



# Disability inclusive & Disaster-resilient Queensland

Disability Inclusive Disaster Risk  
Reduction: Stakeholder Consultation  
Report – Brisbane

The Centre for Disability Research and Policy.  
The University of Sydney

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**Disability Inclusive Disaster Risk Reduction (DIDRR)** is an approach that directs attention to the support needs of people with disability in interaction with their environment, and the factors which create or restrict capabilities around emergency preparedness and action during any emergency.

**DIDRR depends on effective cross-sector collaboration** between emergency managers and community services personnel to remove barriers that stop people with disability from engaging with DRR activities through principles of accessibility, participation, collaboration and non-discrimination (Villeneuve, Dominey-Howes, Llewellyn et al., 2017).

[image on front cover: Two men sitting at a table. The man is wearing an emergency services uniform is listening. The other man, wearing a red shirt and blue vest, is talking]

## **Disability Inclusive Disaster Risk Reduction Stakeholder Consultation Brisbane**

Dates: 15 - 16 May 2019

Time: 10.00am – 3.00pm

Venue: The Brunswick Room (Church) 52 Merthyr Road  
New Farm Qld 4005

### **Purpose**

This report documents findings of a facilitated inclusive community consultation process with stakeholders from the disability, community, health care, emergency management, and government sectors on the topic of Disability Inclusive Disaster Risk Reduction (DIDRR).

Findings reported here contribute understanding about local knowledge, resources, community context, needs, and possibilities for developing collaborative DIDRR practices in Queensland communities from the perspective of stakeholders who participated in the Brisbane consultations.

This report is one component of a much larger project that aims to co-design and test a Queensland DIDRR Framework and Toolkit.

The Queensland DIDRR Framework will guide collaborative action for DIDRR at the local community level. The DIDRR Toolkit aims to provide actionable guidance to community stakeholders by sharing tips, resources, and tools that enable them to take DIDRR actions to increase the resilience of people with disability to disaster.

## About the project

The Queensland Department of Communities, Disability Services and Seniors has partnered with the Centre for Disability Research and Policy (CDRP) at The University of Sydney, Queenslanders with Disability Network (QDN) and the Community Services Industry Alliance (CSIA) to co-design and test a Disability-Inclusive Disaster Risk Reduction (DIDRR) toolkit to enable effective cross-sector community-level DIDRR collaboration to reduce risk for people with disability in disasters.

Inclusive stakeholder consultation sessions were held in four local government areas: Brisbane, Ipswich, Rockhampton, and Townsville. Participating stakeholders from the disability, community, health, emergency management, including government were invited to share their experiences and exchange knowledge about how to reduce risk and increase the resilience of people with disability to disasters.

Information from the consultations will be used to co-design the Queensland DIDRR Toolkit that is tailored to the context and needs of Queensland communities. The toolkit aims to provide actionable guidance to community stakeholders by sharing tips, resources, and tools that enable them to take DIDRR actions to increase the resilience of people with disability to disaster.

## Project team

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## Advisory committee (in alphabetical order)

**Fiona Mackie**, Aged and Disability Advocacy Australia

**Colin Sivalingum**, Australian Red Cross

**Eric Boardman; Annabelle Johnstone**, Community Recovery Officers, Department of Communities, Disability Services and Seniors

**Belinda Drew**, Community Services Industry Alliance

**Tammy Myles; Diana Young; Carrol Helander**, Department of Communities, Disability Services and Seniors

**Mike Lollback**, Local Government Association of Queensland

**Carl Peterson**, Moreton Bay Regional Council

**Craig Rogan; Dustin Vallance**, National Disability Insurance Scheme

**Ian Montague**, National Disability Services

**Nicola Moore**, Office of the Inspector-General Emergency Management

**Emma Martin**, QHealth; Mental Health, Alcohol and Other Drugs Branch

**Jacklyn Whybrow**, Queensland Alliance for Mental Health

**Luke Reade**, Queensland Council of Social Service

**Sharon Boyce**, Queensland Disability Advisory Council

**Michelle Moss**, Queensland Disability Network

**Adam Green**, Queensland Fire and Emergency

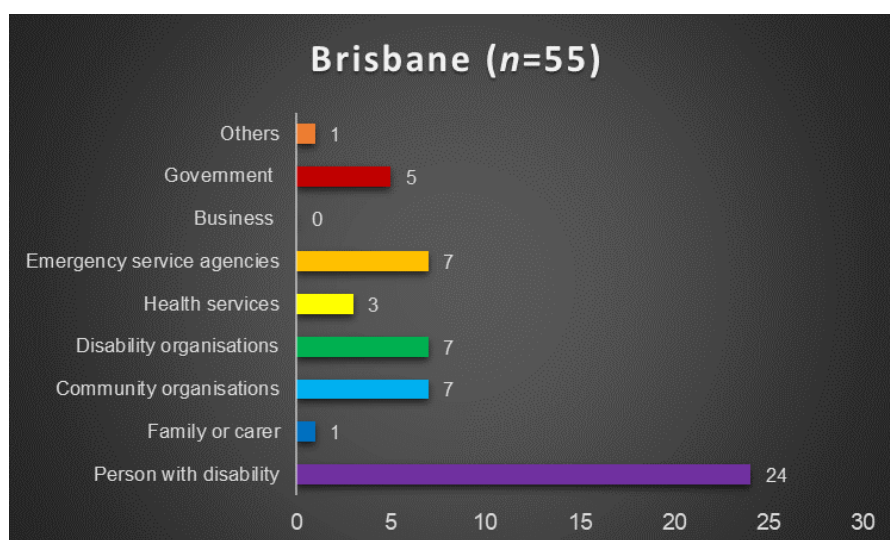
**Karen McPaul**, Queensland Reconstruction Authority Services

**Michelle Villeneuve**, The University of Sydney



## Participants

Disability Inclusive Disaster Risk Reduction (DIDRR) involves cross-sector collaboration. Consequently, we sought representation from the following stakeholder groups including, local government, disability, access and inclusion; emergency managers; local business; people with disability; carers; and formal community-based service providers including disability support personnel, community health care providers, and mainstream community services staff. Targeted recruitment and support provided by the Queenslanders with Disability Network (QDN) enabled the inclusion of people with disability their family and carers in the community.



**Figure 1.** Summary of participants by stakeholder group; Total participants = 55; Female participants = 29; Male participants = 26; Refer to Table 1 for definitions of stakeholder groups and detailed description of Figure 1.

**Table 1. Stakeholder Groups Defined and Number of Participants in Each Group**

|                                   |   |    |
|-----------------------------------|---|----|
| <b>People with disability</b>     | individual identifying as a person with disability  | 24 |
| <b>Family or carer</b>            | family member or carer of a person with disability, or formal support worker for a person with disability   | 1  |
| <b>Community organisation</b>     | a neighbourhood centre, community group, or other organisation that provides services to the broader community, and who may include people with disability  | 7  |
| <b>Disability organisation</b>    | an organisation whose primary role is to provide support or services to people with disability  | 7  |
| <b>Health services</b>            | hospital or health services, including mental health services and other organisations with a mental health focus  | 3  |
| <b>Emergency service agencies</b> | agencies and departments with responsibility for supporting the community at various stages of a disaster or emergency. Includes Queensland Fire & Emergency Services (QFES), State Emergency Services (SES), Queensland Ambulance Service (QAS), Queensland Police Service (QPS) and the Rural Fire Service (RFS). | 7  |
| <b>Business</b>                   | local businesses  | 0  |
| <b>Government</b>                 | representatives of federal, state or local government departments. This includes local council representatives across various branches such as community development, access and inclusion or disaster management   | 5  |
| <b>Other</b>                      | any other stakeholders not represented in other categories  | 1  |

## Methodology: Structured Interview Matrix (SIM)

Originally developed as a method for organisational analysis and strategic planning, the SIM facilitation technique has been adapted for use as a data collection method in participatory research and inclusive community development. SIM is designed to facilitate inclusive community engagement and promote the development of knowledge and networks/connections between participants. SIM employs a graded approach to collaboration and involves discussion using a three-phase process (Figure 2).



Overview of consultation method



**Figure 2.** The application of SIM as an Inclusive Community Engagement Facilitation Method

[image: sequence of interview phases that are described below in text. Images show people engaged in one-one interviews; small group discussion; and large group presentation]

**The first phase** involves a series of one-on-one interviews conducted by the participants (Figure 3). An interview guide, prepared by the facilitators, consists of 4 interview questions. On arrival, participants are assigned to a group (1 – 4) and assigned an interview question. The interview matrix is structured so that each participant has the opportunity to ask their assigned question of three people and respond to a question posed by three other participants. Participant interviewers are instructed to ask their question and listen to the response without interrupting. They are also asked to record responses in writing on a form provided. Interviewees are given 10 minutes to respond. [We further adapted this time frame (12 – 15 mins) to support the additional time required for participants who need more time to move between interviews or who require more time to communicate or record responses]. The process is repeated until each participant has interviewed one person from each of the other groups. The facilitators keep time and guide the group so that participants know how to proceed through the matrix.

**The second phase** involves each group coming together in a small group deliberation to discuss, review and summarise the individual responses to the group's assigned question. Following their summary of responses, group members are encouraged to add their perspective to the small group deliberation. In order to present a synthesis of findings to their question, each small group is asked to identify 3 main findings to be shared in the large group plenary. Each of these discussions are audio recorded.

**The third phase** involves a large group plenary discussion which begins with each group presenting their main findings followed by a facilitated discussion with all the participants. The presentation and plenary discussion are audio recorded.

## Facilitation Process

Each SIM consultation took place over approximately 5 hours and covered 4 questions in-depth. The length of these consultations is important because the time invested in meeting new people and engaging in meaningful discussion with people from different backgrounds facilitates the development of new community connections and/or the opportunity to renew or deepen existing relationships. The small group discussion involves not only information sharing but deliberation where participants express their views, assimilate information provided by others, and develop shared understanding and potential solutions. Opportunity for informal networking and engaging in extended discussion during tea/lunch provides additional opportunities to develop connections between stakeholders.

Inclusion of people with disability was achieved by: (a) extending invitations to people with disability and their representatives to participate and represent people with disability at the SIM consultations; and (b) providing the means to support their engagement (e.g., Auslan interpretation, barrier free meeting spaces, safe space to express ideas, accommodating diverse communication needs, access for service animals, assistance with note taking).

The SIM technique has the advantage of accommodating the voices of a large number of participants (12 – 32) while ensuring that the perspectives of all participants are heard. This approach overcomes common challenges to inclusive community engagement by ensuring that people can fully engage in the process and benefit from their participation while maintaining efficiency in stakeholder consultation.

## SIM Consultation Interview Questions

1. Tell me about a time when you really felt a part of your community. Probe: What helped that to happen? How did it feel?
2. What steps have you taken to prepare for emergencies? Probe: If you haven't, what could you do? Is there anyone who could help you get started?
3. In a disaster in your community, what challenges would people with disability experience? Probe: What challenges would they have sheltering in place? What challenges would they have evacuating to a place of safety?
4. Emergency services is usually the first support people think they will rely on in a disaster. In a disaster in your community, what OTHER SUPPORTS could people with disability count on? Probe: Think about where you live, work and play and the assets near you



**Figure 3.** 1:1 interview process

[image: two women in conversation sit across from each other]

*"We realised that for people with disability, people wanted to have contingencies, and that they felt there was a need for multi-layered planning in emergency situations within their community." (LGBSIMA).*

## Data Analysis

**Objective:** To identify core themes about DIDRR from multiple stakeholder perspectives

### Analysis Steps:

1. All recordings from the SIM consultations were transcribed verbatim and imported into NVivo, a qualitative data analysis computer software (<https://www.qsrinternational.com/nvivo/what-is-nvivo>). Data was de-identified at time of transcription.
2. Transcripts were read in full several times before identifying codes that reflect the perspective of participants (open coding). Open coding was used in the first stage of analysis to organise and reduce the data.
3. Content analysis was used in the second stage of analysis to group codes into categories.
4. Constant comparison of codes and categories – expansion and collapsing of codes into categories; creation of new categories; identification of patterns in the data; observation of relationships and development of emergent themes.
5. Preliminary findings were presented and discussed with all project team members; shared with SIM consultation participants for their review and comment.
6. Findings were presented to project advisory for discussion, interpretation, consideration of links to existing policy and practice mechanisms.

### Definition of Terms

|                            |  |
|----------------------------|--|
| <b>Open Coding</b>         | open coding is a process whereby words and phrases from the participants are named to identify the key message or meaning  |
| <b>Constant Comparison</b> | data-analytic process whereby each interpretation and finding are compared with existing findings as it emerges from the data analysis.  |
| <b>Categories</b>          | is a major component of data analysis (qualitative or non-numeric data) by which investigators attempt to group patterns observed in the data into meaningful units or categories.   |
| <b>Themes</b>              | Themes are patterns across data sets that are important to the description of a phenomenon and are associated to a specific research question. They are helpful in supporting integrated reporting on findings in response to the project purpose. |

| <b>Legend:</b> The following codes were used to reference the source of data reported below. |  |                 |  |
|--|--|-----------------|--|
| <b>SG#BSIMA</b>  | Small Group # (1,2,3 or 4) Brisbane SIM A (15 May) | <b>SG#BSIMB</b> | Small Group # (1,2,3 or 4) Brisbane SIM B (16 May) |
| <b>LGBBSIMA</b>  | Large Group Brisbane SIM A (15 May)                | <b>LGBSIMB</b>  | Large Group Brisbane SIM B (16 May)                |



## Findings

Findings are grouped into four themes summarised in Table 2 and discussed below.

**Table 2. Brisbane Summary of Findings**

### 1. Reliance on others in emergencies

**Seven areas where people with disability rely on others in emergencies:**

- To give accurate, specific and accessible information
- To evacuate safely
- To maintain personal care and support (service continuity)
- To maintain health and well-being
- To have and use rescue equipment
- To reconnect person with their equipment
- To transport person and their equipment

---

### 2. “I don’t have a plan.”

- **Informal plans** - Plans, are “*in our heads*” and have not been:
  - written/formalised;
  - communicated with others (families or service providers); or
  - simulated or practiced, to see if they work
- **Positive steps some people have taken to prepare**
  - stockpiling – food; medicines; supplies
  - emergency kit
  - evacuation planning
  - verbal or written instructions (for care provision or support in an emergency)
  - household emergency meeting
  - gathered important documents together
- **Characteristics of a formal emergency preparedness plan**
  - Includes the person with disability and clarifies what they can do
  - Realistic – (e.g., addresses function-based support needs in emergencies; takes into consideration current level of preparedness (steps already taken) and gaps in preparedness plans that increase risk)
  - Pre-planned with a person’s support network in mind
  - Communicated (possibly in writing) with support network
  - Practiced with support network
  - Contains contingencies
  - Reviewed regularly
- **Preparedness training that is disability specific and results in a formal plan.**  
**People with disability:**
  - want and need “*practical*” emergency preparedness training to help them to “*be self-sufficient*”
  - need to prepare for emergencies – self-assess risk and disability-specific disaster support needs. They need “*workshops, resources and tools to help them just think about what their needs would be*” (G2, Brisbane SIM A)
  - need to formalise their emergency preparedness plans (see characteristic features of formal plans)
- **Discussions like this encourage people to plan**
  - Know your neighbour
  - Strengthen support networks
  - Get involved

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### 3. Unmet needs of people with disability in emergency situations

- Communication
- Safe evacuation/transportation
- Personal support
- Assistive technology
- Accessible evacuation/shelter
- Assistance animals and their care

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### 4. “Who steps up?”

#### **Emergency services:**

- are a trusted community service
- make people feel comfortable and safe

#### **Government:**

- recovery support for people
- evacuation centres

#### **Community Services:**

##### **Trusted provider (disability support personnel)**

- trusted people
- have knowledge of the individual needs of people they support
- have “disability-specific” knowledge on how to support people with disability

##### **Provider Networks**

- know the people who need support and what those needs are
- provider organisations “*have people on their lists*”

##### **Provider Capacity vs Capability**

- *Who takes responsibility?* There is great diversity of support arrangements for people with disability. Support may:
  - be organised and managed for people with disability
  - be self-managed by people with disability
  - consist of a combination of informal, government, non-government/civil society entities, and private sector support

## Discussion of Findings

### Theme #1: Reliance on others in emergencies

People with disability are resourceful in everyday life and can translate this to resourcefulness in emergency situations – but the reality, as pointed out by our participants, is that many people with disability rely on people or equipment that may not be readily available in an emergency situation. This challenges their capacity to respond during a disaster, increases their risk and impacts recovery. Participants identified 7 areas where people with disability rely on others in emergency situations.

#### Reliance on others in emergencies:

1. to give accurate, specific and accessible information
2. to evacuate safely
3. to maintain personal care/support (service continuity)
4. to maintain health & well-being
5. to have and use rescue equipment
6. to re-connect person with their equipment
7. to transport person and their equipment

Participants recognised the importance of self-reliance in emergency situations for managing their immediate disaster response. They identified the critical importance of “*knowing your neighbours*” because “*they are the ones most likely to rescue or support you in an emergency,*” particularly if the person’s disability limits their capacity to receive emergency warning (e.g., see, hear, understand) or respond during an emergency (e.g., mobility; sensory impairments). Despite awareness of their support needs and how they might be impacted in an emergency, many people reported not having a plan.

### Theme #2: “I don’t have a plan.”

Emergency preparedness was central to discussions among participants about maintaining safety and well-being of people with disability before, during and after disaster. Participants discussed with each other (individual interviews) their “*informal plans*” and considered together (small and large group discussion) what it means to prepare for emergencies. Many participants (with and without disability) admitted, “*I don’t have a plan.*” However, when probed, many people reported positive steps they had taken to prepare.

| Informal Plans   | Positive steps some people have taken to prepare  |
|--|---|
| <p>Plans, are “<i>in our heads</i>” and have <u>not</u> been:</p> <ul style="list-style-type: none"> <li>• written/formalised;</li> <li>• communicated with others (families or service providers); or</li> <li>• simulated or practiced, to see if they work</li> </ul> <p>“<i>I think people think about these things but they don’t necessarily think they have formalised it. One of the questions I added on my list was, ‘So, what else could you do?’ And that part was sharing what they’ve thought about as an informal plan in their head with other family members and their children so they actually all have the same understanding.</i>” (SG2BSIMA)</p> | <ul style="list-style-type: none"> <li>• stockpiling – food; medicines; supplies</li> <li>• emergency kit</li> <li>• evacuation planning</li> <li>• verbal or written instructions (for care provision or support in an emergency)</li> <li>• household emergency meeting</li> <li>• gathered important documents together</li> </ul> <p>“<i>When we probed people, we found that they may not have had a plan under their definition which is quite formal, but they had taken positive steps to prepare.</i>” (LGBSIMA)</p> <p>“<i>Maybe when you hear the word ‘plan’ you kind of think of a physical document or something</i>”</p> |

|  |   |
|--|---|
| <p><i>"We found there was a high level of resilience of people with disability. And perhaps they just need a bit of basic guidance and direction on how to [prepare] more formally in a disaster management space. So, quite resourceful, quite able. How do we do that in a disaster and do a bit more planning and preparedness?" (LGBSIMA)</i></p> <p>Speaking about the need to simulate the plan or practice it because: <i>"When the day comes, it doesn't always come off [in an emergency]...need to prepare for the worst."</i> (SG2SIMA)</p> <p><i>"Some people were surrounded by others that had a plan but they didn't necessarily know the detail of that plan so they might be included in someone else's planning; but they don't know exactly what their role is or how they can do to help that plan."</i> (LGBSIMA)</p> <p><i>"We found a similarity in the person who worked in the government sector was very organised as far as work went because they had responsibilities for people under their care, but they were also very organised personally. They had wind-up radios and torches, and so they were very aware of what they needed to have ready for a disaster whereas the other people who were disabled [did not]."</i> (SG2BSIMA)</p> <p><i>"The old emergency or evacuation kit. And I have to admit, I've worked in emergency services for seven year and I don't have an evacuation or emergency kit."</i> (LGBSIMB).</p> <p><i>"Working in disaster emergency field doesn't necessarily mean that you claim to be better [at preparing] than anyone else...we don't always do it right either working in disaster management. We are very aware of what the requirements are, but we may not translate that into taking action, particularly at a personal level."</i> (LGBSIMA)</p> | <p><i>like that. [Participants went from] 'No, I'm not planned, I've got no plan – to actually – yes recently I made a pack with photos and birth certificates and stuff in at and put it in a save space.'</i> (SG2BSIMA)</p> <p><i>"Key areas that I picked up on for what they had done to prepare was having an emergency kit. Making sure they had enough non-perishable food and water to last at least 3 days."</i> (SG2BSIMB)</p> <p>Some participants with disabilities have informal individual preparedness plan and measure in place to prepare themselves, their family and their assistance animals (if any). Some example of measure: disaster drill; ensure room arrangement is disaster-friendly; prepare emergency kits; assistive devices; personal medicine and supplies.</p> <p><i>"I've situated my bed in my master bedroom in front of the window, so if I'm home alone for any reason and I have to evacuate I could smash the window with a pillow and get out onto the balcony on the other side. So at least I could physically climb out of the window and get out of the property in the event of a fire...I could actually evacuate independently if I needed to."</i> (SG2BSIMB)</p> <p><i>"Someone I was speaking to said it was written out, also because there might be an incident where there's a change of care. So, that way, when somebody comes in, they can see it. The instructions are there, it's very clear what's needed. That includes also the plan of whereabouts the meeting point might be was all spelt out in a plan."</i> (SG2BSIMB)</p> <p><i>"Someone here has a household emergency meeting every six months, which we thought was fabulous. It's great to ensure that everyone in the household is aware of what's happening and what to do, what their role is if they're home and something happens, and an emergency occurs."</i> (LGBSIMB)</p> <p><i>"She's even provided some scenarios. So, she said, if I ring you at this time of the morning, odd hours of the night or day and I'm not able to talk but you hear this __, it could be this happening. So, it's all a bit like an exercise, I guess, about what can happen."</i> (LGBSIMB)</p> <p><i>"We do have power outages and I know with my vision impairment, I can't rely on candles, so I've got a rechargeable lantern that I charge up</i></p> |
|--|---|



|  |   |
|--|---|
|  | <p>at early November every year. I know where it's kept in the linen cupboard, and my husband knows not to move it, so if we go into a total blackout and I'm there by myself, I can get myself to the linen cupboard and get it, and I can take it from room to room wherever I want to go and it's a lot safer for me because I won't burn the house down if I drop it." (SG2BSIMA)</p> |
|--|---|

Dialogue among participants revealed characteristic features of a "formal emergency preparedness plan."

| Formal Emergency Preparedness Plan   |
|--|
| <p><u>Characteristic features of a formal plan:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Includes the person with disability and clarifies what they can do</li> <li><input type="checkbox"/> Realistic – (e.g., addresses function-based support needs in emergencies; takes into consideration current level of preparedness (steps already taken) and gaps in preparedness plans that increase risk)</li> <li><input type="checkbox"/> Pre-planned with a person's support network in mind</li> <li><input type="checkbox"/> Communicated (possibly in writing) with support network</li> <li><input type="checkbox"/> Practiced with support network</li> <li><input type="checkbox"/> Contains contingencies</li> <li><input type="checkbox"/> Reviewed regularly</li> </ul> <p>"Someone also talked about writing up a plan partly for themselves, but partly for others as well, so that in a disaster incident it can be quite heightened level of chaos and how they were able to communicate what their needs were." (LGBSIMA).</p> <p>"We realised that for people with disability, we wanted to have, people wanted to have contingencies, and that they felt that there was a need for multi-layered planning in emergency situations with their community." (LGBSIMA)</p> <p>Talking about contingency planning: "What would you do if you had a fire in your house? What would you do if there was a cyclone coming?" (SG2BSIMB)</p> <p>On contingency planning: "We need somewhere in between. So, it's the sheltering in place versus that formal evacuation centre. And I think that's where it's using your support networks and who you've got to be able to go, 'Where is that prior arrangement piece? So, we can last this long here, but if we've got to go, where do we go?...are there other community settings that we can go?" (SG3BSIMB)</p> <p>"And no one gets it right, believe you me...when we flounder in a disaster, we'd say to them, as soon as you can, talk about what went wrong, and make changes in your plan while it's fresh in your mind." (SG2BSIMA)</p> <p>"So, if you're going to be sheltered in a place for a long-term period, is that place going to be suitable for you? Or, if you have to evacuate, knowing the how, where, and who. How are you going to get there? Where is it? And who's going to provide that assistance?" (LGBSIMA)</p> <p>"Having support people in training with you if they're my carer, and practice that in an evacuation situation because if that falls down, you don't get a chance to re-do that [in an actual emergency]." (SG1&amp;4BSIMB)</p> <p>"I noticed that that person felt very confident about how things would progress if there was an emergency because she had an awareness that she knew what she would take from her apartment. She had a circle of support around her who understood what her support needs were,</p> |

*and I just picked up on a really strong sense of security and confidence actually because it was probably the most fleshed out plan that I heard.” (SG2BSIMA)*

### Preparedness Training that is disability-specific and results in formal plan

People with disability specified their need for training (e.g., “workshops, resources and tools”) to: (a) increase their emergency preparedness, and (b) identify and “bridge gaps” in their “disability-specific disaster support” needs through “advocacy.”

#### People with disability:

- want and need “practical” emergency preparedness training to help them to “be self-sufficient”
- need to prepare for emergencies – self-assess risk and disability-specific disaster support needs. They need “workshops, resources and tools to help them just think about what their needs would be” (SG2BSIMA)
- need to formalise their emergency preparedness plans (see characteristic features of formal plans)

*“Preparation and planning came up as a big thing that people need support with and that will help ready people for the disaster itself.” (LGBSIMA)*

*“People agree that that people [with disability] need to work out a solution, and then have those other supports as another mechanism.” (SG2BSIMB)*

People with disability need accessible information about local hazard risk and how it will impact them, guidance to develop “disability-specific disaster support” plans, and advocacy to bridge gaps between their functional capabilities and available supports in emergency situations

*“Having a workshop that’s specifically for people with disability – a more practical workshop on the things they need to consider and the tools that they could use to help develop a plan of action – and also involving their family and those sorts of things.” (LGBSIMA)*

*“Training to be self-sufficient as possible while waiting for external support. Exercising and the training as a means of creating independence to yourself, to perform the tasks.” (SG1&4BSIMB)*

### Discussions like this encourage people to plan

Participants acknowledged that, “discussions like this encourage people to plan.”

*“I guess what we got out of it was that people are **now starting to think about disaster incidents and hazards in their local area** and what they might do.” (LGBSIMA)*

*“I interviewed people mostly with a disability and I found the consensus was that they weren’t really prepared; they hadn’t really thought about it, but **they were now very keen to**” (SG2BSIMA)*

*“...there was no knowledge of threat, or risk or anything like that **until it was actually raised.**” (SG4BSIMA)*

*“It’s during these opportunities that **we get to learn and share those ideas.**” (LGBSIMB)*

Participants identified the importance of people with disability managing their own disaster risk and planning together with their support networks for disasters triggered by natural hazard and other emergencies (e.g., house fire). **Recognising that many people with disability are reliant on others for support (theme #1), the discussion centred on the question of how to better connect with people with disabilities to their local community in order to increase the resilience of people with disability to disaster** (e.g., know your neighbour; strengthen support networks; get involved).

#### **Know your neighbour**

- People with disability need to get involved in their community; be proactive in knowing their neighbours

*"You need someone who's close because people on the end of the phone might be 20 minutes away or 10 minutes away. The best person is the person who's geographically closest, and that's the neighbours." (SG1&4BSIMB)*

*"And I've never met or speak to anybody in that whole block in the three years I've been there so yeah. There's some quite extremes and I guess no community connection." (SG1&4BSIMB)*

*"One thing that one of my interviewees mentioned was thinking about who else might need help. So, it's not just about yourself, there might be someone else with a disability in the community that you're aware of that's not a part of this process." (SG2BSIMB)*

*"Something that we talked about was being aware of who's in your community as well...and this particular person had an accident one day in their home and they were able to actually use their voice to call out and the neighbours came quickly to help them. So, if you've got that connection to your community and people understanding your needs as well as you are being able to give back, that keeps them safe." (SG1&4BSIMB).*

*"We also saw that proactive inclusion is really, really important as well. So, there was some really good examples of where people have gone out and made a lot of introductions in their local community and have developed a sense of community based on that initial proactive engagement. An anecdote was, years ago when he first moved into a community. He is in a chair and because there was access issues with him being able to knock on doors, he went with a supporter and went round to every house within 4 blocks and basically introduced himself to everybody and said, hi, I'm \_\_\_\_, and if you every run out of eggs, or flour, or milk, here's my number." (LGBSIMB)*

#### **Strengthen Support Networks**

*"A strong support network reflected people feeling well-prepared. So that's that social capital that's always, often talked about. People feeling like when they've got a good network that they can deal with any incident that comes their way." (LGBSIMA).*

*"Some of the suggestions we were looking at a more cohesive community prior to a disaster happening and how we would do that, and there's been a lot of research in that over the years, around how do we build that social capital within a community. And I guess for this particular group is: How do we build that social capital in people with disabilities?" (LGBSIMA)*

*"So, it's partnering with different agencies close to your home to go, 'Well, in this scenario, can I put you as part of my ready plan?' (SG3BSIMB)*

#### **Get Involved**

*"I think that it all comes to the central part of getting involved in a community, whether in a disaster or something. It can happen by chance, but the involvement doesn't have to be with an organisation, it can be as a volunteer or something like that. Everyone can equally contribute something important to helping after a disaster situation." (SG1BSIMA)*

*"We found that being involved in a community could help the people actually shape ideas and give direction; create pathways for them into other things. And one example was it actually created a pathway to employment for a particular person because they helped in a particular community disaster recovery in fact." (SG1BSIMA)*

### Theme #3: Unmet needs of people with disability in emergency situations

Participants discussed the importance of people with disability being "safe" and "maintaining well-being" in emergencies. However, people with disability described **unmet needs in emergency situations** that increased their risk and decreased their sense of safety and well-being. Participant examples included:

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| <p><b>Communication</b></p> <ul style="list-style-type: none"> <li>• may not know about emergency or hear warnings (e.g., Deaf)</li> <li>• information may not be specific or targeted (lack specificity of who is affected and what they should do)</li> </ul> <p>Speaking about Deaf people - <i>"If what happened during the 2011 floods there was no electricity, there's no social media, there's no ABC, you're living in darkness for 10 days, what do you do?" (SG1&amp;4BSIM B).</i></p> <p>Deaf perspective – reliance on personal networks to access disaster information: <i>"So, in the first instance, it's relying on social media or those personal networks to get the information, which might not be accurate. So, it's that accuracy of information that's important." (SG4BSIMA)</i></p> <p><i>"And sometimes I feel they connect a lot of ways through social media like Facebook, text, Skype sometimes and I'm talking about during emergencies, that's how they connect with each other." (SG1BSIMA)</i></p> <p>Based on past disaster experience there was no Auslan interpreter on the TV broadcast during disaster declaration.</p> <p>Information is available for general audience. However, it is not clear if this is easy read or accessible for people with disability.</p> <p><i>"One of the people I spoke to was very clear on one thing: The disability did not allow them to be able to recognise the danger was there, nor for the people responding to be able to provide assistance in the conventional way, because they couldn't hear. He couldn't hear the knocks at the door, couldn't hear the fire alarms." (SG4BSIMA)</i></p> | <p><b>Safe Evacuation/Transportation</b></p> <ul style="list-style-type: none"> <li>• of people and equipment in an evacuation</li> <li>• of their equipment (e.g., mobility equipment; life sustaining equipment; equipment to maintain well-being)</li> <li>• evacuating – with visual impairment; mobility impairment</li> </ul> <p><i>"If you're visually impaired and leaving a building when you're by yourself it is really, really challenging." (SG1&amp;4BSIMB)</i></p> <p><i>"There was a point that one of the guys said, when he was evacuated, he was separated from his electric wheelchair. In the evacuation he lost all of his independence because there was no actual way to get the chair from where it was to where he was." (SG3BSIMB)</i></p> <p><i>"The means of transporting equipment, batteries, the size of vehicle, the shape of the vehicle; whether it can carry a scooter or not. Or having a back-up such as a manual chair or training someone to push the dead battery in a wheelchair." (SG2BSIMB)</i></p> |
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| <p><i>"That was the biggest barrier, was communication with people if she was reliant on others, making sure that those lines of communication were operating, and she had to be very active in that." (SG2BSIMA)</i></p>  |  |
| <p><b>Personal Support</b></p> <ul style="list-style-type: none"> <li>• separation from the people who support them</li> <li>• orientation to evacuation/shelter environments (e.g., blind; low vision)</li> </ul> <p><i>"I think it was about 2013, when those floods were. And we were actually stranded where we were....even all my support workers and my parents had been cut off, so we were there for about 12 hours with no support person. And if the power had gone off, we would have been [in serious trouble]." (SG3BSIMB)</i></p> <p>A support person (neighbours, families, support worker) who are geographically close is needed to check the condition of people with evacuation difficulty – for slow onset disaster.</p>  | <p><b>Assistive Technology</b></p> <ul style="list-style-type: none"> <li>• separation from equipment that supports them</li> <li>• lack power source to re-charge batteries</li> </ul> <p><i>"I've got 12 hours back up electricity for my ventilator so if that's not there. So, if there were a power outage it would be a life-threatening situation." (SG3BSIM B; LGBSIMB)</i></p> <p><i>"But in a state of emergency, in a drama, we have to have a manual lift-up where you can manually crank up off the floor for him and put him in a wheelchair." (SG1BSIMA)</i></p>  |
| <p><b>Accessible evacuation/shelter</b></p> <ul style="list-style-type: none"> <li>• privacy (personal care)</li> <li>• trusted support staff</li> <li>• accessible environment</li> </ul> <p><i>"When I did get evacuated, where I got put in, I didn't then also get the accessibility options of being told where I was and where, say the bathroom was in relation to my room, which is something, being severely vision impaired, I really needed." (SG4BSIMA)</i></p> <p><i>"That was the commenting I've had; the evacuation centre became the place of really a "no-go" zone for disabilities. There's nothing positive at the evacuation centre. All you get is bad food and shelter. That's all you get, and it is crowded. That's the one place you do not need to be if you've got a disability." (SG3BSIMB)</i></p> <p><i>"They're often set up in chaotic environment and a rapidly evolving environment which creates additional challenges, obviously, for people with disabilities. And among these challenges, that interviewees identified: accessibility, of course, and transport. Just getting to the evacuation centre or the place of the evacuation centre can be quite challenging." (LGBSIMB)</i></p> <p><i>"The way the evacuation centre is set up will most likely not be very convenient for people</i></p> | <p><b>Assistance animals and their care</b></p> <ul style="list-style-type: none"> <li>• some shelters don't allow assistance animals</li> <li>• different types of assistance animals</li> </ul> <p><i>"One of the things that came up with the person I spoke to as well is about assistance animals, if you're sheltering in place, and the water supply and people are bringing around drinking water, it's being able to have enough provisions for the service animal as well." (SG3BSIMB)</i></p> <p><i>"Support animals, unfortunately, in some evacuation centres, animals are not allowed inside for various reasons." (LGBSIMB)</i></p> |

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| <p><i>with disabilities. Of course, people, organisation who manage evacuation centres do their best to accommodate the needs of everyone, but in a chaotic environment, it can prove quite challenging to do this.” (LGBSIMB)</i></p> |  |
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To address unmet needs, participants identified the following desired supports. **It is noteworthy that recommendations for improvement were limited in scope.** Their suggestions focused on disaster warnings and accessibility of evacuation centres. **These findings were consistent with the recognition that people with disability need “workshops, resources and tools to help them just think about what their needs would be” (SG2BSIMA) (refer to Theme #3).**

Indeed, people with disability have had limited exposure to and inclusion in disaster risk management (see theme #2). Their inclusion in disaster risk management is required to understand and address the holistic safety and well-being needs of people with disability in disaster situations.

#### Desired Support (to address unmet needs)

##### Communication

- provide accessible warnings
- don't cut off Auslan interpretation during media coverage

*“We identified that there was, or that people were speaking about there being a lack of disability-specific and emergency support and the comments were made that even with the Auslan translators or interpreters that you will see on TV during emergency situations there'll be a time lag between when the emergency potentially occurs and when the interpreters are actually present to present the information. In that time people might be reliant on their informal networks or social medial for information which isn't always 100% accurate. So, the accuracy of where we get our information as well was raised.” (LGBSIMA)*

*“So, the importance of communication needing to be suitable and accessible to all.” (LGBSIMA)*

*“It's the customization of your message because all three people that I spoke to had a different level of what they thought of support.” (SG4BSIMA)*

*“There are a number of strategies that we found would be helpful. Things such as social media, SMS alerts, radio, something very important that was raised in our group was door-knocking and that when door-knocking – remembering that people may be hearing impaired and can't hear you initially when you knock on the door, so just to keep trying.” (LGBSIMA)*

##### Evacuation/Shelter

- improve universal access at evacuation centres

Speaking about people with visual impairment:

*“I'd need them to have understanding about what I need. I guess it's about community education so people understand that if you are going to support someone to go to a location like that, then you also need to orient them to the space that they're in and make sure they are able to cope in that space before you leave them.” (SG3BSIMB)*

*“And one solution that was discussed was to actually pre-arrange alterative solution to avoid having to go to any evacuation centre. And these solutions can be more the personal level. So, just having agreement with friends, or family of where I would go if I needed to evacuate my house. And these solutions can be at more institutional level, through more formal partnerships and about the place that could accommodate the needs of people with disabilities.” (LGBSIMB)*

*“A contingency where, in the emergency centre, there could be like frequently used items or most commonly needed things for people with a specific disability. I don’t know how feasible that would be but was something that I was thinking.” (SG3BSIMB)*

#### Assistance Animals

- have alternative shelters that are accessible to people and their assistance animals

### Theme #4: “Who steps up?”

**Participants discussed that people with disability are more vulnerable because it is not clear whose responsibility it is to address their unique needs in disaster situations.** Participants reported satisfaction with disaster welfare support from government although were not involved in local disaster risk management committees or subgroups. Participants expressed a sense of comfort and safety with emergency services personnel. However, they were perhaps unrealistic about the capacity (resources) of emergency services agencies to assist people with disability in emergencies. In particular their capacity to manage the individualised needs of people with disability (e.g., to evacuate safely; to reunite people with their equipment).

#### Emergency services

- are a trusted community service
- make people feel comfortable and safe

*“People talked about emergency services and feeling comfortable and safe with our police and fireies and ambo’s and SES and those guys.” (LGBSIMB)*

*“We’ll bring choppers in there. Either we as emergency service will air lift him out, or the army will assist you, but we have contingencies in place to evacuate people.” (SG3BrisbaneSIMB)*

#### Government

- recovery support for people
- evacuation centres

*“Government was the other one that came up in nearly all my conversations as well. The council had a tent down the road, state government relief gave them some money, and then somebody talked about NDIS funding and disability support person being a stable person to help.” (SG1&4BSIMB)*

*“So, department of communities and Queensland reconstruction authorities they call this thing assistance scheme for families. So, if you have a family of 5 for example, you’ll get \$1,500 to spend immediately for food, no alcohol, no smokes. And the ATMS when connectivity goes out in a disaster event so you can’t get money out. So, they give you [a] personal assistance scheme of up to \$1,000 for a small family, 1,800 - 2,000 max for a family of 5. And as for food, food and beverages and things you need for over three days.” (SG1&4BSIMB)*

*“Remember it falls back to the local government to ensure the safety in the first instance of the community working with emergency services and the State government and district. What we encourage local governments to do is to have sub-groups from their local disaster management group, have a sub-group with community and social networks. There are people that do attend those community networks to discuss situations like that and vulnerable registers and everything.” (SG2BSIMB)*

Although participants identified some desired supports (see Theme #3) in emergencies. It was less clear who would take responsibility for the support needs of people with disability - before, during or after an emergency. Participants with disability were quick to point out that community service personnel are an important community asset (e.g., trusted provider; provider networks). Community

service personnel support people with disability in everyday life are in an optimal position to assist in emergency situations. However, participants recognised that those same service providers may be managing their own safety in a disaster (risk paradox; duty of care). This impacts service continuity for people with disability during a disaster. Participants with disability also pointed out that they may have multiple service providers and agencies providing support services (provider-organised or self-managed supports). All participants acknowledged that there has not been discussion among those community support providers concerning who has responsibility for the support needs of people with disability in emergencies (preparedness, response, recovery).

Participants pointed out that the situation is made increasingly complex for people who “have limited or no support,” noting,

*“There’s still that big gap of people who aren’t engaged in any service, who are particularly vulnerable. So, I think that’s one of those gaps is, who does those check-ups, or check-in’s when it’s someone who is harder to reach and might not be identified as someone who’s at-risk or vulnerable there anyway?” (SG4SBSIMA)*

#### **Community Services – specialist disability support personnel/organisations**

##### **Trusted provider (disability support personnel)**

- trusted people
- have knowledge of the individual needs of people they support
- have “disability-specific” knowledge on how to support people with disability

Talking about trusted people. *“So, they might be people in your local community. It might be supports that you have on a day-to-day basis, or just people that check in and make sure you’re all right in your local community. Community groups, so organisations like QDN, a couple people said, I know that QDN would check on me if they knew there was something going on in my local community. But then there’s church groups and scout groups and all of those things as well that will take on a similar type of arrangement.” (LGBSIMB)*

*“Yeah, provider networks. So, they’re the ones that are going to be capable because they already have trust.” (SG4BSIMA)*

##### **Provider Networks**

- know the people who need support and what those needs are
- provider organisations “have people on their lists”

*“I spoke to someone from housing services. She identified that they can identify the people on their books in a way, who they see as being vulnerable. And they can make contact with them.” (SG4BSIMA)*

*“Can I just point out that the vulnerability register doesn’t have to be one just to fill it in, just in terms of emergency response. There are many uses. The question around governance can be addressed through multiple uses. It could be around the organisations and everything they do.” (SG2BSIMB)*

*“Only until recently there has been that responsibility falling back on aged care services, disability services to have those processes in place, to have those disaster management plans in place. To ensure that the local government can make contact through their community development area, they would make contact with those networks before a disaster.” (SG2BSIMB)*



### Provider Capacity vs Capability

- *who takes responsibility?*

There is great diversity of support arrangements for people with disability. Support may:

- be organised and managed for people with disability
- be self-managed by people with disability
- consist of a combination of informal, government, non-government/civil society entities, and private sector support

*"We identified that organisations and service providers do need to work more closely with the people they support to prepare plans and evacuation kits and that is a piece that can actually assist people."* (LGBSIMA)

*"And potentially care organisation – that they would be tapping into – but the gap there is that care, if everyone is evacuating, where are your support workers?"* (LGBSIMA)

*"We were also talking about the idea of this new NDIS world that we're in now - where you don't necessarily get all your services from one place anymore. So, who might be the person that checks in on you? You might get 5 different services. **Well, who takes responsibility? Yeah, who steps up?**"* (SG2BSIMA)

*"People need stability with support, with planning for provision for disaster, especially with people living with disability. People need [support] to be able to get them, maybe to get prepared, to have those planning kits."* (SG4BSIMA)

The Brisbane consultation raised specific questions about the capability (structural supports, opportunities, training, organisational preparedness, etc.) of community services personnel to support people with disability before (e.g., with preparedness planning), during (e.g., maintaining safety, well-being), and after emergencies (e.g., service continuity) - despite having optimal capacity as a trusted community asset (knowledge, skills, networks, and relationships).

**These findings point to the need for communication and collaboration mechanisms** (i.e., governance through networks of diverse sets of actors that include government but also non-government/civil-society entities, and private sector services) **to ensure the safety and well-being of people with disability in disasters and to redress inequity for people with disability (e.g., unmet needs) in emergency situations.**

### Process Evaluation

This report focused on what we learned from stakeholders at the Brisbane consultations. A separate evaluation report will share evaluation findings about the value of the consultations in building knowledge and networks, and actions for DIDRR. That report will also elaborate recruitment, inclusive practices and how the consultation process could be improved. These findings will also contribute to building the DIDRR Framework and Toolkit.

## Key Messages

1. Despite their resourcefulness, many people with disability rely on people or equipment that may not be readily available in an emergency situation. This challenges their capacity to respond during a disaster, increases their risk and impacts recovery.
2. Despite awareness of their support needs and how they might be impacted in an emergency, many people with disability reported not having a plan. However, some had taken positive steps to prepare.
3. People with disability want training and resources to increase their knowledge about emergency preparedness, identify, and plan for their support needs in emergency situations.
4. People with disability must take responsibility for managing their own disaster risk and planning together with their support networks for disasters triggered by natural hazard and other emergencies (e.g., house fire). However, many people with disability are reliant on others for support. Focusing on ways to better connect with people with disabilities to their local community may increase their resilience to disaster through strengthened networks of informal social support.
5. People with disability have a right to safety in emergencies. However, people with disability described unmet needs in that increase their risk and decrease their sense of safety and well-being.
6. People with disability have had limited exposure to disaster risk reduction. Their inclusion in local planning for disaster risk management is required to understand and address the holistic safety and well-being needs of people with disability in disaster situations.
7. People with disability are more vulnerable in emergency situations because it is not clear whose responsibility it is to address their unique needs.
8. Community service personnel are an important community asset. They are in an optimal position to assist in emergency situations. However, service providers may be managing their own safety in a disaster; this impacts service continuity for people with disability during a disaster. Participants with disability may have multiple service providers and agencies providing support services. There has not been discussion among those community support providers concerning who has responsibility for the support needs of people with disability in emergencies. The situation is made increasingly complex for people who are isolated.
9. The Brisbane consultation raised specific questions about the capability (structural supports, opportunities, training, organisational preparedness, etc.) of community services personnel to support people with disability before, during and after emergencies - despite having optimal capacity as a trusted community asset (knowledge, skills, networks, and relationships).
10. Findings point to the need for communication and collaboration mechanisms (i.e., governance through networks of diverse sets of actors that include government but also non-government/civil-society entities, and private sector services) to ensure the safety and well-being of people with disability in disasters and to redress inequity for people with disability (e.g., unmet needs) in emergency situations.

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