ways. So two and a half hours travel for me. And it was also in the days well and truly before Zoom was an acceptable platform. So there wasn't an option to Zoom into those meetings. I daresay that's changed now or may change for the future. But also it was just a teeny-weeny bit of a talkfest. So you would go and spend an hour and a half sitting in Corryong freezing your buns off because there was never any heating and come away wondering what you'd actually accomplished.

So, if in actual fact in the future the MEMP process was to maybe highlight on an agenda some very specific discussions that we could have some beneficial input into, then I could pick and choose the meetings that I go to potentially and have input where it was necessary and not sit through some -

**ANNE-LOUISE:** I've lost you a little bit there -

**SANDI:** Yeah, so yeah, if we could just maybe even pinpoint agenda items that were very specific to us, or stuff that we could have very targeted input into, that would be beneficial. Then it wouldn't be as time or resource hungry of my time. And I would be able to go and fit in to the MEMP process a little bit more meaningfully.

**ANNE-LOUISE:** Yeah, yeah, completely understand. And so from that relief and recovery point of view, had you been engaged in the actual planning for any of that/

**SANDI:** No, we actually hadn't, and we are also aware that the Bush Nursing Centre isn't identified in the current MEMP as a relief or recovery centre. So the recovery centre on River Road is the building that is identified, as that's potentially quite appropriate, except on this occasion there are a number of things that impacted on that. Those included the fact that there was no power down there, so no generator on site. And there was no permanent staff down there. The people that would ordinarily potentially staff a recovery centre, were at home defending properties or starting the clean up process and so there was nobody even on site to manage a generator, to refuel it et cetera.

So, because I was on site here, and then that in itself was almost an accident potentially, because I was – at the time the town was evacuated, I was considering whether or not I would evacuate when I was called to an emergency. So that decision around whether or not to evacuate was kind of – not taken away from me by any means – but it was overshadowed by the need for an emergency response which I undertook. And then by the time I came back here, I'd lost my opportunity to evacuate. So I was actually stuck here on site. And so as a result we kept the organisation open 24 hours a day and transitioned organically into a recovery centre.

Whereas had I have evacuated, the place would have been locked up and there would have been nobody on site to actually provide those services. So it was kind of a happy accident, I suppose you might refer to it as.

**ANNE-LOUISE:** Yeah, it sounds like you did an incredible job. And not too dissimilar actually to yeah, ██████ in Cann River, listening to her story actually. It's similar, was responding, was there when many others had evacuated. And so forth. That's thank you, thank you, that's answered one of their questions. Can you tell me a little bit more about feeling as though you were abandoned by the state government and we're interested to understand when you say state government, who you actually mean.

**SANDI:** Yeah, I guess, and look, my sense of time is a little bit skewed. I've been quite surprised when I've gone back to try and identify and write a timeline around exactly what happened. And the only way I've been able to really do that is through text messages and photographs. And I've been sometimes quite surprised that things happened on Day two when I felt that they'd been, you know they happened on Day four or five. And vice versa. So, my sense of time is a little bit skewed, but at some stage I would suggest it would have been around about Day three, so it would have been January 2nd or January 3rd, when I had discovered that – it might have even been later than that – January 4th, whatever – I had discovered that I could undertake a number of internet functions and services at the top of the hill behind my house.

So if I drove about 10 kilometres up a hill behind my place, I could actually log into the internet. So I was, of an evening when I would get home I would knick up there because, despite the fact that we had some access point to communication in town, we couldn't do internet banking or that kind of stuff. So I was knicking up there to do my personal banking, whatever. And I was up there on one of those very first occasions and I got a phone call from



**ANNE-LOUISE:** Yeah, yeah. And you predominantly – the Bush Nursing Centre receives its funding through Department of Health, is that – that's your main sort of body that you would work with?

**SANDI:** Yep, that's right, yep.

**ANNE-LOUISE:** Okay, yeah, right. Gosh, that must have just been like a devastating thing to hear.

**SANDI:** It was pretty tough, because you know [inaudible] and we had a sense of having done the right thing by the community. And a sense that we were actually doing a good job essentially. So to be kind of told essentially that we were naughty and that we should have evacuated and we shouldn't be doing what we were doing, was a bit of a blow.

**ANNE-LOUISE:** Yeah, definitely. And you talked about – in your submission you talked about that you undertook your – there was a whole bunch of donations coming in, so managing donations. You were doing welfare checks. With regards to the donations, did people ask you what you needed, or things were just arriving?

**SANDI:** A bit of both. Once the phones actually came back on, there was – the phones actually returned into service about day four I think and they literally rang hot. It was one of the difficult jobs. We had to put volunteers on the phones to constantly take the calls that were coming in and how we would manage them. And there were bizarre things. People phoning in and offering caravans, but they needed them picked up. And how to respond to a lot of these offers at that point in time so we were literally just tasking volunteers with the job of recording those offers and then like a later time we would try and either capitalise on them or whatever the case.

So we had certainly people phoning and asking us what we needed. And at the time we were also so I guess, decision fatigued and also doing so much on the run, it was actually difficult to identify exactly what we needed, except of course for fuel and bloody satellite phone. So often we were unable to put our hands up and really capitalise on some of the offers. But then also there were truckloads of stuff, relief goods that actually started to arrive. So we transitioned pretty much again overnight into a bit of a relief centre because semi-trailer loads worth of groceries were rocking up. So we converted the community centre really into a supermarket.

Because the other thing that became incredibly obvious was even once the first fire front – and even the second and third fire fronts had gone through, our community were really impacted, significantly by the roadblocks that had been put in place. So they were very aware of the fact that they couldn't drive out of the area, because there was a likelihood that they weren't going to be able to get back into the area. And of course the majority of them had cattle on 100% burnt pasture with no access to water. So being locked out of the area by roadblocks meant that they simply would lose all their cattle or their cattle would die, particularly in the 46-degree heat.

So they were choosing not to leave the area. And so as a result of that they then became quite dependent on us for supplies. So we initially in a very ad-hoc way, we had trucks of supplies

turning up, which we unloaded into the community centre and made those available to community. And also CFA, if CFA were dropping that off and grab like six cans of beans, we'd heat them up and shove them on toast for them essentially if that's all we could get together at the time. And then maybe in week two we started to get a little bit more organised with regards targeting the stuff that was coming. So, we developed some contacts in Albury-Wodonga and we could literally make contact with them and specifically request – you know we need meat, we need milk or whatever it was that we needed.

But it took really about a week of it was just arriving in trucks. And also you know a bit of a kind of a rapid community assessment just to see exactly what was necessary. And then week two we were able to do a much better job with regards providing relief services.

**ANNE-LOUISE:** Yeah. And did you have much experience with inappropriate donations, that type of stuff? Having to sort through a whole lot of things that were either not useful, not required?

**SANDI:** Yeah. We certainly did. A lot of the supermarket items that came were a year or two past their use-by date. I have no idea where that stuff came from. A small truckload of really old, grotty, dirty bedding turned up at one stage. A couple of old dirty mattresses got dumped at the Bush Nursing Centre. So obviously remarkably nice of people to be thinking of us, but yeah, absolutely – nobody quite locally lost their primary residences. We certainly lost 40 houses or thereabouts across the shire, but nobody locally lost a primary residence. So that sort of stuff was most definitely not needed. And the quality of the stuff really wasn't welcomed either.

**ANNE-LOUISE:** Have you thought about anything in that area of donations that you think – is an opportunity for improvement or a better way of doing it? Is there anything that struck you about things at the time?

**SANDI:** Yeah, it's really – the local community tend to still laugh about how many toothbrushes we all have. We will never – none of us will ever have to buy another toothbrush as long as we live. Because the stuff that came from – like emergency and relief organisations – Red Cross, St Vincent's, Salvation Army, you know often it was personal care stuff. And so I would get home of an evening and there would be five bags of personal care stuff shoved in my letterbox. Which was, you know like the thought was just gorgeous, but I will never have to buy another toothbrush as long as I live. So a little bit more coordination around that certainly would have been valuable.

I guess it is what it is and I can understand the limitations and the differently in coordinating. But because it was coming from a number of different organisations, it would be great if those guys could actually coordinate amongst themselves a little bit. But also given that none of us lost primary residences – I mean it was handy for me because I was stuck in town for three weeks sort of sleeping on the floor of my office trying to provide an emergency medical response. So there was maybe two or three times that I forgot to pack a toothbrush. So I could grab one. So that was kind of handy. But I mean by and large we were a bit over toothbrushes.

**ANNE-LOUISE:** Yeah, I can imagine. I can imagine. And further on in your submission you say that finally some people from the State Government came. And it wasn't an absolutely positive experience from what you wrote. And again, so who were these people? Who were these agencies that did come to provide assistance?

**SANDI:** Yeah, so – and I don't even know that it was finally. It strikes me that it was earlier rather than later. Because I remember the people in the Bush Nursing Centre had probably been awake and on the run, and without having really eaten ourselves for probably about 36 hours when they arrived. So, we were sitting in the boardroom. So I think it was probably earlier in the emergency than later. I'm not altogether sure who they are, but my recollection is that they definitely came from the State Government and I would imagine they came from Incident Control, potentially.

They certainly had fluoro vests on, all of them, which was lovely. But I opened the door – like I'd been – I had been wearing a uniform, so when we respond to 000 calls, we wear a similar uniform to Ambulance Victoria. So, that obviously there's recognition of our role when we're on site at 000 call by the other services that arrive. So during the emergency I actually chose to wear my uniform because it was one of only ways that I could get information. I could kind of sidle up to conversations and my uniform would get me into those conversations, where otherwise I may not have been able to get that information.

So I had taken to wearing uniform. I answered the front door, but I'd taken my shoes off. I just don't remember if I'd taken my boots off, because I'd rubbed holes in my feet. And there was a real sense of judgement about the fact that I was in uniform but I had no boots on, despite the fact that I'd been up and working for 36 hours. And it was the four or five of us that were there, it was the first time we'd actually stopped for a meal in probably 12 or 13 hours, so we were literally just sitting down to a bowl of soup and these guys all arrived and wanted to have a chat. And I don't know, just ridiculously I offered them a cup of tea and they accepted. So, I chuffed off to make them a cup of tea.

Now I think about it, it was bloody ridiculous. I should have not offered potentially, but there you have it, you know. Yeah, so it was a less than positive experience. They didn't have an enormous amount of empathy for what had just transpired. They also didn't seem to understand. And look, I guess it's reasonable that they didn't understand what our role was because we didn't really have an official role. We were making it up as we were going along. But yeah, I guess what would have probably been appropriate for them on arriving at the facility would have been to establish – you know to ask some questions around what we'd been doing and what we'd been managing and how we'd been managing it, rather than just kind of launching into the information that they provided us.

And to be truthful I cannot for the life of me remember what information they were bringing to us. They sat there while we sort of stared at our bowls of soup while they went cold. I can't even remember what it was.

**ANNE-LOUISE:** Yeah, that's okay. You're still there? You're good?



**ANNE-LOUISE:** [REDACTED]. So, just moving on a little bit to recovery, and I should say first, is there anything else in that relief space, or that kind of really during that immediate first week, couple of weeks that you might want to comment on? Other than what was in your submission?

**SANDI:** I can't completely recall what was in my submission, but certainly I've made mention of the roadblocks and I think it's actually incredibly important that we don't underestimate the difficulty that the roadblocks caused. Not just – I mean we completely and absolutely understand that it's necessary to keep people safe and to stop people going to areas of concern. But what was incredibly difficult about the roadblocks was the inconsistencies around where they were going to be and the rules around getting out and getting in. So on one day you would be able to get out and then get back in. And then depending on the particular personnel or whether there'd been a change of policy or whatever it happened to be, you would be faced with not being able to get back in again.

So, they played a significant part in unity experience during the time, because of the incredible restriction on ability to move around the area. But also that real inconsistency. If we 100% knew where the roadblocks were and what the rules were around them, we could work with those rules and make sure all of us got what we needed done. But, because of the constant change and the real inconsistency, and also don't forget a border that runs directly between – right through the middle of the catchment as well.

So, not only were we dealing with Vic Pol, we were dealing with private roadblock companies or traffic control companies on New South Wales side as well. So, depending on who was actually on those roadblocks, they were open to bribery, and they also had a very different understanding of the rules. And depending on the personalities they would administer those rules in quite different ways. So yeah, I think the roadblocks were a significant issue for all of us.

**ANNE-LOUISE:** Yeah, and I've been speaking with quite a few people up in that – Lucyvale, Berrigama area and pretty much every single person talked about the roadblocks. People in Corryong that I've spoken with too, so it was obviously a huge issue. And the same in East Gippsland I have to say as well in a number of those more remote areas that had huge impacts on people for a range of reason. So yeah, thanks for that. So moving a little bit onto the recovery, I'm really interested to understand the role of the Bush Nursing Centre in the recovery about whether if there's been any links with Bushfire Recovery Victoria and the recovery hub and your services. We're interested to understand whether you've had an increase in demand on your services and whether that has been funded accordingly. Yeah, anything around positives, issues, opportunities for improvement.

The things that came out in Cann River and some of the areas were potentially duplication of services, so you know they were already providing something, BRV came in and provided the same thing. Confusing for community. BRV was going to be potentially for a short time. You guys are there for the long haul, that type of thing. Yeah, so any sort of commentary about that, I'm interested in – in understanding what's happened in your space.

**SANDI:** Yeah, and I would most definitely echo all of the things that Cann Valley in particular have said. Certainly, there was an enormous amount of confusion from the



community. And even to this day that confusion exists, despite the fact that it's the relatively easy process now to cut through that confusion. Our Local Ares Recovery Officer's (LARO's) do a great job in helping people understand exactly what's available and what's not. But certainly in those very days there were a number of services just lobbing in towards a service here already. So they would take assumptions about what they needed and say to me, "Old mate down the road is living in terrible conditions. What are you doing for him?" Despite the fact that we'd literally been visiting him daily and managing as much as we possibly could to facilitate contact with services and advocate his or her behalf. And also in a couple of cases the individuals were actually living considerably better circumstances than they were pre the fire because we'd organised caravans for them, where previously they'd been living in pretty grotty sheds which had burnt.

So there was a little bit of judgement from outside organisations. Certainly that bit of duplication as well. Some of the confusion around what was available was also impacted by the Premier's 1800 number, which for some unknown reason just did work here. So if you called the 1800 number you got a message bank. You could leave a message. So whether those messages were every returned or not is beyond them, because they went out of service again. They came into the Bush Nursing Centre used our landlines, and then go home again where they weren't receiving any phone service. Now I was here for 16, 18 hours a day and I certainly don't recall any of those messages being returned.

So the Premier's 1800 number, bloody great idea, didn't work in essence here. And I'm not altogether sure there have been issues with 1300 numbers and 1800 numbers in the past for us. And I'm not sure whether it's because of our proximity to the border and because our phone services are actually – they come out of New South Wales. So our area code is 02 and so whether there is kind of recognition of that when you call one of these state-based numbers and you don't get through to the right place, I have no idea. But that was problematic.

Certainly, look Bushfire Recovery Victoria, they came to visit us relatively early in the piece and Ken Lay certainly provided a lot of really good explanation around recovery processes and where funding was available which – that was really valuable for us. And I think it may have just been also a little dependent on personality. You know Ken's a particularly personable individual. He's pretty kind of laid back and he was happy just to come and spend time and so we were able to access as much of the knowledge he had as possible.

So yeah, that was valuable for us. Whereas I think other organisations, they would put their hand up and say, "Yeah, but hey, we came to see you as well. Potentially they either lobbed up unannounced and without making an appointment so either I wasn't here because I was out in the community doing visits and I could not talk to them. So you know one of the things that would have been considerably better during the time period, was all of the organisations that came to town, if they actually had have called and made appointments to see staff in the facility then we probably could have coordinated the rollout of whatever it was they were offering with – in a much better way. And certainly I would have been able to spend a bit more time with them, because just lobbing up with an expectation that we would have time to see them at a time that we were flat out doing three jobs, was never, ever going to work.

So, what else didn't work? Look, and I think also one of the interesting things, and I remember having a discussion with [REDACTED] the Bush Nurse from Buchan about this early on. Was also a little bit of an assumption by the outside organisations that we were just a provider. And by all means we obviously are a provider, but there wasn't an enormous amount of understanding that we were also all fire effected. So they were coming and telling us that we had to be providing service for x person and y person. They were coming and asking what we'd done for x and y person, without a real understanding that all of us had properties that were fire effected. We were all equally victims of the fire. But also even just the work that we were doing here, potentially was also traumatic enough. So just lobbing in and kind of making demands on us as if we were just another provider, was also I guess a little bit difficult to swallow at the time.

**ANNE-LOUISE:** Yeah, and I've heard that raised again pretty much across the board by just a range of different community organisations, whether it be neighbourhood house, your bush nurses. Similarly often you're living and working in the same area and yeah, that's come up quite a bit.

**SANDI:** Okay, that's really interesting. and I'm glad it's come up. Yeah, that is interesting. cool.

**ANNE-LOUISE:** What was the other thing? Anything, yeah so whether it be mental health support or other support services that are being provided that again, from that duplication point of view, have there been any issues with that in your area?

**SANDI:** There's been a little bit of argy bargy around funding for mental health, so I think in the early days there was a lot of money made available to provide some kind of mental health access. So, that was fantastic. And it was put into place very, very quickly. And I think the idea behind it was you know, look we'll make the service available, we'll work out the funding later. And I think that was a fabulous response and that was a valuable response. Subsequently when it came to working out the funding later, we kind of lost the mental health worker that had been on site with us a day a week and that was kind of unfortunate because we'd gotten to a point where she was nearly fully booked each time she arrived here.

And to lose her at that time I guess was probably, it obviously wasn't ideal because people had developed a bit of a relationship with her at that time. So it was a little sudden and a little unexpected and of course Covid also impacted on that. She had to go back to her family in Melbourne. And then because of a change in the funding arrangement she wasn't able to come back to us. So, that was problematic, but I guess it was symptomatic of the fact that the service was just provided and I guess there was a bit of a sense that they would work out the details later. So we appreciate that the fact that that happened quickly, which was fabulous. I guess it got a little bit messy then subsequently.

Corryong Health, who is the health service that's about 50 kilometres away from us, further upstream from us, have subsequently accessed a considerable package of state government funds around mental health. And I think there's potentially a little bit of a mismatch between the state government's expectation of how those funds will roll out and Corryong Health's expectation. And whilst I have never, ever been refused access to those mental health services, they certainly haven't been widely advertised in my end of the catchment. And I

have emailed Corryong Health a couple of times requesting for some information around how I refer to those services and those emails haven't been responded to.

Subsequently I've literally just written a referral and they have never, ever denied my client's service. That is most definitely not the case. But I guess it just would have been a little – it would have been nice if it was the whole program that they put together was a little more inclusive of this area of the catchment and a little less Corryong-centric. But, more recently I've had a conversation with Albury-Wodonga Health and they tell me that they are responsible for mental health services in this area and they have actually had quite a presence that I wasn't aware of. Which is absolutely fine, I don't mind not being aware of it.

But they have been coming out quite regularly to see a number of people. So that certainly filled what I thought was a gap and potentially isn't a gap. Albury-Wodonga also tell me that they've had a number of people electing to travel to Albury to see a clinician in Albury and off site or out of the direct district which is also completely understandable and I think a fabulous option. Whereas if we were actually accessing service through Corryong Health, then that option wouldn't be available, so in the past it's probably [inaudible] but I'm very happily referring people to the services in Albury-Wodonga and I'm also now aware that there's a number of people seeing clinicians from Albury-Wodonga.

So, as much as there's a little bit of duplication of the mental health services, in my instance, because I sit almost halfway between Corryong and Albury-Wodonga, I guess it gives me a little bit of extra choice, depending on what's going to suit people that I'm referring. I can choose to either refer to Corryong or to Albury-Wodonga. So that's – I don't feel that we're over serviced in that respect. I feel that we've actually got choice, which is great.

**ANNE-LOUISE:** Yeah, that's interesting, because the question I had for me was like, how do people know about that? But ultimately, they're coming to you and then you're referring them to the most relevant service.

**SANDI:** Yeah, look, that's potentially a little bit of an assumption, because I thought the same. I did kind of assume that yes, we would the organisation that was making those referrals, but when I spoke to Albury-Wodonga Health more recently, they told me – they certainly didn't give me details, but they told me that a number of people that they're seeing – and there's certainly people that I didn't refer. So, somebody has referred them and potentially they've self-referred which is fantastic. That pleases me greatly. I guess what is kind of missing though, is that overview. And making sure that nobody is falling through the cracks. If I'm not the only person making referrals, and other people are self-referring, can I be 100% sure that everybody that needs mental health services is actually accessing them appropriately.

And I'm not really sure what the solution is to that.

**ANNE-LOUISE:** Yeah, I was interested in your comment that you didn't know something. I was thinking if you don't know, does that mean the general public don't know either?

**SANDI:** Yeah, and that's exactly right. That's – yes, that is my concern, absolutely. There have been a couple of flyers just recently sent by Albury-Wodonga Health about their

bushfire outreach program. We've shoved those around. But my experience in the past with regard trying to get information out into my community is we can absolutely saturate advertise. So we put things in our monthly newsletter. We put things out on the email tree. We put things out on the radio – the local radio show. We stick up posters at the general, the vet practice and the post office. And I reckon we maybe get about 20% of the population will identify that they've seen those ads or they know of those ads. So my experience is it's really difficult to get information out into this community, despite sending things out quite regularly. People will often deny every getting them or – so that is a problem I guess for us generally.

**ANNE-LOUISE:** Interesting. And similarly for family violence support services. Has that been adequate up your way?

**SANDI:** Yeah, good question. The family violence or workshop or working group that come out of Corryong Health I know have been very active. I'm actually on that committee but it's one of those meetings that is at a difficult time for me, because we are also here to provide an emergency response. If I'm here by myself I can't leave the centre, so that means I have a look at their agendas and more recently I did have a visit from the family violence worker from Albury-Wodonga Health and they are now pushing into this area as well, which is also terrific. So I actually feel a little bit more connected than we've ever been before with regard to services, because we certainly didn't have a family violence worker or presence of any description in the community prior to now. So that's actually been a really good outcome.

**ANNE-LOUISE:** Yeah, that's terrific. Absolutely. If those services can be sustained or continued, they're not just for a short period of time.

**SANDI:** Yeah, well I would certainly hope so. And I think the evidence is that family violence tends to escalate after 18 months to two years after disasters. So yeah, it would be certainly remiss if those certainly are then plopped in now and are going to be withdrawn in two years' time when it's likely that the need for them will be ramping up. So I will be very hopeful that that's not the case.

**ANNE-LOUISE:** Yeah, yeah. That's true. And lastly Sandi, how do you think generally, community are going with their recovery and the impacts of Covid on the recovery as well?

**SANDI:** That is actually a good question and people ask me this all the time and I find it a little bit presumptuous of me to make any overall kind of statement around how the community are travelling. I'm on the Community Recovery Committee and the last meeting that we had a week ago, we talked about whether or not there would be some kind of formal anniversary recognition memorial something or rather to the fire event. And interestingly enough there were very, very strong views in around whether or not to do that. And it was around about 50% said it's not appropriate, we shouldn't do it. 50% said, "Well, you know we actually think we should. We think the community will have an expectation that there will be some kind of signification time in our very recent history."

So I suggested we flick out a Survey Monkey just to get an idea of what the community in general was thinking, because you know Community Recovery Committee is – there's a number of different people, but it's not entirely representative of all of the areas of the

community, and certainly not representative of those underrepresented areas of the community by any means. So we flicked out a Survey Monkey and – yeah it was – the questions we asked in this survey were very much around the anniversary and, a very short survey just literally – do you think we should do it? Do you think we shouldn't? Or there is the option of maybe having some formal recognition on Australia Day, is that a good idea? And I literally just opened the survey this morning to have a look and we've had some 40 odd responses and it's 100% split down the middle. So 50% say no, we don't think it's a good idea, we think it's too raw. It's time to move on. And 50% say yep, we think we should do something to formally recognise the date as it passes. And I think that's probably indicative of the fact that the community in general – there is no one real position on anything. Everybody's managing things as best they can.

I certainly have seen an increase in complaints which is interesting to the service. We've got a really robust complaint management process and I manage all of those things. And a lot of – when I'm managing the complaint process, a lot of it draws down to the fact that people are just bloody cranky and much less tolerant than they have previously been. And are looking possibly for somebody to lash out at. And look, that's okay. I guess that's kind of part of my role and it's possibly even of value going through that complaints process, identifying that that's the issue and then potentially talking to people about referral to somebody else to manage some of that sense of anger.

But I think people talk about it having been a really shitty year et cetera et cetera. My concern for community now is that everybody's really pinning extraordinary hope on 2021 and I can't see that a lot's going to change. We're going to have New Year's Eve 2020 and nobody's going to wave a magic wand and everything is going to suddenly get better the minute we start into 2021. So, my concern is people are going to be a little bit disappointed by all means.

**ANNE-LOUISE:** Yeah. No, that's fine, I was interested in -

**SANDI:** Covid has been particularly difficult

**ANNE-LOUISE:** Yeah. And when you were referring to the CRC – the war was CRC?

**SANDI:** Yes, that's correct, yep.

**ANNE-LOUISE:** Yeah, cool. I have contacted at some point, [REDACTED] and I think hopefully we'll get, we plan to come up to be able to visit face-to-face next year, so mid-February some way through to mid-March. So, yeah, we'll be looking to reconnect back up with Janice and some other members of the committee and the broader community just to have a chat through their experience of the recovery particularly at that point again.

**SANDI:** Yep, cool Fantastic.

**ANNE-LOUISE:** All right, well listen, was there anything else?

**SANDI:** I don't think so. I mean we continue to – although it's most definitely reduced now, but one of our roles in the early time after the fires was advocating for and facilitating access to services. We're still doing a tiny, weeny bit of that, but not nearly as much as we were in

the early days. I guess one of the things that would have been incredibly helpful again, and I'm not quite sure how it's possible, but the capacity for people to upload identification documents and potentially even financial records into one portal and then when they're making applications for each grant process to be able to just provide permission for organisations to access that portal, instead of having to – particularly these old boys – they're 90, they don't have email, they don't have scanners, they can't scan documents, so we spent an enormous amount of time in the immediate aftermath trying to help people accessing grants by over and over and over again scanning up their documentation and emailing it off to a different department or a different organisation.

It certainly would have streamlined things enormously if there was one central portal essentially for that stuff to be uploaded to and then accessed by – I imagine that's probably some kind of security nightmare, but it would have been remarkable helpful.

**ANNE-LOUISE:** Yeah, and again that's come up a lot, particularly in the communities recently in East Gippsland about having to retell your story too over and over and over again. Provide information and that kind of stuff. So yeah, it's something we're very aware of.

**SANDI:** Yeah, okay, and again, that's really interesting. And even this conversations been beneficial, just in the respect that it's some validation that other people are thinking along the same lines, pissy about the same things, and had issues with the same stuff, it's always good to know you're not the only one.

**ANNE-LOUISE:** Yeah definitely. No, it's been actually quite consistent. Which is a good and a bad thing if you know what I mean. So, yes.

**SANDI:** Well I think if it is consistent then I think it's likely that there will be some kind of positive response to some of the issues. If they're consistently identified then, they're likely to achieve a good outcome or an improved operational outcome. So I think that's good, yeah.

**ANNE-LOUISE:** No, definitely there's some quite clear themes in a range of this. So, yeah, thanks.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**ANNE-LOUISE:** Thanks then, bye-bye.

**SANDI:** Cheers. Bye.

[REDACTED]