Submission - OBSERVATIONS DURING EMERGENCY Nov 2019-Jan 2020.docx

Relief activities

Our community needed shelter, we put in a bid for support to BRV for getting this done. They only committed $150 to do a study/get the building works scoped and have not committed to further support to actually provide a shelter for 170+ Aboriginals on a very important and fire threatened area of East Gippsland. Our community and the health service here asked for the amount needed to get the full project done, to save lives.

The terms of reference for the Aboriginal Reference Group reporting to BRV specifically identify our need and yet they did not do much and have not done much to support completion of a safe space as identified necessary in many documents I can make available.

We also need, as do other organisations and people, the health/aged care providers to support more than 1 night accommodation for those who need help in aged and disability packages, it was scary for them to only have one night support and not know where they would be next.

Recovery activities

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I suggest a review of the BRV outcomes, how much they are spending on non-essential items in recovery on ground and the need for them to refer to previous royal commissions and emergency response documents should be reviewed, they are not learning from the past, or agile and quick to get things in place on ground it's not good enough. it would be interesting to see their spend on staff versus spend on ground, and, this and the East Gippsland Community are not being well connected with by them.

Recovery from bushfire during a pandemic
Our community has had a hard year as have all Victorians. Unlike those in Melbourne we do have space around us. I believe the loss of ways to go and socialise within our wider community has greatly increased social issues, drug and alcohol issues and depression, we are wearing this and it will not be a quick fix. We are also highly at risk this year not only due to the same fire threat and high fuel loads, but also as 80% of our community is at high risk health wise and in relation to Covid19 vulnerability.

Observations During Emergency – Lake Tyers Aboriginal Trust

Overview

There are two clear emergency scenarios for LTAT in the short term, **no confirmed best way forward is approached here, just ideas and observations at this stage.** TH to write up a roster to base advertising on.

CEO to advertise short job over Christmas.

1. Where there is an opportunity for evacuation/options for mitigation prior
2. Where there is no opportunity for evacuation regarding people's lives prior and options for mitigation prior.

All of these are dependent on:
1. Having some sort of plan in place
2. Individuals being responsible for their decisions and their awareness of risks and responses (except where minors/ill/disabled)
3. The availability of support services
4. The availability of support infrastructure

Notes – no order

What can be said is that most residents were pretty good throughout, the usual tiredness and stress but generally bar a few there was a calm, ordered approach to leaving. Only one person placed themselves in undue danger unrelated to the fire front/being burned for their own reasons.

Decision making basis/thinking:
What is the safest choice, what is fair for all, what most meets the needs of the community?

Secondary thinking that was happening
does this detract from key agenda or add to it, are you contributing or detracting from the process of getting our community to safety, do you need to step in and comment to ensure focus even if it means being attacked personally, etc?

Although management at operations on the Trust have a role to play in organising things on the Trust in regard to emergency management it is critical that the community themselves put aside differences and engage in future planning for emergencies.

One of the positives about the Trust is that it is contained, unlike other communities we do not have a spread of people all over towns and the bush. We have people in roughly a 1km square area which really helps comparatively.

It needs to be made clear that at all times individuals, regardless of their role, if feeling unsafe or scared to be at the site have a right, as do all persons, to leave for safety without ongoing negative criticism for doing this.

This was not clearly considered in regard to the manager of the Health service by community and needs to be underlined in future. Just because the Health Service was offered as a shelter it was unfair to have these expectations by association. For those not experienced in emergencies of this nature it was individually confronting and scary, by being in a role it should not be expected that people immediately take on these responsibilities and this should be acknowledged across the board.

Ambulance, CFA and other persons on the property were dictated to by external managers, who identified they leave. This took a weight off in regard to juggling the various important and not so important expectations of community during the period of threat.

Some in community seemed to think ''someone'' would come and help. There was an evidenced concept that if this area was on fire Lake Tyers township would probably also be on fire, resources would not rush across and save community in boats as would either be defending their homes or cut off from help. Smoke, embers and the dangers of being outside and exposed and of being in the water for any period were not clearly understood and the mythology that the water would save people was a factor in people not leaving sooner.

Even when the information that air evacuation may be the last best way off the Trust, (potentially not prior to a fire) should fire occur, some people still assumed that choppers would rescue them and did not take things seriously. We had to underline repeatedly not to expect this as it was resource dependant, just to be prepared should movement to the oval need to occur at some point. Our efforts were met with differing responses some good some not so.

Breakdown of items noted throughout bushfire emergency period (no order)

Area of Activity	Issues/observations	Possible solutions/what may help

Work with our consultants to complete the Emergency Management Plan (EMP)	Current activities (prior to fires) should include the below and our learnings.
	
	Gather info on basics:
	
	1. Local police
	2. Local fire
	3. The nearest local hospital
	4. Your local power supplier
	5. List of staff that would be used to help manage an incident broken down into the following categories. I have attached a description of the roles below. (I understand this may all be new to you and can provide further information/help you form this up if you need).
	    a. Incident Controller
	    b. Communications Officer
	    c. Operations Officer
	    d. Safety Officer
	    e. Logistics Officer
	    f. First Aid Officer
	    g. Planning Officer
	    h. Liaison Officer
	6. Site Address, Telephone, Fax and opening hours
	7. Number of residents
	8. Number of residents with special needs/vulnerabilities
		Continue this work and interweave what we learned as per below comments into an actionable plan that is known by all relevant parties.

Area of Activity	Issues/observations	Possible solutions/what may help
	9. Existing emergency assembly areas (if they exist) 10. Evacuation areas (if they exist) 11. Offsite back up location (if exists) 12. Bushfire refuge or place of last resort (if exist) 13. Attendance record for visitors/camper's process (if exist) 14. Do you have a secondary drinking water source and if so then what is it?	
Communication between stakeholders	• Keeping one clear and fair message was hard, supporting the needs of all over individual (at times impossible and unfair) demands was challenging and disruptive to getting the best for all with what we had. • Although there were CFA, Health Service (24/7 manager on site), Ambulance Service LTAT management on site at most times (8-4) there was confusion about how and what to communicate as we had not engineered an EMP, just awarded the contract to a consultant. • CFA information was not felt to be passed on and seemed to be individualised in translation by the volunteer on site. • LTAT Manager identified residents and those with health issues, tried to track leaving/staying and updating residents on fire risks, what to do in regard to packing and leaving (based on CFA/Emergency management documents and advice) this eventually took effect and residents evacuated after several weeks and intensive days of ranger crews going to houses and identifying the dangers and approaches that needed to be applied.	Having timed information may have helped, getting updates from first responders on our specific situation at set times would have reduced the building panic when info wasn't forthcoming. Residents should be aware that they are responsible for their decisions not anyone else and that help may not come nor rescue in time for their own safety. One key point of contact at all times, putting out info to be shared quickly. (not one person, once contact point that can rotate if people need a break) We would prefer it to be an external contact feeding this in. We would need off line communication set up available should telephony/power go out. This could be a combination of Police/CFA or other recommended officer. But should be a first responder identified role. A clear EMP done with stakeholders and community would really help clean up the issues listed. That way at all times it would be clear to all who to communicate with and when about what.

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	Management relied on the police and Vic emergency info for solid support in informing activity. Delays in vic emergency app, although understood were an area of stress and concern that things were moving faster than what was being reported. Our best source of up to date and clear information was ▓▓▓▓▓▓▓▓▓▓▓▓ at the Lakes Entrance Police. Other organisations gave well-meant but scatty, conflicting and often not useful advice as to what to do which acted to annoy, confuse and potentially stress people and place people at risk rather than help. For example: • Ambulance Vic told us to get people in the water which risks ember / smoke and hypothermia and entails a fair hike for old persons to get in the water and a lot of stress • CFA via ▓▓▓▓▓ as volunteer not management of CFA, was identifying fires where there were not fires (spot fires on our land), creating panic and being absent for long periods with aggressive responses and identifying not supporting everyone as didn't like some residents, our rangers did this work to ensure all residents were visited regularly and matters were explained clearly. Personal disagreements between certain CFA volunteers on site also impacted responsiveness. • CFA management locally were good and identified to stay in place and follow the advice on sheltering in	A one stop communications portal with a clear consistent message for external parties, relatives, media needs to be established, with whereabouts being centralised with the Red Cross system and the individual's responsibility to attend to once out of the area of danger. It is hard to identify people on the telephone and an issue with privacy and confirmation of who they are and their intent.

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	place as given out to all but we did not have CFA incident controllers contacting us to advise best actions although it was requested for the Health Services Manager via our local CFA contact although it was probably DELWP who may best fit this role. • DELWP did not at any time contact us. They contacted GLAWAC and identified they wanted more contact with Aboriginal Communities which was passed on, but did not respond to any information they were then included in or offer advice/support or any follow on from that comment. Although it may have been intended well, the comment seemed like hindsight ticking of a communications KPI for DELWP rather than a genuine offer to communicate on relevant matters. • DHHS – several phone calls, we have a Centrelink office so may have more than most, they offered to help but it was not defined directly, although we saw their efforts to get to remote communities etc. • EGSC No communication at all. As they usually hold the client at risk data (not confirmed that this is the present status health would know) it was surprising they didn't contact us, may have contacted health services, unsure. • GLCH – identified they didn't have support for families, and unclear on what was available for aged care clients. just maybe the aged care client themselves, if that, so elders may not have wanted to be separated, it was not clearly understood that families need to be together. • LCH – only contacted LTAT on 8/1 and they seemed angry that people contacted them about	

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	accommodation (only one night offered), and, that they didn't pack ID and other things that LCH wanted. I emailed them back providing the info we had sent around and verbally talked to all residents here on and our comment was *'aged care providers may potentially be able to help'.* on this and tried not to be negative, cc'd the CEO in. • The Ministers Office was in constant contact, and this was a credit to them. Being able to attend to matters on the Trust and give constant feedback added some pressure to staff and managers. There were some offers to the Health Service/Management for evacuation, generators etc, and this was time consuming and not possible as the indirect knowledge of on ground items/situation was at times added stress rather than support in some cases, although it was great that they remained involved. • Community members used Facebook for good and poor purpose in regard to supporting efforts. This is not something that can be controlled. • LTAT management was challenged regarding Facebook use as logins were not correct or listed properly by long term staff, this has been amended and items were put up eventually. • Offers of donations, help, members of resident and non-resident families from all over Australia and media wanting stories were and remain constant. This took a lot of time away from focussed work that was necessary and would have been helped by a centralised communication system. • Only a couple of issues arose that took focus off what had to be done with regard to responding to the	

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	needs of the Trust. These were caused mainly by one family and the abuse, added risk by unwarranted and risky actions and constant haranguing of staff and management for unrealistic and unwarranted things, mostly for special treatment, should be addressed at Board level.	
Roles and responsibility – duty of care/wellbeing	• There was no clarity on roles and responsibilities and the assumptions were not fair in all cases on individuals. This is necessary for community, but also for those taking on responsibilities throughout. The feeling of having to be all things for all people was observed and this was difficult to stop or calm once in train. • Every individual has the choice to go and to stay, unless evacuated officially, this needs to be respected in future. • Respecting roles and responsibilities should also be in place, overstepping perceived roles and responsibilities both deliberate and non-deliberate caused issues and should be avoided in future. • Particularly, time on the job needs to be enforced, tempers, emotions and drama/panic occurred when people did not rest and it left individuals feeling impotent to help/choose, etc.	• EMP should clearly define rights and responsibilities, and, the choice to leave as being respected. • We need to research who should be listed as primary, secondary support on these matters. • Time in charge/undertaking task should be monitored and enforced (stopping and resting away from activity)
Evacuation/stay/go	Rather than place residents at risk and undue pressure on staff it would be better for all in relation to wellbeing if we could have Board agreement that Police determine that the place be evacuated at a certain time, if possible, in an emergency. Reasoning for this is that:	Have external support when critical to determine evacuation due to externalities (location, service failures etc) that cannot be managed and should not be placed as responsibility on management and the Board.

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	• At no time will the Trust be fully protected or safe in an emergency. • There is a high risk of power outages which impact water supply, and, our water supply is not set up for continuous water use by all residents so will deplete and take time to refill. • At no time can residents be deemed experts at protecting themselves or their property or have a safe property/place to be (note that houses are rentals and offer differing levels of shelter in regard to fire) •	
Centralised refuge	This did not work at any level except that it provided a perceived centralised communications hub and did support health of residents. It prolonged the process of getting people off the trust and engineered a perception that someone would be in charge and be organising things/responsible for wellbeing at all levels. IT is not recommended that this occurs unless in a much more prescriptive fashion when directly under threat – to be reviewed. The Health services should not be used in future but should be – if not at risk – available to those who need health services. TBC .	Work on what is best in this space. i.e. shelter in place until a rescue team/chopper etc. is obvious and go to oval with protection of wet wool blankets/masks?
If a fire comes...	Mixed messages went out to all from many sources on what to do, at no time was management able to determine if each house had a fire plan due to timing and it is unlikely, they were in place. It did not feel as if collective understanding that was consistent with advice was in evidence (very understandably as our mob are not fire/emergency experts they are community members like anywhere else)	Each house needs to have a supported fire/emergency plan. It would be good to get people to leave but they may not/may not be able to. Ensuring an emergency pack for all houses is there and checked regularly would be good. This should include all contact numbers, where they will go and where they will stay should they leave.

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Infrastructure	This is highly dependant on what the collective decision making determines regarding the two scenarios for the Trust. **Transport** for more people together i.e. a bus may help, but we do have cars that do/did the job this time, we did not need to call on GEGAC offers as we had enough transport to get everyone off. Those who went back and forth had responsibility for themselves, and were offered lifts throughout if they were around. **Security** - Lots of fear about leaving the place as there were looters, this is home and everything to our residents in many cases. Across the community cameras have been mooted regularly, but not sure how it would go down – maybe if we turned them on at times of crisis rather than 'big brothere'd the community' would work. We continuously work to replace security doors, keys, locks etc. at any time we may have outstanding individual security maintenance on houses or unreported security issues. **Generators/Alternative water/power etc.** Although these items were thought of, it is not available right now. Do we invest in this – is it viable or is it more important to get people to safety. Ultimately, we would like everything we can get to ensure lives are saved in all circumstances, but also not to grow a concept of complacency/we will be okay when we have no control over what may occur and when wanting our community to get out to safety – a hard call.	**Transport** • Coordinated transport, set info/times etc. where and when things occur should be set up and planned for in EMP. • First aid kits and fire extinguishers in cars • Transport tracking – In the Kimberley we used car tracking software/phone software to note where cars were and when, this would help track cars/people and timings i.e. next car back from Lakes. • CB Radios in all cars for loss of telephony, in admin office also. (health service?) **Other** Battery radios – ensure we have these available with batteries. **Security /Cameras** – review value/need and funding options. It would help get a safer community which is a priority for the Trust at several levels. **Generators/alternatives/shelter** Look at this, work toward choices made against priority of safety for all first.

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	Fire /emergency shelter We don't have a designated fire shelter, this would need to be a fire proof (if such a thing exists) area big enough to contain our community (150+ potentially) and everything they need to wait out (say) 72 hours, if based on the cyclone/emergency timings. It may not be possible, the only potential space to fit out is the footy shed at this time, and well placed too.	
External roles – see communication also.	We had no clear advisors externally and had not engaged any. No one emergency team identified themselves to the Trust as first response/key information body. As DELWP are considered ICC maybe they have this role, we need to engage on it. We had some great help from those who either approached us or were engaged by management in the process and this was appreciated. The various comment from external parities was both informed and ill informed and seemed personally based in some cases. We worked with our Aboriginal Organisational counterparts but we could do this better during both emergency and non-emergency situations. GEGAC was fantastic, it has to be said, in that initial off country support that we don't resource as an organisation to any formal extent, (health services do ▮▮▮ can speak to this)	Identify key stakeholders, primary response, secondary response and longer-term recovery supporters and include them in EMP or planning for recovery. Communication area of this doc covers this mainly but what each of the many services represent, offer and are (if they are) responsible for needs to be clarified, as does their voice in directing what to do in these matters.
Issues leaving	**Transport** Although transport was raised repeatedly, it was potentially not as big an issue as it may have been in	**Transport** Have a rule on being quick to get going, be ready and to know that there may not be a return trip if you don't take the offered transport. Transport for more people

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	reality. Transport and cars are a big interest area on the community during normal circumstances. We prioritised people with illnesses and children and no transport first and moving families together. We identified to all residents when we would be going around and evacuation residents without cars to Lakes and on to Bairnsdale. There was a lot of yes/no, not going when we went to collect people, and, long after the 6pm leave time people still wanting to be moved and changing their minds when we could not safely go back to the trust or send staff back to the trust on our first day leading up to critical times. Later we got everyone off. Ongoing requests from residents who had been evacuated and had been taken to family and safe places, to move, be driven back and forth between Bairnsdale and Lakes for various reasons when we needed to focus on getting people off and safe and being available to move people who returned safely off again if necessary. There were free bus's between the two towns. Aboriginal persons not from the Trust were also requesting this. **Road Closures** This didn't and did help, having the road closed made it clear to residents that they may be cut off and reinforced the importance of leaving and that it may not be possible for unknown times to get to shops/food essentials etc. In honesty it was a great relief knowing once we got residents off the Trust that they couldn't return to a dangerous situation, with potentially no help, water, electricity or communications. **Decision making of residents**	together i.e. a bus may help, but we do have cars that do/did the job this time. A clear coordinated plan of lifts off site at a set time and individual readiness/decision being firm (if an option) and lifts to a point (if we decide a collective refuge area) needs to be invested in. **Road closures** A lead time to identifying road closures that are going to happen could be strategic for the community. Having specific vehicles to go in and out that are noted by police during times when we were not at a direct threat on the road may be an idea, but not sure whether this is doable in the short and everchanging scenarios we face. **Decision making leave/stay** Work on communication, support and plans to help this process and ease the stress and confusion. Take advice from peers/the community regarding best approaches.

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	This was complex, and like any community was either easily done by residents (to leave) or a continuing struggle for so many reasons.	
Evacuation to…	This caused considerable issues. • Aged care providers did not clearly understand that elders and people in care want to be with family, not separated, just maybe the aged care client themselves, clearly understood that families need to be together, GEGAC may have helped this. • It was not greatly embraced by the community to go to collective refuge centres for accommodation, GEGAC will have more direct comments and understanding of this but the feeling was that in the first instance people went to family, then wanted stand alone accommodation and then something else, but mixing with unknown people seemed to be uncomfortable for some. Where some heard that people got hotels, they seemed confused as to why they did not get support of that nature. I have no evidence or clarity on who got what but some firm concept of potential scenarios individually when we do EMP/house evac planning may contribute answers. • Families were put under pressure to take in people and to support, not sure if they were supported themselves as focus was on site, health services may have more direct experience on this as it is more in the scope of their role here. • Clarity on individuals versus the management being responsible for people once off the Trust needs to be	Try and work out accommodation options in EMP individual house planning. Work out with our fellow Aboriginal Organisations if we should have one safe space with basic needs met for the community, even if they don't want it, it would be clearly a safe place in these type of emergencies. Show them what it would be like and what could be catered for so they can imagine it and not be scared. We need to identify all levels of need/care health etc to do this well. Work out pre-emptive support options for offsite families taking in people if we can and it is in our jurisdiction – or do it with others. In EMP make sure roles and responsibilities/ownership – if it exists, are clear.

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	established and was challenging for staff throughout in relation to expectations. If residents went in their own transport or post us dropping them off, it was often unknown as to where they were. They moved about which is fine of course, but, we may need to do better at tracking whereabouts without being intrusive. It's a fine line as to where individual/management is responsible for this, the community was able to sort themselves out and the moving about was possibly due to relationships within evacuation points. We only knew when people were back by going to all houses and checking, there was no plan by residents to advise return/etc. and this could be included in EMP planning. Lack of phone credit/phones or communication avenues doesn't support our residents in some circumstances in these matters.	
POST Events		
Centralised Media	For example, GLAWAC re TO burning regimes	Work to identify who is best for what and teach them how to work with media, so that any comments are well informed, represent the mob well and avoid sensationalising things, decide on the voice and how best to get messages that are going to contribute to safe, supported communities.
Centralised support allocations of donations etc.	How do you balance the need for people to feel like they are helping with the more appropriate tailored contributions to specific needs in regard to donations. The distribution of funds is always going to be an issue as is the competition between agencies providing similar services, true or perceived favour is apparent in some comments that have been made, no evidence either way at this stage. There seems to be a lot of waste and things going to people that are great but not specifically needed, or in	Streamlined system to ensure more responsive and relevant approach to donations/support All to one, non-political spot (salvos? One for money, one for food and goods, one for aid applications etc?), then out based on need i.e. where house lost, REAL Estate agent on list for rental property, then central agency (Storage necessary) can put together care items like furniture, food, clothes etc based on need.

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	some cases needed at all, a specific putting together of items, and a specific list of needs to start off with for those donating would be good – based on this experience. Some sort of order would work rather than having things dropped off that were not needed here and we felt guilty taking as others were burned out and far more greatly impacted. i.e. fuel vouchers, Woolworths vouchers (no alcohol/cigarettes) clothing quota in sizes men's/woman's and shoes, toiletries were abundant,	
Self-assessment tool	People seemed unable to work out, or over estimated their capacity to deal with the emergency at all levels physical, emotional, environmental etc.	Something that people can fill in online or in paper form that can help them assess their capacity in a bushfire. This should include physical capacity and externalities. E.G, age, health, strength needed, sort of home, structure of home, surrounding area close/medium/further, so you could do a bit of self rating for readiness and capacity.

Would you like your submission to be made publicly available?	Yes
Would you like your name (or your business or organisation's name) published with your submission?	Yes
During the 2019-20 fire season, were you in an area where fires occurred?	Yes
Where were you impacted by fires?	I evacuated our community twice and personally evacuated, I managed the evacuation of 180 persons twice
How would you describe your connection to the area?	I live in a bushfire area and work in one.
Were you involved in responding to the fires in that area?	Yes
How would you best describe your involvement in responding to the fires?	CEO Lake Tyers Aboriginal Trust I was responsible for the safety of a community and campers, all Aboriginal throughout the bushfires, all evacuations, communication and getting people to safe places
Were you (or do you continue to be) involved in supporting individuals or communities affected by the fires?	Yes
How would you best describe your involvement following the fires?	Finding support as the CEO for various needs and ensuring against future fires through many avenues, evidence and detail can be provided.
What is the main reason for your submission?	
What is your Local Government Area (council)?	East Gippsland Shire Council
What is your postcode or town?	3887
What age group are you in?	45 - 54
What gender do you identify as?	Female
Other ways to be involved in the Inquiry	Yes
Full name	Jemma Owen
Organisation Name	Lake Tyers Aboriginal Trust
Phone number	
Email	
What types of activities would you be interested in hearing about?	Community meetings, Online or telephone surveys, Follow-

	up submissions, Inquiry progress updates (please note that updates will be provided by e-mail)
Preferred method of contact	