



UNITING CHURCH IN AUSTRALIA

SUBMISSION TO

ROYAL COMMISSION INTO VIOLENCE, ABUSE, NEGLECT AND
EXPLOITATION OF PEOPLE WITH DISABILITY

RESPONSE TO THE EMERGENCY PLANNING AND RESPONSE ISSUES PAPER

JULY 2020

Uniting Church in Australia Assembly

Lvl 4 262 Pitt St Sydney NSW 2000

T 02 8267 4228 E enquiries@nat.uca.org.au

<http://assembly.uca.org.au>

The Uniting Church in Australia welcomes the opportunity to provide a response to the Royal Commission's Issues Paper on Emergency planning and response.

The Uniting Church thanks those across the life of the Church who provided information for this response, including Susan Stork-Finlay, Rev. Dr. Stephen Robinson (National Disaster Recovery Officer, Assembly of the Uniting Church), members of the New South Wales Disaster Recovery Chaplaincy Network and services within the Uniting Church's community services network.

Recommendations

The Uniting Church makes the following recommendations to improve emergency planning and responses for people with disability and increase their safety and wellbeing during emergencies:

1. Embed co-design by people with disability in emergency planning, response, and recovery across all levels of government
2. Representation of people with disability, including First Nations and culturally and linguistically diverse people with disability, on government advisory and community committees for emergency planning and response
3. Emergency communication strategies that embed provision of up-to-date accessible information, including information tailored to specific circumstances
4. Accessible and inclusive emergency evacuation arrangements that are well communicated to people in the community
5. A clearer definition of 'essential services' for people with disability and the continuation of these services during emergencies
6. Additional funding and resources for disability representative and advocacy organisations
7. Priority access to food and essential supplies for people with disability
8. People with disability must have equitable and equal access to health care
9. Increased availability of personal protective equipment during emergencies and include priority access for people with disability and their support workers providing personal care supports
10. Ongoing availability of expanded telehealth
11. Access to supplementary income support for people with disability during emergencies so they are not financially worse off
12. Remove barriers to participation and build inclusion for people with disability within communities to safeguard against violence, abuse, neglect and exploitation

Introduction

The needs of people with disability often seem to be forgotten or overlooked when emergency planning and responses are being prepared and implemented. The lack of inclusive emergency planning leads to the needs of people with disability being responded to on an ad hoc basis during the response to an emergency, after concerns have already arisen, rather than proactive, coordinated support being provided as the emergency unfolds.

The 2019-2020 bushfire season and the prolonged COVID-19 public health emergency have led to increased risk and incidence of abuse and domestic violence. It has also led to neglect, isolation, and restrictive practices for people with disability, and decreased access to essential supplies and support services. Enhanced safeguards are needed for people with disability during emergencies.

People with disability are some of the most resourceful and resilient people in our communities, have a wealth of knowledge about matters that affect them and know the best ways to ensure their needs are met. It is imperative that people with disability and their representative organisations are consulted during emergency preparedness planning and that people with disability are included in determining appropriate responses as each emergency unfolds, and the subsequent monitoring of these responses. It is crucial that important resources from previous and future projects in Inclusive Emergency Management created by people with disability with emergency services and the community sectors remain readily available for people with disability and their communities to use. This will enable people with disability, their representative organisations, emergency services and the community sectors to continue to build resources, not start again each decade as resources are taken offline. One possibility is the development of a central database for inclusive emergency management resources.

2019-2020 bushfire season

The Black Summer bushfires of 2019-2020 were some of the worst on record, impacting many communities across the country and taking a devastating toll. The response and recovery effort as well as the needs of those impacted by the Black Summer bushfires was extraordinarily large.

Spiritual care is a key role the Uniting Church in Australia plays after a natural disaster. The Uniting Church ministries were front and centre during the Black Summer bushfires, in what was historically the largest scale chaplaincy response on record. In the 2019-2020 bushfire season, the NSW Disaster Recovery Chaplaincy Network:

- had 171 service points (including evacuation and recovery centres, assistance points and meetings);
- deployed 282 chaplains; and
- delivered 7,505 hours of face-to-face care on shift (not including travel, rest, or management hours).

In South Australia, Disaster and Recovery Ministries also provided significant support to affected communities through the deployment of over 200 chaplains, including long-term placements in areas which were significantly impacted.

Climate change is impacting our daily lives with more extreme weather events becoming the new normal. This means that inclusive emergency planning and response is as important as ever. Making sure provision is made for people with disability in advance of bushfires and other emergencies and that responses cater to their needs is imperative. One way to ensure that the needs of people with disability in the community are best catered for during emergencies is through the inclusion of people with disability on committees overseeing emergency management plans at the local government level.

The recovery process following a bushfire is long and it can take months for people to be able to access the supports and services that they need. This year the COVID-19 pandemic has impacted significantly on recovery in bushfire-affected areas. There are people who remain without permanent housing or running water months after the fires.¹ The impacts of this can be more acute for people with disability.

Rebuilding after bushfires also provides an opportunity for affected communities to provide universal access to community buildings as well as local businesses and individual homes.

COVID-19 pandemic

The implications of the COVID-19 pandemic have been far-reaching, affecting all corners of society. Yet its effects have been uneven, and the pandemic and government response has brought into sharp focus pre-existing social inequalities, economic disparities and gaps and vulnerabilities in our social infrastructure.

The current global pandemic has disproportionately affected people with disability in our communities and has underscored weaknesses in emergency planning and response for people with disability.

The initial Commonwealth Government responses to COVID-19 overlooked people with disability and did not ensure the universal inclusion of people with disability on an equal basis with others during the pandemic. Successive announcements seemed to lack the urgency necessary to properly protect people with disability from the risk of contracting COVID-19 or its indirect impacts such as the risk of vital support services being cancelled. It took substantial advocacy from people with disability and their representative organisations, disability advocates and academics to see people with disability included in the government's agenda during the COVID-19 pandemic.

When announcements for people with disability were made, they often focused on NDIS participants and service providers and overlooked people with disability who access supports outside of the NDIS.² The disability services sector was also overlooked in policy responses when compared to other frontline services such as health and aged care.

In the early stages of the pandemic, there was a clear failure to adequately engage and co-design policy measures with people with disability and their representative organisations. However, in early April, the government announced the establishment of an Advisory Committee to provide input on the development and implementation of the Management and Operation Plan for People with Disability. This Advisory Committee includes people with disability, disability sector representatives and academics with relevant expertise. The announcement came in response to ongoing calls from disability advocates, disability organisations, academics, and the Royal Commission.

People with disability are diverse; however, many are at heightened risk of contracting the virus and are more likely to experience poorer health outcomes if infected. People with disability are at greater risk of experiencing healthcare discrimination and barriers to essential services. At the same time, the conditions of the community lockdown and social distancing protocols have caused disruption to essential supports and services that people with disability rely on. Given this range of issues, priority should have been on providing all people with disability and the disability services sector with the information, supports and resources needed to withstand the crisis from the very outset of the pandemic.

While the focus within Australia generally seems to have shifted to our post-COVID recovery, for many people with disability the pandemic still presents significant risk, and many will need to continue to take extra precautions for some time to come. The government must also ensure that this post-COVID focus does not hinder efforts to respond to the pandemic as and when is required.

During recovery and in response to future emergencies, people with disability should be included in all measures and responses, supplemented with targeted measures for any additional requirements. People with disability cannot continue to be an afterthought for the government.

Recommendation 1

Embed co-design by people with disability in emergency planning, response, and recovery across all levels of government

Recommendation 2

Representation of people with disability, including First Nations and culturally and linguistically diverse people with disability, on government advisory and community committees for emergency planning and response

Accessible information

The provision of accessible information is vital during emergencies. Without accessible information, not all people with disability will be able to access the information they require to protect themselves and their families as well as the broader public during an emergency.

People with disability who use alternative methods of communication, are rough sleepers or are isolated, are at increased risk of not receiving essential information regarding an emergency. They rely on other supports to inform them, however, in an emergency, these supports may be limited and sometimes unavailable. Lack of information disempowers people with disability and reduces their control of a situation. This in turn increases their risk of violence, abuse, neglect and exploitation.

The provision of information in accessible formats needs to be included in government communications strategies for emergencies so that information in these formats is made available at the same time and as regularly as information in traditional formats. As outlined in the Issues Paper, this includes information being provided in First Nations languages and diverse community languages as well.

Tailored information that caters to people's specific circumstances needs to be provided in accessible formats as well, including fit-for-purpose easy English communication. For example, information about any disruptions to support services and routines, including social and family connection, and how to maintain social contact in alternative forms.

It is an ongoing concern that Auslan interpreters are at times cropped out of television broadcasts, live streams or videos on the internet that provide crucial information to Deaf people.³ This is unacceptable. Broadcasters need to ensure that Auslan interpreters are clearly shown in at least 1/3 of the screen for the duration of the broadcast without obstruction.⁴ There also needs to be Auslan interpreters and captions for all emergency announcements and briefings, as well as news broadcasts.

The spelling in captions is not always accurate. This can be a problem when the captions are providing the names of suburbs or towns that are, for example, under threat from a bushfire, or stay-at-home pandemic orders. The names of suburbs or towns may be mispronounced as well. To overcome this, suburbs or town names should be displayed on screen, either as an image or in network banners, during emergency broadcasts. Displaying a map of the affected area/s may also assist. This will also help those who are travelling and less familiar with the area and where suburbs have been recently renamed.

During the pandemic, services within the Uniting Church's community services network (the network) assisted those they support to access information about the pandemic through various means. This included developing social stories and visual aids and

providing easy read documents for participants, as well as direct mail outs and phone calls to participants, families, and guardians.

During emergencies, mobilised outreach support, using appropriate protection measures where necessary, could enhance communication for people with disability most isolated, or with alternative communication methods.

Even where accessible information is provided, it may not always be possible for all people with disability to act in response to the information. For example, if a Watch and Act warning is issued during a bushfire and people in the vicinity need to evacuate, this may not be possible for everyone without additional supports. Evacuation centres may be inaccessible and may not cater to the needs of people with disability who attend these centres.

Recommendation 3

Emergency communication strategies that embed provision of up-to-date accessible information, including information tailored to specific circumstances

Evacuation arrangements

During the Black Summer bushfires, the accessibility of evacuation centres and the supports available in NSW varied greatly. There were evacuation centres where the centre and its facilities were accessible, and consideration was given to sleeping arrangements; and there were evacuation centres that were inaccessible due to the surrounding terrain, stairs, lack of seating with arms or unsuitable bathrooms. There are examples of people with disability being provided accommodation in motels or other residential settings (though the accommodation did not always meet the needs of those staying there) and examples where this, for whatever reason, was not an option, and there was insufficient bedding available for the evacuees at evacuation centres.

There are examples where people with disability and their families were told or chose to evacuate early because mobility issues may have made evacuating at a later stage a challenge. In one of these examples, the person was subsequently asked to return home as their area was not considered at risk.

At times, information was difficult for evacuees to access, including what evacuation centres were open or closed and the most recent information about the fires. Some evacuation centres had televisions and others did not.

A congregation of the Uniting Church provided washing machines and dryers to an evacuation centre for evacuees to use and its op shop handed out clothing and other items for those who had lost their possessions. One of the services in the network offered free accommodation in its accessible serviced apartments for people from a bushfire-affected area.

The above examples demonstrate why inclusive emergency management planning is so important and how co-designing emergency planning and response with people with disability will lead to more accessible and inclusive evacuation arrangements for emergencies where evacuations are necessary.

Matters that need to be considered prior to an emergency include the location of accessible buildings with accessible bathrooms that can be used as evacuation centres,

and making sure that people with disability are made aware of where they are located and what supports and services will likely be available there.

Increasing the awareness of those in the community about what to do in an emergency and providing resources for community education as well as the development of household emergency plans is critical.

The development of vulnerable people registers at the local government level that people with disability and others can choose to add their name to would also be beneficial.

Recommendation 4

Accessible and inclusive emergency evacuation arrangements that are well communicated to people in the community

Access to essential support services

People with disability report being unable to access vital supports during the pandemic or having them cancelled, including daily living activity supports. We also understand that some people with disability, disability support workers and providers cancelled support services due to a lack of personal protective equipment. Existing issues with disability service provider shortages and thin markets in rural and regional areas were exacerbated.

Where services ceased, people with disability may have faced a situation where they had no support or where they were heavily reliant on support from their immediate networks. Accessing informal supports may have been a positive experience for some individuals but the disruption to routine and loss of rapport with trusted support workers will have been confusing and upsetting for others.

During emergencies, the meaning of 'essential services' as it relates to people with disability needs to be clear and consistent for comparable circumstances to avoid confusion within the sector and for people with disability.

One of the Commonwealth Government's NDIS specific measures was a temporary 10 per cent increase to pricing limits for some Core and Capacity Building NDIS supports. Participants' plans were not indexed to accommodate for the price increase and participants were simply expected to cover the additional costs from their current funding. Participants' plans should have been indexed to cover the 10 per cent price increase.

Barriers to participants making a complaint to the NDIS Quality and Safeguards Commission need to be removed. If a person is sick or in hospital, homeless, facing food or economic insecurity, for example, they may struggle to make a complaint to the NDIS Quality and Safeguards Commission. Some people with disability may also have difficulty making a complaint due to their disability.

It is also essential that disability representative and advocacy organisations are provided with additional funding and resources, so they have greater capacity to support people with disability experiencing violence, abuse, neglect or exploitation. Funding must be adequate and secure long-term.

The lack of a national, independent safeguarding and oversight system to prevent violence, abuse, neglect and exploitation of people with disability that has appropriate powers to investigate and enforce findings for all people with disability is concerning and needs to be rectified.

Recommendation 5

A clearer definition of 'essential services' for people with disability and the continuation of these services during emergencies

Recommendation 6

Additional funding and resources for disability representative and advocacy organisations

Access to food and nutrition

People with disability have faced difficulties accessing food and other essential supplies during the pandemic and initiatives provided in response were not always easy for people with disability to access. The dedicated supermarket shopping hours at the two major supermarkets were early in the morning and not all people with disability could attend at this time of day due to disability or health risk or not having support. In Western Australia, one of the major supermarkets provided a dedicated shopping hour later in the day on a Sunday, but this does not appear to have been replicated around the country.⁵

There were also issues with the Priority Home Delivery Service. Not every NDIS participant automatically received their individual code, requiring them to contact the NDIA during a particularly busy period to obtain this. Once in receipt of their code, participants still needed to apply to the supermarket online and then find an available delivery slot, which also proved difficult. When supplies were running low, these additional hurdles added unnecessary frustration and stress.

During emergencies, community food pantries and meal services assist to provide food, essential items, and meals to people with disability (and their carers) who may otherwise go without due to multiple barriers such as a lack of access, loss of income, reduced affordability due to increased prices or unavailability of cheaper products, or increased living expenses.

During the pandemic, many inexpensive alternatives were missing from shelves, having been the first items panic-bought. Other items, such as toilet paper, were either completely unavailable or stock was significantly reduced, with restrictions on the quantity that could be purchased.

In South Australia, UnitingCare emergency relief centres were set up to provide the community with vital food relief, such as food hampers and ready-to-eat meals. The centres were assessed to ensure their accessibility for people with disability. In many cases, food was delivered to those who could not attend the emergency relief centres in person.

In the Australian Capital Territory, the Canberra Relief Network was established. The Canberra Relief Network brought together existing community service organisations to provide food and essential items during the pandemic. Several congregations of the Uniting Church (Mustard Seed Uniting Food Pantry, UnitingCare Kippax, Tuggeranong Uniting Church and St James Uniting Church) were all partners in the Canberra Relief Network.⁶

Community services assisting those requiring goods or needing support during times of crisis, including people with disability, are vital to community connection and inclusiveness.

Recommendation 7

Priority access to food and essential supplies for people with disability

Access to health care

People with disability, support workers and providers faced real difficulties accessing personal protective equipment (PPE) in the initial stages of the pandemic and subsequently accessing sufficient quantities. This included people with disability being unable to access supplies of PPE that their support workers use on a regular basis. A survey by the Summer Foundation of 351 NDIS participants found that a mere 7 per cent of those surveyed had access to all the PPE they required.⁷

Excluding people with disability and the disability services sector from announcements about access to PPE and testing saw people with disability and disability support workers increasingly exposed to heightened risk, forcing them to compete with others in the market for private PPE supplies during a global shortage.

People with disability also faced difficulty accessing regular medications due to reduced availability and limits on supply as well as being told that they may not be a priority for life-saving medical equipment during the pandemic.

People with disability must have equitable and equal access to health care and priority access to PPE during emergencies. The Uniting Church in Australia Assembly endorsed the *Statement of Concern – COVID-19: Human rights, disability and ethical decision-making*. The Statement of Concern was made by human rights, bioethics and disability experts and set out a Framework of human rights principles for ethical decision-making related to disability and the COVID-19 pandemic.⁸

The Government's expansion of telehealth services and fast-tracking of electronic prescribing are positive changes arising from the pandemic. People with disability have been requesting affordable digital health services for years yet faced barriers to accessing telehealth prior to the pandemic.

We understand that telehealth is not suitable for all people with disability nor is it suitable in all circumstances. There are times when people need to be physically examined by the healthcare professional. We also understand that people with disability do not always have access to the internet, a suitable device, or sufficient bandwidth or data allowances to attend telehealth appointments via video conference, so phone appointments need to be an option.

Nonetheless, people with disability have reported that access to telehealth has provided great value during the pandemic and has reduced barriers to access, such as difficulty leaving the home and getting to the appointment (particularly when it is a long distance to travel), spending time in waiting rooms when this aggravates the person's disability or chronic condition, or when someone is having a bad day.

Expanded telehealth must remain an option for people with disability. The alternative will lead to previous barriers to access being reinstated for people with disability, particularly those who are homebound/bedridden.⁹

Recommendation 8

People with disability must have equitable and equal access to health care

Recommendation 9

Increased availability of personal protective equipment during emergencies and include priority access for people with disability and their support workers providing personal care supports

Recommendation 10

Ongoing availability of expanded telehealth

Income security

Recipients of the Disability Support Pension (DSP) and Carer Payment were not eligible to receive the additional Coronavirus Supplement of \$550 per fortnight during the pandemic, leaving recipients of these payments to meet the increased costs for goods and services during the pandemic from their existing payments (or any supplementary wages, for those who hadn't lost their jobs or a substantial number of hours).

While recipients of these payments will receive the two \$750 lump sum payments, these lump sum payments were essentially designed to be an economic stimulus measure. This contrasts with the Coronavirus Supplement, which is being provided to other income support recipients in recognition of the pandemic's potential to directly impede people's ability to find and retain paid employment over the coming months.

The Commonwealth Government's justification for excluding DSP and Carer Payment recipients from the Coronavirus Supplement is that unlike JobSeeker, which the Government says is designed to be a "short-term payment", the DSP and Carer Payment are ostensibly "long term payments which are paid at the highest rate of support in the system at \$930 a fortnight – significantly higher than the regular JobSeeker base rate – because recipients are not expected to work to support themselves due to their disability or caring responsibilities".¹⁰

The government's rationale for excluding recipients of these payments overlooks the additional costs that many people with disability and carers incurred during the pandemic and the lockdown, with many facing additional and unforeseen costs such as higher costs for food and groceries (including delivery charges), utilities and medical supplies, as well as personal protective equipment to stay safe. The government's justification also neglects those Carer Payment and DSP recipients who may have lost income from work for up to 25 hours per week and overlooks the fact that people with disability were already disadvantaged within the labour market and will face additional barriers accessing new employment due to the recession and a growing number of people looking for work during the recovery.

It was encouraging to see eligible DSP recipients could receive the JobKeeper Payment. Initially, we were concerned, along with many others, that DSP recipients in receipt of JobKeeper may have had their pensions cancelled. The Department of Social Services subsequently clarified that DSP recipients would only have their pension payments suspended if they earned over the income limit and that their payments would be reinstated when JobKeeper Payment ceased.

It took some time for this information to filter through to frontline staff in agencies such as Centrelink and for this information to be made available in accessible formats. This delay was a source of anxiety and confusion for people with disability employed and receiving DSP. It also meant that employees had limited time to nominate themselves for JobKeeper Payment once clarification was provided. This highlights the valuable role employers and community organisations can play in disseminating information to people with disability in a crisis or emergency when public services are strained.

When JobKeeper Payment ceases, it is crucial that DSP recipients have their pension payments automatically reinstated smoothly and promptly. DSP recipients must also

receive proper notice, support, and accessible information as this time approaches. This will help to reduce the possible mental and financial distress for DSP recipients who have been in receipt of JobKeeper for several months and who will experience a drop in fortnightly income when JobKeeper Payment ceases.

The Government should have provided supplementary income support to people with disability receiving DSP and recipients of Carer Payment during the COVID-19 pandemic to assist people with disability to cover the additional and unforeseen costs associated with the public health crisis.

Recommendation 11

Access to supplementary income support for people with disability during emergencies so they are not financially worse off

Domestic and family violence

While suspending non-essential face-to-face support or providing alternative support options where possible was sensible and encouraged, this was not necessarily the safest approach for all people with disability. Some people with disability were more at risk at home than accessing their regular services in the community during the pandemic.

There were instances where people with disability were subjected to family and domestic violence during the lockdown, were suddenly trying to provide support to their ageing parent/s who had their own health problems or disability such as dementia, or experienced neglect due to outdated guardianship arrangements that had not been updated to reflect current circumstances. This was potentially exacerbated by the suspension of some non-essential face-to-face services, which may previously have served to provide informal oversight of people with disability on a regular basis.

The NDIS Quality and Safeguards Commission only covers NDIS participants in relation to their NDIS supports and services. It does not cover all people with disability. For most people with disability and NDIS participants using other service systems there is a fragmented system of regulatory and policy frameworks that are intended to provide protection, but it requires the person knowing who to report to. We understand that there is an independent National Disability Abuse and Neglect Hotline¹¹ that anyone can contact confidentially but we do not believe that this hotline is sufficiently promoted.

It is also important that there are resources made available to people with disability about healthy relationships, what they can do in such a situation and who they can seek and access support from. One of the services within the network is currently developing a health and wellbeing program for its clients and employees for this purpose.

As stated earlier, it is also essential that disability representative and advocacy organisations are provided with additional funding and resources, so they have greater capacity to support people with disability experiencing violence, abuse, neglect or exploitation.

Reduced safeguards and oversight

People with disability in closed facilities and segregated settings are placed at increased risk of violence, abuse, neglect and exploitation during emergencies when they are confined to those facilities, face-to-face services deemed non-essential are suspended and informal supports and oversight practices are removed. Consideration must be given

to ensuring informal and independent supports and oversight practices can be continued during emergencies, including by advocates and community visitors. Enhanced communication and the involvement of people with disability and their support networks in all decisions that affect them will assist people with disability in closed and segregated settings to maintain social and community connection during emergencies as well as reduce the risk of violence, abuse, neglect and exploitation.

Community participation and social isolation

Outside of emergencies, people with disability already experience greater levels of psychological distress than people without disability.¹² Uncertainties related to the COVID-19 pandemic as well as disruptions to supports and services, changes to routines and increased costs of living will likely see a rise in people with disability experiencing distress and anxiety. The sudden loss of face-to-face social interactions and minimised community access has increased isolation of people with disability during the pandemic.

The visibility and inclusion of people with disability within our communities is crucial to preventing violence, abuse, neglect and exploitation of people with disability.¹³ The level of visibility of people with disability in our communities varies considerably and unfortunately, not all people with disability have neighbours who are willing and/or able to look out for them or provide help.

During the pandemic, multiple services within the network provided devices that could be used to assist participants and families to remain in contact via video conferencing and social media. Services also provided support to participants to access the technology.

Examples of alternatives to face-to-face support provided by services across the network during the pandemic include online classes and activities such as cooking, baking, photography and bingo, online fitness and therapy and delivering equipment and activities to individuals' homes so they could remain connected and engaged. One service set up a Facebook page where participants could share their experiences and keep in touch with one another. Another service had a morning exercise program on community television.

Many of the alternatives listed above are predicated on access to the internet. While the NDIS introduced a policy for the purchase of devices to support the online delivery of services during the pandemic, NDIS participants cannot use their funds to pay for an internet connection.¹⁴ Without access to reliable internet, people with disability will have been unable to access all alternative support and service offerings available. This will have impacted on their ability to maintain their social and community connections and placed them at increased risk of isolation and experiencing violence, abuse and neglect.

Going forward, it is important that increased efforts are made to ensure people with disability can fully participate in our communities, including accessing community supports, such as libraries, churches, choirs, and sporting organisations. These community supports assist in providing informal oversight of people with disability and their health and wellbeing. They may also provide outreach and assistance to people with disability during emergencies, including through buddy systems or arranging a calling tree. NDIS Partners in Community play a role in supporting all people with disability, including people who are not NDIS participants, to connect with community supports in their local areas and leveraging this important component of their role will remove barriers to participation and build inclusion for people with disability.¹⁵

Recommendation 12

Remove barriers to participation and build inclusion for people with disability within communities to safeguard against violence, abuse, neglect and exploitation

Conclusion

Recent emergencies in Australia have highlighted weaknesses in emergency planning and response for people with disability. The lessons from the 2019-2020 bushfire season and the COVID-19 pandemic must be urgently acted upon and built on for future emergencies, including the upcoming bushfire season. Co-design by people with disability must be embedded in emergency planning, response, and recovery efforts across all levels of government.

About the Uniting Church

The Uniting Church in Australia is the third largest Christian denomination in Australia and the first church to be created in and of Australia. The Uniting Church in Australia was formed on June 22, 1977, as a union of three churches: the Congregational Union of Australia, the Methodist Church of Australasia and the Presbyterian Church of Australia.

In Australia's 2016 Census, more than 870,000 people identified themselves as having an affiliation with the Uniting Church.¹⁶ In any week more than 2,000 congregations worship in Uniting Church communities in 45 different languages, including 15 First Nations languages. Even though our congregations can be vastly different, each is a community in which people seek to follow Jesus, learn about God, share their faith, care for each other, serve the local community and seek to live faithfully and with real joy.

The Uniting Church is organised not by a hierarchy, but by a series of inter-related councils — local churches, regional presbyteries, six synods, and the national Assembly. Decisions are usually made by consensus. Each council has its distinct tasks, and each council recognises the limit of its responsibilities in relation to other councils.

The Uniting Church is also one of the largest providers of community services in Australia. With over 1,600 sites, the community services network supports 1.4 million people annually, employs 50,000 staff and is supported by the work of over 30,000 volunteers.¹⁷ As the national body for the community services network and an agency of the Church, UnitingCare Australia gives voice to the Church's commitment to social justice through advocacy and by strengthening community service provision.

The Uniting Church is committed to cooperating fully and openly with the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission). In line with this commitment, the Uniting Church released a [values statement](#) which will guide the Uniting Church's engagement with and response to the Disability Royal Commission. The Uniting Church has established a National Task Group to help guide the Uniting Church's response, with the membership comprising representation from across the life of the Church, each state synod, and the community services network. The Chair of the National Task Group is the Assembly General Secretary, Colleen Geyer, and the Executive Officer for the National Task Group is Tenille Fricker, a Senior Analyst at UnitingCare Australia.

Endnotes

¹ March, S., (2020). Hard Winter. *Four Corners*, aired 6 July 2020.

<https://www.abc.net.au/4corners/hard-winter/12426966>

² See, for example, the following Ministerial Media Releases at

<https://ministers.dss.gov.au/media-releases/5661> and <https://ministers.dss.gov.au/media-releases/5711>.

³ Tatham, H., (2020). Auslan interpreters save lives in bushfires, but only if they make the TV screen. *ABC Radio Sydney*, 10 January 2020. <https://www.abc.net.au/news/2020-01-10/auslan-interpreter-sean-sweeney-australian-bushfires/11848818>

⁴ Deaf Australia, *Open Letter – Interpreter on Broadcast Networks*, 1 June 2020, available at <https://deafaustralia.org.au/open-letter-interpreter-on-broadcast-networks/>.

⁵ See https://www.woolworthsgroup.com.au/page/media/Press_Releases/woolworths-expands-community-hour-and-introduces-new-social-distancing-measures-to-uphold-public-safety/.

⁶ More information is available at <https://canberrarelief.com.au/>.

⁷ Summer Foundation, *Personal Protective Equipment Needs of NDIS Participants during COVID-19: Preliminary Results*, May 2020, available at <https://www.summerfoundation.org.au/ppe-info-covid-19/#survey>.

⁸ Various formats of the Statement of Concern and a list of endorsements can be found at <https://dpoa.org.au/statement-of-concern-covid-19-human-rights-disability-and-ethical-decision-making/>

⁹ People with Disability Australia, *People with Disability and COVID-19*, available at <https://pwd.org.au/experiences-of-people-with-disability-during-covid-19-survey-results/>.

¹⁰ Bingham, L., (2020). Disability pensioners struggle to afford medication and essentials. *The Examiner*, 28 May 2020. <https://www.examiner.com.au/story/6772212/calls-to-extend-payment/>

¹¹ Information about the hotline can be found here:

<https://www.jobaccess.gov.au/complaints/hotline?fbclid=IwAR135ClrcQBCKInZJzIYuahaPbjALryC3JnDPBiYx6V-53PqtVbVsOyXhmk>

¹² AIHW, *People with disability in Australia*, 2019, available at

<https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia-in-brief/contents/how-healthy-are-they>.

¹³ St Clair, R., (2020). Visibility and inclusion an essential safeguard for people with disability. *Disability Support Guide*. <https://www.disabilitysupportguide.com.au/talking-disability/visibility-and-inclusion-an-essential-safeguard-for-people-with-disability?fbclid=IwAR3gT8MQTk3WFahr9xjANxsCAcg90vt1Bbwqoi-TpXZXIIA2bR457xs9JU4>

¹⁴ NDIS, *Using your budget*, 2020, available at <https://www.ndis.gov.au/coronavirus/participants-coronavirus-covid-19/using-your-budget> (accessed on 10 July 2020).

¹⁵ Brotherhood of St Laurence, *COVID-19 Insights: People with disability*, May 2020, available at <https://www.bsl.org.au/research/covid-19-insights/>.

¹⁶ ABS Census of Population and Housing, 2016, available at <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Religion%20Article~80>.

¹⁷ Figures are approximate at 30 June 2018.