ILC P-CEP PEER LEADERSHIP PROGRAM EVALUATION

DECEMBER 23, 2022

This report was produced by:

Jade Chang, Bronwyn Simpson, & Michelle Villeneuve

Centre for Disability Research and Policy

Citation: Chang, J., Simpson, B., Villeneuve, M. (2022). *ILC P-CEP Peer Leadership Program Evaluation.* Centre for Disability Research and Policy. The University of Sydney, NSW, 2006

Enquiries should be addressed to:

Associate Professor Michelle Villeneuve

michelle.villeneuve@sydney.edu.au

THE UNIVERSITY OF SYDNEY

Table of Contents

Background

Project Context

The 2019-2020 Black Summer Bushfires and the ongoing COVID-19 pandemic have brought to light the disproportionate impact that disasters have on people with disability. A growing body of literature shows that people with disability face higher risks of death, injury, and loss of property during disasters. These risks are the result of inaccessible emergency communication, inadequate evacuation support, poor accessibility among emergency shelters, and restricted access to social networks and other sources of support. Moreover, a lack of supplies and utilities in the aftermath of a disaster, as well as disruptions to routine access to health care and social support, can easily aggravate people with disabilities' existing health problems. In the long term, ongoing physical and mental stress and the loss of permanent housing and possessions can lead to emotional trauma, financial hardship, and decreased quality of life among people with disability.

Research shows that personal preparedness is one of the most effective things individuals can do to increase their disaster resilience. However, taking these actions places high demands on people with disability, particularly for those who rely on others to assist with their daily activities. A desire to avoid being a burden to others discourages people with disability from reaching out and seeking support for emergency preparedness. Social isolation and everyday discrimination also reduce access to preparedness information and hinders the participation of people with disability in preparedness training and education. On the rare occasion that people with disability are included in training resources, they are frequently mischaracterised by non-disabled professionals, who focus narrowly on one aspect of disability (e.g. physical impairment) and emphasise acting *on behalf of*, not *with* people with disability.

This project responds to these issues through the implementation of Person-Centred Emergency Preparedness (P-CEP) Peer Leadership Program designed by people with disability for people with disability. The purpose of this project is twofold. It aims to enable program recipients to develop their own preparedness plans using P-CEP tools and framework, and to develop their ability to share P-CEP and facilitate preparedness among others through peer support and individual mentoring.

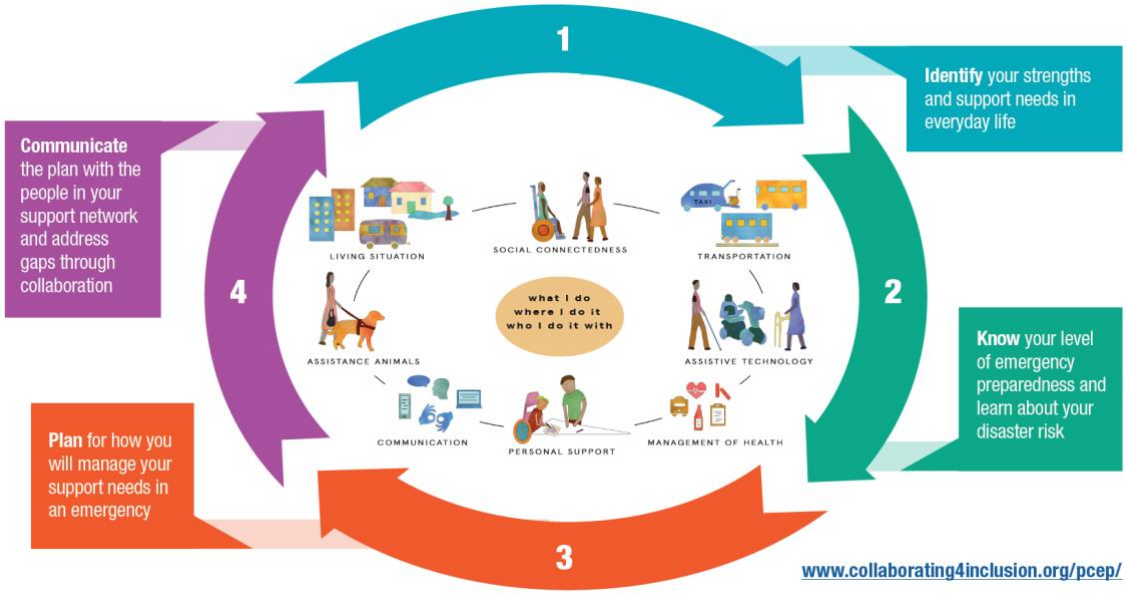
Person-Centred Emergency Preparedness

Guided by the Disability Inclusive Disaster Risk Reduction (DIDRR) principles and co-designed with people with disability, the P-CEP framework and tools are underpinned by Amartya Sen's capability approach. P-CEP aids people with disability in developing personal preparedness plans tailored to their specific situations and support needs. Alongside this, the program seeks to facilitate emergency preparedness in others.

The P-CEP has three components:

1. A capability framework consisting of eight elements to support self-assessment of strengths and support needs;
2. Three principles guiding the joint effort of multiple stakeholders to enable tailored emergency preparedness planning; and
3. Four process steps enabling the developmental progression of preparedness actions and facilitating linkages between people with disability, their support services and emergency managers (Figure 1).

Figure 1. The key elements of Person-Centred Emergency Preparedness (P-CEP)



Peer Leadership and Community of Practice

The Peer Leadership program and Community of Practice focus on the role and capacity of disability representative and advocacy organisations to work with and support their members to lead P-CEP through peer support and mentoring. In addition, the program and practice promote collaboration between these representatives and organisations, emergency personnel and local council to identify and remove barriers to safety and well-being for people with disability before, during and after emergencies. The configuration of peer support and transformational leadership creates unique yet powerful features and vision for this project, which are summarised in Table 1.

This project brings P-CEP and Peer Leadership together to enable personal emergency preparedness among people with disability, and to develop leadership capabilities in the disability sector for DIDRR. This project was shaped by lessons learned from previous work carried out by The University of Sydney and QDN and program replication with other disability and advocacy organisations (e.g., VALID, Gippsland Disability Advocacy Inc) in Victoria. These lessons include:

- **"Put your own oxygen mask on first".** Before enabling preparedness in others, peer leaders need to go through a meaningful emergency preparedness journey themselves. This journey should include individuals self-assessing their own capabilities and support needs, and then working out the details of how they could best manage those needs in an emergency situation.

- **Talking about emergencies can be overwhelming and confronting.** Being trained in P-CEP principles and applying the four P-CEP steps helps peer leaders become supportive conversation partners, work with program recipients at their own pace, and break down the preparedness process into smaller steps that are actionable and achievable.

- **Establishing partnership with DPOs to scale-up and sustain P-CEP and DIDRR initiatives.** The goal was for disability organisations in other states to work with peer leaders to: (i) support and enable peer leaders to make their own P-CEP plan, so they could become role models for others; (ii) provide assistance and coaching to peer leaders as they develop their capabilities as conversation partners facilitating preparedness in others; and (iii) gather information from the organisations' members about gaps and barriers to preparedness for people with disability.

Table 1. Transformational leadership in Person-Centred Emergency Preparedness (P-CEP)

Dimension	Features (Taken from: Riggio & Bass, 2005)	Vision for PCEP/DIDRR Leadership (Adapted by: Villeneuve (2020) pilot P-CEP Peer Leadership Program)
Idealised influence	• Act as role model • Exert influence by exemplifying own personally held values & beliefs	• Has engaged in own self-assessment of risk, capabilities and support needs in emergencies • Recognises and values importance of tailored emergency preparedness planning to decrease risk • Shows commitment to increasing the inclusion and participation of people with disability in taking steps to optimise their preparedness plans (through peer support/mentoring) • Has background training and experience in human rights and disability inclusion • Represents voice and perspective of people with disability (rather than self-interest) is a disability advocate – willing and interested to extend that advocacy to safety and resilience of people with disability in emergencies
Inspirational motivation	• Hold high expectations of what others can accomplish • Displays enthusiasm; optimism & with regard for other's efforts	• Has high expectations and regard for the capabilities (strengths) of others, including people with disability – to take steps to increase their preparedness. • Is realistic about the availability (and accessibility) of resources for people with disability to engage in personal emergency preparedness and contribute to DIDRR (recognises the limits of available tools and resources and works with or around those limitations with a broader aim to influence change) • Uses P-CEP knowledge gained and available resources (e.g., P-CEP Workbook) to champion capacity of others to self-assess their risk, capabilities, and support needs in emergencies • Draws on networks of support and examples that come from the disability community and their experiences of emergencies/disaster. • Actively learns about the roles, responsibility, and capacity of other stakeholders and enlists them as allies.
Individualised consideration	• Has acute understanding of others needs • Acts to support those needs	• Recognises the importance of personal preparedness planning • Uses capability wheel to probe further into specific capabilities and support needs in each of the 8 elements • Supports others to increase preparedness actions and progress along preparedness continuum • Helps others to connect with their individual network of support in order to increase their support in emergencies • Appreciates the contributions of other stakeholders and identifies opportunities to increase their knowledge and understanding about disability-specific concerns in emergency preparedness
Intellectual stimulation	▪ Encourages other to think about old problems in new ways ▪ Questions prevailing assumptions ▪ "Curious"; "hungry for information"; has excellent questions; seeks to get to the bottom of the issue/problem solve with others	▪ Recognises strengths/steps taken by individuals to advance their personal emergency preparedness of people with disability. And uses those strengths to support/improve planned action with a focus on increasing preparedness and decreasing risk with and for others. ▪ Is realistic about gaps in emergency preparedness of individuals. Collects this information from their peers and shares examples from the experiences of others - that recognise & acknowledge when individual preparedness needs do not match the level of support available to them. Informs other stakeholders about those gaps with a view to increasing their capacity to respond effectively. ▪ Acts as an advocate for others with a view to increasing safety and resilience of people with disability, their family and carers. (Informed by data and evidence generated through peer support activities) ▪ Connects with other stakeholders to support them in their role and to influence change with a view to removing the barriers that stop people with disability from being prepared and safe in emergencies ▪ Shows commitment to the representation and participation of people with disability in DIDRR; persists; champions change

Purpose of the Report

This report comprises two parts. Part A outlines the *implementation* of the P-CEP Peer Leadership Program, while Part B presents the *evaluation* of the Program.

The specific objectives are to:

- Trace the development of the P-CEP Peer Leadership Program.
- Describe the process of the program, including participant recruitment and stakeholder engagement.
- Report the outputs of the program, including the number of workshops conducted.
- Assess the outcomes of the program, including participants' satisfaction with the program, and whether the program influenced participants' knowledge, attitudes, and behaviours in terms of individual emergency preparedness.
- Make recommendations for Phase 2 of the program.

Riggio, R. E., & Bass, B. M. (2005). Transformational Leadership: A Comprehensive Review of Theory and Research. Mahwah: Taylor & Francis Group.

Villeneuve (2020). www.collaborating4inclusion.org

Part A. Implementation of the P-CEP Peer Leadership Program

This program built on learnings from the co-designed P-CEP Peer Leadership program which was a partnership between The University of Sydney and QDN (https://collaborating4inclusion.org/disability-inclusive-disaster-risk-reduction/p-cep-peer-leadership/).

Funded by the Information Linkages and Capacity Building (ILC) program, this project is a collaboration between QDN, The Department of Social Services, The University of Sydney, Council for Intellectual Disability, JFA Purple Orange, Round Squared and Women with Disabilities Australia. Central to this project was engaging with members of partnering Advocacy Organisations and DPOs in the implementation of P-CEP Peer Leadership Program, as well as transferring the lessons learned from this program to enable preparedness in other people with disability through peer action leadership. Table 2 presents the project timeline and key milestones.

Participant Recruitment
Partnering organisations in ACT, NSW and WA supported participant recruitment by disseminating communication materials and invitations for EOI among their members. To ensure a variety of people with disability were invited to the program, QDN employed a range of methods to engage participants, including:

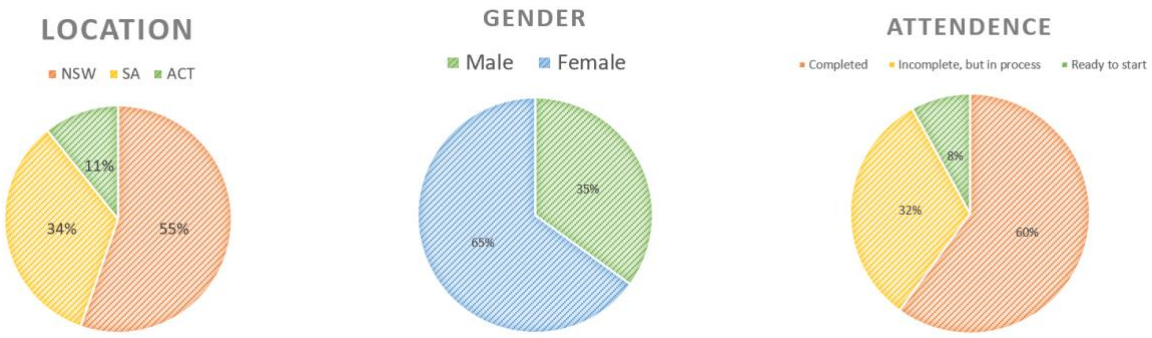
- One-on-one meetings or phone calls to help break down barriers and facilitate participants' in-depth understanding of the program.
- Emails with participants if they identified this as their preferred method for contact.
- Accessible surveys which could be filled out as hardcopies (postal), online, completed via phone or email, or face-to-face.
- Flyer information and materials made available in a variety of formats, such as large print, email, and Easy Read.
- Formal and informal group meetings, or roundtable discussions, that adopted a range of different techniques for engagement.
- Region specific advertisements posted on QDN Facebook page to raise awareness of the program.

A total of 61 people with disability were recruited to the program. Figure 2 presents a snapshot of demographics and attendance.

Table 2. Project timeline and key milestone

Activity	Delivery	Timeframe	Outputs
Project establishment		July -October 21	
Project Governance	Steering Committee	July 21 – October 22	12 meetings held Purpose - to progress project objectives including engagement, promotion and workshop content and material.
	National Advisory Committee	November 21 – December 22	4 meetings held Purpose - high-level advisory group to support the direction and implementation of the project. Membership including people with disability (peer mentor representatives, ACT, WA and NSW organisational representatives, Gippsland Disability Advocacy, University of Sydney and QDN, NDIS Quality and Safeguards Commission, DSS and Emergency Services/Disaster Rep National).
QDN DIDRR Peer Leaders	Recruitment and training	October – December 21	5 DIDRR Peer facilitators recruited and trained
	Co-design of program	October - December 21	5-part online workshop co-designed
Recruitment of participants for Peer leadership program	EOI	October 21- January 22	62 participants identified in each state and recruited for program Total numbers did not balance equally due to challenges in ACT
Stakeholder Engagement	Promotion and stakeholder engagement	October 21- April 22	QDN engaged with key stakeholders in ACT, NSW and SA. QDN developed promotional material and social media content to promote the project. QDN has held information sessions for groups in each state to promote the project. QDN engaged with 80 stakeholders including disability organisations, peer groups, advocacy organisation, government agencies to promote the project. The expression of interest process was extended until the end of January 2022 to give participants more time to apply. The COVID-19 situation has meant that organisations and people with disability have prioritised dealing with omicron and to support this process the expression of interest process was extended.
P-CEP Peer Leadership Program	Series of 5 workshops online and face to face if COVID planning and situation permits.	January - July 22	61 Peer leaders (33 females and 27 males) participated and learnt about P-CEP, individual planning and building leadership capacity . South Australia 21 New South Wales 33 A.C.T 7 Outcomes • Grow the capability of peer leaders • Increase awareness and understanding of P-CEP • Build connections with local emergency and disaster management services
Community of Practice	National Community of Practice for Peer Leaders	March - September 22	3 National COP meetings were held Total participants over 3 meetings = 57

Figure 2. Participant demographics and attendance



Workshop Delivery

The program was designed as 5x2-hour synchronous (real-time) online sessions delivered by QDN peer facilitators over Zoom between January and July 2022. Emergency management personnel from Country Fire Service, State Emergency Services and Local Council Disaster Management were invited to present at the workshops.

The program started with an introductory session that helped participants become familiar with the online learning environment, followed by workshops dedicated to each step of the 4-step P-CEP process:

Step 1: Identify your strengths and support needs in everyday life
Step 2: Know your level of emergency preparedness and learn about your disaster risk
Step 3: Plan for how you will manage your support needs in an emergency
Step 4: Communicate the plan with people in your support network and address gaps through collaboration.

During the sessions, a capability wheel comprising eight elements was used to help participants think about their strengths and support needs in everyday life, and how they could manage their individual needs in an emergency. These elements included transportation, assistive technology, health management, personal support, communication, an assistance animal, participants' living situation, and social connectedness (Figure 1).

The learning objectives of the workshops are:

- An understanding the definition of emergency preparedness and the benefits of being prepared
- An overview of Step One of the P-CEP workbook, where they identified their strengths and support needs in everyday life using the co-designed capability grid game.
- An overview of Step Two of the P-CEP workbook, where participants identified their current preparedness level using the "How Prepared are you?" wall activity.
- An understanding of their disaster risks (Bushfire, flood, Earthquake, etc..) using the Risk Cards as a conversation guide to learn about local disaster management and the role of the Council in an emergency.
- An overview of Step Three of the P-CEP Workbook, to develop an understanding of how to make a plan to manage their support needs in an emergency
- An understanding of the following three steps of making a plan – 1. Be Aware, where they identified and recorded important phone numbers; 2. Get organised, where participants developed a go and stay backpack and an understanding the difference between what they would need if they were to evacuate compared to staying safe at home.; 3. Make it fit, where participants reflect on their daily needs and adjusted their plans to fit their specific needs.

- Through a presentation from SES participants developed an understanding of the role of the SES in an emergency or disaster and some important items to go in an emergency kit.
- An overview of Step four of the P-CEP Workbook where participants identified their social connections and supports network and who they would have conversation with and share their plans with so in an emergency the plan can be easily enacted.
- Participants left the workshop with the activity of "What is one action you will do to start your plan?" to help participants to start thinking about a small step they can take when they go home to get more prepared for an emergency or disaster.
- Participants repeated the "How prepared are you for emergencies?" wall activity, to show how far they had come on their preparedness journey.

Each session began with a structured check-in exercise and concluded with a check-out exercise. These exercises facilitated shared learning and encouraged participants to provide iterative feedback on how the program was received (e.g., satisfaction, learning). At the close of each session, participants were reminded that thinking and talking about emergency preparedness can make people worried. They were regularly advised to talk to people in their support network and to seek formal support if needed. A visual and verbal reminder explained where people could go for help if they needed someone to talk to.

Community of Practice

Three national community of practice meetings were held between March and September 2022. There was a total of 57 participants across all three meetings. The purpose of these meetings was to continue the self-assessment and preparedness planning conversations in a supportive environment. Participants were encouraged to reflect on their plans and progress with tailoring preparedness to their specific support needs and situation. An added value of these meetings was the opportunity for the participants to discuss ways they might introduce P-CEP through their peer support roles and activities and to consider future opportunities to increase their contact with local government and emergency services personnel in their communities to develop a shared focus disability inclusive emergency planning at the local community level.

Challenges and opportunities with implementation

The reflections produced from collaborating with DPOs in other states, engaging stakeholders and administrating P-CEP Peer Leadership Program are summarised below.

Working with DPOs in other states

- This provided both challenges and opportunities in terms of finding organisations with established and "mature" peer support group structures in places similar to QDN. QDN engaged with organisations on the ground to provide them with information about the project and the program. QDN also provided funding to two organisations (one in South Australia and one in New South Wales) to assist them with identifying people with disability connected to their organisation and conducting conversations with them, linking into P-CEP Peer Leadership, and connecting with peer support networks in their community where needed. JFA Purple Orange was the main organisation engaged in the project that could be defined as "mature", in terms of the similarity of their peer support structures to QDN. This similarity was evident in the support that they gave to their members and to their peer support groups.
- With regards to DPOs on the ground with "mature" peer support groups, and functioning in communities across their state, this is a work in progress. QDN needs to be careful how they articulate this, given the investment in peer support and capacity building that has already

occurred, but they see this as a critical element to their work going forward. Capacity building should also be undertaken with DPOs in more formal ways ensure they are engaged and working on the ground. In addition, clearer connections need to be established back to the National Community of Practice, so peers wishing to lead and engage in this work in their state or territory have access to continuous support.

Stakeholder engagement

- There was a general understanding among service providers, DPOs and advocacy organisations regarding the importance of people with disability participating in the P-CEP Peer Leadership Program, and opportunities to facilitate this participation. The organisations who saw leadership potential in their service users were able to recruit people with disability to the program. Strategically identifying and mapping key stakeholders in different communities is a crucial first step in the process of facilitating participation in the program among people with disability. This should be followed by pinpointing communities who have experienced, or are at risk of experiencing, a disaster event and its aftermath, such as floods, bushfires or storms.
- Consistent stakeholder engagement and messaging is required to clarify and emphasise with providers the importance of taking the extra step of identifying people with disability to connect with them.
- Going forward, better pathways are needed to engage with people with disability who are not connected to the formal disability service system, but who want to build their knowledge and leadership capabilities in their communities.
- Social media is one avenue for this engagement. However, targeted conversations via phone calls and meetings are the ideal method as they promote interpersonal connection and strengthen the emotional narrative or message, both of which encourage people with disability to participate in the program.
- Partners and allies on the ground are also well placed to introduce QDN and the work to people with disability.

P-CEP Peer Leadership Program

- Recruitment to the program occurred through promotion by national DPO peaks, local state or territory-based DPOs, state or territory government departments, advocacy organisations, and disability service providers. We also engaged with local councils, conducted direct calls and emails, and used social media.
- Reimbursing people for their time was an important element of the recruitment process.
- Improving awareness of the importance of people with disability being included in disaster planning and building community of practice at a peer level of relational support were also vital to the recruitment process. We enhanced this community of practice in a number of ways, for instance by asking potential participants about how they talk to others about making a plan for emergency preparedness and assisting them to think through the steps of this process.
- In terms of participation in the program, online modes, such as video conferencing, enabled a greater number and variety of participants and were carried out successfully. They also significantly reduced travel costs, savings which can be channelled to developing resources in Phase 2. However, some participants reported that they preferred face-to-face interaction.
- Ultimately, the recruitment process should be developed further to improve alignment with learning outcomes and leadership capabilities etc.
- For recruitment and participation, it is also crucial to establish an avenue for advocacy by people with disability at an individual, community and systemic level.

Part B. Evaluation of the P-CEP Peer Leadership Program

Part B of this report describes the evaluation of the P-CEP Peer Leadership Program. This before-and-after evaluation was conducted by The University of Sydney to assess satisfaction and outcomes from the program. Specifically, the evaluation was designed to assess whether the Program influenced learners' knowledge, attitudes, and behaviours in terms of individual emergency preparedness. This report summarises the quantitative and qualitative findings of this evaluation and can be used to guide future program development and associated evaluation methods.

Methods

Instrument design

Three survey instruments were co-designed with the QDN peer leaders to ensure the understanding and appropriateness of the survey questions. The Kirkpatrick Model for Evaluating the Effectiveness of Training Program was used to frame the survey questionnaires. The four evaluation questions are as follows:

> Level 1 (Reaction): How did learners react to the program? How can the program be improved?
>
> Level 2 (Learning): To what extent did learners improve knowledge and skills as a result of partaking the program?
>
> Level 3 (Behaviour): To what extent did learners alter their behaviour as a result of partaking the program?
>
> Level 4 (Results): What benefits (at individual and community levels) resulted from the program?

The first three questions guided our instrument design and data gathering. The fourth question is considered in our discussion of findings.

Survey questionnaires are included as Appendix A. This evaluation was approved by The University of Sydney Human Research Ethics Committee (Project No 2021/630).

Data collection

Qualitative and quantitative data was collected through pre and post workshop surveys. Table 3 summaries the aims and time points of the surveys.

Table 3. Type of evaluation surveys and timeline.

Type of Survey	Survey A: Demographics	Survey B: Reaction	Survey C: Learning & Behaviour		
Time Point	Before	Immediately After	Before (C1)	Immediately After (C2)	2 Months After (C3)
Information Gathered	Who are the learners in this program?	How satisfied were the learners with the program?	• What is learners' current knowledge on hazard risks and emergency preparation? • What is their current level of preparedness for emergencies? • What do they see as their capabilities and support needs in emergencies?		

In addition, follow-up interviews were conducted to supplement the evaluation. P-CEP peer facilitators, program recipient and partnering DPOs were invited to participate in either individual or group interviews via online video conferencing in November and December 2022.

Data analysis
Frequency distributions were calculated for categorical data. Means and standard deviations were calculated for continuous data. All responses, including partial responses, were included in the analysis. Missing values were not included in the calculation of percentages. Qualitative data collected via open-ended questions was analysed using a thematic approach.

Evaluation limitations
Despite collaborating with QDN Peer Facilitators on constructing the survey instruments in an effort to increase accessibility, there was a very low response rate across all of the surveys. There were insufficient responses across all three administrations of Survey C (Learning & Behaviour). Some interviewees reported that they never received the invitation to participate in the evaluation surveys, possibly due to some form of administrative error. Due to the small sample size, we were unable to perform inferential statistics, such as within-subject repeated measures, to monitor individual changes across the three time points (before, immediately after and two months after the workshop). Instead, we used percentage frequency distribution to display the aggregate changes along each time point.

Evaluation Findings

Evaluation findings are presented below. Number of completed surveys, and respondent characteristics are described, followed by evaluation results organised by reaction, learning & behaviour.

Number of completed surveys
Sixteen program recipients completed at least one of the surveys (Table 4). We are unable to calculate the survey response rates as we do not know how many program recipients received the survey invitations. See "Evaluation limitations" section for details.

Table 4. Number of completed surveys.

Survey A: Demographics	Survey B: Reaction	Survey C: Learning & Behaviour		
		Before/Baseline (C1)	Immediately After (C2)	2-3 Months After (C3)
14	16	13	7	5

Respondent characteristics
<u>Demographics</u>

All fourteen respondents who completed the demographics survey were female (100%), aged between 30 and 39 (36%, Table 5), completed Advanced Diploma or Diploma as the highest level of schooling (43%, Table 6), and earned an annual household income between $20,001 and $50,000 (29%, Table 7). Half of them were employed either full-time or part-time (50%).

Table 5. Age distribution

	n	%
< 30 years old	0	0%
30-39 years old	5	36%
40 -49 years old	2	14%
50 -59 years old	3	21%
60-69 years old	4	29%
70 -79 years old	0	0%
80+ years old	0	0%
Prefer not to say	0	0%
Sum	14	100%

Table 6. The highest level of schooling

	n	%
Postgraduate Degree	5	36%
Bachelor's degree	0	0%
Advanced Diploma/Diploma	6	43%
Certificate I/II/III/IV	0	0%
Certificate not further defined	0	0%
Year 12	0	0%
Year 11	1	7%
Year 10	2	14%
Year 9	0	0%
Year 8 or below including never attended school	0	0%
Not sure	0	0%
Sum	14	100%

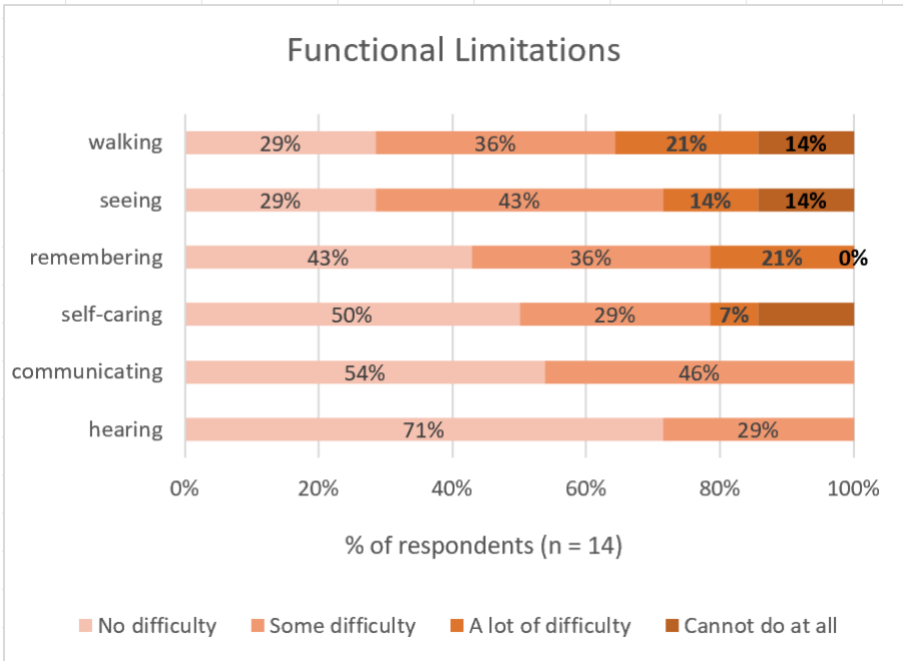
Table 7. Annual household gross income

	n	%
$20,000 or less	2	14%
$20,001 to $50,000	4	29%
$50,001 to $80,000	2	14%
$80,001 to $120,000	0	0%
$120,001 or more	1	7%
Not sure	2	14%
Prefer not to say	3	21%
Sum	14	100%

<u>Difficulty in doing certain activities because of a health problem</u>

Of the 14 respondents, just under three quarters (71%) experienced difficulty in walking or seeing, followed by remembering (57%), self-caring (50%), communicating (46%), and hearing (29%) (Figure 3).

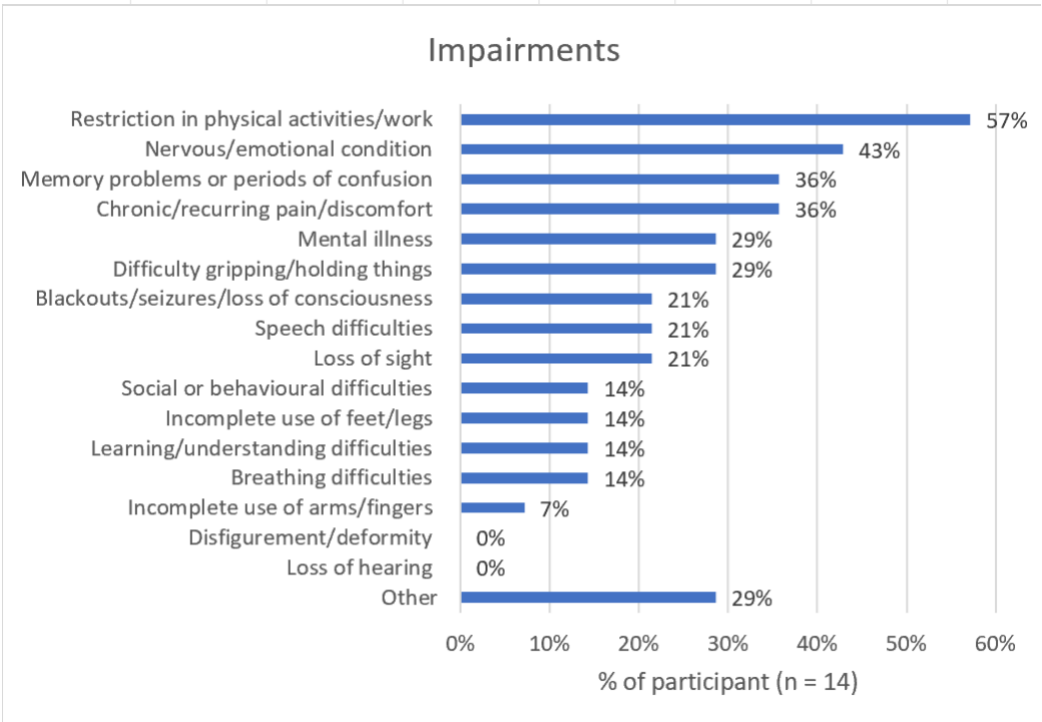
Figure 3. Functional limitations



Impairment

The most common form of impairment was restriction in physical activities/work (57%, 8), followed by nervous/emotional condition (43%, 6)(Figure 4). Half of respondents (50%, 7) had five or more impairments.

Figure 4. Type of impairments



Sources of support

The majority (71%, 10) had a friend or family member who helped them with daily activities on a regular, informal basis. Just under half of the respondents (46%, 6) had a paid support worker. Fourteen percent of them (14%, 2) had assistance animal(s) that helped them to participate in daily life more fully. Less than half of the respondents (43%, 6) relied on aids/equipment every day; and 80% of them (4) needed electricity to power their aids/equipment.

The majority (86%, 12) were NDIS participants; and 64% (9) received Disability Support Pension.

Living situation

Most respondents were from South Australia (86%, 12), and the others were from New South Wales (14%, 2). The majority (64%, 9) were living in a free-standing separate house. Just over half (54%, 7, Table 8) (or their household members) owned their home; almost a third (31%, 4) rented as public housing tenants. Thirty six percent of the respondents (5) lived by themselves and another 36% lived with their family.

Table 8. Type of home

	Freq	%
A free-standing separate house	9	64%
A semi-detached house	3	21%
A low-rise unit with no lift	1	7%
A medium/high rise unit with a lift	0	0%
Other	1	7%
Sum	14	100%

Self-reported health

When asked to rate their health on a five-point scale, nearly three quarters of the respondents (72%, 10) chose a 3 or 4 (Table 9).

Table 9. Self-reported health (on a scale of 1 to 5)

	Freq	%
1	0	0%
2	3	21%
3	5	36%
4	5	36%
5	1	7%
Sum	14	100%

Reaction

The following section summarises how learners reacted to the program and how the program could be improved from their perspective.

Of the 16 respondents who completed the reaction survey, the majority agreed that –

Satisfaction

- I was satisfied with the training course overall (88%).
- I would recommend this course to others (87%).

Learning Environment

- I felt comfortable and confident in the learning environment (94%).
- It was easy for me to participate (94%).
- I was comfortable with the pace of the program - not too fast or too slow (88%).
- The training course was at the right level for me - not too easy or too hard (81%).

Instructional Approach

- My learning was enhanced by the knowledge of the facilitator/instructors (88%).
- My learning was enhanced by the stories and experiences of my peers (88%).

Learning and Readiness to Plan

- I understand more about emergency preparedness now (94%).
- I can use what I learned to make an emergency plan (88%).
- I feel confident to tell others about Person-Centred Emergency Preparedness (88%).
- I feel confident to talk with others about my emergency preparedness plan (88%).

Comments provided by respondents indicated satisfaction as follows:

> "Happy as it is. Thanks very much. It was accessible, friendly, inclusive, hugely informative and helpful, and I am putting the learnings into practice, personally and with others."
> "Liked meeting new people, having fun, it was really good to see people from around Australia."
> "Awesome [tku] thank you"
> "Excellent service"

Constructive feedback offered indicated the following:

> "Offer it more often. ***Get other organisations involved***. Just loved the course not sure what else I could say. ***Maybe involved other types of groups like community centre not just disability."***
> "Probably, online [polls] or other surveys about which days of a week will work for them right before the sessions begin."
> "1. Have more opportunities to review in the future 2. Look back over the content from the book 3. Organise a plan"
> "Less people talk at once. More information. More plain English."
> "Interpreters for participants"

Learning & Behaviour

This part of evaluation sought to understand the extent to which learners improved their knowledge and skills, and altered their behaviour as a result of partaking in the program.

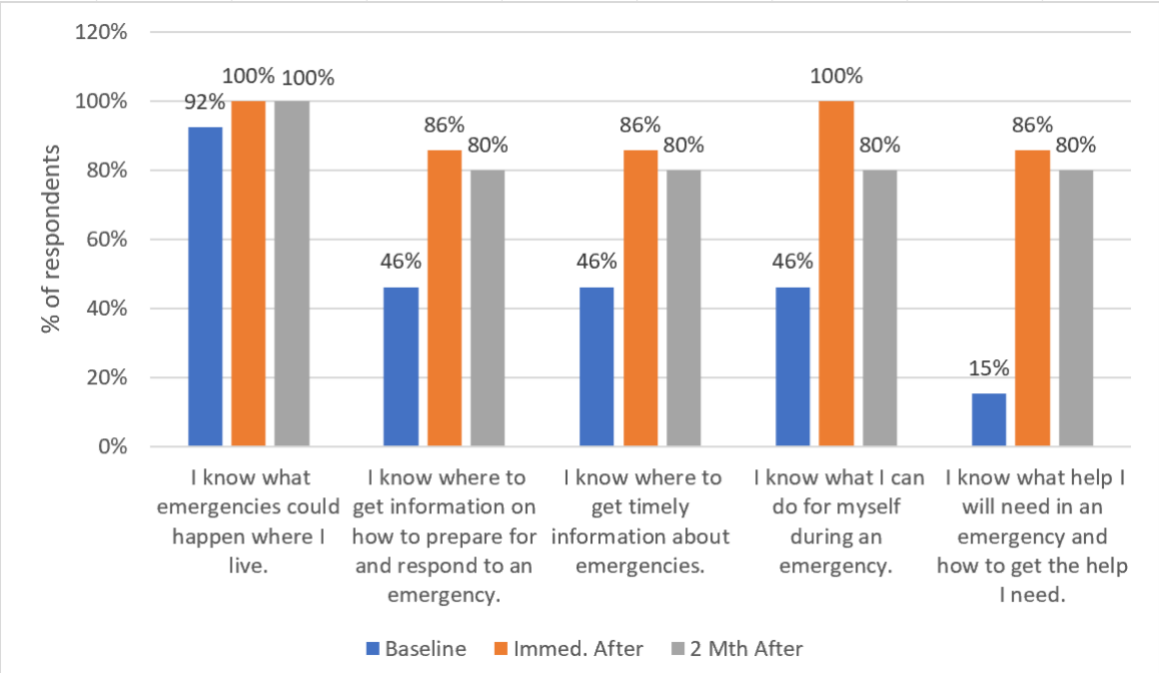
Knowledge of emergency preparedness

Overall, there was an increase in knowledge of emergency preparedness. This increase was more obvious immediately after the program; however, slightly declined 2 months after the program.

From baseline to the final survey, the most significant improvements were –

- 65% *more* respondents knew what help they would need in an emergency and how to get the help they need.
- 52% *more* respondents had an emergency plan.
- 52% *more* respondents had shared their emergency plan with other people (e.g., friends, family, support workers) (Figure 5).

Figure 5. Knowledge of emergency preparedness before, immediately after and 2 months after the program.



Level of emergency preparedness

Respondents were asked "Out of the following statements, how would you describe your level of emergency preparedness?"

Level 1: I have thought about planning for emergencies, but I have not done anything about it.
Level 2: I have tried to learn or find more information about how to prepare for emergencies, but I have not put what I learned into action.
Level 3: I have gathered supplies or considered evacuation routes in an emergency situation.
Level 4: I have taken action to make an emergency plan for myself, family, or household.
Level 5: I have updated my emergency plan, discussed my plan with others, or restocked my supplies for emergencies in the past 3-6 months."

The most frequent level of preparedness at baseline was *level 1* (58%), *level 1 or level 2* (29% each)

immediately after the program, and level 3 (40%) 2 months after the program.

Managing emergency situations

This section of the survey required respondents to imagine themselves in the following two scenarios:

> ***Shelter-in-place scenario****: Following a severe storm in your neighbourhood, the fallen trees and wreckage have blocked all roads. The State Emergency Services will be supporting clean up, but it is going to take 7 days before you can get out or any service providers can get to you. You are safe at your home, but services have been shut off (electricity, gas, water) and you cannot buy any water, food, personal hygiene products or some essential supplies that you need to replenish.*
>
> ***Evacuation Scenario:*** *Emergency services have issued an evacuation order and you need to evacuate within 12 hours. Public transportation services have stopped operating and it is difficult to get taxi or Uber that is accessible. The temporary evacuation shelter that your local council operates is overcrowded, noisy, and not accessible for your level of support needs.*

Respondents were asked to rate how well they could manage each scenario, from score of 1 to 5. 1 means they couldn't manage it at all and need a great deal of help, while 5 means they could easily manage it by themselves without any help. There was an increase in the score moving along from baseline to two months after the program (Table 10).

Table 10. Self-perceived ability to manage the emergency situations.

	Average Score (SD)		
	Baseline	Immediately After	2 Months After
Shelter-in-place	2.43 (1.09)	2.57 (1.51)	3.40 (1.67)
Evacuation	2.15 (1.28)	2.57 (1.51)	2.80 (1.10)

Capabilities:

Respondents reported that they could perform the following activities independently in the shelter-in-place or evacuation scenario:

- stocking up food, water, petrol and supplies (frequency = 14)
- reaching out to family members, neighbours, friends, emergency services, local council, DPOs etc. and seeking help (frequency = 13)
- organising back-up batteries or power supply (frequency = 6)
- organising transport (frequency = 5)
- gathering important items and packing an emergency kit (frequency = 4)
- having an emergency/evacuation plan (frequency = 4)
- organising accommodation (frequency = 3)
- utilising technology or tools to help manage the situation (frequency = 3)
- obtaining and sharing emergency information (frequency = 2)
- practicing adaptive and positive behaviour (frequency = 1)
- preparing supplies for pets/assist animals and taking them to safety (frequency = 1)

- following instructions given by emergency services or support workers (frequency = 1)
- helping/checking on others (frequency = 1)
- asking people to change the problems that affect safety (frequency = 1)

Support needs:

Respondents reported that they would need the following support from others (e.g., family, friends, neighbours, emergency services, local council etc.) in the shelter-in-place or evacuation scenario:

- transport (frequency = 14)
- managing self-care and daily living tasks such as preparing meals, bathing, toileting etc. (frequency = 10)
- accessing services and supplies (frequency = 9)
- managing emotion (frequency = 7)
- organising back-up batteries or power supply (frequency = 5)
- ensuring the safety of animals/pets (frequency = 4)
- obtaining and communicating emergency information (frequency = 4)
- organising accessible accommodation (frequency = 3)
- managing health, e.g., medication, managing breathing and oxygen (frequency = 2)
- preparing, packing and carrying important items (frequency = 2)
- cleaning up after a disaster (frequency = 1)
- planning for emergency (frequency = 1)

Some respondents reported that that they could not manage the situation at all and would rely on others for full support (frequency = 10). In contrast, some respondents reported that they could manage the situation independently and did not require any support from others (frequency = 3).

Preparedness actions

Respondents were asked to indicate their intention to partake various preparedness actions (Table 11). Intention was elicited using the four categories:

1. “I have already done this”
2. “I plan to do this soon”
3. “I plan to do this later”
4. “I can't do this”

Table 11. Intention of partaking the preparedness actions along the evaluation timeline

Preparedness Actions	I don't need to do this			I have already done this			I plan to do this soon			I plan to do this later			I can't do this		
	Baseline	Immed. After	2 Mth After	Baseline	Immed. After	2-3 Mth After	Baseline	Immed. After	2 Mth After	Baseline	Immed. After	2 Mth After	Baseline	Immed. After	2 Mth After
Organising the help I'll need from others (e.g. for transport, for help at home)	0%	0%	0%	8%	14%	80%	54%	57%	0%	15%	29%	20%	23%	0%	0%
Getting information about emergencies and how to prepare	8%	0%	0%	8%	57%	80%	69%	14%	0%	15%	29%	0%	0%	0%	20%
Preparing supplies for sheltering at home for a while (e.g., food, water, medications, first aid kits)	0%	0%	0%	31%	43%	80%	38%	14%	20%	23%	43%	0%	8%	0%	0%
Packing supplies I will need in an evacuation (e.g., making an emergency evacuation kit if I have to leave my home in an emergency)	0%	0%	20%	8%	29%	60%	62%	14%	0%	15%	57%	0%	15%	0%	20%
Having information about my health needs ready to tell others (e.g., health conditions, medications, blood type)	0%	0%	20%	23%	29%	80%	46%	43%	0%	23%	29%	0%	8%	0%	0%
Getting back up batteries or power supply for my equipment and devices (e.g., battery pack for phone, back-up power for equipment at home)	0%	0%	0%	8%	17%	60%	58%	33%	40%	17%	33%	0%	17%	17%	0%
Preparing emotionally for how I will cope in an emergency	8%	0%	0%	15%	14%	60%	38%	43%	20%	23%	29%	0%	15%	14%	20%
Telling people who support me about my plan	0%	0%	0%	8%	29%	60%	62%	29%	20%	23%	29%	20%	8%	14%	0%
Asking people to change the problems that affect my safety (e.g., self-advocacy)	17%	0%	0%	8%	0%	60%	58%	57%	40%	8%	29%	0%	8%	14%	0%
Helping other people be more prepared for emergencies	0%	0%	0%	25%	29%	60%	58%	43%	20%	17%	29%	20%	0%	0%	0%

From baseline to the final survey, we observed that –

- 72% *more* respondents reported that they had organised the help they would need from others
- 72% *more* respondents reported that they had obtained information about emergency and how to prepare.
- 57% *more* respondents reported that they had information about their health needs ready to tell others (e.g., health conditions, medications, blood type).

Follow up Interviews
To supplement the evaluation, we invited participation of P-CEP peer facilitators, program recipients, and program collaborators to either individual or group interview.

<u>P-CEP peer facilitators</u>

Of the six peer facilitators, three accepted the invitation to participate in a group interview which was held on 17 November 2022. From the focus group interview we learned:

- Two peer facilitators each worked together to deliver the program online to small groups of 8 – 10 participants/group over five sessions (via Zoom video conferencing).
- The peer facilitators reported that the goal or intended outcome of the program was as follows:
  - "getting people prepared for emergencies"
  - "getting them organised"
  - "being aware of what to do for example in the case of a flood or fire, knowing what to take and what not to take"
  - "giving people the ideas about disasters so that they know 'what are the risks?"
  - "make people aware of what's going on because people with disability don't know"
- The delivery consisted of PowerPoint presentations that involved content delivery and group discussion/dialogue. The peer facilitators felt that all participants really enjoyed the interactive discussion. The peer facilitators enjoyed facilitating and building relationships with participants.
- One of the peer facilitators reported that it was easier to deliver the program online. While the other two would have preferred face-to-face delivery. All peer facilitators compared their experience with this program to their work piloting the P-CEP Education during a series of face-to-face forums held on the Gold Coast, Queensland (QLD). Some challenges with online delivery were reported as follows:
  - There was a "big dropout rate." Finding a mutually convenient time that suited all participants from different time zones was difficult. Peer facilitators reported that some participants struggled because they needed to "pick up or drop off kids" or had other commitments that meant some participants could not attend all five sessions.
  - These peer facilitators reported that building relationships with participants was harder compared with their earlier experience with face-to-face delivery (e.g., Gold Coast pilot). They reported that "connecting with online participants was hard." They clarified that it was both in terms of human/relationship connection (attributed to the online environment) and connecting the right level of knowledge with the learners' needs.
  - The three peer facilitators considered it to be a "wide audience across states/regions" that they didn't know very well. This made it hard to adapt the course to meet the needs of learners.

    - One peer facilitator considered that “if the learners felt the content was too basic, that led to drop out in subsequent sessions.” This peer facilitator reported that they did not know the literacy skills of the learners and so they had to keep the program simple. However, they thought that this might have been perceived as “sluggish” by people who didn’t have intellectual or cognitive disabilities.
- Other suggested improvements to the program included more time provided for interactive discussions, and more visual aids to help learners.
- Peer facilitators suggested integrating the surveys with the learning content to have participants complete the survey as polls during delivery of content. They agreed that this might be more engaging and support learning.
- All three peer facilitators reported with enthusiasm that they will have an opportunity to deliver the program again in QLD and they were very happy to have an ongoing role as a P-CEP Peer Leader. When asked what they got out of the program, the peer facilitators reported:
    - “Supporting basic changes and learning about risks [in others]”
    - “Meeting new people and working with P-CEP leaders”
    - “Being part of the journey with other peer leaders”

<u>Program Recipients</u>

Six program recipients participated in a group interview on 17 November 2022. Five program recipients participated in individual interviews between 29 November and 6 December 2022. All interviews were conducted online. From these interviews we learned:

- Interviewees chose to join the program for a range of reasons, including:
    - To increase their understanding of disaster impacts and management
    - To build their own capacity to manage disasters and emergencies, particularly when they appreciated the disaster risks in their area
    - To encourage others and facilitate their learning, particularly in their existing roles as advocates or in peer support groups
    - To socialise and share with other people in similar situations
    - To improve self-advocacy skills
- Interviewees reported improved preparedness, specifically:
    - Increased awareness of disaster risks
    - Taking steps e.g. preparing supplies
    - Making written plans and sharing these with others
    - Becoming more involved in community emergency organisations e.g. joining SES
    - Contacting council to self-advocate
- Barriers to preparedness included:
    - The cost of preparedness actions e.g. insurance
    - Time and commitment to continue with preparedness actions
    - Gaps in plans e.g. lack of accessible evacuation accommodation
    - Difficulties with advocacy e.g. council did not respond
- Interviewees valued these aspects of the workshop:
    - The convenience of Zoom, although some participants would have preferred face-to-face workshops
    - Clear and engaging facilitation
    - Interacting with others, hearing from others and sharing their own experiences
    - The involvement of people with disability who had helped develop the program

    - Being able to tailor the content to their individual context
- When asked about improvements to the workshop:
    - Suggestions included having a greater connection to local councils, holding the workshops at a more convenient time, having more detailed information e.g. where to get supplies, greater cultural diversity, and simpler materials that are more accessible to people with vision impairment
    - Several interviewees could not suggest any improvements
    - One interviewee valued being able to catch up on a missed workshop by watching the recording, but described how the interaction of the live workshops was much more engaging
    - Interviewees wanted other organisations e.g. NDIS, disability service providers to be more aware of P-CEP and be involved in the training
- When asked about the surveys, interviewees suggested:
    - Using face-to-face surveys completed together in real time
    - Administering the survey by phone, particularly for long surveys that people might not continue with alone
    - Offering prizes or financial remuneration
    - Including pictures and using simpler English
    - Ensuring email subject lines do not look suspicious or are not flagged as spam. It is worth noting that several interviewees reported they did not receive a survey.
    - Making information about confidentiality more prominent
    - Providing feedback to respondents

<u>Program Collaborators</u>

Feedback included the following:

- "Communication about the project could be improved" which would have increased "willingness to collaborate" and support the program, including things like:
    - Clarity of communication around whether people with disability were remunerated for their participation and the amount of remuneration was unclear making their role in recruiting challenging as they needed clear, direct communication
    - Communication around what the program is about, why people should take it and how they would benefit needs to be clarified to the partner org - this impacted their ability to "support it."
    - Collaborators noted that resources were not in easy read which may have made it difficult for people with intellectual disability to access the information; If not in easy read – potential participants will assume "it is not for us" – although one respondent noted that another organisation provided participation support to support the participation of people with intellectual disability
- It was thought that most peer groups were people without intellectual disability – and program collaborators weren't aware that people with intellectual disability were peer facilitators as part of the instructional team – knowing this may have helped to recruit greater participation of people with intellectual and cognitive disabilities.
- More detail on the objectives and intended outcomes should be communicated with the project collaborators outside of the advisory committee role - if communications were improved (and in easy read) – it would mitigate a lot of the challenges they experienced by program collaborator to "get behind it."

Summary of Evaluation Findings

The University of Sydney conducted a before-and-after evaluation at three time points to assess satisfaction and outcomes from the P-CEP Peer Leadership Program. Sixteen program recipients completed at least one of the following surveys: Demographics survey (n = 14), Reaction survey (n = 16), and Learning & Behaviour survey (n = 13 baseline, 7 immediately after and 5 two months after the program).

The findings of the Reaction and Learning & Behaviour surveys, as well as interviews, are summarised below:

- Overall, survey respondents reported high levels of satisfaction with the P-CEP Peer Leadership Program. Eighty-seven percent of respondents indicated that they would recommend this program to others.
- When asked how the workshop could be improved, interviewees suggested developing a greater connection to local councils, holding the workshops at a more convenient time, providing more detailed information such as where to get supplies, greater cultural diversity, and greater variety of materials appropriate for people with a wide range of disabilities.
- Compared to the baseline, two months after completion of the program there was more than a 50% increase in the number of respondents who 1) knew their support needs in an emergency and how to obtain support; 2) had an emergency plan; and 3) had shared their emergency plan with family, friends or support workers.
- When posed the hypothetical emergency scenarios, majority of respondents reported that they were capable of stocking up on supplies (e.g., food, water). However, most respondents also said that they would require transportation support from others.
- Out of the five levels of emergency preparedness, the most frequent level at baseline was level 1. Immediately after the program, level 1 or 2 were the most common, then level 3 became the most frequently reported two months after the program.
- Two months after the program, the majority of respondents reported that they had taken actions to:
  - Organise the help they would need from others
  - Obtain information about emergencies and how to prepare
  - Prepare information about their health needs ready to communicate to others (e.g., health conditions, medications, blood type).
- Additional actions undertaken by interviewees after the program included increasing awareness of local disaster risks, becoming more involved in community emergency organisations (e.g. SES) and contacting their local council to self-advocate.

Part C: Recommendations

Continuous Program Improvement

- Continual improvement of the program has always been an integral part of the QDN projects. The findings of this evaluation suggested that the P-CEP Peer Leadership Program and resources can be revised to better align with the learning objectives of the University of Sydney P-CEP Short Certificate Course. The new revised program should place a stronger focus on communicating a plan with a support network. It should also identify and advocate for participants' unmet needs in disability inclusive emergency preparedness, response and recovery. This should include dialogue with local government about unmet support needs to support community-level emergency management that engages community support and offers a measure of protection during disasters.

- Easy Read resources and materials should be developed for people with intellectual disability and cognitive impairments in mind.

Delivery of the P-CEP Peer Leadership Program

- Co-facilitation of the P-CEP Peer Leadership Program with local stakeholders is recommended as it will allow program recipients to meet their local community organisations and emergency personnel, fostering familiarity and trust. Moreover, involving local stakeholders will bring local experience and knowledge to the program, and mobilise local resources to sustain the program.
- While delivering the workshops online can reduce travel costs and reach more individuals in different geographic locations, it is best to include some face-to-face workshops to cater for individuals who value the hands-on elements of the program and opportunity to connect with, problem-solve and network with their peers in the same room.

National Community of Practice

- The evaluation findings highlight the importance of continuously evolving and maturing the National Community of Practice. The National Community of Practice builds the capacity of P-CEP Peer Leadership Program "graduates" to return to the program as peer mentors or facilitator assistants. The benefits are twofold: refreshing the P-CEP topics while having an active role in promoting or advocating disability inclusive emergency preparedness.

Stakeholder engagement

- Clear and consistent communication should be established when collaborating with other DPOs to build up a peer support structure or to promote P-CEP Peer Leadership Program. The scope, objectives, intended outcomes, and each party's role and responsibilities can be formally articulated in the Memorandum of Understanding.

Program sustainability

- The case for more funding to sustain the program must be made based on current participation, community interest and data demonstrating the effectiveness of the program. The program evaluation serves this purpose well. It is vital to ensure that all members of the program, including peer facilitators, share the understanding of the importance of program evaluation and support the data collection process.

Program evaluation

- The following strategies are recommended to improve the survey response rates:

    - Offering program recipients different methods to complete the surveys. These methods could include online surveys, paper-based surveys or telephone surveys.
    - Ensuring that all program recipients are invited to the surveys and allowing sufficient time to complete the surveys.
    - Reassuring program recipients that the survey is not a test, rather it is used to ensure the program is effective.
    - Assisting survey respondents who need help with reading or writing.
    - Reminding program recipients to complete the surveys at the beginning of the workshop.
    - Leveraging the good rapport established by peer facilitators and QDN staff with program recipients.
    - Motivating program recipients by explaining how their feedback will change the status quo.
    - Ensuring survey content is appropriate for people with a wide range of disabilities.
    - Reducing the length of survey, including pictures and using plainer English

- Continue to involve people with intellectual disability in the design and evaluation of "easy read" questionnaires to improve the clarity and inclusion of the surveys.
- It is important that program recipients complete all three sets of surveys to allow measurements of participants' change in knowledge, attitude, and behaviour before, immediately after, and two months after the workshops. It has been suggested that participants could be incentivised to complete all surveys with prize such as items from an emergency preparedness kit.

Citation: Chang, J., Simpson, B., Villeneuve, M. (2022). *ILC P-CEP Peer Leadership Program Evaluation.* Centre for Disability Research and Policy. The University of Sydney, NSW, 2006

Enquiries should be addressed to:

Associate Professor Michelle Villeneuve

michelle.villeneuve@sydney.edu.au