DISABILITY INCLUSIVE EMERGENCY PLANNING
(DIEP)FORUM

FRANKSTON DIEP FORUM

Citation:

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

THE UNIVERSITY OF
SYDNEY

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"Clear and concise communications was a huge one as well. So not just for the CALD community but making sure that it's accessible so that regardless of what language you speak or what disability or what other issue you might have with communications, that it's available to you in a format that you can get it"

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 FRANKSTON COUNCIL IN PARTNERSHIP WITH THE UNIVERSITY OF SYDNEY

Date: 11 November 2022

Location: Frankston Library

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/

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

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[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

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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

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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

Frankston Municipality – Disability and Emergency Management Arrangements

Background

The Frankston Municipality is located on the eastern shores of Port Philip Bay, approximately 40kms south east of Melbourne CBD. The municipality covers an area of 131 square kms from Seaford Wetlands in the north, to Mount Eliza in the south and Western Port Highway in the east. The most densely populated residential areas are Frankston, Seaford, Karingal and Frankston South. The

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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

population of Frankston Municipality is 143,000 (2020 census). Population forecasts predict that the population will increase to 155,200 by 2031. Whilst residents are mostly born in Australia (71.5%) there is a steady rise in people from CALD backgrounds. Current statistics indicate that 13,311 people or 25.3% of Frankston residents live alone.

The 2016 census shows that 7,277 people or 5.4% of the population report needing help in their day to day lives due to either some form of disability, long term health issues or age. The Council produces a Disability Services and Information Resource Guide to inform about community services available to local residents and visitors with disability, their families, carers and disability workers in Frankston City.

Older persons, and or those isolated or lacking in social supports, people from culturally and linguistically different backgrounds, tourists and visitors, people living with limited housing tenure, and homeless people (estimated to be over 500 people) are vulnerable in emergencies.

The Municipal Emergency Management Plan

The most common types of emergencies in Frankston are fire, storms and flood events, and recently the COVID 19 Pandemic.

The MEMP is developed and implemented by the MEM Committee, whose membership includes government, business, NGO, Church and community representatives. Sub-Committees have been established that consider fire, relief and recovery, flood and storm, and health emergencies. Sub-Plans are developed by specifically tasked working groups, and Complementary Plans are developed by selected industry / sectors or agencies.

The MEMP considers mitigation, preparedness, response, relief and recovery arrangements. Mitigation arrangements acknowledge the importance to build general community-wide preparedness and resilience, as well as sections of community that require more targeted support, including the disability sector. It notes key strategies to better engage with the target groups, which include community emergency planning, using simple language tailored to audiences, and multiple engagement channels. A description of recovery arrangements notes that community-based organisations, including aged and disability support, can bring significant knowledge, experience and connections to the local community.

The MEMP identifies climate change as a driver of an increase in the severity and frequency of extreme weather events and recognises that standards and systems need to be developed to reduce

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vulnerability and increase the resilience of the municipality to withstand the anticipated climate variability.

The MEMP describes the Vulnerable Persons Register (VPR) which documents the most vulnerable people who meet relevant criteria in accordance with the Department of Families, Fairness and Housing (DFFH) Vulnerable People in Emergencies Policy. The register is managed by the DFFH and hosted in the Council's emergency incident management system, Crisisworks. It is designed to list only the most extreme vulnerable residents. During an emergency, the Victoria Police have access to the VPR and can use it to plan for evacuation. The Council also maintains a "Facilities Housing Vulnerable People Listing" which refers primarily to aged-care facilities, hospitals, schools, disability group homes and childcare centres.

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*

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- *government staff with diverse roles involving emergency management, disability access & inclusion, community development & engagement.*

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

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

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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

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.

"I think the overwhelming response was, most of us are not prepared. We've thought about thinking about having a plan and done nothing about actually doing it."

DIEP Participants

STAKEHOLDER GROUP	NUMBER OF PARTICIPANTS
Person with Disability or Carer	8
Disability Service	1

STAKEHOLDER GROUP	NUMBER OF PARTICIPANTS
Community Service	1
Health Service	3
Organisation or Advocate representing people with disability or carers	2
Government	7
Emergency Service	4
TOTAL	**26**

FINDINGS

What did we learn together?

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

Key Learnings in Frankston

1. The impact of COVID.

2. Individuals and organisations are at different stages of their preparedness.

3. There are existing resources and/or supports in the community.

4. Managing dignity of risk.

DISCUSSION OF FINDINGS

Learning 1: The impact of COVID.

We learned that **COVID and its impact** was front of mind for the Frankston community. Covid resulted in reduced supports because of **reduced workforce capacity.** This in turn impacted people who rely on support services.

"…the area that they worked, there was half a dozen paid staff and over a hundred volunteers. But with COVID came the decrease in volunteers and so the very small workforce would do the work and they weren't really prepared for that, so they had to really learn on the run and utilise other services in the area. That involved, they couldn't close the doors. The response was it's not an option because then at-risk people in the community wouldn't be eating. So they had to come up with reasons to do that." (Frankston DIEP_G1)

"The first person I talked to was blind… she basically through COVID, lost most of her supports. She couldn't do daily things, couldn't get the medical appointments…. things like Zoom wasn't great, because she's blind." (Frankston DIEP_G1)

"Next lady I spoke to, we were talking about COVID, and how it affected her, and she said her aged care provider is not helping her much either. They do give her help with transport to doctors…. She lives with a younger daughter, but she's isolated and lonely during the week, because her daughter works" (Frankston DIEP_G1)

"Staffing levels everywhere and volunteer levels and the drop off suddenly of volunteers because of Covid lockdowns and people being concerned about either not being allowed to come in or being concerned about getting Covid meant that the workload didn't change but the people that were in paid roles suddenly had to make all that work still happen, which increased fatigue for people." (Frankston DIEP large group)

"Increase in behavioural issues during lockdown, when people weren't able to be doing face to face and doing like, disability support day centres and that sort of thing. Not everyone has internet access or the same level of internet access. So relying on those sorts of services when not everybody actually has access to them can be a bit problematic." (Frankston DIEP_large group)

"..we're worried about decreasing social skills, adults and children. So developmental issues there. And yeah, they're constantly changing restrictions. Trying to keep up with what's going on today, are we locked down, are we wearing masks? What's going on?" (Frankston DIEP large group)

"The organisation was shut, she got outsourced to, the staff got outsourced to different areas. Their clientele have their behaviours change, living, being at home for so long, so using Zoom, was able to essentially keep them occupied for a short amount of time to then give their families, essentially respite." (Frankston DIEP_G1)

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Covid enabled a new way of working, **maximising use of technology** (not ideal for all due to accessibility) so that people could remain connected, and continuity of services remained.

"So the positives of COVID was there's a lot of technical things that were produced to meet, Zoom and phone calls and so on." (Frankston DIEP_G1)

"So what helped? Zoom, which is not for everybody but for a lot of people, Zoom really saved a lot. I know from personal experience; I work for CFA now. I live with disability myself and I work in a state role that I could not have if Covid didn't happen because I cannot drive to Burwood every day. But I can work online and have meetings through bloody teams as we were talking about before. So that helped, having Zoom." (Frankston DIEP_large group)

"So when we talked to [Person's name], she was talking about some of the things that she found good, were not having to drive to work because she works from home." (Frankston DIEP_G1)

"Working from home during the storms because she couldn't get out." (Frankston DIEP_G1)

"But good outcomes from the disaster were, the ability to work from home came up lots of times. And having to rethink how we communicate and adapt and start having online interfaces. Things like telehealth being available to people so that they don't actually have to leave their home." (Frankston DIEP_large group)

"And it is a different way that we all communicate now. I'm sure you're running a business and things like that. Now I know, most of my meetings I go to now are still in front of a computer screen. And so you do miss out on those types of things where you can talk about the meeting stuff but also make those connections." (Frankston DIEP_G1)

It was also identified that Covid resulted in **mental health** impacts. Social isolation impacted day to day relationships.

"..I've got three high school kids that are running amuck. So, there was that. The mental health toll from COVID and everything that has gone on between, I think was also a predominant theme through my responses. The sense of the isolation for those who couldn't get out and work". (Frankston DIEP_G1)

"There was even a response where people were afraid to socialise. Their mental health, and then therefore, are we going to see in the coming times a decrease in social skills? And that might even be through our children as well who haven't had those two years of school. The growing years where they're developing and are losing their social skills". (Frankston DIEP_G1)

"Mental health decline during lockdowns as well was definitely an issue. And things like, there was an increase in domestic violence during Covid. There was a decrease in break in type crime, which is good, but I've been assured that the numbers are coming back up. The issues with [Person's name] were brought up as well. Isolation, the biggest thing was just people being so isolated and the various things that came out of that. And not everybody has a plan" (Frankston DIEP_large group)

"It was tough. We lost my husband's mom during, between lockdowns, but we've not been able to spend a lot of time with her because of lockdown and watched

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her health decline from being so isolated during that time. It was a strange experience." (Frankston DIEP_G1)

"..not being able to actually go and see a doctor meant that health issues fell through the cracks and we're starting to see now, I think, problems coming up that maybe weren't addressed in a timely fashion." (Frankston DIEP_large group)

Learning 2: Individuals and organisations are at different stages of their preparedness.

People demonstrate individual preparedness activities; they are aware of their own capabilities and support needs.

"I live in a rural area, and I said I know we're my place of last resort is, I know there's a sea base station, but in the storms, we had no community centre, I didn't know where to go, other than we went down the hill to listen to the radio." (Frankston DIEP_G2)

"I think in the country though, you know which roads, how to get out too, to just make your decision of okay, if there's a flood I need to go that way." (Frankston DIEP_G2)

"They had an emergency box. She said phone and emergency box, I said, "What's all in that?" She said, "Passport, marriage certificate, qualifications, medication challenges." She keeps it in a drawer under the bed." (Frankston DIEP_G2)

"And she says that she lives in an area that is prone to something that would happen, and they had done it before. So, it was somebody with that prior experience. …And their son also had issues so they were used to having fire drills and smoke detectors, and an emergency box…as well, who will take care of their dog, the cat." (Frankston DIEP_G2)

"..there was a fire blanket in the kitchen, documents in one place. Sons medication in the bag so they can grab it last minute, and also talked about the family, a couple of people also talked with their family about a meeting place…somebody else did the fire drill, two kids in school, the get down, drop and roll." (Frankston DIEP_G2)

"I'm on severe sedative medication and so if there's a fire where I'm staying, or where I live, I need someone to come in and physically wake me up, because a smoke alarm won't do that." (Frankston DIEP_G2)

"Relying on families and friends came in thick and fast over and over again. People spoke about having a personal alarm that they could call people on if needed. And the other thing that came to my mind was that I also meet with carers and I recently learned that I think it's Carers Victoria or Carers Gateway have something on their website. So, if a carer is ever in an accident or is found hurt or injured, they've got something in their wallet that says I care for this person, please follow up and make sure that they're okay. So those sorts of resources are really important as well." (Frankston DIEP_G3)

"And of course, the radio with the batteries, some practical things in that space. Fire alarms. And so that the more of the practical resources…I will say on a personal note, having travelled in regional Outback Victoria where there's no mobile phones, there's a real need for either that satellite communication and I

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guess I was lucky enough to be able to find a satellite phone that we could use you. You're in the middle of nowhere, so where's your way finding or what are you using?". (Frankston DIEP_G3)

"And we've got a bit of a plan in place. So that's, as long as I know home, I'm lucky enough that my young adult drives. So, we've discussed a personal plan, what that looks like and the people that I serve and support, it's not about using big flashy words, it's just about making it real and using, expressing in a way that people understand. Whether that's verbal, signing, alternative communication, whatever it's pointing, showing literally going and showing this is what we would do or this is where it would go. Or social scripting some of those things that they, in your pre-planning so that when it comes up." (Frankston DIEP_G3)

"The other lady that I interviewed, she comes from the country and grew up with an emergency plan and she's able to maintain it, her plan, living in the city." (Frankston DIEP_G1)

"Whereas those people that are living with a disability often would have a plan. There was one person for instance, I spoke to, that had fantastic things. They had their house prepared for fire, they cleaned up around the property, knew where to meet people, knew where to go for all the help. Had emergency apps on their phone and are really well prepared. So for us, I think the message came back that, if we that don't need assistance, can't make a plan, how can we expect to help those that do need assistance because we are using up the resources that are needed for the people that really do need it." (Frankston DIEP_large group)

"And we've got BLA 40 rating. So a lady had built her house safely and made of special material that won't bend in fires, water tanks with pumps, which is run by petrol. General cleaning up of rubbish and making sure she has plenty of medication and relying on the chemist to give me pets out." (Frankston DIEP_G3)

But not everyone has preparedness plans, their roles and responsibilities compelling people to help others before themselves.

"..if you're a uniformed person like police, or fire, or ambulance, it's a no panic thing, you have a tendency not to panic, and you can think it through, something happens and you know you switch on to this is what we do. I know this with this sort of background I haven't got it written down, but it's interesting how you relay it to an understanding of how a person with disability and us not related... I've got no one in my life, my son has a disability but not something that would hamper us at all, so nobody in my life, or my surrounding life, has got that. So I've never really thought about that with my response stuff but knowing that I needed to go and help people with disability potentially. And when I've had to, we've swung into action, that's all a response, it's not actually having a plan". (Frankston DIEP_G2)

"So everyone was in a reaction, when there was an emergency we respond. And that is the role, isn't it? We're emergency responders. But there wasn't a lot of... There was a lot of thinking on their feet, particularly when it was like with COVID and it's something new. Not a lot of preparedness beforehand." (Frankston DIEP_G2)

"The interesting thing I found was, the two official people who worked in emergency services or emergency management, although they had great emergency plans for their organisation or their work, literally didn't actually have any emergency plans for themselves for their homes. I had one lady who had

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even built her house around fire preparedness, and then another lady who had smoke detectors but hadn't thought about more than that. But my real interesting was about those professional people who actually even though they work in the field, and had great training and stuff, were really lacking in what their personal emergency plans were, to the point where they didn't have one to protect their homes, their family, themselves. Which I found really interesting because they're the people with disability or different ability, and yeah. Maybe the emergency services people need to start thinking about if they started in home and thought about what they needed, they need to ask people with disability more about what they need and then possibly have more insight." (Frankston DIEP_G2)

"I think the overwhelming response was, most of us are not prepared. We've thought about thinking about having a plan and done nothing about actually doing it. A couple people in the room spoke to those that wear uniform or a response roles and even those people, often, because you're doers and obviously operational and know where to go to get the things you need when you have something happening in front of you might have a plan for it and you know how to make it so, seem to be less prepared in some respects for their own personal things. And didn't have a plan for basic things." (Frankston DIEP_large group)

"I found another common theme as well was a lot of people, including myself, all we thought about making a plan, we need to think about making a plan, but we're not actually doing anything about the plan." (Frankston DIEP_G2)

"..everyone that I spoke to was very good at the response, but no one really had the preparedness." (Frankston DIEP_G2)

"And that person also shared with me that in their understanding in regional areas, 80% of people wouldn't have anything in place in terms of preparedness within this sector." (Frankston DIEP_G3)

"To get a proper generator and a plug put in. No. No, it's there in the background, we haven't done it. The next storm we'll go, "We should have done that." So, if we're doing that for us, I think it's no wonder that we're not making plans to help people with disabilities because we're not even thinking about it ourselves." (Frankston DIEP_G2)

Organisations also engage in preparedness activities.

"So services by giving all their clients information, making sure it's all up to date, making sure they can access it. Big government was exactly the same. So they talked about the big emergency app, the big traffic app and their websites. The other thing was training…. Yeah, I was going to say so training and awareness. So making sure that everyone is prepared moving into an emergency." (Frankston DIEP_G3)

"Guide dogs Victoria actually put an email out to all the guide dog handlers, and I think it went to all their clients, with information on how to get through to a guide dog." (Frankston DIEP_G2)

"We do some basic training on moving people and what different infrastructure would be available to us but in a fire scenario it is just getting them outside." (Frankston DIEP_G3)

"We do have processes in terms of ambulance Victoria Run health command on site and Department of Health do a lot of facilitating appropriate before and gathering of information to help support aid in knowing what patients have what needs. And we try and look at what other facilities as aren't as possible can take those people. So instead of it just being someone gets evacuated from an aged care facility or a facility and it might be they are all going to this other facility, well there might be five or six people. That's just not adequate floor. So we'll try and balance out the system with AV sort of running" -(Frankston DIEP_G3)

"So we've had enough in the last three years that sort of covers everything. So it's making sure that all staff and you've got policies and procedures in place if something happens." (Frankston DIEP_G3)

"So I was with a service provider who said they didn't have a lot of information to share with the residents about what they did before and after. Very generic the stuff that they do have and mainly around power loss and phone communication. They've got evacuation plans for their site but not an evacuation plan for relocation residents or people in the building. Which is a pretty common thing that we spoke about earlier. And very limited infrastructure for the moving of people. So that something that from perspective as a responder would a big issue. (Frankston DIEP_G3)

"I think during this fire reflection, during week was a lot of time translating documents before community and making sure that information was out there. But I don't know if we did a great job of actually focusing on making simplistic language, especially even English being simplistic. And I think that's what we were discussing about is, yeah, it's really good to have translated material but do we people that are communicating in the right way." (Frankston DIEP_G3)

Preparedness activities should also consider the **diverse support needs of people with disabilities and/or their carers.**

"Like for example, personally speaking with my son, he wouldn't come to a stranger. He wouldn't go to a stranger. He would run in the opposite direction. So even though he's a young adult but next door are aware, so that's just tell him, come to me and I'll look after him." (Frankston DIEP_G3)

"I think one of the big things that stood out for me was I spoke to someone that had complex medical situation as well as having dementia and really around dementia awareness and that space and what could be done in that space in terms of the preparedness and support for the community as well that interacts that as well for emergency services. So particularly around door knocking and processes and the best time to engage and that type of thing. So that was really interesting around that advocacy space and that would enable people with dementia to feel more comfortable in a scenario when there's an emergency." (Frankston DIEP_G3)

"So some of the other things around preparedness were around service animals and support animals and making sure that you have what you need to keep them functional for the day. And, that family generally provides more support for preparedness than agencies" (Frankston DIEP_large group)

"People with a hearing impairment may not hear a smoke detector. My brother slept through a smoke detector it started going off above his bed." (Frankston DIEP_G2)

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" So [Person's name], if you're in that situation, you're all stressed, does [name of assistance animal] react to that in the same way?. [Speaker 6:] She kind of goes into action…But she gets stressed as well. And she can read my stress…So she'd probably go into protective mode, and she'd be very weary of strangers, or other people, to the point where she would probably growl at people….She'd be terrified herself. And she would want to do everything in her power to protect me. So, in a normal situation, if someone comes to my door, she growls. …"I've got your back mom, you're safe." If I was put in a evacuation centre it would just be overwhelming for her as well." (Frankston DIEP_G2)

Carer experience.

"I've had a house fire, and I've got a severely disabled son, so what we did, my daughter was asleep, she was 17 doing nursing. So I didn't even know it was a house fire, there was no smoke smell, it was classified it as a plastic fire. I had to, what I call, get rid of my son, he's severely autistic and a runner, I can't... So I woke her up and said, "Ring the fire brigade." And took him to school, because I had to remove him, so there is no grabbing things, you just got to deal with that situation. And people gave me a hard time because I left her there. I said, "She's 17 doing nursing, I think she can ring the fire brigade." I did get a hard time over it, but my priority was how do I keep him safe" (Frankston DIEP_G2)

Learning 3: Existing resources and/or supports in the community.

There are **existing resources and supports available** to the community which are valuable assets.

Resources and/or planning tools.

"Carer Victoria or Carer Gateway have a page on their system where you can fill out a plan if you're a carer and something happens to you so people know what to do to support the person that you care for. And also there's a card that you can put in your wallet to say, "Hey, I'm a carer if something happens to me, make sure this person's knows about it." There used to be something you could put in your glove box or something." (Frankston DIEP_large group)

"We also spoke to a police officer. He said they do some training in emergency management and there is a vulnerable person's register. Not very many people know about it though, so I think you have to register yourself if you're interested. So not everyone would be aware about that one. Yeah, that's okay." (Frankston DIEP_G3)

"Red Cross and there was someone that didn't know who to contact at all and then the conversation sort of merged towards this PCEP and when would you actually have that conversation with someone and who should be having this conversation? And it's not just people that are vulnerable. It's anybody, we thought. So that's where we sort of ended up. But this is great, but everybody should be talking about it, not just people that are vulnerable." (Frankston DIEP_large group)

"A good one that I'd never heard of was 0-1-0-6, which is a telephone typewriter thing. I don't know if anyone knows that but if you dial that number, apparently

you get through to triple zero, it's a signal to that and you can type in your emergency, what's going on". (Frankston DIEP_large group)

"And we also spoke about the power outages, which obviously affected this area a lot in when was it 2021… And the power dependent person's lists." (Frankston DIEP_G3)

Resources – technology based.

"The VicEmergency App…but on the downside there's a challenge with the people who don't have the apps. So we rely on community networks so it's another way, we rely on community networks" (Frankston DIEP_G2)

"One of the people that I spoke to referenced the Vic Emergency app, and they have request for a disability section within that, because to your comment, she was saying lots of information is very overwhelming and you can get that go here, do this, do that." (Frankston DIEP_G2)

Community support – people and places.

"It's Community Support Frankston, which I hadn't heard of but apparently there's a community support service in Frankston specifically for people in Frankston. Mental health service. So Victorian Counselling Unit Lifeline thing. The question was raised about medications. And someone spoke about earlier, I think, talking about if you do have medications and the pharmacy goes under, where do you go?" (Frankston DIEP_large group)

"Community support Frankston have a hundred volunteers and 14 paid worker roles. They're an emergency relief provider. They provide food bills, anything that is immediate relief. They're another option to police if people have no food or clothes, etc. We help with material aid and connect to further assistance like mental health support, case management if people made it counselling, housing services, needing furniture. And they also advocate for people who have extreme bills." (Frankston DIEP_G3)

"I spoke to someone whose job was to do coordination with people that have been affected by floods in this part, that was part of the job." (Frankston DIEP_G2)

"The Community Support Frankston, the CSF, they cover everything from medicals aids and information referrals". (Frankston DIEP_G4)

"People were the first point of call other than registered services and then people started talking about sport services like NDIS, community groups, charity, sport workers and service providers" (Frankston DIEP_G4)

"So there are some common themes as you can imagine. And those ones were family, friends, neighbours, local council as being the most common. A local council being like a relief centre discussed earlier. NDIS support for funding and things like that if needed. Community groups, charities, support workers and the services that they provide and service providers. ABC radio for the information on disasters around communication." (Frankston DIEP_large group)

"There's a lot of volunteers in that space that can provide a whole lot of relief, recovery, financial support and mental health services. We talked about the

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power dependent list. So in making sure that people that are requiring services, NBN, all those sorts of things and what might be able to get into that. The EPAS work that's going on. Again, family or friends as a support group." (Frankston DIEP_large group)

"I think it's government organisations and then providers. So government organisations, so DFFH, us, the NDIS, and then service providers I think are the ones that would talk to the vulnerable in the community about what's available to them." (Frankston DIEP_G4)

"Support to help with bonds of housing as well. Hot meals for homeless Monday, Tuesday, and Friday. And they also refer others to food agencies like TA for example. TAFE do hot breakfasts." (Frankston DIEP_G3)

"And then speaking with some community members from the disability access inclusion committee, we having conversations within that group is really important and learning what different people's needs are and how people get information and where they get it from and creating that. So using existing community groups to have these conversations. So U3A was another example that could be somewhere where we go out and we speak about it and get information from them and they learn how they can prepare." (Frankston DIEP_G3)

Emergency sector support services.

"…every year we had the CFA or someone come out and talk about things, but a lot of it was prevention, like don't let the kettle run out most fires are started because the kettle has no water in it. In our case it was the hairdryer fell on the ground and turned on by itself, and that's what started the fire, so I'm paranoid about turning it off. And I just sort of talk to elderly about that sort of thing, but I thought that the main thing is worrying about the elderly and the disabled or the little kids, and there's a lot of people in between that has to do it." (Frankston DIEP_G2)

"And then lastly you spoke to council, and it was a lot about what plans were in place. So obviously there's a municipal emergency medical plan, this disability, the vulnerable persons register and some access to infrastructure that might assistance." (Frankston DIEP_G3)

"First of all I spoke to someone from council and we spoke about introducing [CFA's] EPAS [program - Emergency Planning Advice Service]. So, with the CFA and Red Cross meeting individuals to make tailored emergency preparedness plans. We talked about our role as education and awareness. So we've put the "Are you prepared?" Website and flyer which collects a lot of the information in one place for people. We also have information on our website and the municipal emergency planning committee and we rely a lot on community engagement and learning what people want and when they want it and how we can best provide that. Spoke about, again, how the vulnerable person's register is not really adequate, which is where the e-pass comes in and would be really important as well. And with different conversations it popped up, the importance of having lots of information in one place. Like we were talking about apps, we've got the VIC emergency apps, someone raised the Vic Roads apps so they know what roads were closed when having all that information in one place would be really important and could be a role that council plays there." (Frankston DIEP_G3)

"I spoke with someone from Ambulance Victoria, they have a register of locations of interest so they know where specific things are for mental health specialist

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equipment, this, that and the other. There is the vulnerable person's register but that's not always accessed." (Frankston DIEP_G3)

But resources and supports are only useful if people know about them. It is important to **communicate about the resources** but the ability to assess the effectiveness of communication and resources is not always clear.

"Of course, the importance on having a plan needs to be what I just pumped out in the community. I know we keep saying it and the same thing happened I guess through Covid. We keep talking about it but are we sending the message in a way that people are listening? And how do we make people listen? So there needs to be more of that. Many of us need to know what resources are available." (Frankston DIEP_large group)

"So we don't know where we can go for help if we need to. There was a suggestion that emergency plans should be provided and where we go to get those. I know they're available, that you can get emergency plans that are already written out and you can just check the box and put them together. But most people don't. So it's just getting it out there, despite the best efforts of the agency. That one agency that really does provide that is the CFA you can see the board of elect. And I know they message really well, but how does it come back to people actually listening to it?" (Frankston DIEP_large group)

"Clear and concise communications was a huge one as well. So not just for the CALD community but making sure that it's accessible so that regardless of what language you speak or what disability or what other issue you might have with communications, that it's available to you in a format that you can get it" (Frankston DIEP_large group)

"So her point was just some sort of... I just want to facts, what's relevant in my area, for me with a disability, where can I go, where's the housing that's going to suit me." (Frankston DIEP_G2)

"Most of the thinking was around bushfire rather than the other events. I guess flooding recently, and both New South Wales and Victoria has rigid focus on flooding. But what about the big storms and the impact they had on whole communities that we don't think about that in our daily lives? So where do go when something like that happens? What do we know about our communities and so forth? The readiness did vary somewhat." (Frankston DIEP_large group)

"So the thing about that though is if you are deemed as a vulnerable person in the community, it's how do you know that these services exist? What do you look for? Because I've not seen anything in my community of similar nature. So how does that message get spread?" (Frankston DIEP_G4)

"I got something one interviewee basically said, he wouldn't know who or how to access any support that led me to think, "Well, how do we get all of this information services out there in the community for people to take note or to access or to register this pamphlet as newspapers this media?".... They need to access some of the support coordinator who has the tools and the needs know what's around in their local community. So all of this list is fantastic, but someone's going to know how to tap into this." (Frankston DIEP_G4)

But the effectiveness of existing resources in the community is queried.

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"The Vulnerable Persons Register popped up as an absolute common theme, probably number one. In a lot of senses around, how good is it? And in talking to [Person's name], there's less than 20 people on the one here in Frankston. When you think about how many people, we will have that need help, it's underwhelming." (Frankston DIEP_large group)

"So we talk about community planning and emergency management planning and I sit on five of these committees and we talk about community. And every time I talk about community, I think about the people in my family as my community. I don't have anyone directly in my family that suffers from a disability. So it's not forefront in my mind. So the individual, rather moving from a community, is the space where we need to get to when we talk about, when we're preparing people". (Frankston DIEP_large group)

"And in response and preparedness, probably something for emergency services, definitely around information sharing and community meetings. So where we have an emergency, so like the floods at the moment, they're heading towards Mildura. That when we conduct a community meeting that we need to make sure that it's very inclusive and it's a two-way conversation. So we tend to just talk at you and tell you what's happening and what's coming and we'll ask for questions at the end." (Frankston DIEP_large group)

"So where does that actually sit within the emergency sector? We do a lot of preparedness work out as in terms of agencies, but there's quite often not a lot of messaging around, it is okay to bring the support dog to emergency relief centre but there will be food for them or there will be local law there to support your animal if it's needed and that type of thing. So I think that was, I think for me kind of look at that piece and I think in a preparedness function where we've already got these sort of structures in place, that's something that can really easily come in." (Frankston DIEP_G3)

Learning 4: Managing dignity of risk

There was a tension with **managing dignity of risk** and providers roles and responsibilities.

"This is from the mouth of a nurse here. That really needs to be talked about in training, a lot. Because I'm sure that there's many a nurse that's, for instance, if someone's been told they've got cancer, they should have surgery, and the patient says no thanks. The nurse often struggles with them….if told twice, thrice, whatever the number of times is, they've explained once, twice, thrice, whatever the number is, then they have to go away and they don't have to feel guilty even if they know full well that person is going to die in a fire. I think that's what they should be doing instead of judging themselves about that." (Frankston DIEP_G1)

"Dignity of risk is a really important part of all of our lives. We make decisions all the time. I think during one of our discussions, someone said that they live in a large fire risk area and they accept that fate." (Frankston DIEP_G1)

"So I think, and we do train them, we train them to be polite. [Person's name] was polite and she would have been trained in that. We go out, we give the information, and we record their response. If they choose to stay, they choose to stay. Yeah, you're right. It is a difficult time." (Frankston DIEP_G1)

"So if someone chooses not to leave because there's a bush fire or chooses to live with a certain level of risk, that is their choice. You give them the information and

then you've got to live with their choice just like they do." (Frankston DIEP_large group)

"I spoke to someone that had actually been part of a bushfire situation and they had gone out and they were door knocking people and they came across one person who refused to leave their home because they had a cat. And they had to explain the severity of the situation and then had to say, if you're not going to leave then I have to move on and let other people know and had to leave that person. And we talked about the, sometimes you have to give the information to people but people can and should make their own decisions about that information that they receive. So we're all individuals no matter what. Just because I think someone should react in a certain way with that information, doesn't mean that they will or they should, because they can make their own decisions. So that came out really strongly." (Frankston DIEP_G1)

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. *Covid impacted business and service continuity. It also enabled different ways of doing things.*
2. *In Frankston, individual and organisations demonstrate capabilities and actions in disaster preparedness activities. Leveraging existing knowledge, skills and actions will benefit the community.*
3. *Meaningful communication and information provision enables people with disability to be aware, safe and prepared before, during and after emergencies. There are existing resources, tools and training in the community.*
4. *Navigating duty of care and dignity of risk is an area that would benefit from further exploration, opportunities for professional development.*

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