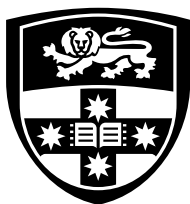# DISABILITY INCLUSIVE EMERGENCY PLANNING (DIEP)FORUM

SOUTHERN DOWNS DIEP FORUM

Citation:

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

THE UNIVERSITY OF SYDNEY

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"..some workers felt a sense of guilt for not being able to look after their clients' face to face or not being able to be there for them. With the guilt came a feeling of frustration as well".

PURPOSE

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

THIS DIEP FORUM WAS HOSTED BY SOUTHERN DOWNS COUNCIL IN PARTNERSHIP WITH QUEENSLANDERS WITH DISABILITY NETWORK

Date:	15 September 2022
Location:	Dragon Street, Warwick

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

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

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

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

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

INTRODUCTION

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

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

The research shows that people with disability:

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

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

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

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

INTERNATIONAL POLICY

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

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

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

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

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

NATIONAL POLICY

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

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

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

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

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

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

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

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

This means that:

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

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

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emergency planning and disaster recovery require collaborative effort!

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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DISABILITY INCLUSIVE DISASTER RISK REDUCTION (DIDRR)

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

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

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

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

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

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

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

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

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

Learn more: www.collaborating4inclusion.org

Developing Shared Responsibility for DIDRR at the local community level

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

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

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

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

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

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[13] Varker,T., Metcalf, O., et al., (2018). Research into Australian emergency services personnel mental health and wellbeing: An evidence map. *Australian & New Zealand Journal of Psychiatry, 52*, 129 - 148 https://doi.org/10.1177/0004867417738054

[14] https://knowledge.aidr.org.au/resources/australian-warning-system/

[15] https://knowledge.aidr.org.au/resources/handbook-community-engagement/

[16] Pertiwi, P.P., Llewellyn, G.L., Villeneuve, M. (2020). Disability representation in Indonesian Disaster Risk Reduction Frameworks. *International Journal of Disaster Risk Reduction.* https://doi.org/10.1016/j.ijdrr.2019.101454

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

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

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

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

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

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

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

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

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

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

STUDY CONTEXT

Southern Downs Region – People with Disability and Disaster Management Arrangements

Background
The Southern Downs Region encompasses an area of 7,122 square kilometres. The northern part of the region is a renowned primary producing area. The north-east section of the south has land suitable for agricultural production. Its 2 key waterways are the Severn River and Pike's Creek. The resident population is 35,110 (ABS 2016) with two main population centres being Warwick and

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

Stanthorpe. At the time of the 2016 Census there were 2,527 persons in need of assistance with a profound or severe disability, representing 6.1% of the total population.

Key natural hazards in the region are severe storm, bushfire, floods, urban fire, earthquake, animal and plant diseases, and human epidemics.

According to the Local Disaster Management Plan (LDMP) "there is a wealth of local knowledge and expertise available in disastrous events" (page 22).

The Local Disaster Management Plan
The Local Disaster Management Group (LDMG) coordinates and supports the response capability of different agencies. Entities involved in the LDMG include the regional council, emergency services, emergency service volunteers, Queensland government departments, and a number of advisory agencies. The Disaster Management Act requires the LDMG "to ensure the community is aware of ways of mitigating the adverse effects of an event, and preparing for, responding to, and recovering from a disaster" (page 32). As such, "one of the key long-term objectives of the local group is to provide this information in a timely, coordinated and accessible fashion" (page 32).

The Local Disaster Management Plan describes risk assessment, and risk treatment, and provides details on its approach and processes for capacity building (including preparedness and response actions) and recovery from disaster events. Of relevance for people with disabilities, a Recovery Sub-Plan incorporates elements of "community recovery', which includes personal support, psychological services, temporary accommodation (not evacuation centres), financial assistance and repairs to dwellings.

Apart from noting the number of people with disabilities, the LDMP does not address their assistance needs in preparing for, coping with, and recovering from disaster situations.

METHODOLOGY

Design

We adapted the **Structured Interview Matrix** (SIM)[19] methodology as an innovative approach to disability-inclusive community engagement with multiple stakeholders.

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

Here's how we do it:

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

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

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

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

The makeup of participants in each DIEP forum reflects the nature of the Local Government's connections to their community as well

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[19] O'Sullivan, T.L., Corneil, W., Kuziemsky, C.E., & Toal-Sullivan, D (2014). Use of the structured interview matrix to enhance community resilience through collaboration and inclusive engagement. Systems Research and Behavioural Science, DOI: 10.1002/sres.2250

as the availability, willingness, and capability of participants to attend. Participation can be impacted by other factors including competing demands on one or more stakeholder group and unexpected events that impact attendance of individuals (such as illness) or an entire sector (such as community-level emergencies).

Data Collection

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

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

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

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

Overview of the SIM Facilitation Process

The first phase involves a series of one-on-one interviews conducted by the participants themselves. An interview guide, prepared by the researchers, consists of four questions. On arrival, participants are assigned to a group and each group is assigned one interview question. The interview matrix is structured so that each participant has the opportunity to ask their assigned question of three people and respond to a question posed by three other participants.

Participant interviewers are instructed to ask their question and listen to the response without interrupting. They are also asked to record responses in writing on a form provided.

To support dialogue between participants, pairs take turns asking their interview question over a 10-minute duration. Additional time is provided for participants who needed more time to move between interviews or who require more time to communicate or record responses. The process is repeated until each participant has interviewed one person from each of the other groups. The facilitator keeps time and guides the group so that participants know how to proceed through the matrix.

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

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

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

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

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

Interview Questions Guiding this DIEP forum

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

Group 2: We all need to prepare for emergencies and disasters triggered by natural hazards. What steps have you taken to prepare for emergencies? Probe: If you have, tell me more about your plan.

If you haven't what could you do? Is there anyone who could help you get started?

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

Group 4: Emergency services is usually the first support people think they will rely on in a disaster. In a disaster in your community, what OTHER SUPPORTS could people with disability count on? Probe: Think about where you live, work, and play and the assets near you.

Facilitation Process

The interview matrix technique has the advantage of accommodating the voices of a large number of participants in each session (12 - 40) while ensuring that the perspectives of all participants are heard. This approach overcomes common challenges to inclusive community engagement by ensuring that people can fully engage in the process and benefit from their participation while maintaining efficiency.

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

Following arrival, participants were assigned to one of four mixed stakeholder groups. A morning orientation provided background information on DIDRR including what it means and the timeline of its development in Australia. It was explained that the focus of the DIEP forum is on learning together about:

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

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Participants were introduced to the Person-Centred Emergency Preparedness (P-CEP) framework[20] including a brief case study to illustrate the importance of considering extra support needs of people with disability in terms of functional capabilities and support needs rather than by their impairments, deficits or diagnosis.

The P-CEP covers eight capability areas including communication, management of health, assistive technology, personal support, assistance animals, transportation, living situation, and social connectedness[21]. Introducing the P-CEP framework served the purpose of supporting shared learning among participants, grounded in a common language for identifying and discussing the capabilities of people with disability and any extra support needs they have in emergencies[22]. The remainder of the forum was facilitated according to the three SIM phases.

Each DIEP forum took place over approximately 5 hours including the morning orientation and nutrition breaks. The length of these consultations is important to ensure time invested in meeting new people and engaging in meaningful discussion with people from different backgrounds. This facilitates the development of new community connections and the opportunity to renew or deepen existing relationships[23]. Opportunity for informal networking and engaging in extended discussion during nutrition breaks provides additional opportunities to develop connections between stakeholders.

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

Data Analysis

Data consisted of: (a) scanned record forms from the individual interviews; (b) transcribed audio recordings of the small group

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

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

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

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

deliberation; and (c) transcribed audio recordings of the large group plenary.

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

Analysis proceeded in the following way for each LGA.

- *All recordings were transcribed verbatim and imported into a qualitative analysis software program.*
- *Data was de-identified at time of transcription.*
- *Record forms and transcripts were read in full several times before identifying codes.*
- *Open coding was used to first organise and reduce the data by identifying key ideas coming from participants. This was conducted by two researchers independently followed by discussion of emergent findings with the research team to support reflexive thematic analysis.*
- *Reflexive thematic analysis[24] was used to group codes into categories. This process involves both expansion and collapsing of codes into categories; creation of new categories; identification of patterns in the data; observation of relationships and the development of emergent themes for each LGA.*

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

Since this is an under-researched area and the consultations involved multiple stakeholder perspectives, our aim, here, is to identify predominant themes and give voice to the multiplicity of perspectives in each LGA report.

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

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

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

"People need to have exit plans for emergencies, we've covered that, and also we need to find out their basic needs so that they're supported for the length of time that they need to get assistance, it's not just a week, it could be two weeks, it could be two months, so need to be able to know that their basic needs are provided for the duration of the emergency and afterwards, and provide them with advice on other service agencies that may be able to assist."

DIEP Participants

STAKEHOLDER GROUP	NUMBER OF PARTICIPANTS
Person with Disability or Carer	4
Disability Service	4
Community Service	1

18

STAKEHOLDER GROUP	NUMBER OF PARTICIPANTS
Health Service	0
Organisation or Advocate representing people with disability or carers	0
Government	6
Emergency Service	4
Other (not identified)	4
TOTAL	23

FINDINGS

What did we learn together?

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

Key Learnings in Southern Downs

1. Informal and formal supports are important during disaster events

2. People undertake preparedness activities

3. Red tape hinders the recovery process

4. The appropriateness of evacuation centres

DISCUSSION OF FINDINGS

Learning 1: Informal and formal supports are important during disaster events.

Informal support plays a vital role during disaster events. Informal supports may also involve person to person interactions where the person experiencing disaster may not know the person who is aiding. These interactions are **unstructured and learned through local knowledge**

"..the good thing about it was the community support or family support that worked really, really well, and that was really effective." (G1 – Southern Downs)

"it's going to be the next-door neighbour who checks in on you" (G3– Southern Downs)

"Having people that you can reach out to for shared experience, this person had come from a farming background so had already had those really important habits in place, like having a stock of food, medical supplies, and knowing who you can contact if there was an injury, that type of thing. And also, a shared knowledge of plan. So that if, for some reason you went off the radar, your neighbour knew what your plan would be. So they would maybe know where to find you, that sort of thing." (G2– Southern Downs)

"Once you recognise where you live, talk to older people and talk to people who've been there a long time and they'll tell you what the risks are". (G2– Southern Downs)

"..we lost a house in fires in 2019, that weekend we had nothing, no help except for a guy here in Warwick who did it off his own back and took food to the showgrounds, where was the council?" (G3– Southern Downs)

"Charities and all of those other organisations which probably have a long list of volunteers who are lining up in the case of an emergency" (G4– Southern Downs)

"I think the common denominator with everyone that I sort spoke to was volunteers within the community, rather than service providers and all that. I spoke to a few people who had actually had a few natural disasters happen to them. And the most came from the volunteers." (G4– Southern Downs)

"The neighbours, the friends, the family, those different connections which people had made. And other people were describing the importance of those connections. Because they might not be able to help in any way, shape or form, in the actual heat of the emergency, but they would call up someone and say, "This is not working. I can see where this person with this significant illness or disability is receiving some form of support, but this is going to go pear shaped, and this is why." Because I know, then. I know what happens when things fall over. And because of that layer of connections and that people were looking over their face, or whatever it might be, they were able to step in and, not necessarily literally physically deliver what was needed, but make the connection so that it did happen." (G4– Southern Downs)

"Because he was living in a rural isolated area, I asked him and he was cut off about three days plus, so I had asked him, "Did you have enough food? Did you actually have everything you need?" And he said, "Actually, yes we did." And I said, "Is that because you just tend to have that much food at home, or had you prepared in advance?" He said, "Actually, the neighbours, we were sharing food." There were eight neighbours were sharing eggs because they're in a rural area. Although they were cut off from typical supermarkets and that, actually neighbours were sharing food between them, as you would find in a rural area. I guess for them, that is something that actually worked well." (G1– Southern Downs)

"And that there's no one central point of information that's being provided that they can access. It's word of mouth or it's a friend of a friend, of a friend of a friend." (G4– Southern Downs)

In comparison, we learned that **structured** supports are also available in the community during disaster. These structured interactions involved **actions / activities conducted by organisations**.

"Assess the risk at the client's home of what their needs might be. Establish an emergency plan for floods, fires, et cetera, things like that. Engage with other service providers, such as chemists, again, GPs, allied health aged care. And just to make sure so that every aspect of support needs are met."(G2– Southern Downs)

"Intake forms will be modified to include emergency planning for their agency." (G3– Southern Downs)

"..a lot of these people that come in and you have to ask a lot of questions to actually get to the bottom of what their needs really are because a lot of people find it very hard to ask for the assistance that they really need, so they've got a form a relationship with that person and create a trust between the two, so they make sure that they are supplying them with all the needs that they need." (G3– Southern Downs)

"Emergency plans, prepare for emergency plans, so the organisation has one, plus as well as the person, so contacting them by phone if they can't be reached physically. So yeah, home risk assessments, organising clients to safety before, people to safety before if they've got time so, yeah, and just to make sure they've organised the exit strategies." (G3– Southern Downs)

"People need to have exit plans for emergencies, we've covered that, and also we need to find out their basic needs so that they're supported for the length of time that they need to get assistance, it's not just a week, it could be two weeks, it could be two months, so need to be able to know that their basic needs are provided for the duration of the emergency and afterwards, and provide them with advice on other service agencies that may be able to assist." (G3– Southern Downs)

"And they've got a new programme that they're rolling out, taking the information to people in the community, so this one was called Rolling Rural, and they're actually taking it to skate parks, to talk to people in the environment that they're in, which I thought was really great". (G3– Southern Downs)

"I actually heard some people mentioning that at a community level where different services would work together and use the same space just for the

common goal of helping, supporting the greater communities." (G1– Southern Downs)

"That was definitely the case for the bush fires in Stanthorpe. They dragged on for quite a while, but it was not the same as COVID, but there was a lot of community activities afterwards to just keep the conversation going, not just bury it when you're probably young and worried about whether or not your home or your school, or one of your friends is going to be injured by the next fire." (G4– Southern Downs)

But for organisations there appears to be an issue of **'what next'** and **enacting reliable** community level relationships and activities that address issues beyond individual needs.

"..they've obviously done risk assessments, and in doing those risk assessments, they were surprised at how vulnerable people still are, so what they've done is highlight the issues, but then the question is, what do we do with this information now? How do we transpose that into how we get some planning around how we stay safe? So there was help for individuals to mitigate their issues by talking to them about their individual needs, they're now trying to help them to mitigate those issues." (G3– Southern Downs)

"You release that trust on the services, and that's your primary role and that is to refer out, but you've got to have trust. And that's why you said you have key contacts that are reliable, that you work with on a continual basis, that you know have that follow through. But it extends far past that, doesn't it?" (G4– Southern Downs)

"And then during the recovery, having those disability contacts, they were actually running around and trying to get food for them, as well as communicating with charities and putting them in contact with these people as well. And I think the biggest challenge in terms of that, so was, they didn't know who else was involved in that process, they didn't know who should be... Although, they had their contacts and they knew some of the charities and was trying to connect with them altogether, they didn't know, I guess, who was missing from that or who should be included..." (G3– Southern Downs)

".. organizationally organisations had plans, but they didn't have plans around supporting community, exit strategies, supporting people with disability and that led to not being much help during the floods. "(G3– Southern Downs)

"Their home is actually going to go under, but they might be in an area where the power is lost or something and that's an issue too. That's where we sort of rely on service providers to stay informed and feed into all of us working together to make sure its are supporting those people." (Large group– Southern Downs)

"I think a strength is the community in general, and just the overall attitude that everyone's sort wanting to... is willing to get in and help and participate and volunteer. But a big challenge that I've discussed with a lot of people here today is the capabilities of the preparedness within the services that are provided to people with disabilities. So, it's all well to have your own emergency preparedness plan, but if the service providers that you are engaged with aren't aware of that or aren't prepared themselves as an organisation, it's a constant downfall. It doesn't really work." (G4– Southern Downs)

"I think myself, in my role as a support coordinator, would be making sure that all the service providers involved with my participants are involved in the emergency preparedness plan as well." (G4– Southern Downs)

"You would refer someone to a particular service, and I trust the service, but then there was no other connection. And so you didn't know if they actually made it, if they had received the service. And I'd imagine, for the support workers and the carers, because even at the higher level altogether because they've literally got some sort of psychological connection with the person, whereas mine was for 10 minutes." (G4– Southern Downs)

"For some of the service agencies or Red Cross, for instance, they feel that they have to trust that everything is being actioned by the other agencies, and that's sometimes hard to have that trust and confidence that that's happening, and I guess that's communication, will help to overcome that, and not having enough knowledge on legislation, and also on what they can and can't do." (G3– Southern Downs)

"That's probably the ugliest part about it, is just that everybody's responsible in some way, shape or form. You can just pick your level of responsibility or assign it to yourself or your organisation. But no one is really responsible. If you were to look at a community and resilience, and the people with disabilities who are trying to access these services, at the moment who is responsible? Everyone and no one, it seems like. And that's the part which is ugly". (G4– Southern Downs)

"I spoke to a couple of people that work in NDIS and they talked a bit about how they get this sort of direction and guidance, but whether it kind of translates into on the ground support and whether it translates well is a question mark. And also because sometimes they're not really working in a crisis situation that that's not always a focus, so more sort of support in that space would be helpful." (G3– Southern Downs)

"I talked to someone from TAFE and so they were talking about how they don't necessarily focus on disaster preparedness, but definitely have a section of the organisation that supports students that have a disability to be able to access the courses and make any adjustments that they need to be able to do it in a safe way, and then they were talking about when the floods happened here, that they still... It's really important from a duty of care perspective that they make sure all their students are safe, so they were calling around and they cancelled the classes on the day, they were calling people to make sure that they weren't coming in and weren't putting their safety at risk by having to drive through potentially wet weather or floods or anything like that". (G3– Southern Downs)

An organisation's ability to deliver supports is impacted during disaster because **their key resource, the workforce is also impacted.** This has **pronounced implications for people who rely on support services** and can **impact continuity of care.** It is not clear whether there is a greater workforce impact such as shortage of care workers on communities that experience frequent disaster events and whether this is considered an example of 'thin market' on a legislative level.

"..there has been staff shortages, not being able to access medications because there were locked in standard, for example." (G1– Southern Downs)

" but everyone is finding they don't think we're ready over a lack of volunteers in their organisations based on that and COVID" (G1– Southern Downs)

" the worker himself was an isolated area, so he was stranded, which meant he couldn't see his clients." (G1– Southern Downs)

"There has also been staffing shortages in the past few years due to COVID or people having been locked into their properties or their communities because of flooding or other disasters." (Large group– Southern Downs)

"So collaboration: How can we do this now without paid employees in organisations and not having to rely on people that just aren't there." (Large group– Southern Downs)

"Their people are most at risk if their particular frontline worker is not available, so in an emergency, sometimes frontline workers, for their own reasons are not available. In regard to training, support coordinators need to be able to have more training on how to find solutions, participants need to be known to the disaster coordinators, the police, fire service, emergency services." (G3– Southern Downs)

"not being able to see clients face to face, so they had to rely on phone communication, and they found that often over the phone clients would say, "Yeah, I'm okay. I'm doing fine." And then when they would eventually go and see them face to face, they realised that they were not doing fine". (G1– Southern Downs)

"Having to rely on technology, often it was unreliable, and some of our clients don't have technology. Communication technology unreliable". (G1– Southern Downs)

"I know that the road was cut and staff from this end, couldn't get to that end, and they had to deal with whatever staff was available at the other end, that wouldn't have happened in two days, but it did happen"- (G3– Southern Downs)

The **mental health and wellbeing** of the workforce can be significant, with potential long-term impact on ability to deliver supports to people with disability.

"…one that was mentioned was their guilt as a worker in the space, not being able to provide supports in a way that maybe as effective as it normally would be" (G1– Southern Downs)

"..guilt and- Feeling inadequate. Yeah. Yeah. Unable to help." (G1– Southern Downs)

"..mental health and from the staff providing the support as well, because the amount of work and the amount of things that happened this year, and sometimes they're part of that community that has been affected, and they have to put that on the side to be able to provide support and care. There was a mention on also making sure of the wellbeing and the mental health of the people providing the services and support is looked after." (G1– Southern Downs)

"..disaster fatigue was something a number mentioned, that if we're preparing for yet another one, we're expecting more floods very soon" (G1– Southern Downs)

"..some workers felt a sense of guilt for not being able to look after their clients' face to face or not being able to be there for them. With the guilt came a feeling of frustration as well". (Large group– Southern Downs)

"The main challenges that came out of our interviews were communication in terms of lack of communication and being isolated. Not having face to face contact with clients or fellow committee members. And that had a massive impact on our mental health, on our emotional health as well, and our relationships." (Large group– Southern Downs)

"It's so depressing. If I watch the weather, it makes me cry. Well, they keep telling us we're in for another wet season in our downtime. We haven't even got off season". (G2– Southern Downs)

"... it makes me nervous. We've been activated for six months." (G2– Southern Downs)

"Before the emergency, the agency didn't have a plan, another agency with no plan, but they did have one client who needed assistance, so our support worker went to their house and helped him to pack up, and off the person's own back, the support coordinator rang around to find out accommodation, wasn't a workday but they still went in to get some alternative accommodation. "(G3– Southern Downs)

We learned that **behind the scenes**, decisions and implementation of supports provided by emergency services is **complex.** It differs from the organisational experience.

"Our SES teams go and physically knock-on doors house to house and if they can't find someone, there is another process in place to see how we can get to find those people and an issue an ordinance. It is a mobile SES that come out and go around, but once we are active, we set up a centre and the different groups come into to that centre. The experts, like her we see in the centre, and obviously the coordinator will be sitting there and the police will be sitting there. All these troops will be sitting there in the room and there will be conversations." (Large group– Southern Downs)

"they don't have the resources to be able to support everyone, so people knowing that helps them to build their resilience and build their plan and have a plan for themselves so that they're building that self-efficacy" (G3– Southern Downs)

"That's a really good point because emergency services, we are a finite resource. We love to get out and help everyone during an event. There is only so many of us. We can't be everywhere at once." (Large group– Southern Downs)

"Ultimately, if there is water that's going to be an issue or an issue there, I rely on that expert information to advise me so I can make a decision with the best information I can possibly have right now. After a disaster is straightened, we then meet as a committee and we say, "what could we do better?" What went wrong, what was good, and over time I can tell you that the disaster committee is so far superior than it was when I started on council nine years ago." (Large group– Southern Downs)

"One of the things that, to make decisions you need really good information. That's what you're talking about, Cathy. If you have their information, you can

make the decision and that's 100 percent right. But in the last flood, we had two roads that we could access, like we have a flood mapping tool and it's a live tool so we can see if there is 100 millimetres of rain here, how is that going to affect the river? We can pinpoint that, and its very, very close. The thing that we can't do with the model is where we don't have any tools." (Large group– Southern Downs)
"The SES go door knocking a day ahead when they know that it's going to come up to this certain level on the LDMG, then they'll go and door knock this whole area and give you a day's notice." (G2– Southern Downs)

"Information data is one of our biggest barriers. I said this morning that governments and emergency services don't have data. The extra support needs to be on disabilities and emergencies. I think that's actually one of the most pressing things we need to think about. How do we collect that data? How do we communicate that data? How do we make informed choices and then responses to the information. It's a lot of pressure to have to make those calls in an emergency situation." (Large group– Southern Downs)

"I just want to point out what community level planning is then up against in terms of accessing the right information well in advance of a disaster to build that in to the local emergency management plans. Put that up there as food for thought about how we might think about the sea of communications in that as a potential driver for seeing what we might be able to achieve." (Large group– Southern Downs)

"In the fire brigade, they call a lot of people living in the eye zone. Whereas a lot of the forest to tribe, area more and more people are building into those areas and it's making it harder for the fire service to defend them. Because there's some areas in the Adelaide Hills, the service won't go. Because they can't turn around". (G2– Southern Downs)

Organisations are also subject to **finite resources,** potentially impacting capacity to deliver supports and management of realistic expectations about what is possible.

"..where there's a disconnect in some services where they don't have an after hours. So some services that they need to access are only a Monday to Friday service, so if something were to happen on a weekend or after hours, there are minimal emergency services available." (G4– Southern Downs)

" ..it's a finite resource. As most of these services, whether it be hours or capacity with staffing levels, budgets, knowledge, whatever it is, they are finite so there'll always be gaps." (G4– Southern Downs)

"The other main thing that we discussed was 24/7 access. Many providers and organisations might work nights during the week, maybe the weekends. Not everybody has a problem in the daytime, not everyone needs assistance in the day so it would be lovely to have some form of assistance community directory that's 24/7. Where people can feel that they can reach out and get some form of assistance." (Large group– Southern Downs)

Learning 2: People undertake preparedness activities.

Experience of disaster enables individual preparedness.

"They have learned from this previous experience going through COVID, being flooded, and being affected by Bush fires. The last three years have literally been a rolling disaster, and they have learned from that and have now started to put in fitness plans" (G1- Southern Downs)

"..people have educated themselves better on disaster preparedness." (G1– Southern Downs)

"And the third person, they lost their house in the 2019 fires. Her life's still in turmoil. The house still hasn't been rebuilt. They didn't they didn't have a chance to take much with them because then she only had a small car. So they lost all their photos. She was able to take her husband's business papers. With the house they're building now, I think they've moved the house, so they've got to renovate it. They're going to put a sprinkler system. And she said next time they'll not leave the house. They'll actually stop there and hoses and try and put the fire out themselves." (G2– Southern Downs)

"Someone in the community was quite experienced because they've always lived in places they had to be prepared, so they always carry radios. They have extra food and stored water and a few other things, and the way they've been working with the neighbours and sort of educating as well. Sharing a little bit of that experience, but I think we covered that into the community sort of spirit. But it's one person with the experience that had actually been the one engaging that specific small community to make sure that everyone's ready" (G1– Southern Downs)

"everybody's got a different idea depending on where they live. That's what I found. So first person must live in town because he said he's got a plan. He's worked on an escape route. He's got an emergency pack. And he even gave me a list of what he's got in his pack." (G2– Southern Downs)

Common preparedness activities that are practiced by individuals include **sufficient supplies** in the home, **Go Bags** and **communicating support needs** to other.

"They don't get caught short of the insulin because of the need to have your blood sugar levels and all that at the right level. And he said it's good to keep it in stock. Good to also know all the NDIS suppliers." (G2– Southern Downs)

"And also to keep in touch with the local hospital, should you need to get some from their chemist" (G2– Southern Downs)

"Resourcing for, especially I think with COVID and the impacts of that and limited stock supplies of foods and groceries and things coming in and trying to cater for everybody in that situation is really challenging." (G2– Southern Downs)

"Basic medicine, water, radio, battery inside it. Torch light, canned food, mirror, whistle, hard drive with all his pictures on it, and a warm blanket." (G2– Southern Downs)

"I spoke to an individual who has a Go Bag set, it's a kit that they're provided with, so they have the emergency supplies, so I think that's important for people to know that that's available if they need to have that on hand." (G3– Southern Downs)

"..often when people are talking about having emergency kit or Go Bags, not everyone always has the finances to be able to have spare medication or spare food or whatever the spare bits and pieces are that you're supposed to have in your kits, so needing some more resources around that, and that's my very quick summary." (G3– Southern Downs)

"Another thing about the go bags and the things like this that came that I actually brought up from having worked with someone is that the idea of having extra medication in a stock is fantastic" (G2– Southern Downs)

"So you almost need a kit with things that lasts. And one that you can put together just before, when you recognise there's risk there's. And that's got all your latest stuff in it. Because that's what you want." (G2– Southern Downs)

"Always have a radio with batteries in it. Always have a torch, always got candles, first aid kit. It's not in one spot, but it's very easily accessible and it's just always there and I've always had it." (G4– Southern Downs)

"And I know, for me, I try and keep a month or two ahead of things like this, like normal medications and things like that, and tins of beans and things. But you can't take all that if you're in an emergency. You're not going to pack your pantry, are you? You'll have to just go without beans, but as long as you've got your medications, that's the main thing, isn't it?" (G4– Southern Downs)

"And always got spare batteries. And I've got 25 tins of baked beans in the cupboard, so I know that we can... If we couldn't get out the house, we can live on bake beans, so that's okay, isn't it? Nothing wrong with that." (G4– Southern Downs)

"..they got an emergency kit and plan packed and put in an accessible place. They've got their medications, good supply and packed in water resistant container. They've engaged with other service providers. They've built an evacuation plan. Their mobile reception's not very good. So they also have a landline. And they've discussed with neighbours an evacuation plan." (G2– Southern Downs)

"..communication was a big one, communicating with family that may not be local to you, and also being aware of disasters and things that are going on around them as well." (G1– Southern Downs)

We learned that **preparedness is not a one-time activity but a process**, many reflecting on - I've got a plan but still not as prepared as I thought.

"…disasters have sort of hit them very unexpectedly, and people were not as prepared as they thought they were" (G1– Southern Downs)

"..even with a preparedness plan in place, that actually implementing that plan, just despite being there and even having gone through it and everything, implementing that plan in a disaster was a barrier. They actually found that really

challenging, so even though they put in the work, actually when it came down to the crunch, they still weren't actually able to access it effectively". (G1)
"Another challenge was, have plan, but hard to improve". (G1)

"Even with floods… it's never exactly the same each time, and that's something we have to factor in. And recently in may the river responded, I think it was between two and four hours more quickly than it normally does, and that's due to the priming we've had with so much rain and the saturation in the area, but it just proves that even with all the planning we do, it is mother nature and we put backups in place and we try and forward plan as much as we can, but there's still a certain amount of it that has to be done as it's occurring "(G3– Southern Downs)

"Well I thought about it and got the go bag ready? So I had my go bag ready, but when I no longer had our car, when I saw the flood waters rising up, I just went numb because I thought, "Well, what do I do now? I've got no car. I've got no-" I'm stuck! I'm stuck! I'm bogged!" (G2– Southern Downs)

"I thought I would bring it together given that I did go through the November 30th flood, and so I tried to bring this topic all together from a personal perspective. Preparedness: yes I was prepared. I had to-go bag ready to go. But when the flood waters were rising after the SES had knocked on my door, it was all a bit surreal with my bipolar. I just sort of went numb. But luckily the Magister had the forethought to ring Robin and she organised someone to come get me. So, that was good. Helped me out there." (Large group– Southern Downs)

"the main problem for the people that they work with is that a huge amount of anxiety and not being able to cope in an emergency is because they don't have a plan and they don't know what's going on. So if you have a plan and if you have resources, then you feel like, "I know what to do," and that helps things a lot, and then they talked about the resources that they're using and that they have." (G3– Southern Downs)

"My second person felt perhaps half prepared. There was a few decisions that were emotionally based, rather than practical. Emergency bags were packed, but not checked regularly. So with growing children, the bags are packed but maybe it would be appropriate what's actually in the bags. So that's the half preparation, but had really well prepared mentally, which we decided was half the battle. "(G2– Southern Downs)

"And the last person that I spoke with said that she would really like to have a better plan, but she knows where she lives. She's aware of the risks in her area, which are quite low. So she has a very basic plan in place of having her important documents together and knowing what services she can access, if something very unlikely was to happen." (G2– Southern Downs)

"She was very aware of her hazards. Was not very well prepared, but conscious she could put it together if need be. Not packed but mentally planned. And only part the way through preparing valuables in need. So having the thoughts but not planning anything." (G2– Southern Downs)

"We'll let you know afterwards. Don't know if it'll work. Whether it's confidence or cockiness or fatigue. You know we've responded that many times, we're exhausted. The last thing we're doing is preparing more bags and this and that. But I can tell you we're well prepared as far as work at least. We know exactly who'll be doing what and he'll be responding and how we'll do it and how we'll get

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to work. And who'll be in the IMT and got all that prepared". (G2– Southern Downs)

Person Centred Emergency Preparedness is more than just having sufficient supplies, it considers what people do in their day to day lives and with whom.

"We've started to prepare ourselves mentally," she's talking about living on a property. So, preparing for bush fires and floods, she has her pantry well stocked up with things in case of a flood or a bush fire. Hopefully not a house fire. Won't help in a house fire. She has quite a few neighbours who are in the rural fire service, so she's going to lean on them to help make a plan for the things that we are talking about. And she said mobile doesn't work out there. So she's only got landline and satellite internet" (G2– Southern Downs)

"The next one was someone who lives with a disability. One of the key points I got from this one was that the emergency alarm system that often goes off, so the flyer, for example, sets this person off and she then can't continue with any of her plans because she's shut down. So I think that's what's really important about this type of setup is having an inclusive plan. So she spoke about having a PCEP plan. So she's done PCEP training for herself because she knows that that doesn't work for her. So what can she do to have a plan that will work? So that was really good. She spoke about talking to the family and community. She can't function in an evacuation centre space. So she's made a plan that in the event of an emergency, she's got different houses, people that she can stay with, depending on what area's cut off, that type of thing." (G2– Southern Downs)

"Communicated around to everybody and you get your ideas in water. So a couple of people said to me that the PCEP plan had those discussions, conversations, communication" (G2– Southern Downs)

"So my first person was well prepared, had ensured food security, so that's something, making sure pantries were stacked. Had a generator that was working. Had a good informal support network and knew how to link really effectively with local community. It just felt that she needed to do more advocating with council in particular to make sure access is good." (G2– Southern Downs)

"Where they're living now is on a property. And so she's visually impaired. So she's actually going to notify emergency services of that. Her and her husband don't actually know the local services, but they're going to make a plan to actually go and meet the local services. But they do have evacuation plan for themselves and their livestock. And in the drought, they had to actually source water for the animals" (G2– Southern Downs)

"You need to talk to your whole family about concerns that you might have." And they use this PCEP plan to consider all factors. Put together a list of strategies you need to... Just, it's good discussion about disasters that what you need to do in emergency. Little emergency plan into her iPad, because she's got disabilities. So might have trouble conveying it to her. So you need to have it as a picture or planned out on something like this, where you can discuss it a lot easier than if you had to talk to them or tell them. People don't like getting told, they need to guide the discussion where they come up with the ideas themselves or they work on their own mental strength and thoughts. And get an emergency kit together basically. (G2– Southern Downs)

"The second person, the area that she lives in is not flood area or bush fire. So

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she really hasn't taken many steps at this stage, but they do have an evacuation plan in their home and they've taught their grandchildren about dialling 000 or tell an adult if they see something. She said about having power packs fully charged. And I thought this was a good one, to introduce emergency and disaster education into elders and playgroup programs." (G2– Southern Downs)

"Asking people, "Have you got a PCEP? Have you got a bit of a plan happening?" I know, for me with my daughter, it's something I'm really going to think about and I'm going to have to do it in a way that's not going to scare her or make her think... But just so that she's aware and that we know what we're doing. Because I haven't got anything, just talking about it then. Never considered. I just think we'll just grab stuff and go, but it's that... Yeah. so I'd probably use the iPad to build a little bit of a thing for her in case we're in that situation." (G4– Southern Downs)

"I like to do things for myself, like I think most people with disability do so I think it's also important to value the agency of people with disability. My parents support me in things and in an emergency, they would probably be almost physically holding my hands because sometimes things are a bit hard." (Large group– Southern Downs)

"Claire raised it because she has her significant disability. She just used the internet. She got onto Google for actions that she was prepared to take and able to take and how she could connect in with other people in the community. And that would be... you can't drive." (G4– Southern Downs)

"I've got a go bag, but I can't go anywhere because it was quite heavy. Because I had to put water and I had a sleeping bag, and I had all the things I reckoned to put in there. So I actually had two bags. One was a proper go bag that I bought. And the other one was an Avon bag" (G2– Southern Downs)

There are **existing tools and resources/assets** that can be tapped into to support preparedness activities.

Resources for individuals.

"..council already has a disaster management committee. They started a hub at the council, so that as soon as there's a disaster, people can ring into the council regarding the emergency. They work in unison with the SES and the fire service, and the ambulance service and others as required. The council website has a dashboard where people can keep up with disasters that are recurring at that time. And also, they organised the recovery hub." (G2– Southern Downs)

"But when you go to council, they have a program and you ask about your property and they'll give you a photograph of your house. At least it works for mine, at 3 Carmody Lane. And it's got a line to where all the floods were. So I knew it flooded. So all I did was make sure I have insurance. Every year I will make sure that's one thing I won't go without."(G2– Southern Downs)

"Probably more awareness on what libraries can offer from other agencies was something that came up, so they help people finding the information, but being able to take it to that next level and provide them a bit of support for people with disabilities coming in that may need to fill out forms, et cetera, might need some help with that, so that was the first one." (G3– Southern Downs)

"One of our first ones was actually the neighbourhood centres. We feel that they

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are very important, and we have quite a few in various regions. People of all abilities go for food, for different activities and things so we think that's a really important thing that people are aware of, these community centres and what they can offer." (Large group– Southern Downs)

"The disaster dashboard is on our website, and my strong advice to anyone is the only information you should be using is on the disaster dashboard because that is the only one that we can guarantee. It is being updated by the experts and is the most recent data that can possibly be." (Large group– Southern Downs)

Resources for organisations.

"Has good trust in the disaster management committees and really aware of the importance of communities and communication in communities and has good trust in responding agencies." (G2– Southern Downs)

"..we have a local neighbourhood centre that gets funded to run that service, they're supposed to be like the number one person you go to when these emergencies happen, where's their representative? This is government money, our taxes going to the agencies, where are they? I'm from a disability support service, but when you're talking about neighbourhood centres, they should all be here." (G3– Southern Downs)

"So, voluntary community leaders. That were able to provide a culturally sensitive approach to whatever matter it was." (G4– Southern Downs)

"Online community noticeboard has come up a lot too. All those community groups online." (G4– Southern Downs)

"..a good example is the wide distribution of community services who have good relationships and connections to the community but aren't necessarily connected to each other or connected into council in their plan. So, it's good because it's an amazing asset, but it's also tricky because how do we actually mobilise that asset?" (G4– Southern Downs)

"Valuing volunteers and supporting volunteers to be able to help people so that everyone's not necessarily relying on emergency services that don't always have the resources to help everybody." (Large group– Southern Downs)

Learning 3: Red tape hinders the recovery process.

'Red tape' hinders the recovery process for individuals, despite preparedness activities, particularly in relation to insurance companies. This is a significant barrier that has been experienced in the community.

"The frustration of working with council and insurance companies, and the barriers around those organisations we're meant to be helping and finding them more of a barrier than a help." (G1– Southern Downs)

"..some people wait for a really long period of time for their claims to go through and would still just live in a makeshift house until that occurs." (G1– Southern Downs)

"Dealing with council insurance companies difficult and a huge barrier to

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recovery." (G1– Southern Downs)

"I still haven't got my furniture back. I'm going through a claim with Allianz. Which I've emailed three or four times. Oh, look, I've sent so many emails and we've re-gone and valued. She'd missed invoices so we have to go back to the original thing, recalculate. "Hey, sorry, you've missed this, this, this, this piece." (G2– Southern Downs)

"I guess another financial impact it's that when your place goes through a disaster, your premiums go up. But are those people actually the ones are able to pay higher premiums? Because they're already recovering." (G2– Southern Downs)

"And what we found really interested in the roughly outreach was people, angry, angry people. They were the high side of the road, they weren't impacted by the floodwaters. And their premiums have gone up because they're on the same street, they were. And a lot of anger between neighbours trying not to, but anger between neighbours for that reason. Like, "Wasn't my fault. Nothing happened to me. "And you're making my expenses go up." So we heard a lot of that." (G2– Southern Downs)

"Insurance is really... It's the bare minimum's back isn't it? It doesn't give you all the extra thing, even if you think you've got really good insurance, I guess that was a lesson for me, learning from my parents- Watching personal things- It's the memories you don't get back…. it's a life altering event. " (G3– Southern Downs)

"I've had two community members who have found their way to me in the last month or so, this is following the last floods that are here, and one lady she'd been going from service to service and because of the situation it was, nothing quite seemed to fit, but it's because the insurance she had, the rain had come in through the wrong opening, and so they said, "Well, you need to repair the roof of the house," so it became this chicken and egg, she said, "Well, I can't afford this," and I actually said, "This is not the first time, unfortunately in Townsville, this is very common," and this is a typical story there so actually. And it was almost... She said, "Oh, I'm glad I'm speaking to someone who actually understands this," but they were both elderly people, they're both on a disability pension, so you just try to connect as best you can with what is available, which doesn't help with things, but yeah, as you see repeating from about three years ago "(G3– Southern Downs)

"..my husband Stanford born and bred, is in years gone by if there was a fire, everybody was a firefighter, if you could lift a shovel and put dirt on ashes and whatever, you did that because then it stopped going further, but now because of the regulations and the legalities and everything else, you can't do anything unless you've got the badges to show that you are allowed to do it. Therefore, everyone just has to walk away and let the fire take over or the flood take over or whatever, you're not making it easy for people to be able to do." (G3– Southern Downs)

"This privacy and everything involved, in having lists of vulnerable persons in our community and maintain those. It's very difficult thing for local disaster management groups to come up with everyone that's vulnerable within that community". (Large group– Southern Downs)

"Confidentiality or lack of information, sharing opportunities." (G1– Southern Downs)

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"We did get some help from Red Cross that it came way too late. Yes, we had insurance, but what you don't know details, a lot of people don't realise, when you get your insurance, first thing you have to do, go to mortgage, you've got to pay it out. That [inaudible 00:31:30], then for us, having a huge $40,000 to clean up property, just to make it safe, that came out our insurance. We were prepared as much as we could be, but there are things you cannot prepare for." (G3– Southern Downs)

The criteria for accessing the **distribution of resources** can be both helpful at times and unhelpful, with long term implications in people's lives.

"The Hub was really great when I went there. They were very efficient straight away. It was from one table to the next." (Large group– Southern Downs)

"When we were there, we were basically told, "Oh, well, you work, you're okay," but we worked before we lost our house along with our possession and property". (G3– Southern Downs)

"So yes, we did get a thousand dollars each, but that... Laughable, laughable, especially when, I, having had worked in this industry, the community services industry for such a long time, I knew all the people that were going there for help and who got help, got features, got washing sheets, got this, got that, got something else because they're all on unemployment. And the fires did not even go near their house- "(G3– Southern Downs)

"I know people with disability who own their own home, who work full time, who have the insurance, who were so prepared and then people go, "Can't help you," "Can't help you," "Can't help you," doors shut, doors shut, and I think so it has to be, "How can we help?" Not, "This is what we can offer, sorry, can't help you," (G3– Southern Downs)

"I think that's the hardest thing about it, if I think back to what my focus said, the support agencies would come in, "We're here to help you. Okay, let's go through it all," and you spend an hour with them and you sit down and they start filling out at forms, and then at the end they go, "I'm sorry. We can't help you." (G3– Southern Downs)

"It's good that you can get insurance. Because I think Lismore and place like that, they can't get anything. They're really stuck." (G2– Southern Downs)

Resources need to be **more than just physical resources** and consider functional, and wellbeing supports.

"Not everybody has a phone. Many ill people, including myself, I like visuals in the letterbox and the reading on things. Not everyone has access to the computers, so how can we communicate with people who are non-verbal, people that don't have access to particular programs and things?" (Large group– Southern Downs)

"But everybody knew who had lost houses, who had been severely impacted. Did they come and visit to say, "Are you okay?" No. (G3– Southern Downs)

The impact on **individuals' mental health** is prominent with long lasting effects that is not always visible.

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"Complacency is on mine, too. People becoming complacent, because it's just happening one after the other." (G1– Southern Downs)

"Disaster fatigue" (G1– Southern Downs)

"I'm feeling that sorrow" (G1– Southern Downs)

"..through the disasters, I think there's been a lot of growth and learning around how we take better care of ourselves as well." (G1– Southern Downs)

"We also have this Bush fire season. It's okay not to feel okay, which is a folder that helps you to prepare and educate yourself a little bit more about Bush fires, but then when you open it up, it's actually colouring in page."(G1– Southern Downs)

"Rain triggers me". (G2– Southern Downs)

"I didn't realise the weather's that bad, but it's obvious they pick up on it and they just keep hammering it and you just had enough of it but it puts you into a bit of an anxiety attack. Shoot, every time it rains or spits, I would think it's going to flood." (G2– Southern Downs)

"I don't hate the rain, but it is a stress every time it rains. I think, next time I'm going to flood again. Yeah". (G2– Southern Downs)

"The general community forgets nobody thinks about the fires in Stanford in 2019 because we've had the floods and other things have happened, but in my life, three years down the track, I'm no better off than I was on... In fact, I'm worse now, mentally and everything else than I was back on that first day when I got interviewed by the TV station, I said, "Oh, we'll be fine. It's a terrible thing, but we'll be fine because we have insurance," we had insurance, you'll think you're going to be fine, and you're not." (G3– Southern Downs)

"One of the other challenges that we have had is also disaster fatigue because it was really one disaster after the other. There is always something going on here." (Large group– Southern Downs)

"..in terms of grief and loss. So, having access to those counselling supports after potentially losing your home or a loved one, or a pet, livestock, whatever that may be. Having access to that readily." (G4– Southern Downs)

"It's over and people forget it," that was like, I just thought point worth highlighting because I think that's a consistent thing, people drop in and they drop in and they offer what they offer and then they drop out, and I thought that was something that we have learned that could inform opportunities, summarising everything that you've shared and everything that we've discussed here around that whole thing summarised in one, the emergency isn't over until everyone's recovered and truly until they're living somewhere appropriate, until they've emotionally recovered until they feel ready to face the next emergency, all those things (G3– Southern Downs)

"I think one of the biggest challenges we have post COVID is mental resilience and learning how to have that... What you were saying before, it's about you mentally yourself for a disaster, and what the reality of that actually looks like". (G4– Southern Downs)

" My parents were in the same position as you, so they had the wall of water come through and Postmans Ridge, where they live, so fortunately they didn't lose their lives, they had to climb onto the roof and where they live is on a plane, which had never flooded before, but the water spread out, so there wasn't really a threat to life for them like there was with Grantham, but they lost everything in their home. But they were a working family same as yourself, they had insurance, and it is something that probably needs highlighting that a lot of our charitable work through Red Cross and other agencies, people such as yourself and such as my parents fall through the cracks because they do have an income, they are better off than some people that may rely on Centrelink, et cetera, so they don't meet the criteria.

So I can really empathise with you on that, not from me personally, having had it, but from watching my parents go through it, and I would highlight that as something that potentially into the future in emergency management, we need to look at, because I look at my parents and look, they have bounced back, they had insurance, they were able to get a rental while their home was strict bear, and they went through their belongings and worked out what they could salvage and what they couldn't, they were lucky they could salvage some for yourself, it would've been very different.

But it set them back in their retirement, they can no longer retire, their life has had this enormous change that yes, they were as prepared as possible, they'd done everything that everyone told them to do, and fate just... They were one of the unlucky ones and my parents can't retire now, and so I do think looking at... And look, in all honesty, Red Cross grants, Lions Club, whoever else goes out there in rotary and gives out money, that's not going to be life altering changing for yourself or my parents, it's probably not going to stop the huge impacts that have been experienced, but what it may do is make people feel that it matters and that they got the same support that others got, et cetera." (G3)

Learning 4: The appropriateness of evacuation centres.

People discussed the accessibility and appropriateness of **evacuation centres** for people with disabilities.

"That's what we're finding a lot with the evac centres, when people are accessing it. They're actually just not able to have that extra stop in advance with everything that they need. "(G2– Southern Downs)

"I think evacuation centres are a good example of that in that evacuation centres aren't necessarily or someone who has a mental health condition or a severe anxiety to go into a room full of 200 people and just have to be... Have got to be somewhere, but that's a terrible situation compared to maybe me who can just pick up my stuff and go and hang out there until... And it feels bad that it's okay." (G2– Southern Downs)

"And it's interesting with the evac space, we are very, very aware of that. It's always something that in training we promote the escalation of that. Which is what somebody with a disability access in the evac centre, escalate it straight up to them." (G2– Southern Downs)

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"… only open for one day. So if you wanted to stay there longer, there was nowhere to stay." (G2– Southern Downs)

"They cannot close the centre, unless everybody is accounted for, with an alternative and that's one of the challenges of running evac centres. That's what we're finding at the moment. We're finding, especially over the last six months, a little bit further up, we've probably had a bigger problem with homelessness than ever before. And just more challenges in the evac space than we've had before sorts of reasons. No, very, very complex. Especially with the housing crisis." (G2– Southern Downs)

"And there's not enough work done for people with disabilities in evacuation centres, so there's definitely a need for improvement there. I was able to give an example of the bush guys in Stanford, where a man was taken to the evacuation centre in Stanford, in a wheelchair and couldn't access the toilets… because it's upstairs and he was downstairs, but he was relocated to a motel, it was overcome, but those sort of things need to be addressed and they need to be addressed beforehand so that we can have those things set in place, so that narrowed it down a bit." (G3– Southern Downs)

"I know in Stanford the evacuation centre was at the fitness centre, where people at the showgrounds. So that was set up immediately, that's where the council support was going, so did people set up a spontaneous evacuation centre at the showgrounds? That was-It was for animals." (G3– Southern Downs)

"And also this is an evacuation centre site, this is not comfortable, evacuation centres are our last resort because then-And they're only short term." (G3– Southern Downs)

"evacuation centres weren't accessible" (G3– Southern Downs)

"a lot of town halls and stuff, aren't optimally set up for people with disabilities, but part of the plans is we assess people as they come in, and if those people can't be looked after in that centre, part of the plan is to move them to motels. So I wouldn't say they weren't planned for, it's just part of the plan that if the facility they're in isn't suitable for them, we move them to somewhere where they're going to be more comfortable and it does and safe and work for them, so I wouldn't see that as a negative as in, they weren't prepared for them more" (G3– Southern Downs)

"we go through fires in '19 at Stanford, it actually was lucky that we went up by our hill because where it was and if the wind hadn't have changed and it had gone through Stanford you wouldn't have had a civic centre to go and put people in, you would've had at least two disability houses that's just within [Name of organisation], with full of people with disabilities that would've had nowhere to go because it would've just... You all know how Stanford is situated, if it had kept going that way, it just would've wiped everything in its path.." (G3– Southern Downs)

KEY MESSAGES

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

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

1. *The impact of disaster affects everyone in this community and 'red tape' causes additional barriers with consequences for people's mental health and wellbeing.*
2. *In the Southern Downs, individual and organisations demonstrate capabilities and actions in disaster preparedness activities. Leveraging existing knowledge, skills and actions will benefit the community.*
3. *Supportive relationships exist in the community, in both informal and formal capacities. These are other types of supports that people with disability could rely on, collaboration enables these supports. Existing resources in the community also enhances these supports.*
4. *Evacuation centres function to provide refuge to everyone but its accessibility and appropriateness for people with disabilities requires further consideration.*

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