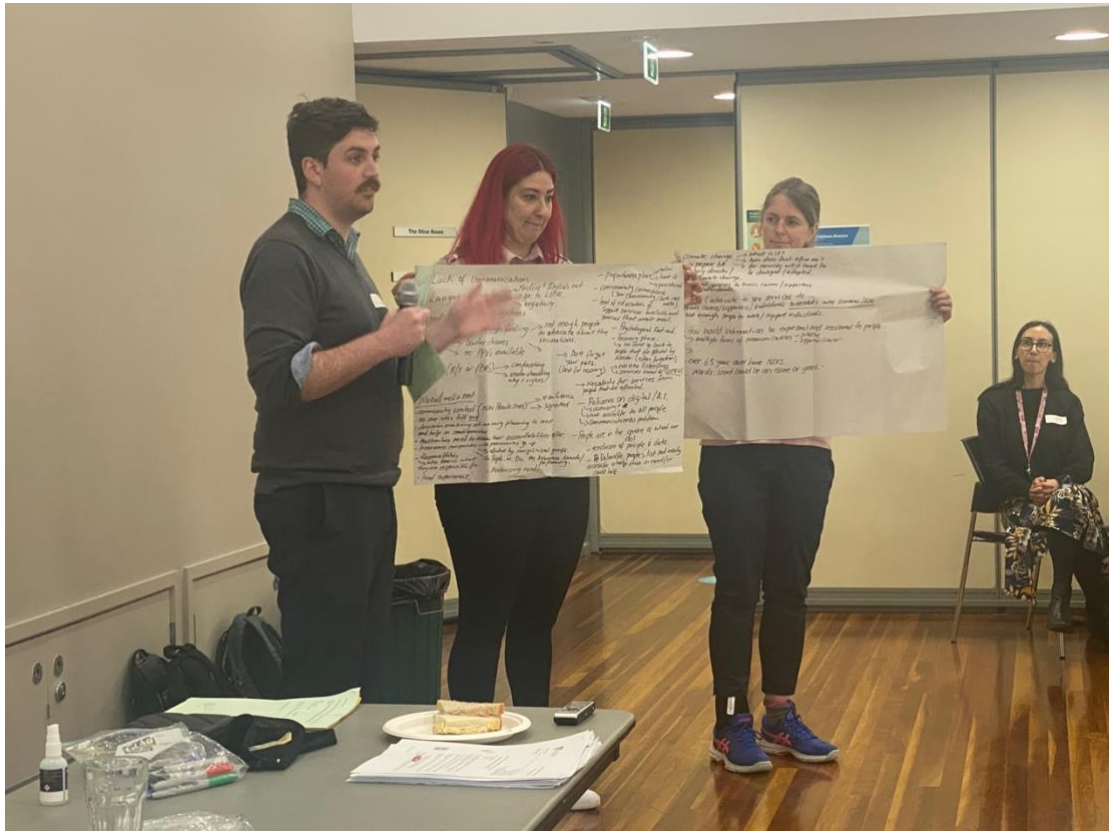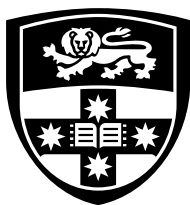# DISABILITY INCLUSIVE EMERGENCY PLANNING
(DIEP)FORUM

DANDENONG DIEP FORUM

Citation:

Villeneuve, M., Yen, I. (2023). *Disability Inclusive Emergency Planning Forum: DANDENONG.* Centre for Disability Research and Policy, The University of Sydney, NSW, 2006

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"And then, the final point was the issue around words, and the way in which words are used, what do they actually mean to certain people? Are they able to understand them? Should we be looking more at picture communications, both from a disability perspective, but also from those who are language other than English speakers"

PURPOSE

This report documents learnings from a facilitated Disability Inclusive Emergency Planning (DIEP) forum in the Local Government Area (LGA) where it was hosted. Invitation to participate was extended to stakeholders from the community, health, disability, advocacy, emergency services, and government sectors.

THIS DIEP FORUM WAS HOSTED BY DANDENONG COUNCIL AND JESUIT SOCIAL SERVICES IN PARTNERSHIP WITH THE UNIVERSITY OF SYDNEY

Date:	27 October 2022
Location:	Paddy O'Donoghue Centre 18-34 Buckley St, Noble Park VIC 3174

The focus of the DIEP forum was on learning together about:

- *ways we can work together to ensure people with disability are aware, safe, and prepared for emergencies triggered by natural hazards and other emergencies (e.g., house fire, pandemic).*
- *actions we can take to make sure people and their support needs are at the centre of emergency management planning.*
- *barriers and enablers to the inclusion of people with disability before, during, and after disasters.*

This report is one part of a larger program of partnership research to develop Disability Inclusive Disaster Risk Reduction (DIDRR) policies and practices in Australia.

Findings, reported here, contribute multi-stakeholder understanding about knowledge, resources, and possibilities for developing Disability Inclusive Disaster Risk Reduction (DIDRR) policies and practice at the local community level.

Findings in this report are unique to the LGA where the DIEP forum was hosted. It can inform critical reflection and action-oriented planning for ongoing development of inclusive local emergency management and disaster recovery practices that leave nobody behind.

INTRODUCTION

For too long, disability has been kept in the *"too hard basket"* because government and emergency services have not had the methods, tools, and guidance on how to include people with disability[1].

When it comes to disaster risk reduction, people with disability have been overlooked in research, practice, and policy development. A growing literature reveals that people with disability are among the most neglected during disaster events. A key barrier to their safety and well-being in emergencies has been the absence of people with disability from local emergency management practices and policy formulation.

The research shows that people with disability:

- are two to four times more likely to die in a disaster than the general population[2].
- experience higher risk of injury and loss of property[3].
- experience greater difficulty with evacuation[4] and sheltering[5].
- require more intensive health and social services during and after disasters[6].

Stigma and discrimination marginalise people with disability from mainstream social, economic, cultural, and civic participation, including participation in emergency management decision-making.

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[1] Villeneuve, M. (2021). *Issues Paper: Clearing a path to full inclusion of people with disability in emergency management policy and practice in Australia*. Centre for Disability Research and Policy. The University of Sydney, NSW, 2006. http://www.daru.org.au/resource/clearing-a-path-to-full-inclusion-of-people-with-disability-in-emergency-management-policy-and-practice-in-australia. Multiple formats including: pdf, word, Easy Read, infographic, video animation.
[2] Fujii, K. (2015) The Great East Japan Earthquake and Persons with Disabilities Affected by the Earthquake – Why is the Mortality Rate so High? Interim report on JDF Support Activities and Proposals. Paper presented at the Report on the Great East Japan Earthquake and Support for People with Disabilities, Japan Disability Forum.
[3] Alexander, D. (2012). Models of social vulnerability to disasters. *RCCS Annual Review. A selection from the Portuguese journal Revista Crítica de Ciências Sociais*(4).
[4] Malpass, A., West, C., Quaill, J., & Barker, R. (2019). Experiences of individuals with disabilities sheltering during natural disasters: An integrative review. *Australian Journal of Emergency Management, The, 34*(2), 60-65.
[5] Twigg, J., Kett, M., Bottomley, H., Tan, L. T., & Nasreddin, H. (2011). Disability and public shelter in emergencies. *Environmental hazards, 10*(3-4), 248-261. doi:10.1080/17477891.2011.594492
[6] Phibbs, S., Good, G., Severinsen, C., Woodbury, E., & Williamson, K. (2015). Emergency preparedness and perceptions of vulnerability among disabled people following the Christchurch earthquakes: Applying lessons learnt to the Hyogo Framework for Action. *Australasian Journal of Disaster and Trauma Studies, 19*, 37

Multiple categories of social vulnerability intersect with disability which amplifies risk[7].

INTERNATIONAL POLICY

Disability became prominent in the disaster policy agenda after the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) entered into force in 2008.

- Article 11 of the UNCRPD requires nations to take all necessary measures to protect the safety of persons with disability in situations of risk, including disasters triggered by natural hazard events**.**
- The UNCRPD also reinforces the right of people with disability to have equal access to programs and services that all citizens enjoy. This includes emergency preparedness and disaster risk reduction programs and services.

Built on the foundations of the UNCRPD, the Sendai Framework for Disaster Risk Reduction (SFDRR) (2015-2030) firmly established people with disability and their representative organisations as legitimate stakeholders in the design and implementation of disaster risk reduction policies, calling for "a more people-centred preventative approach to disaster risk" (p.5)[8].

People-centred approaches place people and their needs at the centre of responsive disaster management and also position them as the main agents of development and change[9].

Australia, as a signatory to the UNCRPD and SFDRR must find ways to ensure everyone is well prepared for disasters triggered by natural hazards. This includes people with disability and their support networks.

NATIONAL POLICY

Australia's state/territory governments have principal responsibility for emergency management legislation, policies, and frameworks.

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[7] Twigg, J., Kett, M., & Lovell, E. (2018). Disability inclusion and disaster risk reduction. *Briefing Note. London: Overseas Development Institute*.

[8] Stough, L.M. & Kang, D. (2015). The Sendai Framework for Disaster Risk Reduction and persons with disabilities, *International Journal of Disaster Risk Science, 6*, 140 – 149. https://link.springer.com/article/10.1007/s13753-015-0051-8

[9] Villeneuve, M. (2021). Building a Roadmap for Inclusive Disaster Risk Reduction in Australian Communities. *Progress in Disaster Science*. https://doi.org/10.1016/j.pdisas.2021.100166

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Australia's national strategy, frameworks, and principles guide how emergency response is scaled. It is underpinned by partnerships that require government, emergency services, NGOs, community groups, emergency management and volunteer organisations to work together[10].

Australia's National Strategy for Disaster Resilience and National Disaster Risk Reduction Framework invite shared responsibility with individuals and communities to help everyone plan for and respond better to disasters. But we haven't had the tools to include people with disability and the services that support them in emergency preparedness and disaster recovery planning.

> Research in Australia, led by the University of Sydney, is helping to address that gap. This research has influenced the development of Australia's new Disability Strategy through the co-production of person-centred capability tools and approaches that support multiple stakeholders to work together to identify and remove barriers to the safety and well-being of people with disability in emergencies.

Australia's Disability Strategy 2021-31 includes, for the first time, targeted action on disability-inclusive emergency management and disaster recovery planning. This is significant because it requires all governments, community organisations, and businesses to include people with disability in their emergency management and disaster response and recovery planning.

This means that:

- everyone must find effective ways to include the voice and perspective of people with disability **in planning and decision-making** to increase the health, safety, and well-being of people with disability before, during, and after disasters.
- emergency and recovery planning should **include the services that support people with disability as a local community asset** for emergency planning and recovery. Planning for emergencies must extend to working with disability service providers to help them to understand their disaster risks and make effective plans for their services, staff, and the people they support.
- government and emergency services need to **find ways to work in partnership with people with disability and the services that support** them – because disability-inclusive

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[10] https://knowledge.aidr.org.au/resources/handbook-australian-emergency-management-arrangements/

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emergency planning and disaster recovery require collaborative effort!

Local emergency management plans need to identify and plan for the extra support needs of people with disability in emergencies. Local Government (local level) emergency plans direct the:

- actions of emergency services agencies, emergent groups (e.g., spontaneous volunteers); and
- use of local resources (e.g., emergency management NGOs) to help with emergency response, incident management support, relief, and recovery.

Coordination at the regional level may be needed to ensure the response is effective and tailored to the situation and nature of the emergency (e.g., bushfire vs flood). When the scale or intensity of the emergency increases:

- State/territory arrangements may be activated to provide support and resources locally.
- Inter-state/territory may be activated for additional assistance
- National emergency management arrangements are also in place when assistance exceeds the capability of the state/territory to respond.
- National coordination may also occur in times of catastrophic disaster, national or global disaster (e.g., pandemic), and when international assistance has been offered.

To ensure inclusion, emergency management, governments and emergency planners (at all levels) need to understand the support needs of people with disability, review current plans, and develop community assets and contingencies that are better matched to the support needs of people with disability at all stages of disaster management (preparedness, response, recovery).

Interdependence of people with disability and the services that support them.

Research has recognised the interdependence of people with disability and their support networks in achieving safety and well-being before, during, and after disaster. This literature acknowledges the important contribution of community, health and disability service providers to:

- enabling preparedness with the people they support and
- leveraging their routine roles and responsibilities to build local community resilience to disaster

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These services are optimally positioned to contribute to inclusive emergency planning and risk reduction because:

- they are on the frontline of community-based care and support.
- these relationships equip providers with an intimate knowledge of the functional needs of the people they support.
- they have a deep understanding of the accessible spaces and places within communities that promote and enable participation.
- community-based providers are often seen as the link between people with disabilities and their families and the wider community, forming a crucial component of support networks.

Research in Australia shows, however, that community and disability organisations are not adequately prepared for disaster themselves nor are they integrated into emergency planning.

The NDIS Quality and Safeguarding Commission signed a legislative amendment that took effect in January 2022. It requires all National Disability Insurance Scheme (NDIS) Registered service providers to:

- ensure continuity of supports which are critical to the safety, health, and wellbeing of NDIS participants before, during, and after a disaster, and
- work with their clients to undertake risk assessments and include preparedness strategies within their individual support plans.

The NDIS Practice Standards incorporate these legislated requirements. The new Practice Standards now require service providers to effectively develop, test, and review emergency plans, and to plan for the continuity of critical supports during emergencies to ensure the health, safety and well-being of the people they support.

Emergency planning is also a requirement for aged care providers. During an emergency, providers must continue to maintain quality care and services to care recipients. This is a requirement under the Aged Care Act 1997.

Although this requirement has been part of Aged Care legislation since 1977, **this is a new role for ALL service providers who have** not traditionally been included in emergency planning policy and practices**.**

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DISABILITY INCLUSIVE DISASTER RISK REDUCTION (DIDRR)

The [Collaborating4Inclusion](#) research team at The University of Sydney Impact Centre for Disability Research and Policy leads partnership research to co-produce methods, tools, and policy guidance for cross-sector collaborative action on Disability Inclusive Disaster Risk Reduction (DIDRR).

Our research focuses on community capacity development in the areas of **Person-Centred Emergency Preparedness (P-CEP)** and **Disability Inclusive Emergency Planning (DIEP)** to activate cross-sector collaboration to achieve DIDRR[11,12]. By learning and working together, our aim is to build the community capacity needed to take disability out of the *"too hard basket."*

DIDRR is an emerging cross-sector practice requiring social innovation to develop responsive disaster risk reduction practices that focus on the support needs of people with disability in emergencies and that place people with disability at the centre of development and change. DIDRR approaches seek to identify and address the root causes of vulnerability for people with disability in emergencies through participatory and community-based approaches that engage all persons.

DIDRR requires actions of multiple stakeholders working together with people with disability to identify and remove barriers to the safety and well-being of people with disability before, during, and after disasters.

P-CEP activates capability-focused self-assessment and preparedness actions of multiple stakeholders to enable personal emergency preparedness tailored to individual support needs; resulting in the identification of and planning for unmet needs that increase disaster risks. Certificate training in P-CEP facilitation is available through the University of Sydney Centre for Continuing Education. Learn more here: https://collaborating4inclusion.org/leave-nobody-behind/pcep-short-course/

DIEP activates inclusive community-led preparedness actions of multiple stakeholders that focus on pre-planning for the extra

[11] Villeneuve, M. (2022). Disability inclusive emergency planning: Person-centred emergency preparedness. *Oxford Research Encyclopedia of Global Public Health*. Doi: https://doi.org/10.1093/acrefore/9780190632366.013.343

[12] Villeneuve, M. (2021). Building a Roadmap for Inclusive Disaster Risk Reduction in Australian Communities. *Progress in Disaster Science*. https://doi.org/10.1016/j.pdisas.2021.100166

support needs of people with disability in emergencies and building community willingness and capability to share responsibility for the organization and delivery of supports, so that nobody is left behind.

Learn more: www.collaborating4inclusion.org

Developing Shared Responsibility for DIDRR at the local community level

Our partnership research presumes that stakeholders must learn and work together toward DIDRR development and change. The DIEP forum was designed to support that objective. The following provides a brief overview of key stakeholders in terms of their potential to contribute to DIDRR.

Emergency services personnel include paramedics, firefighters, police officers, state emergency services workers. These personnel, who work alongside numerous emergency volunteers[13], are usually the first support people think they will rely on in a disaster. Indeed, emergency services and other agencies are typically the first organized to respond. This includes issuing information and warnings for hazards (e.g., bushfire, flood, storm, cyclone, extreme heat, severe weather)[14].

Community engagement is a critical component of emergency management practice which helps to build community resilience to disasters[15]. Before emergencies, community engagement activities typically involve providing awareness campaigns, information, tools and resources that enable people to understand their disaster risks and take preparedness steps. To be included, people with disability need the same opportunity to:

- *access, understand and use this information,*
- *participate in emergency preparedness programs in their community, and*
- *be included as a valuable stakeholder in all phases of local community disaster risk management[16].*

Local Council links to community groups are a fundamental vehicle for the delivery of measures to increase inclusion for people with

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[13] Varker,T., Metcalf, O., et al., (2018). Research into Australian emergency services personnel mental health and wellbeing: An evidence map. *Australian & New Zealand Journal of Psychiatry, 52*, 129 - 148 https://doi.org/10.1177/0004867417738054
[14] https://knowledge.aidr.org.au/resources/australian-warning-system/
[15] https://knowledge.aidr.org.au/resources/handbook-community-engagement/
[16] Pertiwi, P.P., Llewellyn, G.L., Villeneuve, M. (2020). Disability representation in Indonesian Disaster Risk Reduction Frameworks. *International Journal of Disaster Risk Reduction.* https://doi.org/10.1016/j.ijdrr.2019.101454

disability and the services that support them and build whole-of-community resilience before, during and after disaster.

In addition to their emergency management function, local councils are linked to emergency services, Organisations of People with Disability (OPDs), and community-based service providers through their community development, disability inclusion and community engagement roles. However, there is wide variability and ineffective integration of these critical responsibilities of local government[17]. This impacts local emergency management and disaster recovery planning and perpetuates inequity for people with disability, their family and carers because their support needs in emergency situations are not understood.

DIDRR requires development of leadership, support, and coordination functions within local government for working together with OPDs, community service and disability support providers, and emergency services. Integrated planning and reporting across the community development and emergency management functions of local councils is needed to achieve safety and well-being for people with disability, their family and carers in emergencies.

Organisations of People with Disability (OPDs) and Disability Advocacy Organisations can play a significant role in disaster policy, planning and interventions. Through their lived experience, leadership, and roles as disability advocates, OPDs represent the voice and perspective of their members with disability. OPDs have in-depth understanding of the factors that increase risk for people with disability in emergencies. They also have access to informal networks of support and communication. This information is not readily available within mainstream emergency management. Listening to people with disability and learning about their experiences is essential to understanding and removing the barriers that increase vulnerability in disasters. Disability Advocacy organisations and OPDs play a critical role in supporting and representing the voice and perspectives of people with disability.

Carers (e.g., family and other unpaid support people) face the same barriers as the individuals they care for in emergencies. Like OPDs, **Carer Organisations** can play a significant role in safety and well-being outcomes for people with disability and their carers by representing their perspective in disaster policy, planning and interventions.

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[17] Drennan, L. & Morrissey, L. (2019). Resilience policy in practice – surveying the role of community-based organisations in local disaster management. *Local Government Studies, 45*(3), 328-349. https://www.tandfonline.com/doi/epdf/10.1080/03003930.2018.1541795

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Community, health and disability service providers (e.g., paid service providers and volunteers) are an untapped local community asset with potential to increase safety and well-being for people with disability in emergencies. Harnessing this potential is a complex challenge. It requires:

- developing effective links between personal emergency preparedness of people with disability and organisational preparedness (including service continuity) of the services that support them.
- understanding how such requirements could be developed and governed within the diverse service delivery context, funding models, and roles of service providers in the community, health care and disability sectors.

In this landscape, some people receive disability supports from multiple service providers and agencies, while other people are not connected to funded disability services (e.g., NDIS) but may receive support through mainstream community groups and activities. The situation is increasingly complex for people who have limited or no support networks, fewer people they rely on and trust, and fragile connections to community programs and neighbourhood centres[18].

New ways of working are needed to ensure duty of care for both the staff and the people they support. This will require clarity on the responsibilities and expectations of service providers and the people they support in emergencies. This should include both specialist disability supports and mainstream community services for people of all ages.

STUDY CONTEXT

Greater Dandenong Municipality – Disability and Emergency Management Arrangements

Background

The Greater Dandenong Municipality is located approximately 35 kms south east of the Melbourne CBD and is the regional capital of South Eastern Melbourne. It consists of three activity centres, Dandenong, Springvale, and Noble Park, with varying migrant populations and historical influences. It is the most culturally

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[18] Villeneuve, M., Abson, L., Pertiwi, P., Moss, M. (2021). Applying a person-centred capability framework to inform targeted action on disability inclusive disaster risk reduction. International Journal of Disaster Risk Reduction. https://doi.org/10.1016/j.ijdrr.2020.101979

diverse local government area in Victoria and nationally. The municipality encompasses an area of 129 square kilometres. The northern and central areas are mostly light to medium density dwellings with a concentration of manufacturing, industrial and pastoral land located in the south. The municipality slopes down from around 94 metres above sea level in the north to a low of about 1.5 metres above sea level in the south, which is flood prone. Dandenong Creek has experienced significant flooding in 1984 and 2005, as well as many minor flood events.

The population is estimated at 175,000 (2021) and is projected to increase to 203,000 by 2031. Residents come from 167 different birthplaces, with 61% of people from nations where English is not the main spoken language. There is high unemployment, and relatively low income and education attainment. Homeless residents account for 1.2% of the population, which is nearly 3 times the Victorian level of 0.42%.

Within Greater Dandenong, 9,645 residents or 6.8% of the population are living with severe or profound disability, requiring daily assistance with mobility, communications or self-care (2016 census). Of the 85% of residents with a severe or profound disability residing in private dwellings, 14% live alone.

With climate change, emergency management planning needs to consider the compounding impacts of extreme events as well as an even greater need to build stronger community resilience to impacts of emergencies.

The Municipal Emergency Management Plan

The MEMP is developed and implemented by the MEM Committee, whose membership includes government, business, NGO and the health sector (Monash Health). Other stakeholders may be invited to contribute from time to time. Sub-Committees have been established that consider fire, relief and recovery, flood and storm, public health, heat health, and risk / consequence. The MEMP considers mitigation, preparedness, response, relief and recovery arrangements.

Section 4.4. focuses on the Victoria Vulnerable People in Emergencies (VPIE) Policy, and notes that people with impairments and activity limitations may have a reduced ability to prepare for, take protective action during and recovery from emergency events. The Council maintains and updates twice yearly a register of people residing in the municipality who meet the criteria within the VPIE, known as the Vulnerable Persons Register (VPR). Its aim is stated as "to aid emergency planning and response, including potential evacuation of vulnerable community members". Only a limited

number of Council, Victoria Police and Victoria Ambulance personnel are given access to the register. The MEMP does not mention about a list of facilities where vulnerable persons may be located. Apart from the VPR, people with disabilities are considered in the MEMP as part of the activation of Emergency Relief Centres (6.6.), under the banner of "special needs groups".

People with disabilities are largely seen as being vulnerable members of society and are not highlighted in any other role or stage of DRR.

METHODOLOGY

Design

We adapted the **Structured Interview Matrix** (SIM) methodology as an innovative approach to disability-inclusive community engagement with multiple stakeholders.

Inclusive community engagement is a crucial first step in redressing the exclusion of people with disability from emergency planning. It breaks down professional boundaries so that people can learn and work together to identify local community assets, tools, and resources that will impact whole-of-community resilience to disaster.

Here's how we do it:

The academic research team partners with Local Government to host a Disability Inclusive Emergency Planning (DIEP) forum in their community.

As host, Local Government partners invite multiple stakeholder participation, striving for equal representation of:

- *people with disability, (informal) carers, and representatives and advocates;*
- *community, health, and disability organisations that provide community-based services and supports;*
- *mainstream emergency services including non-government organisations involved in community resilience and disaster recovery work; and*
- *government staff with diverse roles involving emergency management, disability access & inclusion, community development & engagement.*

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The research team pre-plans the forum together with the local government host who promote the forum through their networks. To support interactive dialogue, we aim to recruit 32 participants.

The makeup of participants in each DIEP forum reflects the nature of the Local Government's connections to their community as well as the availability, willingness, and capability of participants to attend. Participation can be impacted by other factors including competing demands on one or more stakeholder group and unexpected events that impact attendance of individuals (such as illness) or an entire sector (such as community-level emergencies).

Data Collection

Originally developed as a method for organisational analysis and strategic planning, the Structured Interview Matrix facilitation technique has been used as a data collection method in participatory research.

The SIM methodology was adapted in this study facilitate inclusive community engagement and promote the development of knowledge and connections between different stakeholders.

SIM employs a graded approach to collaboration. We applied the SIM using a three-phase process.

1:1 Interviews conducted by participating stakeholders → Small group deliberation → A facilitated plenary discussion with all stakeholders

Overview of the SIM Facilitation Process

The first phase involves a series of one-on-one interviews conducted by the participants themselves. An interview guide, prepared by the researchers, consists of four questions. On arrival, participants are assigned to a group and each group is assigned one 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.

To support dialogue between participants, pairs take turns asking their interview question over a 10-minute duration. Additional time is provided for participants who needed 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 facilitator keeps time and guides the group so that participants know how to proceed through the matrix.

To extend opportunity for interaction and dialogue, we add a fourth "wildcard" round whereby participants are asked to conduct one more interview with someone they do not know, who they haven't yet interviewed, and who is not in their "home group."

The second phase involves each group coming together to discuss, review and summarise the individual responses to their assigned question. Following their summary of responses, group members are encouraged to add their perspective to the small group deliberation.

The small group discussion involves information sharing and deliberation, where participants assimilate information provided by others, express their viewpoint, develop shared understanding, and potential solutions.

To prepare a synthesis of findings to their question, each small group is invited to identify the main findings to be shared in the large group plenary. Each of these small group 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 participants. The presentations and plenary discussion are audio recorded.

Interview Questions Guiding this DIEP forum

Group 1: From bushfires to COVID-19 to floods, Australia has had its share of disaster events. How have disasters impacted you, your organization, and the people you support? Probe: What worked well? What helped that to happen?

Group 2: We all need to prepare for emergencies and disasters triggered by natural hazards. What steps have you taken to prepare for emergencies? Probe: If you have, tell me more about your plan. If you haven't what could you do? Is there anyone who could help you get started?

Group 3: In a disaster in your community, some people with disability will have extra support needs that impacts how they manage in an emergency. How do you or your organization enable people with disability to be aware, safe, and prepared before, during, and after emergencies? Probe: What resources, tools, training helps you? What resources, tools, training are needed?

Group 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.

Facilitation Process

The interview matrix technique has the advantage of accommodating the voices of a large number of participants in each session (12 - 40) 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.

The DIEP forum brought together diverse stakeholders who do not typically work together. Inclusion of people with disability was supported by: (a) extending invitations to people with disability and their representatives to participate; (b) welcoming the attendance and participation of support workers; and (c) providing the means to support their engagement (e.g., Auslan interpretation, barrier free meeting spaces, safe space to express ideas, accommodating diverse communication needs, participation support).

Following arrival, participants were assigned to one of four mixed stakeholder groups. A morning orientation provided background information on DIDRR including what it means and the timeline of

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its development in Australia. It was explained that the focus of the DIEP forum is on learning together about:

- *ways we can work together to ensure people with disability are aware, safe, and prepared for emergencies triggered by natural hazards and other emergencies (e.g., house fire, pandemic).*
- *actions we can take to make sure people and their support needs are at the centre of emergency management planning.*
- *barriers and enablers to the inclusion of people with disability before, during, and after disasters.*

Participants were introduced to the Person-Centred Emergency Preparedness (P-CEP) framework[19] including a brief case study to illustrate the importance of considering extra support needs of people with disability in terms of functional capabilities and support needs rather than by their impairments, deficits or diagnosis.

The P-CEP covers eight capability areas including communication, management of health, assistive technology, personal support, assistance animals, transportation, living situation, and social connectedness[20]. Introducing the P-CEP framework served the purpose of supporting shared learning among participants, grounded in a common language for identifying and discussing the capabilities of people with disability and any extra support needs they have in emergencies[21]. The remainder of the forum was facilitated according to the three SIM phases.

Each DIEP forum took place over approximately 5 hours including the morning orientation and nutrition breaks. The length of these consultations is important to ensure time invested in meeting new people and engaging in meaningful discussion with people from different backgrounds. This facilitates the development of new community connections and the opportunity to renew or deepen existing relationships[22]. Opportunity for informal networking and engaging in extended discussion during nutrition breaks provides additional opportunities to develop connections between stakeholders.

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[19] https://collaborating4inclusion.org/home/pcep/

[20] Villeneuve, M. (2022). Disability inclusive emergency planning: Person-centred emergency preparedness. *Oxford Research Encyclopedia of Global Public Health*. Doi: https://doi.org/10.1093/acrefore/9780190632366.013.343

[21] https://collaborating4inclusion.org/disability-inclusive-disaster-risk-reduction/p-cep-resource-package/

[22] O'Sullivan, T.L., Corneil, W., Kuziemsky, C.E., & Toal-Sullivan, D (2014). Use of the Structured Interview Matrix to enhance community resilience through collaboration and inclusive engagement. *Systems Research and Behavioural Science,32*, 616-628. https://doi/10.1002/sres.2250

At the end of the workshop, participants were invited to complete a questionnaire to provide feedback on their satisfaction with the workshop and what key things were learned.

Data Analysis

Data consisted of: (a) scanned record forms from the individual interviews; (b) transcribed audio recordings of the small group deliberation; and (c) transcribed audio recordings of the large group plenary.

Data were analysed by Local Government Area (LGA) to produce findings that reflect the nature of the conversation in each community.

Analysis proceeded in the following way for each LGA.

- *All recordings were transcribed verbatim and imported into a qualitative analysis software program.*
- *Data was de-identified at time of transcription.*
- *Record forms and transcripts were read in full several times before identifying codes.*
- *Open coding was used to first organise and reduce the data by identifying key ideas coming from participants. This was conducted by two researchers independently followed by discussion of emergent findings with the research team to support reflexive thematic analysis.*
- *Reflexive thematic analysis[23] was used to group codes into categories. This process involves both expansion and collapsing of codes into categories; creation of new categories; identification of patterns in the data; observation of relationships and the development of emergent themes for each LGA.*

Our goal was to provide a rich, thematic description of the entire data set and report on findings for each LGA that reflects the contributions of everyone who participated in the forum (i.e., this report).

Since this is an under-researched area and the consultations involved multiple stakeholder perspectives, our aim, here, is to

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[23] Braun, V. & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health, 11*(4), https://doi.org/10.1080/2159676X.2019.1628806

identify predominant themes and give voice to the multiplicity of perspectives in each LGA report.

DIEP reports are shared back with our government hosts and all participants to support ongoing feedback and dialogue on disability inclusive emergency planning.

Stakeholders are encouraged to use the report to progress inclusive community engagement and DIDRR actions in their community.

"...everything's relied on digital technology at the moment and not everybody can cope with it. Not everybody can use it. And I find that quite distressing because we're in a period of time now where there's a lot of the population that haven't got technology and don't know how to cope with technology. I'm one of them."

DIEP Participants

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STAKEHOLDER GROUP	NUMBER OF PARTICIPANTS
Person with Disability or Carer	11
Disability Service	4
Community Service	2
Health Service	2
Organisation or Advocate representing people with disability or carers	0
Government	12
Emergency Service	6
TOTAL	**37**

FINDINGS

What did we learn together?

Findings are grouped into five themes, summarized in the following table and discussed below.

Key Learnings in Dandenong

1.	A diverse community.
2.	Service continuity is impacted because of disaster.
3.	Enabling supports through collaboration.
4.	Individuals undertake preparedness activities.
5.	A disability voice.

DISCUSSION OF FINDINGS

Learning 1: A diverse community.

There are **culturally diverse communities** residing in Dandenong Casey and there is a need to **consider communication strategies for these community members.**

"One of the main issues we had was lack of communication and English varies" (Dandenong Casey_G1)

"So the media were only communicating to people who understood English. There's a lot of communities out there who, English was a second language, didn't understand what they were being told to do, why they had to isolate." (Dandenong Casey_G1)

"I would add onto your comment regarding barriers complication in their language. That means it doesn't matter how system or government organisations or local councils, they need to recruit more bilingual workers to help reach out to migrant communities as well as disabled committees." (Dandenong Casey_G3)

"Media needs to be culturally appropriate, and language. We aren't always necessarily, as responders, used to talking to the 10-year-old boy, because in that culture, dad's not there, you don't talk to the mom, you talk to the male in the family who's next in line. All this sort of stuff is preparedness on our side as responders, as well as on their side as expecting the help to overcome their disability or their situation." (Dandenong Casey_large group)

"And then when we bring that in, and I think it's not just about people with disability, it was what you were saying [Person's name], about culturally and linguistically appropriate resources where people connect to information, because it's not just getting it in the correct language. If you don't know to go to the

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council website or the government website, even if it's there, you won't necessarily find it. It's about communicating in a medium that's appropriate for your community as well. And I think that's something that sometimes we struggle with because we've got our social channels, we've got our web channels, we've got our services where we push some messaging out. But that purposeful every day, face to face conversation like we're having now, it's resource intensive to have a human-to-human conversation. And I think that's why we keep leaning on these technical means for communication and there's a balance that has to be struck" (Dandenong Casey_G3)

"In this area, example for 64% born in overseas, that mean so many people came from another country in this area. My concern, father and mother, they don't have any English-speaking background. Then Mark, the school system can give information to the kids to learn about this sort of thing happen, what you want to do. Then they can go and tell their parents and just like a arm, these things we need to do. I think these sorts of things we need to put into the school system. So to teach them, then they can tell to the people and at least they know now." (Dandenong Casey_G3)

"And secondly, still in Australia, disabled people, they are in isolation situations if they live by themself at their home. If they have a migrant background, they don't know where they can... Which services they can ring or which person they need to contact. So that's why they need some certain plan to be introduced and explained into their language. That way they can understand. So firstly, communication, training and language barrier as well as digital literacy skill all of you already mentioned. So these four things, they were raised when I interview other people". (Dandenong Casey_G3)

Disability diverse communities reside in Dandenong Casey and there and there is a need to **consider communication strategies for these community members.**

"And vision impaired. Sometimes they may not be able to pick up the phone or they might be expecting to answer the phone. They probably have recognition language on there too. So when some of the young ones that I've worked with, if someone calls them, it'll say mum. So they know who to pick up from because they're easily at risk via scammers." (Dandenong Casey_G1)

"And finally, I spoke to someone from a disability service who has really stressed the importance of communication, but that also there's many of their clients who don't have communication abilities. So the importance of communicating with families and carers using gestures and things like that instead. Communicating with people regarding their needs as well as helping them to communicate with others. So the example was during the Covid 19 pandemic, organising phone or Zoom calls with family and the organisation working on evacuation plans at the moment." (Dandenong Casey_G3)

"Well the first person I spoke to said we should have more accessible communications and evacuation centres and more appropriate communications. More than one way of communicating if there was an emergency. I think somebody else spoke about having the phone or not being able to access internet type things…She felt we needed more awareness training because she didn't really know anybody with an intellectual disability. She knew a little bit about people in wheelchairs, but she had no idea of people with intellectual or psychosocial disability. And she felt that workers should be made aware so that when they get there to help somebody, they realise that the person is not

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necessarily being difficult, they just may not have the ability to process it all." (Dandenong Casey_G3)

"And then, the final point was the issue around words, and the way in which words are used, what do they actually mean to certain people? Are they able to understand them? Should we be looking more at picture communications, both from a disability perspective, but also from those who are language other than English speakers" (Dandenong Casey_large group)

"They understand the difficulty the frontline paramedic staff face with the communication, so they're working on the communication board. So if they get a call from service or house where the person is doing well, but I think they can use that communication more. But in other services, another case, person don't understand English, so they have communication board, some short wording in a different language and then they have translator service always available which they can use." (Dandenong Casey_G4)

Digital literacy and its diversity. It is not a one size fits all.

"Well I want to start at one point, everything's relied on digital technology at the moment and not everybody can cope with it. Not everybody can use it. And I find that quite distressing because we're in a period of time now where there's a lot of the population that haven't got technology and don't know how to cope with technology. I'm one of them. I try and cope with as much as I can. I've got voiceover and all that sort of stuff. But it's really daunting. And this is going to happen for at least another 20 years. I mean I know now my grandchildren and that grow up with technology, they know it all and it's all there, and their mind works in a different way so that they grow with the technology and change with the technology. But you've got a lot of people that live in this country that don't have that technology and you're still relying on it. And you need to find another way to reach other people. And this is a form of communication, I guess, but people in organisations and up at the top and that are relying too heavily on the digital. You rely on it, it's good, but you need to have another thing as well to reach the people that can't be reached that way." (Dandenong Casey_G1)

"And the other thing that they both made the point of was too many services are relying on technology and a question of digital inclusion was their greatest bug there that so much of government services, reporting for Centrelink, accessing services rely on being able to use a smartphone. And if you can't use it or you don't choose to use it, there is a great exclusion. So digital exclusion was an issue there". (Dandenong Casey_G3)

"So whilst communication was mentioned as a challenge, there were people who said that they were enabled by technology. So technology is a dual edge on that, really, because for some people it helps and then for others it excludes. And so the challenge for municipal level planning is to account for both of those things; To respect the strengths and to also provide options for people for which it's not a strength." (Dandenong Casey_G3)

"Like I was just saying at the start, spoke to a gentleman on that table and in COVID they developed a Facebook page just for their street, that has now turned into an actual street party, like a social event." (Dandenong Casey_G4)

"We find that there are often many barriers around for a lot of people to overcome. Reliance on technology's already been mentioned a number of times, and there's a digital divide that we all know about. But it can also be an enabler if

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people can be taught to use the relevant technology for their own benefit. (Dandenong Casey_large group)

Learning 2: Service continuity is impacted because of disaster.

Reduced supports occur during disaster events because of **insufficient funding, resources and red tape** being most frequently mentioned, this **impacted individuals.**

During Covid.

"..people in isolation on the NDIS didn't have enough funding to get extra medical equipment. And because it was coming from interstate, there were border closures. So they were missing out on essential catheters and... even continence pads. Yep. PPE." (Dandenong Casey_G1)

"So for NDIS, not enough funding, border closures, no PPE available." (Dandenong Casey_G1)

"We then started talking about the NDIS, particularly during Covid-19, not enough funding, and not enough people to advocate to say why this is important about vaccinations, about testing and things like that. Similarly, about border closures, and lack of PPE, as well as the isolation that it has given a lot of people" (Dandenong Casey_large group)

Red Tape.

"During disasters, insurance companies say, "Oh, we've had so many claims." But they had claims because people were paying premiums, which then go up for everybody affected by that as well, including very marginalised people. Their premiums go up, which probably means they're not going to be able to afford insurance. And then if you're living with a disability, it costs twice as much to have a home, or if you're old, you need your heating going, you need this, you need good things. So if you drop out of your insurance, you're left worse off after paying premiums. So I would think there needs to be more people with disabilities on insurance companies' boards or management teams so that they can actually understand that this is how it is and you too have a duty to community and to people." (Dandenong Casey_G1)

"..,it's also looking at insurance. If you live in a home, even if it's a rental thing, it's having contents insurance. And I know that some people there's obviously that financial barrier there around being able to afford that. But contents insurance is usually only a couple of hundred dollars for the whole year. And even having contents insurance if you live in a rental means that all of your equipment and things in your home is covered. And they generally, again depends on policy to policy, they generally include things like emergency accommodation. So then you're not having to rely on other sources." -(Dandenong Casey_G4)

"One we definitely touched on was about insurance companies, and the fact that premiums will go up, and they are going up, and makes it particularly difficult, especially if you don't understand you own insurance plan, as to are you going to be covered, and if you lose the access to your home services, how long before you get back into services that can support you so you can live a full life? Are you put to the back of a queue of everyone trying to, say, get back into their homes? Or are you prioritised? Things like that. So, prioritising needs." (Dandenong Casey_large group)

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It was also highlighted that **not everyone is on the NDIS** and availability of supports for those who fall outside the service system. It was identified that it can't be assumed that everyone with a disability is supported by an organisation in the community.

"Yeah, we know that only 10% of the disability population has access to NDIS. if you're on it, we're kind of the lucky few, even though we've got to battle the system to get what we need, to have it, which I think speaks to the broader inequality around, particularly people with age-related disabilities and how they don't have any services or supports, or the ones that they do have come from local councils. And the need for local councils to be given more funding in that area to actually provide those services and supports, particularly in relation to emergency" (Dandenong Casey_G2)

"And then, we also came back to the NDIS, and if you're over 65 years of age, you fall into the aged care rather than NDIS. That complicates the issue, particularly if you are over 65 but do have a disability, then it means that there's a bit of a disconnect, and maybe even a little bit of disgruntlement, is that even a word? Within the two levels of the community, those who are able to access the NDIS, and those who aren't." (Dandenong Casey_large group)

"But I need to say that you're all focusing on NDIS and there's so many disabled people out there over the age of 65 that haven't got access to NDIS. [Organisation name] is not disabled specific. It doesn't provide for disability. It provides for an older person, and there's a lot of disabled people who are quite good, can get around, quite active. I fall in the gap. I can't get a package for my age care because I'm not old enough or I can manage things on my own. But yet in the blind community, you've got all these younger people who are getting all this assistance, all this support. And the inconsistency there is and it's causing problems within the community itself. Because there's the haves and the haves not. I know there's a problem within NDIS itself because there's a big discrepancy in there.But the larger discrepancy in the blind community, 60% of blind people in Australia are over the age of 65. And that's a shock. And they don't have access. And that's a shocking thing. And I'm focusing on the blind community because that's the community I'm in. But it works for other things, for the people who've had strokes. If you're under 65, you get all this assistance. Over 65, you get nothing." (Dandenong Casey_G1)

Insufficient funding, resources and red tape also **impacted organisations capability** to provide supports. Organisations experience a **tension within their roles and responsibilities** in emergency events.

"We need to do this. We don't have the hours to do it. We've got so many other things we need to do for that participant. Lack of funding." (Dandenong Casey_G1)

"A lot of admin, a lot of time, which a lot of the time we are doing stuff for our participants without being paid for it. It's an essential service but there's no help." (Dandenong Casey_G1)

"From a practical perspective, trying to think, okay, well yes, obviously if we're going to need to call everyone things like that, it's going to take a lot of resources. Are we going to be able to fulfil that?" (Dandenong Casey_G1)

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"But if a person has what the NDIS calls, "the change of circumstances," so if a person with disability that we cared for, if their house was flooded and they could no longer live there, and equipment was... And all their medication flooded out, and they had to get new scripts and they're on a DSP, they can't afford these, they're homeless now…We have to fill out a report says change of circumstances, we have to get evidence from professionals like psych's, OTs, any therapists, submit that to the NDIS, and it can take up to six months for them to give an approval. Sometimes they act faster, there's no rhyme or reason. Sometimes they blow our minds and a respond within 24 hours, sometimes we are ringing them up every week going, "This person's living in a hotel, everything's going downwards," or whatever…Also part of the support coordinator's role is not just to rely on NDIS, it is to rely on community resources." (Dandenong Casey_G4)

"Because I guarantee you the first thing that they say is, "Well how are we going to afford that? How are we going to have 20 people calling every person on an incomplete vulnerable persons register?" (Dandenong Casey_G1)

"we're saying that, on top of everything else that needs to be done, it's really difficult to make sure that there's the time and resources, money, et cetera, to actually get this sort of stuff done. And we also talked about, again, back to the information and communication, trying to look at different ways to express, get these messages across, what would be effective. All of them have issues. We talked about phone calls from, say, council emergency services, but then there are resourcing issues there, robo-phone calls, people might not trust those, even though it is less in resources. But trying to look at a number of different ways and avenues to capture the biggest amount of people that we can so that everyone is well informed and actually understand the messages that come across." (Dandenong Casey_large group)

"And it's hard as providers, we can't be on Facebook or on the website all the time and be subscribed to every single newsletter to find out everything that's going on to what have you." (Dandenong Casey_G4)

The **skills and knowledge of non-emergency personnel** can also be a contributing factor to the reduced supports for people.

"And then I see, coming from being an NDIS funded support provider, we don't have, number one, the skill set in emergency planning or response like other emergency services would. Our training would be more of a independent individual crisis, like suicide responses and what have you, which again, we would rely on emergency services to assist there. But we don't have the skill set and we don't have the time or funding to focus on this stuff because we've got limited resources, limited funding, and we work with individuals and their plan is individually funded. We have limited time to work with that person. So how do we do everything that person requires plus this? We just don't have the funding. And it's more than just working with that individual, there's skill sets, training of staff to be all over it. And because we're support coordinators and recovery coaches, we have close relationships with our clients, but we are the overseer that all their supports are coming into place. We work with a lot of different community organisations. So if we're trained, that's all fine, but how do we know that those other services are implementing that training? And we're not paid to oversee them and manage them in their role as well. And we can't tell a service what they have to implement, what they have to have do or not do. As a registered NDIS service, yes we need to have a policy on this, and that's where it stops. That's what we've got, we've got an emergency... So we know what we would do in our engagement with a person with disability, which for us it's primarily being on the phone with them, checking they're okay, asking them what they're going to do.

But we don't have time to do a person-centred plan, whether a person-centred emergency plan. And our client group doesn't always want to expose what's going on in their life, they're complex mental health a lot of the time, they're low IQ, so how do we safeguard them? We don't have the resources. That's our biggest... That I was saying something before, if there were government grants that we could apply for or there was emergency contingency funding from the NDIS participants or if the NDIS said, "We are going to give each service $10,000 to train your staff and implement this stuff," yeah, bang, give it to us. We'll go and monitor it, and audit us on it, we'll do it. But...We don't have the money to do that. We just don't have the money to do it, to pay staff for training, let alone to get training." -(Dandenong Casey_G4)

The uncertainty of people's roles and responsibilities raised the question of **who is responsible?** The problem with this lack of uncertainty poses the risk of no one being accountable for actions.

"And also the recognition that people with disabilities often have carer responsibilities themselves. So they've got dual roles, dual responsibility, dual decision making and should be respected for that by the community as well." (Dandenong Casey_G1)

"..if you are going to be out of your home that may be adapted to your special needs, would you be prioritised for returning to your home or you're just joining a very long queue? Or can the prioritising mean that they'll find alternative accommodation that can meet your needs and keep you safe?" (Dandenong Casey_G1)

"I don't think it's... [Person's name], was saying before saying that emergency services need to understand their accountability and responsibilities and what are they. It's the same for services. They've got their responsibility to reach out if we can't, and we've got our responsibility to reach out too when you can't." (Dandenong Casey_G1)

"As an organisation I'm thinking already about how do we share some of these great tools? What's our role? What's our linkages into the Vulnerable Risk Register? What does that mean? How do we educate our staff on these tools and those types of things so we can just build knowledge. I think how we can provide information in a way that's meaningful and connect and appropriate to meet different needs would be important." (Dandenong Casey_G2)

"As well as communication between the authorities, and knowing in that planning stage, who does what, who pays for what, and things like that, when an emergency, and also in the recovery perspective as well." (Dandenong Casey_large group)

"And coming back to the other people who can count on, this is where there is a little bit of that shared responsibility. And I understand, again, not everyone has the same access to networks, but for me it's around thinking of who in my family needs additional support in their life? So then I'm the person that could maybe use some of those planning tools with them. It doesn't necessarily always have to be a service provider, or an agency, or a government department. Because again, it would always be expected to be done by an organisation, then it's always going to come down to a limitation of funding and resourcing. Whereas if it's something where it's a community response and a community commitment to take care of each other, it's like I've got elderly grandparents that have got medical and other

issues and things like that, so what can I do with my skills and knowledge to support them?"(Dandenong Casey_G4)

"The other side of it is with emergency services, they provide a service broadly to everyone in the community and their roles' really around the hazards. So the CFA is putting out the fire, they can't necessarily be there for each individual person who might be affected by the fire. So there's that gap there as well. And they obviously can't have that expectation around them providing that individual level support. And this is where it comes back to that chain of being able to identify locally what your own needs might be in an emergency, what support network you have. And it doesn't have to always necessarily be the traditional ones, there are a lot of volunteer-based community programmes and stuff as well where there's connection in with people who are isolated or disadvantaged. So it doesn't always necessarily have to be through the funded service provider. So then having the conversation... I think a lot of it comes down to that preparedness. Emergencies are one of those difficult things because it's not affecting someone on a day-to-day basis. It's easy to not prioritise planning for it right now because you've got other things to worry about; money for food, money for this, all those other things that put stress on us, so people don't plan for an emergency and then when it's happening, then it's too late to be working out who you can rely on to support you. So yeah, I think a lot of it comes back down just to that preparedness" (Dandenong Casey_G4)

"..my daughter has a intellectual disability and psychosocial problems. So she's 20 and she's lived in the same house for, sorry, she's in her forties. She's lived for 20 years in the same house, but I doubt that she's on any vulnerable person's register because that's the first time I've learned it. And I doubt the council knows she lives there on her own and is vulnerable at all. And then I think the fridge magnet that you said with the emergency numbers for somebody like my daughter would be excellent. And like with that lady I was speaking to with community support, she was in very supportive community, but where [Person's name] lives, most of her neighbours don't speak English, let alone understand that she's the disability she has. She has a hissy fit outside her unit and everybody else just goes inside of theirs because they're not interested. And then I think we should have a safe needs place or a refuge somewhere." (Dandenong Casey_G3)

Learning 3: Enabling supports through collaboration.

Collaborative community orientated actions enable supports to people in the community.   Community support can be non-structured or structured (via supports provided by organisations). Fundamental to community connections is the relational aspect between the person with disability and the people who are providing the support.

Non structured supports are often naturally occurring in the person day to day life.

"They started with family, like children, and then they moved on to church groups and community groups. The one that I'm talking about who really had applied herself to try and think about this as an issue, really reached out to me. She was

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the one who got the furthest, I guess, and reached out into the community, but really found very little to incorporate into her health plan". (Dandenong Casey_G2)

"So, a lot of the responses were quite similar when they talked about their first point of call rather than emergency services, would be family. They'd always rely on family. But as we know, not everyone has family to rely on. Then they would say neighbours, again, my personal view is that's hit or miss. But everyone said family first, neighbours, then one person talked about their local church group that they could chat to, which was good." (Dandenong Casey_G4)

"So yeah, carers and family, or friends, were the first one of call for most people. And then Facebook and social groups, like LinkedIn, some of those. Community groups focused on planning in for emergencies. But then there was also a concern about digital inclusion or digital literacy, so if someone was unable to access those sorts of things. But mainly mine were neighbours, friends and family, and Facebook." (Dandenong Casey_G4)

"So people talked a lot about friends and family. I think as well, just definitions or who they consider to be their friends and family also differ. So people might not have close connections with their blood relatives but people from their disability community circle or other close networks that they have, friendship circles, then might be people that they would instead rely on and have those really strong relationships with. Also, local community or neighbours, but again, different levels of connections with neighbours exists. One of the other similar things was the community Facebook groups. So that being a source of information, being able to actually offer each other support through that. So I spoke with one person that mentioned in COVID, their street developed a street Facebook group. So it was very localised and through that they would do things like say, "Hey, heading to the shops, does anyone need me to grab anything while I'm going," and things like that". (Dandenong Casey_G4)

"People talked about their services and relying on friends, neighbours, and support and things like that and people in their community." (Dandenong Casey_G4)

"… carers, family, friends and neighbours were the first point of call across the board. People were relying on Facebook for information, but also that social connectivity as well. I think there was one gentleman here that said that during Covid, they created a Facebook group with their street, and if anyone needed to go down the shops or anything, he would send out a group message and was able to gather supplies or medications for everyone. But then also, that social connectivity as well." (Dandenong Casey_large group)

"So that's obviously a very strong network within that local area. And they had street parties and things like that. So obviously developed a really strong connection there, so then if an emergency happened, they've already got something of being able to work together for. And people also spoke about your local grocery store pharmacy, places you visit regularly you might have a connection with the people that work there so they might be able to assist you. One person spoke about they regularly use taxi and Uber services where they've actually got the direct numbers for some of the local taxi drivers where they book with them directly rather than booking through the app, so in an emergency they needed to get out and it wasn't a situation where it was affecting them yet, so other taxis and things can still get in. They could call them to get them to come grab them and get them out." (Dandenong Casey_G4)

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Other types of non-structured community support also reveal themselves during disaster events.

"No one was forgotten. And some of the emergency service organisations were perhaps a little slower to get utilised. But the marginalised group in society, people from very low-income jobs, the example was as big Pacific Islander workers from the abattoir helped rescue people. They were absolutely fabulous. No fear or favour, they just got in there and did it and did it joyfully and proudly. And I think that's a great thing to know that you would feel you came from a great supportive community when that's the case. And they rescued, got people from nursing homes, they rescued them as well as people from private homes. It was really a very positive thing." (Dandenong Casey_G1)

"So, the community united during the floods earlier in the year, and the benefit that gives, seeing random members from the community, I think abattoir workers were the ones mentioned, getting in there and helping people, having no one left behind, no matter who they are. Decision making, and early planning to react and help on emergencies. I'm not sure where we went with that one." (Dandenong Casey_large group)

Disasters can enable connections.

And that was the thing though, can we compare that to then some of their neighbours down the street? My aunt actually went down into their house to help them prepare because we had a whole army of people in my grandparent's house, and they had no idea. It was just full panic mode. My aunt, a complete stranger to them is in their house, pull the drawers up out of their dresser, stacking it on top, going, otherwise your clothes are all going to get wet. My aunt is saying to the mum in the family, "Where's your jewellery? Where's your documents? Where's your kids' vaccinations, get your kids' birth certificates, grab all them, put them in a bag, put them in the car. Get your care out of the street." And for them it was just panic zone. So it's how do we get the experienced people in the community to educate the... And then it comes to those neighbours. Prior to the flood my grandparents have never spoken to that household, but now they're really connected. And this is where council can really play a role in, we might think of the answer being direct community education programmes, is actually about creating connection in community and neighbours, that sense of neighbourhood because it's through that the community can support each other. - (Dandenong Casey_G4)

It was also acknowledged that **not everyone was connected** to their communities for various reasons, such as **mental health impact** from disaster event.

"So not everyone has neighbours they can count on there. People also spoke about, again, their carers was a popular one and one person said something like lifeline nurse on call and phone support services could be something. But mainly it was yeah, family, neighbours, and carers. Which people don't always have access to in an emergency situation, especially if they don't live with other people". (Dandenong Casey_G4)

"And also the pure amount of negativity in that communication that is going out can be quite hard for some people. As well as during Covid-19, the big trust issues amongst the population on vaccinations, and as well as just the fear and

invasiveness of even getting a PCR test, or even doing it yourself at home was pretty difficult." (Dandenong Casey_large group)

"All of a sudden that disaster is gone. I pulled you out because you are not needed. You go back to where you were. Why? You're looking at a long-term recovery. People never recover. People say to me, "Oh we're recovered." Have you recovered? Because there can be another disaster you go back to exactly the same thing. And this is where the hate and the vengeance comes into any services. When you say long term recovery, the people that these people are so used to seeing from emergency services on the ground during the disaster, after the disaster and after that, they should still be kept in the loop" (Dandenong Casey_G1)

"I think one of the things that we do have to accept is that that is a process and that there needs to be important space to get their anger out. Whether it's the town hall or somewhere else where you might have whole line of people, whoever, water authorities, council. But to really get that anger out is the starting point for us to start to work together. So it's uncomfortable but it's actually a really critical step" (Dandenong Casey_G1)

"For some people it might be relying on their family, but for some people as well, we acknowledge that, obviously, there is social isolation in the community. They may not have strong relationships with their family, in some cases the family are so heavily relied on as the support for a person with a disability that they might be burnt out, and so emergency planning and preparedness is the last thing on their mind." (Dandenong Casey_large group)

Structured supports are often delivered by government funded organisations. These organisations engage in various activities to assist clients with their preparedness.

"I talked to another person who runs a day service and we just reflected really on their experience and their staff through COVID in particular, and some of the lessons that could be taken away and applied to any disaster emergency management planning for workforces. Particularly around the introduction of technology, what they've had to adapt, and introduce, and then up skill, and how those lessons shouldn't be lost around communicating differently and in ways that people are able to access to suit their needs. There was some lessons there for that. Also around support staff that also have carer responsibilities in their own lives, so when there are emergencies they're managing their own needs as a family and in their other caring roles. Often they've got dual responsibilities in an emergency and can be pushed and pulled both ways". (Dandenong Casey_G2)

"My first person to interview worked in a disability service provider capacity. They had in at least daily with some and at least weekly with other members of their clientele. They all have an emergency contact number to ring if one of their clients is impacted. Alternatively, the service itself has phone and text contacts with the person with whom they're dealing and also next of kin and well as other support agencies. And they have also the agreement of the client to ring triple O for a welfare check if the above contacts don't work. They look after mental as well as physical needs for their clients because quite often someone with a physical disability may be able to sort of cope quite well with that and manage themselves. Others are less optimistic, shall I say? Less able to cope with their physical needs and so that exacerbates their mental approach to life" - (Dandenong Casey_G3)

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"One is a helper and the disabled person, they're in a group home. Then they told me they have a evacuation plan and they are to go if any case of emergency and they have a evacuation pack. They have all the things they need, like antibiotic, so whatever they need to take each day and that's it." (Dandenong Casey_G3)

"The second person that I spoke to was involved with supporting people with a disability at a day service or a respite service and they said that what their focus for preparedness at the moment was, was looking at flood risk because in Noble Park there are apparently aspects or areas that are at higher risk for flood." (Dandenong Casey_G3)

"Healthcare providers would often send out communications to their clients or their network, so they could rely on information regarding emergencies that way. TV, news and radio to get information. Maxi taxi and having connections with transport services. Local government supports, community groups that focus on planning for emergencies, so being proactive rather than reactive. Translation services for people that's first language isn't English. And then, community education campaigns." (Dandenong Casey_large group)

"Some people talked to the importance of local contacts, particularly CFA, having conversations locally to understand how they could prepare, and that focused really around fire preparedness. Some people attended forums held by their local government areas, and then any other local-based activities that were happening that they could tap into information". (Dandenong Casey_large group)

"Once again, people are in the centre of what we do, so we really need to try and figure out how to know what people's personal circumstances are across, say, all of council, or all of regions, and things like that, and be able to have those support mechanisms there to make sure that we have, for example, if an emergency resource centre was opened up, can we sort that out, can we accommodate? And yet, again, the vulnerable people's list is not easily accessible, as well as it has a very narrow range, and also a narrow range as to who actually falls into that. So, if you're fine to live on your own and things like that, you may not actually fall under that, so it can be quite difficult. And also the responsibility of who actually manages and administrates that, and makes sure that it stays current." (Dandenong Casey_large group)

Existing resources and/or planning tools enhances supports.

"One thing I really found fascinating was Red Cross said that they did what they called psychological first aid. I didn't mind that term at all, but it was about appropriate ways to suggest how you can support as opposed to, "How are you? You feeling all right?" Which nobody is after a disaster." (Dandenong Casey_G1)

"My first person was from a CFA background and so they delivered that PCEP programme with individual people. But the thing which came up was that local government and police have what they call their vulnerable persons lists. So it's people who are on there, maybe the age disability services and all the rest of it. So there's that, but it's the other lot, the rough sleepers, people who are unknown to them. They saw that as the greatest challenge. You don't know what you don't know until you don't know it and how can you reach really vulnerable people. And that was their key message". (Dandenong Casey_G3)

"PCEP. Yes. Promoting tools like that or one that's being developed locally called, Are you prepared? And then promoting tools again with people that have direct contact with someone with a disability. So staff in age and disability services for

example, that can then support the people with disability to use them. This person made the point which I thought was really interesting about, during an emergency they're often constrained as what they can do. So because the emergency is still going on, they have to have safety considerations. So they might not be able to take much action and have to wait until kind of that after point at which point the emergency relief centres would be stood up and they would need to be more inclusive for people with disability and have accessible infrastructure. They might work with the relevant teams or agencies to come in and work directly with people with disability. They're also, to make them more inclusive, do training for staff that are working in those relief centres because they could be from anywhere across councils. That talked about just resource and financial limitations". (Dandenong Casey_G3)

"So the second person I spoke to, a person from [Organisation name], which is the same organisation, we are from same organisation, but she was a volunteer level. So she mentioned to me firstly, the personal emergency plan has to be done. And many of people, they were not aware of the emergency plan and that's why they need to train their neighbours, friends or emergency people who need sick call". (Dandenong Casey_G3)

"Circle of Assistance, which I've attached to the form so that the people can go in. Put the client at the centre, their close contacts, family and so on. Wider contact support services, GP, physiotherapists, whatever it might be. Wider contact still, the regular places they go to shopping, regular clubs they might go to or people they meet and outsiders, the whole community. So that Circle of Support is part of their focus in dealing with individual needs. So the first one was well organised because she worked in the area, so that was good." (Dandenong Casey_G3)

"And when I talk with another person, just I spoke with her, she's a NDIS planner, she told me they have details, they have a emergency phone number they are putting to the fridge. They have a big magnet and all. Which phone number they can contact, whatever that happen to them for the emergency. And another thing, NDIS they need to provide more like a funding for them, for any cause of emergency happen" (Dandenong Casey_G3)

"Spoke to someone from council, so it was good. They have emergency disaster officer that is available 24 by seven, so then they directly connect you to the people during emergency services" (Dandenong Casey_G4)

"It's called EPASS, have you heard of EPASS? It's an emergency planning support service. And it's working with people that have been listed on the vulnerable person's list. So it's really consultative service in partnership with Red Cross and it's literally planning everything to do with the disaster. So that has its approach, start to finish, who do you call, what resources are available, what would you do in an emergency, that type of thing. And it's over multiple sessions in the person's home, taking them through what they need to do and step by step in an emergency. But the challenges for us is that we are relying on councils for referrals for that. So it's about getting that information out there and communicating to everyone that that's an actual thing." (Dandenong Casey_G4)

Learning 4: Individuals undertake preparedness activities.

Community members have existing skills and knowledge in preparedness activities. There was a lot of examples of person-centered plans.

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Having a plan and knowing own capabilities and functional needs – being realistic.

"So what I learned from it was if you have done your preparedness and you've got a preparedness plan, generally the entire... And in two cases they described disasters they'd gone through, but it sounded like everybody worked together really well. There was a lot of calmness in approaching it. You knew what you had to do because you'd practised, and consequently the experience was far more positive". (Dandenong Casey_G1)

"The other thing that came up was knowing your individual strengths and weaknesses, knowing what you can do and what you are really good at, but also maybe where you would need help. So things like, I think you were saying before, the garage door is electric, so if the power went out, how would you actually get out of the house, because that's the main entrance". (Dandenong Casey_G2)

"A lot's been captured so I just will probably talk about one more proactive step, which was the work done by a gentleman I spoke to around his medical needs and preparation and how much was involved in that: catheter care, bowel care, preparing antibiotics, supplies, whether that's ordering and supply chain and all the different medical barriers, just to get that preparedness piece done to have a bit of a supply if needed. And then things going out of date and the conversations repeatedly needed with GPs. That was all achievable, but it was actually a real investment in time and a lot of unnecessary, in his opinion, and I concur. I thought that was really important, given that he even talked to the medication management, and that some of the proactive other things he had done too was around making sure electronic scans of all his documentation were shared with other family members outside his nuclear family set up there, that they were available in other servers and different work that he does, he'd had things stored in different places. So that was, I thought, really valuable information." (Dandenong Casey_G2)

"At the same time, we were talking with [Person's name] whose wife has a disability, so the house is well organised and set up so they can move around easily and so on. And if they need to get out quickly, it's set up properly for that smooth and fast evacuation. The family and all the relevant people know of their situation and their plans to evacuate if they have that choice to do that one. If they don't have any choice then they've got contacts for those people to let them know that the council has organised them to go to A or B or whatever it might be. And the family has... Their essential information is noted on iCloud so that if the house burns down or now documents washed away, they can access bank account and insurance policies, et cetera, et cetera by computer, that way with someone else's belt that way." (Dandenong Casey_G3)

"Again, I listened to someone from the CFA say that she has a plan for her daughter to get out of the house. Call the neighbours, stay away from the stove, stay away from heaters and things like that. That's a fantastic idea. This person lived in an area where there were cyclones at one stage, and she's very much on the ball with planning and keeping food storage and things like that as well. But not everybody's capable of doing that. My partner [Person's name] today, and just as an example, has found it difficult with all the noise because of an acquired brain injury. So she's found it difficult with all the noise going on, meeting different people. And that's an issue that we've got to deal with as well, helping those people." (Dandenong Casey_G2)

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"I talked to a few people, people living with a disability but also people in organisations. I think one of the biggest things that came up was having a go pack or having something that's already pre-prepared in their house that if they needed to leave at short notice, they could take that with medications, food and phone numbers of people or whatever it was. Also being prepared around if power goes out, having battery packs". (Dandenong Casey_G2)

"I think I'm prepared at home. I have a fire extinguisher above my bed. It's been there for a couple of years. I replace it annually. I have a battery backup front door, it opens and closes with a remote control. Its got three hours of battery time if the power goes out, and emergency lighting. I'd just pick my dogs up and get out of the house." (Dandenong Casey_G2)

"Next person I spoke to had a problem with aphasia and she suggested that all authorities need to know what people's needs are as individuals rather than grouping everybody in a group. People need to know who their supportive people are. They need to have lots of information on their iPhone or in their handbag basically. And there needs to be easier access and more toilets for everyone as well as people with disabilities. And her mum was her carer and she got help from family, friends, neighbours". (Dandenong Casey_G3)

"It's also counting on themselves, so different people spoke about they know themselves, their own capability, they know they might need this medication, this wheelchair. When I spoke with [Person's name], they were saying that they, in certain emergencies, would take their electronic wheelchair and other emergencies would take the hand wheel one because it's lighter weight. So obviously the electronic one's harder to get into places. So you can rely on yourself as well and your own knowledge, then have that awareness." (Dandenong Casey_G4)

"The other person in that group has spinal problems, well organised with medication and essential people, neighbours involved and important as was the previous one, important information is on the iCloud. So, well organised in that respect" (Dandenong Casey_G3)

"Spoke to another person, he lives with a person with disability and has done a lot of emergency evacuation plans in event of fire and does these regularly so the person he lives with has it fresh in their memory and is able to go through the motions if there was an emergency. Particularly thinking about COVID, he talked about how one of the things they did at a local level was had a Facebook group for their street. People, particularly older people and people with disabilities, could say, "Could someone go get some shopping for me today? I need these things. Can you leave them out on my porch for me? Thank you." Doing that kind of direct community work with the people that you live near." (Dandenong Casey_G2)

"I live across the street from protected wetlands. So there are snakes, frogs, and bird life there. No one can build there, but there are occasionally some grass fires. The CFA advised me a few years back when there was a grass fire, get yourself out and go two streets back away from the smoke. And that's what I do, provided I don't have any problems with my mobility, I can stand transfer to my wheelchair if I'm in bed and get out of the house. That works for me. I have a MePACS alarm and I carry it around. Also take my mobile phone with me anywhere in the house so that if I fall or I need assistance, I can get some help if I need to. So yeah, that's my plan." (Dandenong Casey_G2)

"I spoke to another person who was very prepared, and that was because she's worked for the CFA as a volunteer for 10 years. So she's knows a lot about how to prepare, particularly for fire risk, and has done a lot of information-seeking and education in her local area, as well as preparing her own home for fire risk, and make sure she has up to date house insurance and supports friends and family. She recently supported her grandparents who have been quite affected in Victoria." (Dandenong Casey_G2)

"They had in their plan, almost like a personal emergency preparedness plan, they had a kit with all the things that they needed around their medical, their valuables, the things that they would need to carry with if they were going to be away from home for a few days. I also spoke to someone from a service who discussed the importance of fire evacuation drills as a core part of their emergency planning with the clients that they work with and as opportunities, they talked about engaging local fire services to attend fire drills through feedback. I'll quickly go through the next two and then I'd like to pass around to the group." (Dandenong Casey_G3)

Planning for animals was also mentioned.

"Then I talked with a couple of people who were blind and had other disabilities. So they were talking about the needs for guide dogs and other assistance animals, not just necessarily blind guide dogs, but potentially autism children with support dogs. So does the place have facilities for animals? How do you safely get person and animal to safety? They were also talking about, someone brought up a point that not all guide dogs are trained for fire alarms and in a house, if the smoke alarm goes off the dog, the dog that hasn't been trained doesn't know what to do and can run. They'd heard circumstances where the dog had gone awol when the alarm's gone. So that was something I'd never thought of in my background." (Dandenong Casey_G3)

"So similar issues she raised, they need more guide dog as well as another animal to help them when if emergency situation happens because they are confident when they are in familiar environment. But unfortunately, if they're not in familiar environment, they are not confident how they can follow the instruction. That's why they need more specific instruction than they have if any situation happens" (Dandenong Casey_G3)

"People's pets are part of their families. So we're very aware of things like that. And again, a lot of people have assistance and things like that. You've got to strike a balance with it. Usually say we have sectioned areas where it's people with pets (referring to evacuation centres)." (Dandenong Casey_G4)

But it was identified that even with or without plans, people also experience **roadblocks, not knowing what to do next?**

"One had taken immense steps. She contacted the CFA, she tried to go to forums, she tried to do online forums if she couldn't get to forums, and she tried to inform herself but had very little luck in trying to arrange her own health contingency because I don't think emergency services are coordinated enough to be prepared in advance. It's almost like its kind of private information. She couldn't find the centre, what do you call it, where you go? They couldn't tell her (Dandenong Casey_G2)

"The people I've spoken to seemed all really keen and had given consideration to having a plan, but then didn't really know what the next steps were. They could identify that yes, it was important to them for various reasons, and all had given

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consideration to some things, but maybe not everything I would recommend. So some people were really good in having that grab bag. Other people knew how to remember to take their phone and an iPhone charger, for example, if they had to go somewhere. Most people wanted to know where they could go to be safe, but then didn't know how to find that out. Some people would be going to family and friends, some people would be going to a council website as the source of truth, which I thought was interesting because the assumption was it's a local council, they'll know locally what's going on." (Dandenong Casey_G2)

"There needs to be more information about where to go. [Speaker 4] Because I'm ignorant to that stuff, I don't think about it. Where do I go? Do I go the train station, do I go to the church, where do I go? Can I take my dog with me? (Dandenong Casey_G4)

"A lot of people hadn't really thought too much about what they would do, I think largely because they didn't feel like they were particularly at risk. So it was changing that mentality around it might not be a bush fire, but it might be a kitchen fire or something else. Or it might even just be that the neighbour's house is on fire and what would you do in that kind of situation?" (Dandenong Casey_G2)

"I spoke to an older person and they were concerned about what do I do? Where do I go? Where are locations I can be as a refugee?" (Dandenong Casey_G2)

Learning 5: A disability voice.

"..if we have more people with disabilities actually embedded in some of these big organisations that are leading some of these responses, then they will think about and include from the outset some of the ways in which they need to be fundamentally accessible to provide services and supports to people with disabilities in emergencies". (Dandenong Casey_G2)

"systemic change means people with disabilities being in leadership roles within government and also within federal government, state government, local government. But it also means us being in leadership roles within those emergency services so that we can bring our knowledge of our personal circumstance, but also of the knowledges of the communities that we belong to and what true disability access and inclusion means for those people. So that we are no longer an afterthought, that our voices are central to the planning. When something occurs, we can reach out to those people that we know are most at risk and make sure that they're safe." (Dandenong Casey_G2)

"I think it needs to start with affirmative employment opportunities. It's more than an education project, it's about giving people with disabilities agency in our lives and one of the keyways that we have that is by being able to earn a living, or to have access to a Disability Support Pension that enables us to live a life and not just live in poverty. It's about addressing some of that systemic disadvantage that we're faced with." (Dandenong Casey_G2)

"We got into a really interesting conversation around leadership, strategic change and influence, and that advocacy piece work…What does that look like going forward with so many people potentially excluded, particularly NDIS participants as well. That piece that needs to happen, local, state, federal, that cross collaboration and the shared messaging, and the strategic direction and support that we'd probably all love to see. As well, intersectionality, how is that being thought about and built into the communications and support in this work. Just some gaps in knowledge sharing, best practise, making sure that people with

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disability, again, are involved in the design information provision. And that there's still lots of work to be done, and just that we're all really grateful, and we learned so much today from each other. That was probably the big takeaway, lots we didn't know, and we would take back to our own spaces and places and people." (Dandenong Casey_large group)

KEY MESSAGES

This facilitated DIEP forum brought multiple stakeholders together to learn about:

- *ways we can work together to ensure people with disability are aware, safe, and prepared for emergencies triggered by natural hazards and other emergencies (e.g., house fire, pandemic).*
- *actions we can take to make sure people and their support needs are at the centre of emergency management planning.*
- *barriers and enablers to the inclusion of people with disability before, during, and after disasters.*

1. *Disasters impact service continuity for people in receipt of supports and services. It is also disruptive to those people with disability who do not receive support and services in the community, not everyone is on the NDIS. The impact of disaster affects everyone in the community, particularly those from culturally and disability diverse communities. Greater consideration about communications with these communities will benefit the community.*
2. *Supportive relationships exist in the community, in both informal and formal capacities. These are **other** types of supports that people with disability could rely on, collaboration enables these supports. Existing resources in the community also enhances these supports.*
3. *In Dandenong, individual and organisations demonstrate capabilities and actions in disaster preparedness activities. Leveraging existing knowledge, skills and actions will benefit the community.*
4. *A disability voice in decision making will enhance disability awareness in the community.*

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