Locally Driven Disability Inclusive Emergency Management Planning in Victoria: Report on the P-CEP Peer Action Leadership Program

Centre for Disability Research and Policy, The University of Sydney

This report details the process and outcomes of the Person-Centred Emergency Preparedness (P-CEP) Peer Leadership program design and learning outcomes achieved by the Peer Facilitators who participated.

This report also makes recommendations to support next steps which include transfer of that learning to enabling preparedness with others through peer action leadership of the trained facilitators and disability advocates with support from their respective disability organisations.

Executive Summary

This project is a collaboration between The University of Sydney (USYD), Victorian State Government Department of Families, Fairness and Housing (DFFH) (formerly, Health and Human Services), Victorian Advocacy League for Individuals with Disability (VALID) and Gippsland Disability Advocacy Incorporated (GDAI). This project partners people with disability and their representative/advocacy organisations to build local community capability for people with disability to be included in and contribute to municipal-level emergency planning practices in three Gippsland communities in Victoria.

In this project, we are learning together across the disability, community, and emergency management sectors about what people with disability can do for themselves, what they need support for, and the things that either help or make it hard to take effective action before, during and after an emergency.

These learnings are used to:
- guide personal emergency preparedness planning and (self) advocacy by people with disability and their support networks; and
- advance the development of inclusive processes in community-led and municipal emergency management planning.

The outcomes will be:
- principles that guide disability-inclusive emergency management planning at the local level; and
- strategies to support the well-being of people with disability before, during and after emergencies,

The expected benefits are:
- increased preparedness of people with disability; and
- capacity to work together across sectors to increase the resilience of people with disability, their family, and carers to emergencies.

There are two components to the project:

Person-Centred Emergency Preparedness (P-CEP) Peer Action Leadership Program in Gippsland Victoria	Inclusive Community Engagement Forums in Wellington, La Trobe & East Gippsland Municipalities
Aims:	**Aims:**
<u>Learning aims</u> – Peer Leaders with disability and disability advocates will: - self-assess risk and support needs to be prepared ne emergencies; - support each other to make emergency plans tailored to individual support needs in emergencies; - have a leadership role for helping others to be prepared; and - connect with local emergency managers to help them understand what people with disability need to prepare for emergencies.	Emergency managers will engage with peer leaders, disability advocates who are trained in P-CEP and with other stakeholders in their community to learn about ways to: - include people with disability and their support networks in emergency planning; - develop local solutions in collaboration with disability and community organisations; and - have plans that support the health and well-being of people with disability and

<u>Transfer of learning aims</u> – Targets for P-CEP Peer Facilitation were established at the outset:

Following the P-CEP education and development of their own plans, the peer-action leaders/facilitators will collectively support 50 other GDAI and VALID members to learn about P-CEP and enable 20 GDAI and VALID members to make a formal plan through individual mentoring.

It is expected that the peer action leaders will achieve this with support from four participating VALID/GDAI staff/advocates.

the people who support them in emergencies.

We planned for these aims to be achieved through Disability Inclusive Emergency Planning forums in three LGAs:
-   La Trobe
-   Wellington
-   East Gippsland

Unfortunately, we had to postpone these forums due to the COVID-19 restrictions. We are working to re-schedule these forums or to find a way to deliver them online in a way that is inclusive.

We will translate learnings from these two project components into:
-   principles that guide disability inclusive local emergency management planning
-   strategies to support the well-being of people with disability before, during and after emergencies
-   share these principles and strategies so they can be used for inclusive emergency management planning across all Victorian municipalities.

Purpose

This report details the process and outcomes of the P-CEP Peer Leadership program design and learning outcomes achieved by the Peer Facilitators who participated. This report also makes recommendations to support next steps which include transfer of that learning to enabling preparedness with others through peer action leadership of the trained facilitators and disability advocates with support from the respective disability organisations (GDAI; VALID).

Objectives

Specific objectives of this report are to:
1.   Describe the *P-CEP Peer Action Leadership Program and participants*
2.   Share how the *P-CEP Education component* of the program was implemented
3.   *Evaluate the impact of the program* on outcomes of interest including: (a) participant satisfaction with the P-CEP Education program; (b) contribution of the education program to helping participants make an emergency plan tailored to their support needs and situation; and (c) readiness of P-CEP facilitators to enable P-CEP with others.

P-CEP Peer Action Leadership Program and Participants

The P-CEP Peer Leadership Program focuses on the role and capacity of disability representative and advocacy organisations to work with and support their clients/members to lead P-CEP through peer support, mentoring, and collaboration with emergency personnel. Peer support and mentoring helps people with disability to access and use the P-CEP to make their own emergency plan. Collaboration supports shared learning and working together with emergency personnel to identify and remove barriers to safety and well-being for people with disability in emergencies. These learnings can improve municipal emergency planning practices that keep the whole community safe before, during, and after a disaster.

The P-CEP Peer Leadership Program brings together: (a) person-centred emergency planning and (b) peer support and leadership practices to increase access and reach by people with disability to the P-CEP and develop leadership capabilities in the disability sector for disability inclusive emergency planning. Initiated by The University of Sydney, the P-CEP Peer Leadership Program was co-developed with people with disability and their representative organisation, Queenslanders with Disability Network (QDN), and first tested in Queensland. It drew on an existing network of peer leaders and peer support groups (that are supported by QDN) to share the P-CEP and enable people with disability to develop personal emergency preparedness plans through peer support and individual mentoring.

The important aim behind using peer support networks as a way for people with disability to access P-CEP was to leverage the *inclusive, safe, and supportive environments* that are *led by people with disability and supported by their representative/advocacy organisations* to make sure people with disability can access and use the P-CEP to make a personal emergency preparedness plan.

We were intentional about applying learnings from the co-design of the program to implementation of P-CEP Peer Action Leadership in Victoria.

They are:
   a. **Before enabling preparedness in others, people need to go through a meaningful personal emergency preparedness journey themselves.** This journey needs to emphasise self-assessment of both capabilities and support needs and working through the details of how manage those support needs in emergency situations.
   b. **Talking about emergencies can be overwhelming and confronting.** People need to go at their own pace in making their personal emergency plan. Being trained in P-CEP principles (in order to be a supportive conversation partner) and applying the four P-CEP steps (in order from step 1 to step 4) helps peer leaders to build capability as a P-CEP conversation partner and is way of making sure that people with disability and their support needs are at the centre of disability inclusive emergency planning.
   c. **Active participation of disability/advocacy organisations in P-CEP can create and sustain organisational capability and commitment to person-centred emergency preparedness.** The goal was for the disability organisations (e.g., GDAI, VALID) to work with their peer leaders to: (a) support and enable Peer Leaders as role models to others by making their own P-CEP plan; (b) provide support and coaching to peer leaders as they develop their capability as conversation partners to enable preparedness in others; and (c) gather information from their members about gaps and barriers to preparedness.

Participants

Disability advocacy organisations, VALID and GDAI led the recruitment process for this project.
Existing members of GDAI and VALID and known community self-advocates were provided with information about the project and its aims and encouraged to take part. Initially, 14 Gippsland participants with disability were recruited to learn about local hazard risks and emergency preparedness steps with the aim of developing their capacity as P-CEP Facilitators. Of these participants, **10 people with disability completed the program alongside 4 disability advocates from the two organisations (GDAI and VALID)**. Participants who did not complete the online training program cited different reasons for this including, competing work, family, and study commitments.

Representatives from VALID (including the Community Development Team Leader), and GDAI, (including disability advocates and executive officer) participated. Disability support workers of two participants with disability attended all sessions alongside the person they support. Their main role was to provide participation support for these two P-CEP Facilitators, and they did so as part of their usual disability support role with these individuals.

An emergency manager from one of the participating Councils and three emergency services personnel also participated in the P-CEP education program, including the Victorian Country Fire Authority (CFA) (n = 2), and State Emergency Services (SES) (n =1). One CFA participant identified as having a disability and participated in all of the online learning sessions.

P-CEP Education Program Implementation

Key to developing capability in the P-CEP facilitators to increase awareness and preparedness in others was the educating them in P-CEP first. The P-CEP Education Program (See Figure 1) was adapted for online delivery and implemented by The University of Sydney in partnership with GDAI, VALID, and participating emergency personnel. The program was designed as 5 x 2-hour synchronous (real-time) online sessions. The program included an introductory session followed by a dedicated focus on each step of the 4-step P-CEP process. An initial draft of session plans was reviewed and discussed by representatives of University of Sydney, GDAI and VALID in November 2020, prior to the introductory session. This draft was then refined based on initial feedback and perspectives provided by GDAI and VALID representatives, who contributed insights about the learning styles and needs of participants, as well as ways in which the program could be altered to support learning and promote greater accessibility.

The P-CEP education program took place between November 2020 and March 2021 (See Appendix Item 1 for a detailed overview). Together with emergency services and local council partners, The University of Sydney instructors facilitated the learning about and applying 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.

Each session commenced with a structured check-in exercise and concluded with a check-out exercise. These exercises supported shared learning and iterative feedback to the group 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. Everyone was regularly reminded to talk with people in their support network and to seek formal support if they needed. A visual and verbal reminder explained where people can go for help if they need someone to talk to. Each online session was recorded and shared with all participants.

In addition to the online sessions, several participants engaged in face-to-face sessions, in a small group format. These sessions were facilitated by VALID support staff on a fortnightly basis, with support from GDAI staff. These sessions were focussed on:
- supporting and consolidating learning
- obtaining feedback about how the program was being received by participants and feeding back learning needs to University of Sydney staff
- promoting ongoing engagement and accountability and,
- translating learning to other community members through peer support and mentoring.

P-CEP Education Program Impact

Response to Education

All participants were invited to complete a post-program survey. This was conducted at the end of the final online session. This survey collected information regarding participants' response to the P-CEP training program, key learnings, and suggestions for improvement. Six of 10 participants completed this survey. Findings showed overall satisfaction with the program.

Enablers: Factors that facilitated their preparedness

- The **group format for P-CEP Education** (and follow-up sessions where held) was helpful, enabling participants to share experiences and ideas. Breaking out into smaller groups (e.g., videoconferencing break out rooms) helped tailor training to people who may have needed more time and help to understand the information.
- **Flexible training tools like the capability wheel**, that help each person consider their own circumstances helped facilitate this individualised process.
- **Existing networks and support groups** were an important facilitator. These networks were used to get people involved in the program and organised into groups. Involvement in the program further strengthened these networks and created new networks.
- Some participants benefited from **having a support person** in the workshop, who could clarify and help apply the information. It was important that this support person took a facilitation role, rather than taking responsibility for the whole process.
- While they may have needed assistance for some planning tasks, and would often still require assistance during an emergency, people with disability demonstrated many capabilities in emergency preparedness. In fact, **their experience living with disability was often a strength they harnessed** when planning for emergencies because they were accustomed to being organised, directing their care, being flexible, and preparing contingency plans.

P-CEP Training Program – areas of strength and suggestions for improvement

Participants **praised the format, training strategies and tools**, and reported positive outcomes from the workshop.

They **suggested changes to make the training more accessible**, highlighting gaps for people with vision impairment and for people who may have found the content complex. Several participants felt that having the workbook in separate sections may make it easier to use, cheaper to update, and easier for people who use screen readers. They emphasised the importance of using simple language, easy read formats and images for learners who may struggle with reading or complex information.

These are all recommendations that GDAI and VALID can take into consideration when enabling and supporting this group of P-CEP facilitators to enable preparedness with others through peer action leadership.

Progress with developing their own emergency preparedness

Participants took a range of actions to prepare for emergencies. They were able to complete some of these actions themselves and needed assistance for others. Identifying these support needs and directing care is an important capability for emergency preparedness.

- **preparations for sheltering in place**. They prepared spare food, water, first aid kids and sources of power. They needed to prepare some additional disability and health-related supplies, including medications, prescriptions, and items needed to operate their specialised equipment such as spare wheelchair tubes. Some participants drew on their experiences with lockdown due to Covid-19 when identifying what they would need.
- **prepared items required for an evacuation**, including valuables, documents and contact lists. Additional planning was often required to ensure access to disability-related equipment away from home. This required flexibility about how they could manage without their usual equipment and identifying what items would be essential.
- **Physical assistance was sometimes required for sourcing, storing and packing supplies**, but people with disability emphasised the importance of being involved as much as possible, though planning and direct the process.
- **Making a decision about staying or evacuating in an emergency was an important preparedness action.** This decision appeared to be influenced by anticipated difficulties with evacuating quickly and finding suitable accommodation, due to disability-related needs. Making plans appears to be an important part of the mental preparation required for emergencies. Having a plan was reassuring to people with anxiety, who may have had negative experience with emergencies or who would struggle to make a timely decision in a crisis situation.
- **Making plans ahead of time also allowed extra support needs to be identified and put in place.** People with disabilities described how their usual supports may be difficult to access during an emergency. They may also have additional support needs during an emergency (e.g., for transport to evacuate).
- **Participants needed to have several contingency plans** to access the support they might need, including supports that were not usually relied on but would be available nearby (e.g., neighbours).
- **Making plans to support others, when possibly requiring support themselves, was an additional layer of complexity that needed to be considered during emergency planning.**
- Two participants were already involved in emergency services in their area. They described a common misconception that emergency services would be aware of people's needs and would be the ones to initiate assistance. This idea was not prominent amongst participants, suggesting that **they understood the importance of individual responsibility in preparing and acting on emergency plans.**

Persistent Gaps: Unmet needs within their plan

Despite their many capabilities, people with disability face persistent gaps to their emergency preparedness. These gaps are not easily overcome at the individual level, and they put people with disability at risk during an emergency.

- **Lack of accessible transport** was the most commonly identified barrier. People with disability who do not drive require assistance from others or accessible public transport. During an emergency, participants anticipated (or had experienced) their usual transport options may not be available. Support people may not be able to get to them, and informal supports (e.g., neighbours may also be unavailable or may have an accessible vehicle). Public transport (if they are in fact available during an emergency) may not offer suitable routes for getting to an evacuation location. Transporting items (especially disability-related equipment) would be very difficult on public transport. Wheelchair-accessible taxi services, limited at the best of times, may not be available for everyone who needs them during an emergency.

- Participants also **anticipated problems with evacuation centres** including lack of wheelchair access, availability of equipment (e.g., a bed they could get on and off), availability of support (e.g., to shower), access to power for their equipment, and difficulties with managing in a crowded, noisy environment. These problems could mean that people with disability are not able to access the evacuation centre at all, access facilities (e.g., bathrooms) within them, perform the basic daily tasks they need to do (e.g., toileting), or communicate and access information. They could also be at risk of complications like pressure injuries or be unable to power life-saving equipment (e.g., respirator; ventilator; positioning equipment) or equipment that supports their well-being (e.g., CPAP machine).
- **Support people may not be available** during an emergency, particularly if they are unable to get to the person or are caught up in the emergency themselves. Some participants were able to identify a broad range of supports they could call on, as part of their contingency planning. But not all people with disability have this wide support network.
- **Socioeconomic factors** may limit the ability of people with disabilities to obtain and store additional supplies, or purchase emergency-related items (e.g., generators). **Access to extra medications** may also be limited by finances or restrictions on amounts that can be dispensed at a time.
- **Accessing communication and information** during an emergency was another barrier. Communication lines being unavailable is problematic to anyone during an emergency, but this may put people with disability at additional risk as they are unable to communicate their assistance needs with others, or access information in a timely manner to put their (often more complicated) plans in place. Information is not always provided in an accessible format, so people with disability may not be able to obtain the information they need to act during an emergency or to communicate with others and access support.
- Participants identified systemic problems that contributed to these barriers. They said **their needs were not always considered during emergency planning**. A lack of representation of people with disabilities in emergency services may contribute to this oversight. Sadly, at least one participant encountered unwillingness to address the gaps they raised with their local emergency services.

Participants were able to identify these barriers and took them into account when making plans. Planning to leave well ahead of time or planning to stay home where specialised equipment was available were two common scenarios that may be seen as a compromise due to persistent barriers. These scenarios put people with disability at risk during unexpected emergencies or may mean that last-minute evacuation is required (if this is in fact possible).

Readiness to Facilitate Preparedness in Others

P-CEP Facilitators told us about the importance of P-CEP in helping them to make their own plans. They reflected on why they and other people with disability need P-CEP. They said that P-CEP helps you to:
- *think about* your everyday support needs and what you will need in an emergency.
- *understand* emergency risks where you live, work and play.
- *match* your emergency plan to the supports you need in an emergency.
- *talk with* others about your plan and get the help you need.
- *work with* emergency personnel to increase safety for people with disability in emergencies.

There is coherence between the aim of the P-CEP Education Program for the Facilitators and their understanding about what P-CEP is and how it can assist people with disability to make an emergency plan.

The program has assisted all participants to develop their own personal emergency preparedness plans. One Peer Facilitator (CS) has gone a step further to developing capability in his peer action group to learn and use P-CEP with support from VALID (AA). This facilitator has further contributed to raising awareness in others and increasing the reach of the P-CEP through their involvement in online webinars and forums where they have shared their experience of using P-CEP and enabling P-CEP with others more broadly. These audiences have included people with disability, service providers from the community and disability sectors, and emergency personnel.

At the time of writing this report, the other 9 Peer Facilitators and disability advocates have identified opportunities to raise awareness about P-CEP (e.g., expos; community events; social and online media) and to distribute P-CEP Workbooks throughout the community. However, these ideas have not yet been actioned. The two disability organisations reportedly expect to action these ideas after the lifting of the COVID-19 restrictions.

In a debriefing held on 23 August 2021, participants told us about how they see their role as facilitators – when bringing the lived experience of disability and P-CEP planning to other people with disability. They offered three specific pieces of advice about their role:
1. *"We need to break it down to make it easy to understand.*"
   They recognized that two P-CEP tools them to do this. They are:
   - The Capability wheel
   - 4 Steps
2. *"We need to know what we are talking about before we engage with others."*
3. *"We need to have our own plan before we encourage others to plan."*

The first two speak to confidence with using the P-CEP Workbook as a conversation guide. The third speaks to being a role model before enabling preparedness in others.

Some of the Peer Facilitators are more confident/ready to share the key messages about P-CEP with others. It is evident that the P-CEP facilitators will need support from their disability organization/ advocates (at GDAI/VALID) to develop their capability and confidence with enabling others to learn and use P-CEP. This support was built into the program by having the disability advocates from GDAI/VALID learn alongside the Peer Facilitators. They are in an optimal position to provide support to advance P-CEP Peer Action leadership through the support they provide to the Peer Facilitators trained in P-CEP.

Recommended Next Steps

- Peer mentoring is a skilled role. Some of the peer facilitators are ready and eager to take on this role with support from their disability organisation (GDAI; VALID). The Peer Facilitators will benefit from opportunity to practice their skills by introducing P-CEP to their peer action groups/clients/members and enabling preparedness conversations with others. These opportunities should be facilitated by the disability organisations who have networked connections to their members who would benefit from P-CEP.
- Peer facilitators should be supported through ongoing coaching from GDAI/VALID disability advocates who attended the training alongside these Peer Facilitators. The disability organisations can support by organising and supporting opportunities for their members to come together with the Peer Facilitators to learn about and use the P-CEP. Further debriefing with the peer facilitators would help them to share facilitation tips and strategies as they build their confidence and capabilities with enabling preparedness in others.
- Numerous copies of the P-CEP have been made available to GDAI for distribution through GDAI/VALID members and to support P-CEP planning conversations in Peer Action Groups.

The disability organisations should develop a plan of action for engaging the trained P-CEP Peer Facilitators and their trained disability advocates to mobilise opportunities for raising awareness about P-CEP and to provide the Workbooks to their members.

- The disability organisations are encouraged to go beyond raising awareness to using everything they have learned to enable preparedness in others using the 4 P-CEP steps. This will require the disability organisations to create opportunities to invite their clients/members to participate in P-CEP planning conversations with the Peer Facilitators. The University of Sydney will be available to support peer-debriefing as the Peer Facilitators and disability advocates engage in this role. This will include opportunities to follow up to evaluate the impact of Peer Action Leadership on the promotion of personal emergency preparedness through GDAI and VALID peer networks and Peer Action Groups.

- GDAI/VALID have an important role in connecting their members to emergency managers and emergency service organisations (e.g., SES, CFA) to foster dialogue and build understanding about what people with disability can do for themselves and what they need support for in emergencies. Peer Facilitators and disability advocates should invite and involve emergency personnel to support them in strengthening their communication with members about step 2 of P-CEP (know your level of emergency preparedness and learn about your disaster risks)

The second component of this project, which will be led by The University of Sydney using an inclusive community engagement methodology, has been delayed due to COVID-19 restrictions. As soon as those restrictions are lifted, the research team can work with our partners in Gippsland to re-organise the Disability Inclusive Emergency Planning Forums that will bring together multiple stakeholders to learn together and support the development of principles to guide disability inclusive emergency planning at the municipal level.

In the meantime, The University of Sydney, in partnership with GDAI and VALID are hosting two webinars (Oct 11 and Oct 25) to sustain the involvement of the P-CEP Peer Facilitators and increase awareness about the program and opportunities for multi-stakeholder involvement in P-CEP in Gippsland communities.

In the design of this program, it was our vision that future P-CEP Education could be led by GDAI/VALID P-CEP Facilitators and disability advocates with decreasing support from The University of Sydney. Our aim in providing all the P-CEP educational materials and follow up resources was to foster greater capacity and sustainability of the P-CEP Peer Leadership Program. Since the majority of Peer Facilitators and disability advocates have yet to initiate planning conversations to develop preparedness in their peers (either individually or in group format), it is not yet evident that they have the capability and confidence transfer what they have learned and utilise the training materials to deliver the P-CEP Education with a degree of independence from the research team. The University of Sydney will continue to work with GDAI/VALID advocates to determine the feasibility and practicability of them leading the program and with what degree of support. Current emphasis is on nurturing and supporting opportunities to facilitate transfer of learning about P-CEP to enabling preparedness with others.

Introduction & Project Context

This project partners people with disability and their representative/advocacy organisations to build local community capability for people with disability to be included in and contribute to municipal-level emergency planning practices in three Gippsland communities in Victoria.

People with disability, their representative, and advocacy organisations are critical resources that are often overlooked in all phases of emergency management. This oversight could have devastating consequences for over 4 million Australians with disability. Research shows the disproportionate impact for people with disability who are at higher risk of death, injury, and loss of property. They also experience greater difficulty during evacuation and require more support in recovery. The most important thing we can do to increase the safety and well-being of people with disability in emergencies is to make sure they are included in emergency management planning and decision-making. However, too often, people with disability are left out of the planning and decision-making process.

We initiated a project to develop locally driven disability inclusive emergency management planning in Bushfire affected communities in Gippsland Victoria to respond to this challenge. People with disability form 18.4 percent of the Victorian population, including 338,200 people with severe or profound disability. Key to this project was engagement with people with disability as active participants in learning about and making Person-Centred Emergency Preparedness (P-CEP) plans and then using what they learned to enable preparedness in other people with disability through peer action leadership.

This project is a collaboration between The University of Sydney (USYD), Victorian State Government Department of Families, Fairness and Housing (formerly, Health and Human Services) (DFFH), Victorian Advocacy League for Individuals with Disability (VALID) and Gippsland Disability Advocacy Incorporated (GDAI).

Project Overview:

In this project, we are learning together across the disability, community, and emergency management sectors about what people with disability can do for themselves, what they need support for, and the things that either help or make it hard to take effective action before, during and after an emergency.

These learnings are used to:
- guide personal emergency preparedness planning and (self) advocacy by people with disability and their support networks; and
- advance the development of inclusive processes in community-led and municipal emergency management planning.

The outcomes will be:
- principles that guide disability-inclusive emergency management planning at the local level
- strategies to support the well-being of people with disability before, during and after emergencies

The expected benefits are:
- increased preparedness of people with disability; and
- capacity to work together across sectors to increase the resilience of people with disability, their family, and carers to emergencies.

There are two components to the project:

Person-Centred Emergency Preparedness Peer Action Leadership Program in Gippsland Victoria	Inclusive Community Engagement Forums in Wellington, La Trobe & East Gippsland Municipalities
Aims:	**Aims:**
Learning aims – Peer Leaders with disability and disability advocates will: - self-assess risk and support needs to be prepared ne emergencies; - support each other to make emergency plans tailored to individual support needs in emergencies; - have a leadership role for helping others to be prepared; and - connect with local emergency managers to help them understand what people with disability need to prepare for emergencies. Transfer of learning aims – Targets for P-CEP Peer Facilitation were established at the outset: Following the P-CEP education and development of their own plans, the peer-action leaders/facilitators will collectively support 50 other GDAI and VALID members to learn about P-CEP and enable 20 GDAI and VALID members to make a formal plan through individual mentoring. It is expected that the peer action leaders will achieve this with support from four participating VALID/GDAI staff/advocates.	Emergency managers will engage with peer leaders, disability advocates who are trained in P-CEP and with other stakeholders in their community to learn about ways to: - include people with disability and their support networks in emergency planning; - develop local solutions in collaboration with disability and community organisations; and - have plans that support the health and well-being of people with disability and the people who support them in emergencies. We planned for these aims to be achieved through Disability Inclusive Emergency Planning forums in three LGAs: - La Trobe - Wellington - East Gippsland Unfortunately, we had to postpone these forums due to the COVID-19 restrictions. We are working to re-schedule these forums or to find a way to deliver them online in a way that is inclusive.

We will translate learnings from these two project components into:
- principles that guide disability inclusive local emergency management planning
- strategies to support the well-being of people with disability before, during and after emergencies
- share these principles and strategies so they can be used for inclusive emergency management planning across all Victorian municipalities.

Purpose

This report details the first component of this project: the Person-Centred Emergency Preparedness (P-CEP) Peer Action Leadership Program in Gippsland, Victoria. Specific objectives of this report are to:
1. Describe the P-CEP Peer Action Leadership Program and participants
2. Share how the P-CEP Education component of the program was implemented
3. Evaluate the impact of the program on outcomes of interest including: (a) participant satisfaction with the P-CEP Education program; (b) contribution of the education program to

helping participants make an emergency plan tailored to their support needs and situation; and (c) readiness of P-CEP facilitators to enable P-CEP with others.

P-CEP Peer Action Leadership Program

P-CEP is a process tool and framework, developed in Australia (www.collaborating4inclusion.org) and co-designed with people with disability, the services that support them and emergency personnel. The work on P-CEP is a component of a broader research program on Disability Inclusive Disaster Risk Reduction led by Associate Professor Michelle Villeneuve at The University of Sydney's Centre for Disability Research and Policy.

P-CEP helps to match emergency planning to the support people need for their health and safety in emergencies. P-CEP has three components: (1) A capability wheel that guides self-assessment and tailored emergency preparedness planning in eight areas, (2) Three principles that guide emergency preparedness conversations and, (3) Four steps that bring emergency personnel together with people with disability and the services that support them to enable effective risk communication and preparedness actions.

A Workbook and other tools (e.g., videos, case examples, activities, facilitator guides) help people with disability to get started. P-CEP takes a conversational approach. Step-wise actions helps people with disability and emergency personnel to work together to address gaps that increase risk for people with disability through collaboration and responsive community-level emergency management.

The P-CEP Peer Leadership Program focuses 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, mentoring, and collaboration with emergency personnel. Peer support and mentoring helps people with disability to access and use the P-CEP to make their own emergency plan. Collaboration supports shared learning and working together with emergency personnel to identify and remove barriers to safety and well-being for people with disability in emergencies. These learnings can improve municipal emergency planning practices that keep the whole community safe before, during, and after a disaster.

The P-CEP Peer Leadership Program brings together: (a) person-centred emergency planning and (b) peer support and leadership practices to increase access and reach by people with disability to the P-CEP and develop leadership capabilities in the disability sector for disability inclusive emergency planning. Initiated by The University of Sydney, the P-CEP Peer Leadership Program was co-developed with people with disability and their representative organisation, Queenslanders with Disability Network (QDN), and first tested in Queensland. It drew on an existing network of peer leaders and peer support groups (that are supported by QDN) to share the P-CEP and enable people with disability to develop personal emergency preparedness plans through peer support and individual mentoring.

The important aim behind using peer support networks as a way for people with disability to access P-CEP was to leverage the *inclusive, safe, and supportive environments* that are *led by people with disability and supported by their representative/advocacy organisations* to make sure people with disability can access and use the P-CEP to make a personal emergency preparedness plan.

Three important things were learned from developing the P-CEP Peer Leadership Program in Queensland. We have been intentional about applying learnings from the co-design to P-CEP Peer Action Leadership in Victoria.

They are:

1. **Before enabling preparedness in others, people need to go through a meaningful personal emergency preparedness journey themselves.** This journey needs to emphasise self-assessment of both capabilities and support needs and working through the details of how manage those support needs in emergency situations. We were intentional about systematically learning and applying the P-CEP to develop individual preparedness in a group format (referred to below as the online program). This was paired with follow-up activities (self-assessment) and supportive learning (e.g., in Peer Action Groups) to help the peer leaders in developing their own preparedness. Notably, for some participant peer leaders, their journey is well progressed. For others, they are still on an early path to increasing their preparedness.

2. **Talking about emergencies can be overwhelming and confronting.** People need to go at their own pace in making their personal emergency plan. Being trained in P-CEP principles (in order to be a supportive conversation partner) and applying the four P-CEP steps (in order from step 1 to step 4) helps peer leaders to build capability as a P-CEP conversation partner and is way of making sure that people with disability and their support needs are at the centre of disability inclusive emergency planning. Many peer leaders will need ongoing support to develop their confidence and capability to start and continue these conversations with others (who will have different support needs and different life circumstances). This is especially important when the P-CEP self-assessment process reveals gaps that increase risk to safety and well-being in emergencies and for which there are no easy solutions. It can be hard for a peer leader to know what to do with that information. We were intentional about building active participation of the two disability/advocacy organisations into this project to learn alongside peer leaders with disability.

3. **Active participation of disability/advocacy organisations in P-CEP can create and sustain organisational capability and commitment to person-centred emergency preparedness.** The goal here is for the disability organisations (e.g., GDAI, VALID) to work with their peer leaders to: (a) support and enable Peer Leaders as role models to others by making their own P-CEP plan; (b) provide support and coaching to peer leaders as they develop their capability as conversation partners to enable preparedness in others; and (c) gather information from their members about gaps and barriers to preparedness. With this experience and information, the disability organisation will be better positioned to work in partnership with emergency agencies (e.g., SES, CFA, Council emergency managers) to develop shared understanding about the barriers and work together to address those barriers through collaboration. This is consistent with the role of these organisations as advocates for disability inclusion.
   To achieve this goal, we were also intentional about partnering with emergency personnel and delivering P-CEP alongside those responsible for emergency management so that relationships between disability organisations, their peer leaders, and emergency personnel could develop into collaborative problem solving about the gaps/barriers for people with disability. It is expected that this will take time and needs to be nurtured.
   The project was designed to support the development of these partnerships through the second component of the project (i.e., inclusive community engagement forums in three Gippsland LGAs) so that people with disability and their representatives can be included in and influence change toward disability inclusive emergency planning.

Why are these learnings so important?

The first two focus attention on individuals (peer leaders with disability) engaging in the P-CEP self-assessment process to make a plan and developing their capability to enable person-centred planning conversations with others. Peers who step into the role of P-CEP facilitator become a critical resource

to enabling access and inclusion of people with disability in making tailored emergency plans. The time and effort it takes to develop their confidence and capabilities cannot be overlooked.

The third focuses on the capability of the disability advocacy organisation as a critical resource to support their members to learn about and use P-CEP. It also focuses on their instrumental role in developing meaningful partnerships with emergency personnel to support shared learning and collaborative working to identify and remove barriers that increase risk for people with disability in emergencies and develop more responsive local emergency management planning practices that proactively address the unmet needs of people with disability in emergencies. Importantly, this project directs resources and support toward the development of this capability in the two participating disability organisations to work in meaningful ways with their members, emergency services and local government to impact change toward inclusive and responsive municipal emergency management planning.

Sustainability will demand these disability/advocacy organisations to continue to invest through ongoing participation and advocacy for person-centred and capability approaches to inclusive disaster risk reduction. It will also require stakeholders to reach out to the disability/advocacy organisation to engage with them and the developing expertise of their members on P-CEP.

Program Design

This project received approval from the University of Sydney Human Research Ethics Board to collect data related to the experiences of P-CEP facilitators at all stages of learning. This included understanding their experiences related to learning about P-CEP and then transferring this learning to others.

This project operates through a co-production approach to learning and working together so that people with disability and their support needs are at the centre of this project and people with disability and their representatives inform processes, outcomes, and emerging principles for disability inclusive emergency planning.

Participants

Disability advocacy organisations, VALID and GDAI led the recruitment process for this project. Existing members of GDAI and VALID and known community self-advocates were provided with information about the project and its aims and encouraged to take part. Initially, 14 Gippsland participants with disability were recruited to learn about local hazard risks and emergency preparedness steps with the aim of developing their capacity as P-CEP Facilitators. Of these participants, **10 people with disability completed the program (Table 1) alongside 4 disability advocates from the two organisations (GDAI and VALID)**. Participants with disability who did not complete the online training program cited different reasons for this including, competing work, family, and study commitments.

Importantly, an early decision by the group was to use the term P-CEP "facilitator" to describe their role rather than "peer leader." Early pre-planning about the potential role and expectations of the learners led to the conclusion that people with disability may enable P-CEP in ways that align with their individual talents and opportunities to share information through peer support, individual mentoring, or other means (e.g., presenting at forums and events or supporting others to do so). The group decided that "facilitator" would more adequately describe the broad range of ways that they envisioned enabling P-CEP in others. This term also better recognised the support from GDAI/VALID staff/advocates who participated alongside people with disability and who are also contributing to P-CEP facilitation with people with disability in the community.

Table 1. Participants (P-CEP Facilitators)

Participant (P-CEP Facilitators)	Frequency	%
Gender		
Male	5	50%
Female	5	50%
Type of Disability		
Physical	4	40%
Intellectual	3	30%
Blind	2	20%
Other/Multiple	1	10%
Local Government Area		
Wellington Shire	1	10%
LaTrobe Valley	2	20%
East Gippsland	7	70%
Disability Advocacy Organisation		
GDAI	8	80%
VALID	2	20%

Another important point is that while VALID has an existing network of Peer Action programs, these operate in distinct ways across Victoria and typically offer activity-based peer learning, participation and support. This program aimed to leverage opportunities for P-CEP facilitators to disseminate information about P-CEP through Peer Action Groups, but also recognised that there are other potential opportunities for information sharing (e.g., through disability advocacy networks and other forums where people with disability already have leadership roles) that can and should be developed and nurtured.

At the time of this study, both VALID and GDAI had received ILC funding and were working in partnership to further develop peer action leadership in Victoria. One of their objectives was to promote "citizenship work" among peers with disability to achieve active citizenship outcomes. VALID and GDAI viewed their aims as aligning with the P-CEP Peer Leadership program approach. The state of the current development of peer action leadership is an important consideration that may facilitate or hinder the implementation of P-CEP through peer support. It may depend on the level/degree of maturity of peer support programming offered through these organisations and the state of understanding about P-CEP amongst their membership alongside other (potentially competing) priorities for these organisations and their peer groups/members.

A further environmental factor that may support or hinder continued participation of the peer facilitators is the interruptions by COVID-19 restrictions that have already delayed aspects of this project. These are being carefully considered and responded to as we navigate those external constraints beyond the control of the project team and individual participants.

Other Participants
Representatives from VALID (including the Community Development Team Leader), and GDAI, (including disability advocates and executive officer) participated. Disability support workers of two participants with disability attended all sessions alongside the person they support. Their main role was to provide participation support for these two P-CEP Facilitators, and they did so as part of their usual disability support role with these individuals.

An emergency manager from one of the participating Councils and three emergency services personnel also participated in the P-CEP education program, including the Victorian Country Fire

Authority (CFA) (n = 2), and State Emergency Services (SES) (n =1). One CFA participant identified as having a disability and participated in all of the online learning sessions.

Developing the capacity of P-CEP Facilitators through online group education

Key to developing capability in the P-CEP facilitators to increase awareness and preparedness in others was the educating them in P-CEP first.

P-CEP Education Program Design

The P-CEP Education Program (Figure 1) was adapted for online delivery and implemented by The University of Sydney in partnership with GDAI, VALID, and participating emergency personnel. The program was designed as 5 x 2-hour synchronous (real-time) online sessions. The program included an introductory session followed by a dedicated focus on each step of the 4-step P-CEP process. An initial draft of session plans was reviewed and discussed by representatives of University of Sydney, GDAI and VALID in November 2020, prior to the introductory session. This draft was then refined based on initial feedback and perspectives provided by GDAI and VALID representatives, who contributed insights about the learning styles and needs of participants, as well as ways in which the program could be altered to support learning and promote greater accessibility. Specific changes that were made as a result of these discussions including:
- reducing the amount of text on slides,
- replacing text with images where possible and describing the images when speaking,
- reducing the number of follow up activities required of participants between sessions,
- utilising small group discussion-based learning,
- including structured breaks to support sustained engagement during online sessions, and
- providing live closed captioning.

Debriefing occurred after each session. Implicit and explicit feedback from all participants (e.g., about the structure and content of sessions) informed adaptations to the session structure, content, and delivery for each subsequent session. This included adjustments to the learning activities and nature of learning from one session to the next. This enabled greater responsiveness to learning needs. CFA, SES and Emergency Manager Wellington Shire Council were also included in the program. They first got involved by leading small group discussions about local disaster risks and what to expect from emergency personnel when there is an emergency/disaster event (e.g., in the third online session focused on P-CEP step 2). The emergency personnel continued to participate in the subsequent sessions to learn alongside the participants about the P-CEP and tailored emergency preparedness process. They also participated in a follow up pre-planning session held on 17 May 2021. At this session we defined roles and responsibilities in the Disability Inclusive Emergency Planning forums which were originally scheduled for the first week of June (but then postponed due to COVID-19 lockdown and travel restrictions).

We worked together to make decisions on the optimal time frame for delivery of the P-CEP Education program. Initially, a range of delivery timelines were proposed including weekly, bi-weekly and fortnightly. Ultimately, all representatives agreed that monthly sessions would be most conducive to the learning needs and styles of the group members, and better promote the larger project aims. This timeframe provided participants with:
- time to consolidate learning,
- opportunity complete follow up activities between each online session,
- opportunity to review the recording of the online session and catch up on content if a session was missed.

It was pre-arranged with VALID and GDAI that participants would be supported by VALID/GDAI staff/advocates in between sessions, to:

- support their application of the learning to developing their self-assessment of capabilities and support needs (step 1),
- learn about disaster risks and where to get emergency information (step 2),
- prioritise support needs in emergencies and tailoring preparedness to those support needs based on their local disaster risks (step 3), and
- communicate the plan with their support network (step 4).

VALID and GDAI staff/advocates supported participants to regularly reflect on the training material, and then apply this learning to support the development of their personal preparedness plan. This mostly took the form of small group sessions held face to face, however some facilitators did this in pairs or independently. Three GDAI participants did not participate in follow-up sessions. However, they reportedly conferred with each other as they developed their own plans. The hardcopy P-CEP Workbook enabled review and consolidation of plans (2000 copies were provided to the GDAI/VALID for use and distribution in this project).

Online Sessions

The P-CEP education program took place between November 2020 and March 2021 (See Appendix Item 1 for a detailed overview). Together with our emergency services and local council partners, The University of Sydney instructors facilitated the learning about and applying 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.

Each session commenced with a structured check-in exercise and concluded with a check-out exercise. These exercises supported shared learning and iterative feedback to the group 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. Everyone was regularly reminded to talk with people in their support network and to seek formal support if they needed. A visual and verbal reminder explained where people can go for help if they need someone to talk to.

Follow Up Activities & Support:

Each online session was recorded and shared with all participants. The recording was accompanied by:
- a written summary of the session,
- links to related resources (such as the P-CEP Workbook, videos and apps),
- a transcript of the session, and
- follow-up activities to assist consolidation of learning and preparation for the next session.

In addition to the online sessions, several participants engaged in face-to-face sessions, in a small group format. These sessions were facilitated by VALID support staff on a fortnightly basis, with support from GDAI staff.

These sessions were focussed on:
- supporting and consolidating learning
- obtaining feedback about how the program was being received by participants and feeding back learning needs to University of Sydney staff
- promoting ongoing engagement and accountability and,

- translating learning to other community members through peer support and mentoring.

Introductory Session: November, 2020

- Overview of the structure and objectives of the program.
- Introduction to training facilitators, participants and other group members.
- Introduction to online learning platform and tools.

Follow up activities to consolidate participant learning & collaboration between USYD, VALID & GDAI to assess and adapt program to meet learning needs of participants.

Step 1: December 2020

- Introduction to the Capability Wheel.
- Understanding Support Networks.

Follow up activities to consolidate participant learning & collaboration between USYD, VALID & GDAI to assess and adapt program to meet learning needs of participants.

Step 2: February, 2021

- Self-assessing our current level of preparedness.
- Understanding individual responsibilities before, during and after emergencies.
- Understanding local emergency risks and supports (Guest presentations from local emergency service and council personnel).

Follow up activities to consolidate participant learning & collaboration between USYD, VALID & GDAI to assess and adapt program to meet learning needs of participants.

Step 3: March, 2021

- Understanding ways we can respond to an emergency (stay & go).
- Identifying priority areas for preparedness based on the capability wheel.
- Taking actions to increase our level of preparedness.

Follow up activities to consolidate participant learning & collaboration between USYD, VALID & GDAI to assess and adapt program to meet learning needs of participants.

Step 4: March, 2021

- Re-assessing our level of preparedness.
- Identifying unmet needs or gaps in our plan.
- Collaborating with other group members and organisations to address gaps.
- Understanding advocacy, and the roles we can play to enable preparedness for others.

Follow up activities to consolidate participant learning & collaboration between USYD, VALID & GDAI to assess and adapt program to meet learning needs of participants.

Figure 1. P-CEP Education Program Structure

Small group follow-up sessions were structured around the learning needs of participants, and primarily attended by P-CEP Facilitators with intellectual disabilities or people who needed additional time to learn and practice. Early in the training, it was identified that engaging in online sessions was more challenging for the participants with intellectual disability because they needed more time to listen, process and use the information. For example, it was identified that understanding and recognising the terminology associated with the capability wheel was a learning need of participants

who would benefit from more time and opportunity to engage with the Workbook. Time was not always afforded during the online sessions where the natural flow of discussions took place amongst such a diverse group of participants.

Although some participants had disability support providers to enable and support their participation, the support worker was also learning P-CEP alongside the individual they were supporting during the online sessions. This meant that they didn't have the material ahead of time, which would typically occur when providing participation support for engaging with the learning content.

The concern was that these challenges would impact learning and retention by participants with intellectual disability. Two strategies were developed and implemented to address this concern:

1. VALID staff developed interactive activities to support the learning of these participants in-between the online sessions. This included the development of games such as Bingo and Snakes and Ladders. This was well received by participants as it promoted the accessibility of content, enabling participants to maintain interest and engagement, as opposed to becoming overwhelmed.

2. Participants were encouraged to bring a support worker to the follow up sessions. From the outset, the expectations of support workers were clearly established. Specifically, support workers were engaged to facilitate participation in P-CEP during the face-to-face sessions. It was emphasised that support workers were not engaged to do the work for the P-CEP Facilitator, rather to engage in learning alongside them, and provide support as needed. The involvement of support workers promoted continued engagement with P-CEP even beyond online and face-to-face sessions, with one P-CEP facilitator sharing that they were supported by their support worker to gather supplies for their emergency preparedness kit.

Later in the process, the focus of sessions shifted to developing facilitation skills to enable the transfer of learning to others. The face-to-face sessions provided a built-in audience for practicing these skills in a supportive environment. The Peer Facilitators practiced facilitating P-CEP conversations with the disability support workers in attendance at these follow-up sessions. As an outcome, the disability support workers also developed a P-CEP plan.

Program Outcomes

We were interested in the contribution of the P-CEP Education Program to the following outcomes. We used survey and interview methods to gather information and report on the findings in relation to the three outcomes of interest.

Outcomes	Data Collection Method
Participant satisfaction with the P-CEP Education Program	Survey
Contribution of the P-CEP Education Program in helping participants to make an emergency plan	Survey Interviews
Having an emergency preparedness plan tailored to individual support needs and situation, including the identification/ recognition of any unmet support needs in emergencies.	Interviews
Readiness to facilitate P-CEP with others	Group Interview

Survey

All participants were invited to complete a post-program survey. This was conducted at the end of the final online session. This survey collected information regarding participants' response to the P-CEP training program, key learnings, and suggestions for improvement (Figure 2).
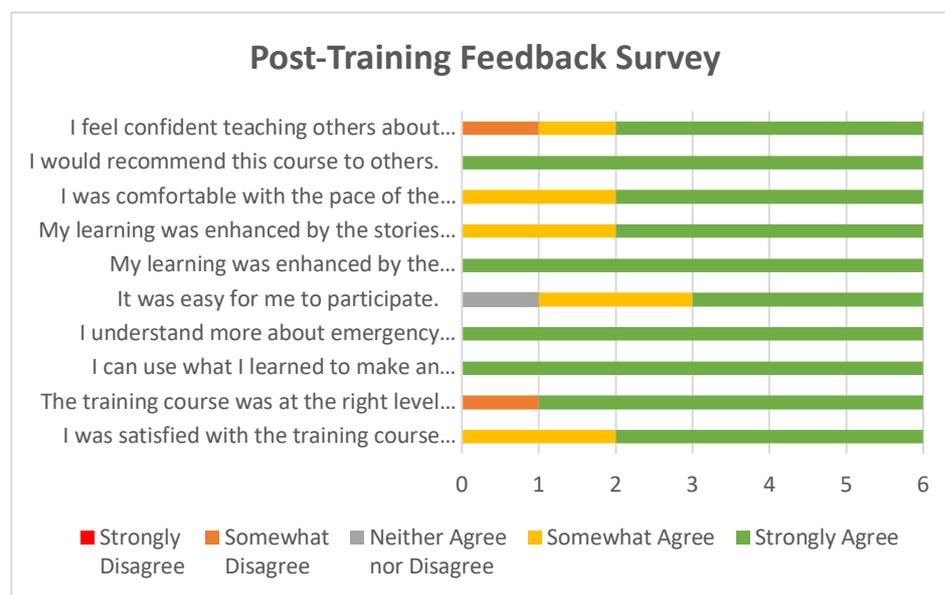
Post-Training Feedback Survey

Figure 2. Post-Training Feedback Survey (n = 6)

Individual Interviews

All P-CEP peer-action facilitators were also invited to participate in an in-depth, individual interview. This interview lasted 45 - 60 minutes. Eight (8) P-CEP peer-facilitators voluntarily participated in an interview. The interview findings provide insight into:
-   their progress with developing their own preparedness plan,
-   persistent gaps or unmet needs within their plan,
-   factors that facilitated their preparedness,
-   their role as P-CEP Facilitators

Findings are summarised below.

Interview Findings

Preparedness Actions: Progress with developing their own emergency preparedness

People with disability took a range of actions to prepare for emergencies. They were able to complete some of these actions themselves and needed assistance for others. Identifying these support needs and directing care is an important capability for emergency preparedness.

People with disability **made preparations for sheltering in place**. They prepared spare food, water, first aid kids and sources of power. They needed to prepare some additional disability and health-related supplies, including medications, prescriptions, and items needed to operate their specialised equipment such as spare wheelchair tubes. Some participants drew on their experiences with lockdown due to Covid-19 when identifying what they would need.

> *"Plenty of medications and electrolytes. And that's like, my management of health is probably like the key part of my plan, and it's not just emergency plan. It's like life planning"* (K)

Participants also **prepared items required for an evacuation**, including valuables, documents and contact lists. Additional planning was often required to ensure access to disability-related equipment away from home. This required flexibility about how they could manage without their usual equipment and identifying what items would be essential.

> *"… having a little bit more in-depth think about what I use day-to-day, because when I'm using these things day-to-day, it often doesn't occur to me because you just part of your routine"* (B)

> *"… thinking about what I actually needed if I had to evacuate. What I can do without, what were the most important things."* (C1)

Physical assistance was sometimes required for sourcing, storing and packing supplies, but people with disability emphasised the importance of being involved as much as possible, though planning and direct the process.

> *"I had to get everything, I had to know what to get, but she just packs it … And she left all the decision-making up to me. Which is good because the more you do it yourself, the more you know what's in there and how it's packed …"* (C2)

Making a decision about staying or evacuating in an emergency was an important preparedness action. This decision appeared to be influenced by anticipated difficulties with evacuating quickly and finding suitable accommodation, due to disability-related needs. Making plans appears to be an important part of the mental preparation required for emergencies. Having a plan was reassuring to people with anxiety, who may have had negative experience with emergencies or who would struggle to make a timely decision in a crisis situation.

Making plans ahead of time also allowed extra support needs to be identified and put in place. People with disabilities described how their usual supports may be difficult to access during an emergency. They may also have additional support needs during an emergency (e.g., for transport to evacuate). **Participants needed to have several contingency plans** to access the support they might need, including supports that were not usually relied on but would be available nearby (e.g., neighbours).

> *"So the other one is if my partner gets sick, then I've got to start relying on support people. And if they're sick or if they're away on holidays or whatever, then that makes it hard. But I've got other support people who can take their place. So a friend of mine called it welding your team. So every part joins together, and if you have that weld that's really strong. Then every part hooks onto one part, which hooks onto one part, which makes the machine"* (J)

Some people with disability also provided care to others (e.g., children, elderly parents). **Making plans to support others, when possibly requiring support themselves, was an additional layer of complexity that needed to be considered during emergency planning.**

Two participants were already involved in emergency services in their area. They described a common misconception that emergency services would be aware of people's needs and would be the ones to initiate assistance. This idea was not prominent amongst participants, suggesting that

they understood the importance of individual responsibility in preparing and acting on emergency plans.

> *"And also a lot of people, not just people with disability, but a lot of people think that the emergency services will come to rescue them or they will let them know they need to evacuate. And that isn't the case".* (H)

> *"You know, it's not just the fire truck coming to your house. It's my responsibility to make sure I'm not in the line of fire as well. You know, if I can see that, that the conditions are such that it could be a danger and I can't keep myself safe here then I it's my responsibility to not be here"* (K)

Persistent Gaps: Unmet needs within their plan

Despite their many capabilities, people with disability face persistent gaps to their emergency preparedness. These gaps are not easily overcome at the individual level, and they put people with disability at risk during an emergency.

Lack of accessible transport was the most commonly identified barrier. People with disability who do not drive require assistance from others or accessible public transport. During an emergency, participants anticipated (or had experienced) their usual transport options may not be available. Support people may not be able to get to them, and informal supports (e.g., neighbours may also be unavailable or may have an accessible vehicle). Public transport (if they are in fact available during an emergency) may not offer suitable routes for getting to an evacuation location. Transporting items (especially disability-related equipment) would be very difficult on public transport. Wheelchair-accessible taxi services, limited at the best of times, may not be available for everyone who needs them during an emergency.

> *"As we found out during the fires, when they even cancelled all the buses, which is the only form of transport out that way. …there were only three wheelchair accessible taxis and neighbours, and we know there is way more than three people in wheelchairs".* (C1)

Participants also **anticipated problems with evacuation centres** including lack of wheelchair access, availability of equipment (e.g., a bed they could get on and off), availability of support (e.g., to shower), access to power for their equipment, and difficulties with managing in a crowded, noisy environment. These problems could mean that people with disability are not able to access the evacuation centre at all, access facilities (e.g., bathrooms) within them, perform the basic daily tasks they need to do (e.g., toileting), or communicate and access information. They could also be at risk of complications like pressure injuries or be unable to power life-saving equipment (e.g., respirator; ventilator; positioning equipment) or equipment that supports their well-being (e.g., CPAP machine).

> *"And the other thing for me it's not just physically accessible, but because of my hearing as well is the information I'm getting, going to be in a format that I can understand? Um, so somewhere like a relief centre, it's going to be very busy. I'm not going to be able to hear".* (C1)

Support people may not be available during an emergency, particularly if they are unable to get to the person or are caught up in the emergency themselves. Some participants were able to identify a broad range of supports they could call on, as part of their contingency planning. But not all people with disability have this wide support network.

> *"I have carers who sometimes help, but I can't rely on them in a disaster because they will be looking after themselves and their families".* (H)

Socioeconomic factors may limit the ability of people with disabilities to obtain and store additional supplies, or purchase emergency-related items (e.g., generators). **Access to extra medications** may also be limited by finances or restrictions on amounts that can be dispensed at a time.

Accessing communication and information during an emergency was another barrier. Communication lines being unavailable is problematic to anyone during an emergency, but this may put people with disability at additional risk as they are unable to communicate their assistance needs with others, or access information in a timely manner to put their (often more complicated) plans in place. Information is not always provided in an accessible format, so people with disability may not be able to obtain the information they need to act during an emergency or to communicate with others and access support.

Participants identified systemic problems that contributed to these barriers. They said **their needs were not always considered during emergency planning**. A lack of representation of people with disabilities in emergency services may contribute to this oversight. Sadly, at least one participant encountered unwillingness to address the gaps they raised with their local emergency services.

> *"CFA have got an inclusion committee, um, not one person, they are all white Australian, no one has a disability, no- you know, there is a couple of women, couple of men, you know, it's, it's just not diverse at all. It's not, it doesn't represent inclusion…. that's right across the board though".* (B)

> *"And we had a meeting locally with our emergency services and discovered that there was a vulnerable persons register, but they were not interested in having extra people on it; that the six people they had on it for the [region] was all they wanted because it would be too hard to transport them ... we felt very frustrated because he said, 'Oh no, I'm not interested in expanding that: it's too hard' … We were sort of thinking, and he was just shutting us down."* (J)

People with disability were able to identify these barriers and took them into account when making plans. Planning to leave well ahead of time or planning to stay home where specialised equipment was available were two common scenarios that may be seen as a compromise due to persistent barriers. These scenarios put people with disability at risk during unexpected emergencies or may mean that last-minute evacuation is required (if this is in fact possible).

> *"That transport really bothers me because if there's not somebody here to drive my vehicle to leave, then I'm not sure how that works. Then I need to stay in place, but … that's not safe".* (J)

Enablers: Factors that facilitated their preparedness

The **group format for P-CEP Education** (and follow-up sessions where held) was helpful, enabling participants to share experiences and ideas. Breaking out into smaller groups (e.g., videoconferencing break out rooms) helped tailor training to people who may have needed more time and help to understand the information.

> *"I think group, group learnings are always better. You get a broader perspective, I think, … I'm pretty heavily in the disabled space and in the emergency services space and I still had*

learnt things from the process, and from other people and other people's experiences and stories, so I think that's really important".(B)

"And we did break off into smaller groups to help others … we had quite a few in that group with intellectual disabilities. So just explaining things to them in a different way or working side by side with them doing it". (C1)

A challenge with this group format is that each person needs to develop an individualised plan.

"It is an individualised process, which doesn't make it very easy because there's lots of people: there's not a one size fits all". (B)

Flexible training tools like the capability wheel, that help each person consider their own circumstances helped facilitate this individualised process.

Existing networks and support groups were an important facilitator. These networks were used to get people involved in the program and organised into groups. Involvement in the program further strengthened these networks and created new networks.

"I think having such an active advocacy network in that area with Gippsland Disability Advocacy is like, they're just amazing. And we wish that there were more of them so that we could more quickly roll out what we need to and want to roll out". (K)

Some participants benefited from **having a support person** in the workshop, who could clarify and help apply the information. It was important that this support person took a facilitation role, rather than taking responsibility for the whole process.

"It's actually really good having a carer alongside people who can actually break it up. So that they can actually teach, make it understandable for the students - or the participants - to understand, so they can have the right answer… [name of support worker] always made me write my own answers. He's like, 'no, I'm not telling you what to write. I'm just breaking up the question so you understand it properly. So you can give your own opinion'. … Because this project for them, not for carers". (C2)

Support people also sometimes helped to take action, when participants needed physical assistance to carry these out.

"She's been very brainy with all the different things and knowing what to do, where to get things from, and she knows how to pack everything. … And it's just great to have someone with such good knowledge of where to get everything from. And it's just great to have someone there by my side". (C2)

While they may have needed assistance for some planning tasks, and would often still require assistance during an emergency, people with disability demonstrated many capabilities in emergency preparedness. In fact, their experience living with disability was often a strength they harnessed when planning for emergencies because they were accustomed to being organised, directing their care, being flexible, and preparing contingency plans.

"For many years. I've had to make, do with what I've got. Um, it also makes me more, more flexible and I would have problem solved a bit better". (C1)

P-CEP Training Program – areas of strength and suggestions for improvement

Participants **praised the format, training strategies and tools**, and reported positive outcomes from the workshop.

> *"… I thought that the breakout rooms and having subject matter experts and really being led by the group was great, and they all seem to get to know a decent place by the end of it".* (K)

> *"I found the workbook really helpful. It was able to prompt me with things that I might not have thought about".* (J)

> *"The training has really been spot on. The only thing that I would change on my part is why didn't this sooner?"* (C2)

They **suggested changes to make the training more accessible**, highlighting gaps for people with vision impairment and for people who may have found the content complex. Several participants felt that having the workbook in separate sections may make it easier to use, cheaper to update, and easier for people who use screen readers. They emphasised the importance of using simple language, easy read formats and images for learners who may struggle with reading or complex information.

> *"The material. Yeah, really, really good. Thanks. Just a little bit of a touch up with different things, whether it be easy English and some more pictures. Or whether it be Auslan signing, as a video that has been signed".* (J)

Participants also suggested way to manage the challenge of teaching a group of people at different stages and with diverse learning needs.

> *"But whether there are some times when you're all together and then other times when you separate, so the people who can work through something in a quarter of the time, they're still able to be engaged and interested through the process".* (H)

They also suggested ways to help facilitate action, not just talking.

> *"Problem is whether then people will just say,' yes, I'm ready' when they're not … and so it's really hard to capture their knowledge. So, whether there's certain questions that you can ask each person to ensure that they've actually added a certain page ... an open question where they have to explain something".* (H)

Emerging Role as P-CEP Facilitators

P-CEP Facilitators told us about the importance of P-CEP in helping them to make their own plans. They reflected on why they and other people with disability need P-CEP. They said that P-CEP helps you to:
- *think about* your everyday support needs and what you will need in an emergency.
- *understand* emergency risks where you live, work and play.
- *match* your emergency plan to the supports you need in an emergency.
- *talk with* others about your plan and get the help you need.
- *work with* emergency personnel to increase safety for people with disability in emergencies.

There is coherence between the aim of the P-CEP Education Program for the Facilitators and their understanding about what P-CEP is and how it can assist people with disability to make an emergency plan.

ACTION: The researchers summarized their ideas as 5 key messages that the P-CEP facilitators can use to explain what P-CEP is to develop awareness among their peers about P-CEP. These were made into a PowerPoint Slide deck and shared back with the facilitators.

The P-CEP Facilitators also told us about how they see their role as facilitators – when bringing the lived experience of disability and P-CEP planning to other people with disability. They offered three specific pieces of advice about their role:
4. *"We need to break it down to make it easy to understand."*
    They recognized that two P-CEP tools them to do this. They are:
    - The Capability wheel
    - 4 Steps
5. *"We need to know what we are talking about before we engage with others."*
6. *"We need to have our own plan before we encourage others to plan."*

The first two speak to confidence with using the P-CEP Workbook as a conversation guide. The third speaks to being a role model before enabling preparedness in others.

Some of the Peer Facilitators are more confident/ready to share the key messages about P-CEP with others. It is evident that the P-CEP facilitators will need support from their disability advocates (at GDAI/VALID) to develop their capability and confidence with enabling others to learn and use P-CEP.

Facilitators are eager to share the message about P-CEP. They had questions about how to progress awareness raising and information sharing about P-CEP. Two specific and practical questions were asked:
1. *"How will we source people who want to learn about P-CEP?"*
2. *"How will we engage with them to learn about P-CEP?"* (especially given COVID restrictions)
    - Online?
    - Face to face?
    - Group?
    - Individual?

Summary of Key Discussion Points:
- There is agreement from the group about the enormous value of the <u>disability advocates</u> (noting that 4 were trained in P-CEP alongside the facilitators – three from GDAI and one from VALID) in supporting the <u>P-CEP Facilitators</u> to share their lived experiences of P-CEP planning with others.
    - Some facilitators have already been practicing this with support from their disability advocates (e.g., VALID's Peer Action Group have been meeting regularly and practicing on each other).
    - Facilitators will need support from disability advocates to enable P-CEP with others.
- Everyone agreed about the need to sustain the momentum we have built together around P-CEP.
    - COVID has been a significant challenge to us moving forward – but there are things we can do and capabilities that can be leveraged.
- Capabilities of the group:

- The disability advocacy organisations can draw on the networks of GDAI and VALID to promote P-CEP with others (recognizing our project targets – exposing 50 people to P-CEP; enabling tailored plans with 20 people).
- The Poster Campaign1 (which we started in August 2021 to profile the P-CEP Facilitators and advocates) is a great way to draw attention to the developing capability in GDAI and VALID with P-CEP
- GDAI is well-positioned with 500 members in Gippsland communities served annually to recruit people to learn about and make a P-CEP Plan (to meet those targets)
- VALID and GDAI are also well-positioned to trial the P-CEP with people with Intellectual Disability. This may work well in a group format over a series of sessions and with participation support. The University of Sydney is willing to support this.
- Whilst we wait to be able to host our disability-inclusive emergency planning workshops in the community, we discussed different ways we could source people to share P-CEP with, and how we might engage them in the process, particularly during current restrictions. Some of our ideas included:
  - Using social media to get the word out about P-CEP.
  - Connecting with local stakeholders and organisations such as East Gippsland Shire Council Disability Advocacy Group, CFA, SES, Primary Care Partnership, Home and Community Care Programs and the Sale & Aged Care Network.
  - Showcase the project and share information about P-CEP at the VALID expo in November.
  - Sharing P-CEP information using teleconferencing or video conferencing.
- **ACTION:** The P-CEP Facilitators and disability advocates each identified something they will do immediately to promote P-CEP through their role/networks.
  - Talking to community groups about P-CEP
  - Make P-CEP an agenda item on the next Disability Advisory Committee Meeting
  - Exploring how P-CEP could be embedded within the intake process for new clients.
  - Talk to people in the community about P-CEP
  - Keep working in peer-action groups.
  - Staying connected with the group.
  - Working through and sharing the COVID-specific P-CEP guide https://collaborating4inclusion.org/home/covid-19-person-centred-emergency-preparedness/
- People we need to be talking with:
  - Other people need to learn about P-CEP including:
    - service providers in the community and disability sectors,
    - emergency personnel,
    - council staff in emergency management and disability inclusion roles.
  - If we can promote P-CEP with these people, there will be greater capability to support dissemination of information across Gippsland communities. Service

---

1 Maureen: https://www.facebook.com/photo/?fbid=299786621946121&set=pb.100057443568506.-2207520000.

James G: https://www.facebook.com/photo/?fbid=300376465220470&set=pb.100057443568506.-2207520000.

Bianca: https://www.facebook.com/photo/?fbid=301772025080914&set=pb.100057443568506.-2207520000.

Cam: https://www.facebook.com/photo?fbid=303630228228427&set=pb.100057443568506.-2207520000.

Feel free to follow Disability Inclusive Disaster Risk Reduction in Australia – DIDRR Australia on

Facebook: https://www.facebook.com/disabilitynaturaldisasterstudy to continue following the poster campaign online.

providers have potential to reach more people with different support needs in emergencies.

- GDAI, VALID and our participating partners (e.g., Councils, CFA, SES) are well-positioned to increase awareness about P-CEP in Gippsland communities
- **ACTION:** we agreed to co-host two webinars for this purpose with support from the University of Sydney

Acknowledgement

To cite this report:
Villeneuve, M., Subramaniam, P., Simpson, B., & Chang, J. (2021). *Locally Driven Disability Inclusive Emergency Management Planning in Victoria: Report on the P-CEP Peer Action Leadership Program.* Centre for Disability Research and Policy, The University of Sydney, NSW, 2006

Appendix Item 1:

Detailed summary P-CEP Peer Action Leadership Program

Introductory Session	
Date	Monday, 23rd November, 2020
Time	11:00am – 12:30pm.
Location	Online
Attendees	Peer-Action Leaders – 9
	VALID & GDAI Staff Members - 4
	University of Sydney Project Lead (Michelle Villeneuve)
	University of Sydney Research Assistant (Parvathi Subramaniam)
	Other Support Staff – 2
	Emergency Service Personnel – 0
	Local Council Personnel – 0
	Other (guest) - 1 (Peter Tully, P-CEP Peer Leader, QDN)

Session Summary

In this session, participants were:

- Provided with an overview of the goals and structure of the program.
- Provided with the opportunity to get to know the facilitators and other participants.
- Engaged with learning tools and resources that will be utilised during the program e.g. the P-CEP workbook and Zoom functions.
- Provided with information about how to seek support for their mental health.

The following information and resources were provided to participants at the end of this session:

1. **Person-Centred Emergency Preparedness (PCEP) Workbook:**

The PCEP workbook, that contains information on how to prepare for emergencies, can be accessed online at our website: https://collaborating4inclusion.org/pcep/. Here, you can also find videos of other people using the PCEP tool, as well as more information about our project. We welcome any feedback you have about the PCEP workbook, so please feel free to pass this on to us via email.

2. **Accessing Support for your Mental Health:**

Thinking and talking about emergencies can make us feel worried, frustrated or upset. It is important to seek health to manage our mental health. You may find it useful to contact the following numbers:

- **Lifeline:** 13 11 14
- **Kids Helpline (If you are aged under 25):** 1800 55 1800
- **Beyond Blue:** 1300 22 4636

You can also visit your GP to get a **mental health care plan** to access sessions with a psychologist.

3. **Accessing the recording, transcript and slides from Monday:**

Please see attached the transcript from Monday's Zoom session. You can also access a recording of Monday's meeting by clicking https://cloudstor.aarnet.edu.au/plus/s/HW8EDXi3Zv2nJkU

4. **Training Dates:**

The first lesson of the program will take place on December 7th, 2020, from 11am - 1pm. We will be in touch soon with specific resources.

Thank you again for your attendance and engagement. Please feel free to reach out to myself, Michelle or your contacts at VALID or GDAI if you have any questions, concerns or feedback regarding the program, or suggestions on how we can best support your participation.

Step 1: Understanding everyday strengths and support needs	
Date	Monday, 7th December, 2020
Time	11:00am – 1:00pm
Location	Online
Attendees	Peer-Action Leaders – 10
	VALID & GDAI Staff Members - 5
	University of Sydney Staff Members – 2
	Other Support Staff – 2
	Emergency Service Personnel – 1
	Local Council Personnel – 0
	Other - 0

Summary of Session
In this session, participants were:

- Introduced to the capability wheel, as a tool to understand and explore strengths and support needs.
- Introduced to the concept of support networks.

The following information and resources were provided to participants at the end of this session:
Knowing how you manage every day is the first step in planning for how you will manage in an emergency. We worked around the capability wheel to discuss our support needs and learn about that of others. We discussed:

1. **Communication:**
   o Communication is about the ways in which we get, give and understand information.
   o We spoke about different things that assist our ability to communicate, including the language and tone that is used as well as voiceover technology. We also discussed how these needs are impacted in an emergency and where we turn to in order to receive accurate and timely information.

2. **Management of Health:**
   o Management of health includes medicines, nutritional, exercise, health or other treatments or therapies that help you to maintain your well-being. This also includes how you manage wounds, catheters or ostomies, access to medical supplies or equipment.
   o We shared the different things we do to manage our health on a day-to-day basis, and how these change in emergency situations. Suggestions were made about how our mental health could be addressed during an emergency as well as how we could continue to manage our wellbeing from a medical perspective, including having advanced prescriptions or online prescriptions.

3. **Assistive Technology:**
   o Assistive technology is any device, system or design, that allows you to perform a task that you would otherwise be unable to do. Assistive technology can increase safety or make tasks easier to do. It can include anything (e.g., tool or device; high or low tech) that assists you to carry-out your daily activities.
   o We discussed the different types of technology we use, and how they support us every day. We also shared how our ability to access and use these things may be impacted in an emergency, for example, if there was no power or internet access. Things that were suggested to support the management of this need in an emergency included preparing

for relief centres to have necessary assistive technology, such as portable oxygen and pressure mattresses available.

4. **Personal Support:**
   o Personal support is the assistance received from another person for personal care or support with activities of daily living. It can include both practical and emotional support that enables you to do the things you want, need or have to do every day.
   o We discussed the ways in which we give and receive personal support, how often and in what way we access this support. We also spoke about how these services may be impacted in an emergency and how we would manage this. Things that were suggested to support the management of this need in an emergency included additional training for support workers and communicating care plans in a written format to assist new support workers to provide personal support during emergencies.

5. **Assistance Animals, Pets and Companion Animals:**
   o Assistance animals provide an important service that helps some people to more fully participate in personal and public life activities with more confidence and independence (e.g., mobility guide; hearing assistance; diabetic, seizure alert or response; emotional support, etc.). Pets and companion animals are very important to many people.
   o We spoke about the different roles animals play in our lives and how we care for them.

We did not get a chance to discuss the final three areas of the capability wheel. These are:

6. **Transportation:**
   o This could be a car, bus, train, taxi, walking. How you get around from one location to another and includes independent travel and travel with others (e.g., family, support worker), including assistance animals and pets.
     ➔ Think about your daily transportation needs, what supports do you have in place to enable you to get to and from where you need to go?

7. **Living Situation:**
   o This is where you live and the context of your home situation including who you live with, the type of building, how long you have lived there, the accessibility, safety, security, and adequacy of the physical environment, and the location.
     ➔ Think about the features of your living situation, what features of your home and community support your independence and ability to complete daily routines?

8. **Social Connectedness:**
   o This refers to the relationships between you and the people in your community. These relationships may be personal (e.g., family, friend, neighbour) and/or professional (e.g., service provider, community leader).
     ➔ Think about your social connectedness, who do you regularly connect with and how do you do this? Who connects with you?

Support Networks:

Understanding our support networks is an important part of understanding our everyday strengths and support needs. This involves a detailed understanding of our relationships. We can consider our support networks to be made up of several layers, varying in their degree of closeness to us. These layers are:

1. Your support network starts with you. You are at the centre. Think about the ways in which you support yourself every day.
2. The next layer are people closest to you, that you connect with daily. This could be your family, neighbours, carers or peers. The people in this layer are different for everyone. Think about how you communicate your support needs to others.
3. The next layer are connections through regular activities such as: work, school, volunteering, religious affiliation, clubs, community groups, fitness, peer support and other activities (e.g., online activities).

4. This layer is your connections with professionals (e.g., service providers, community leaders). Whilst you might see these people regularly, the nature of your relationship is different to friends, peers or family.
5. The last layer is the wider community that you are part of. This is where you spend your time. There are people within this community that support you, but you might not rely on them every day e.g., where you get your food or your haircut

Helpful Links and Resources:
- PCEP Workbook: Please see the links below to access the PCEP workbook online. Here, you will find each area of the Capability wheel as well as space to write and reflect on how this area applies to you.
    - Screen reader enabled PDF: https://collaborating4inclusion.org/wp-content/uploads/2020/08/2020-08-19-Person-Centred-Emergency-Preparedness-P-CEP-WORKBOOK_FINAL.pdf
    - Screen reader enabled and form-fillable version: https://collaborating4inclusion.org/wp-content/uploads/2020/08/2020-08-19-Person-Centred-Emergency-Preparedness-P-CEP-WORKBOOK_FORM_FINAL.pdf
- Zoom Recording: Please see the following link to watch a recording of the Zoom session. https://cloudstor.aarnet.edu.au/plus/s/tT0VjX5ML2Du1Mi
- Transcript of Zoom Session

Follow-up activities
- Before our next session, please see the PCEP workbook and complete Step 1. Specifically, fill out the sections of the capability wheel and reflect on what areas you may need to plan around in case of an emergency. Pay close attention to the areas of the wheel were did not discuss during the session.

Thank you all for your enthusiasm and ongoing commitment, we will leave you with an image containing everyone's one word reflections of yesterday's session.

Step 2: Know your level of preparedness and understand your disaster risk

Date	Monday, 1st February, 2021
Time	11:00am – 1:00pm
Location	Online
Attendees	Peer-Action Leaders – 7
	VALID & GDAI Staff Members - 4
	University of Sydney Staff Members – 2
	Other Support Staff – 2
	Emergency Service Personnel – 3
	Local Council Personnel – 1
	Other (guest) - 1 (Peter Tully, P-CEP Peer Leader, QDN)

Summary of Session
In this session, participants were:

- Supported to self-assess their current level of preparedness
- Introduced to individual and organisational responsibilities before, during and after emergencies
- Interacted with local council and emergency service personnel to learn about local disaster risks and supports.

The following information and resources were provided to participants at the end of this session:

- **Recap of Step 1:** We opened the session by reviewing our key learnings and application of Step 1. Many group members identified that they had several elements of the capability wheel that were priority areas for them. Many of these elements overlapped between group members and helpful discussions were had to address some of the challenges that may arise In an emergency. We encourage you to continue thinking and planning around these elements and having discussions with your support network to help identify potential solutions for preparedness.

- **Level of Preparedness:** As a group we discussed that there are different levels of preparedness. We asked the group to self-identify where they stood on a scale ranging from 1 – haven't thought about it at all - to 5 – reviewed actions and told others. It is important to acknowledge which level of preparedness we are in currently, in order to assist us progress through each stage in a sustainable manner, It was very pleasing to see that most group members were at the upper end of the scale. We discussed that this is likely due to the lived experience of emergencies as well as the experience of advocacy within the group. We discussed the importance of remembering that emergency preparedness is a process, not a one-time event. When working with others to enable their own person-centred emergency preparedness, it is crucial to identify and meet each person at the level of preparedness they are in and work up the scale.

- **Your responsibilities before, during and after and emergency:** We heard from Sheryl McHugh (Wellington Shire Council), Tamara Bush (CFA) and Jane Fontana (SES) who shared their knowledge and experience about the different roles they have played in emergency preparedness, as part of their roles in council, CFA and SES. This assisted us in identifying our individual responsibilities in an emergency, as well as the responsibilities of community organisations, and how they can assist our individual preparedness. Several helpful resources were discussed and shared. These included:
  - *VicEmergency App:* https://www.cfa.vic.gov.au/plan-prepare/vicemergency-app#:~:text=The%20VicEmergency%20app%20is%20the,the%20new%20Vic%20Emergency%20app.
 - *CFA Website:* https://www.cfa.vic.gov.au/warnings-restrictions/total-fire-bans-and-ratings

It was also great to see the steps group members have already taken to increase their preparedness, including starting to put together stay and go emergency kits. We concluded a Q&A session with Sheryl, Tamara and Jane, who have kindly offered to continue their involvement with our group.

Follow-up Activities and Links:

- Before our next session, please review Step 2 and complete pages 36 and 37 of your workbook, in preparation for Step 3.
- **Step 2 Recording:** https://cloudstor.aarnet.edu.au/plus/s/EGNXhMHMkfUdr9c
- **Facilitation Guide:** We discussed that our lessons are being developed into facilitation guides that will assist you in facilitating PCEP in the community. Please see attached the latest versions of these guides for Step 1 and 2 of PCEP. We welcome any feedback about the content, layout and structure of these guides. This can be sent directly to Parvathi at psub0487@uni.sydney.edu.au
- **Step 3 Zoom Link:** https://uni-sydney.zoom.us/j/82042111812?from=addon

At the end of the session, I asked each person to share their one-word to summarise their learning and experience of the day. This is pictured below:
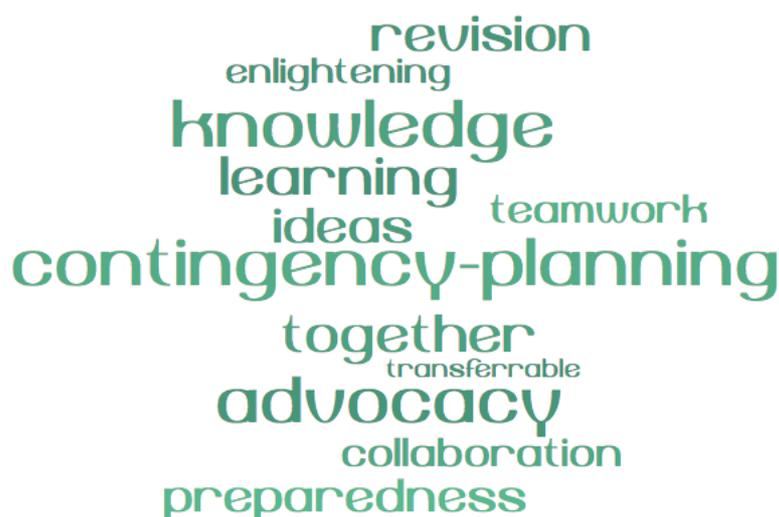
Step 3: Make a plan for how you will manage your support needs in an emergency	
Date	Monday, 1st March, 2021
Time	11:00am – 1:00pm
Location	Online
Attendees	Peer-Action Leaders – 6
	VALID & GDAI Staff Members - 4
	University of Sydney Staff Members – 2
	Other Support Staff – 1
	Emergency Service Personnel – 1
	Local Council Personnel – 1
	Other - 0

**Summary of Session**
In this session, participants were:

- Introduced to ways we can respond to an emergency (stay and go)

- Supported to identify their priority areas on the capability wheel.
- Supported to identify actions they could take to increase their level of preparedness.

The following information and resources were provided to participants at the end of this session:

Recording of Session: https://cloudstor.aarnet.edu.au/plus/s/5DTKU3K9wwKf9D8

In Step 3, we used what you have learned about your everyday support needs, local risks and supports to make a plan for how you will manage in an emergency.

Decision making in emergency response – Stay or Go?

We discussed that there are two ways to respond in an emergency. They are to stay (shelter in place) and go (evacuate). Many people shared their lived experiences of both scenarios. We discussed that sheltering in place is recommended in all situation **unless** you are in the direct path of a hazard.

We placed ourselves in both situations to identify the reasons/barriers in enacting these plans. Please see the group discussions attached. Engaging in the exercise assisted us in establishing our priority action areas and get us started in developing our own preparedness plans.

Emergency preparedness is a process, not a one-time event:
In breakout rooms, we discussed different areas of the capability wheel and how these needs change in an emergency. We also discussed tips and strategies to plan around this.

A key message that was shared was that we need to take actions over time to ensure our preparedness. To conclude our session, we discussed an action we would take that day to increase our preparedness. These are pictured below:

Actions we will take to increase our preparedness:

- I will buy a torch and batteries
- I will begin deepening the conversations with the people we are privileged to work with face to face
- I will take the spare tube out and put it into the wheelchair
- I will buy three more 20L jerry cans so that I can have a supply of 100L of water available
- I will buy some cat litter and find my will.
- I will find my long canes.
- I will get out my spare battery that charges up my mobile phone and make sure it is charged and ready to take with me with a power cord.
- I will add a few more things to my pack to help manage my stress, like essential oils and an eye mask, to help me keep calm.
- I will go through my workbook and go through the emergency pack step.
- I will continue advocacy work to make sure the message gets out.
- I will keep working on getting more support workers and coordinators to introduce the conversation about emergency preparedness.
- I will do research about setting up a generator at my house.
- I will put petrol in my car.
- I will fix the windscreen wiper fluid on my car.

Step 4: Communicate your plan with your support network and address gaps by working together

Date	Tuesday, 30th March, 2021
Time	11:00am – 1:00pm
Location	Online
Attendees	Peer-Action Leaders – 6
	VALID & GDAI Staff Members - 4
	University of Sydney Staff Members – 2
	Other Support Staff – 2
	Emergency Service Personnel – 1
	Local Council Personnel – 1
	Other - 0

Summary of Session
In this session, participants were:

- Asked to re-assess their level of preparedness.
- Provided with a forum to discuss gaps and unmet needs within their current plans and collaboratively problem solve around these gaps.
- Supported to understand the next steps of the programs through discussion about advocacy and the roles they can take to enable preparedness for others.

The following information and resources were provided to participants at the end of this session:

Recording of Session: https://cloudstor.aarnet.edu.au/plus/s/7OBQGBVr6j3XReT

Reflecting on our stage of preparedness:

We started our session by reflecting on the actions we have taken to increase our preparedness and the things we still need to do. We re-visited the level of preparedness scale to see how this has changed.
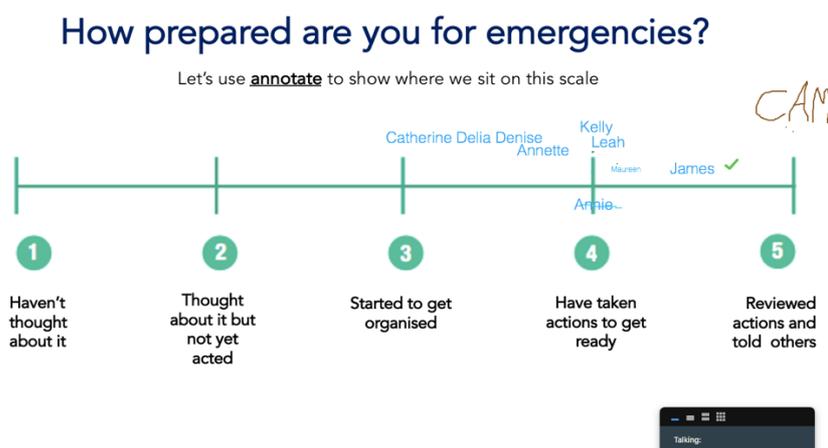
We discussed that Step 4 is about addressing gaps in your plan by talking with people that understand and help you manage your support needs. We also spoke about ways we can communicate our plan to other people, and help other people engage in emergency preparedness.

What are the gaps in your plan?

As a group, we worked together to list the gaps we have found in our plans. We worked together to come up with creative solutions to some of these challenges, however also discussed some gaps require advocacy and community-level change to be fully addressed. The gaps discussed by the group be found below:

Advocacy is…

We heard from peer leaders in Queensland who have also completed training in person-centred emergency preparedness. They shared where the program has taken them as well as what advocacy means and looks like to them. We then engaged in a group exercise to understand what advocacy means to us. The responses from the group can be found below:
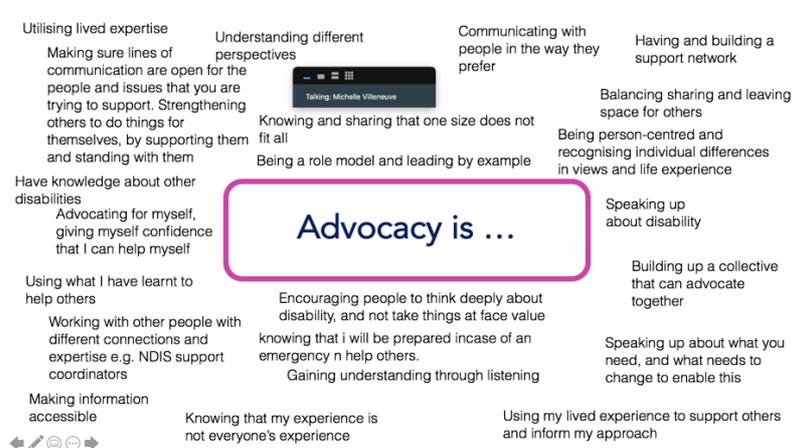
In summary, we discussed the following:

We can help others by leading by example. This means:

(1) Having our own plan that is specific to our support needs, that is communicated to our support network.

(2) Using our experience to encourage other people to prepare and connect them with resources that can help them prepare, like the PCEP workbook, emergency services in the local area or apps

(3) Working with the local council and emergency services to help them become more aware of your support needs to help community plans become more inclusive

We concluded our session with one word to describe our experience of the session. This can be found below:

Where to from here?

Michelle discussed the next steps of the project. This will include:

(1) **Multi-stakeholder consultations** in Wellington Shire, East Gippsland and LaTrobe Valley. The dates of these consultations are being finalised, and you will be notified when this has occurred.
(2) **One to one catch ups**: Parvathi will be in touch with everyone via email to arrange a time for an individual Zoom call. These calls will take place at a time that is convenient for you on either **Wednesday 21st April, Monday 26th April, Tuesday 27th April or Wednesday 28th April.** If you already have a day and time on these dates that works best for you, please let Parvathi know via email (psub0487@uni.sydney.edu.au)
(3) **Evaluating the program and your progress:** If you have not done so already, please complete the evaluation of training survey. It can be found at this link: https://redcap.sydney.edu.au/surveys/?s=DAXXKDWYWN

End of report