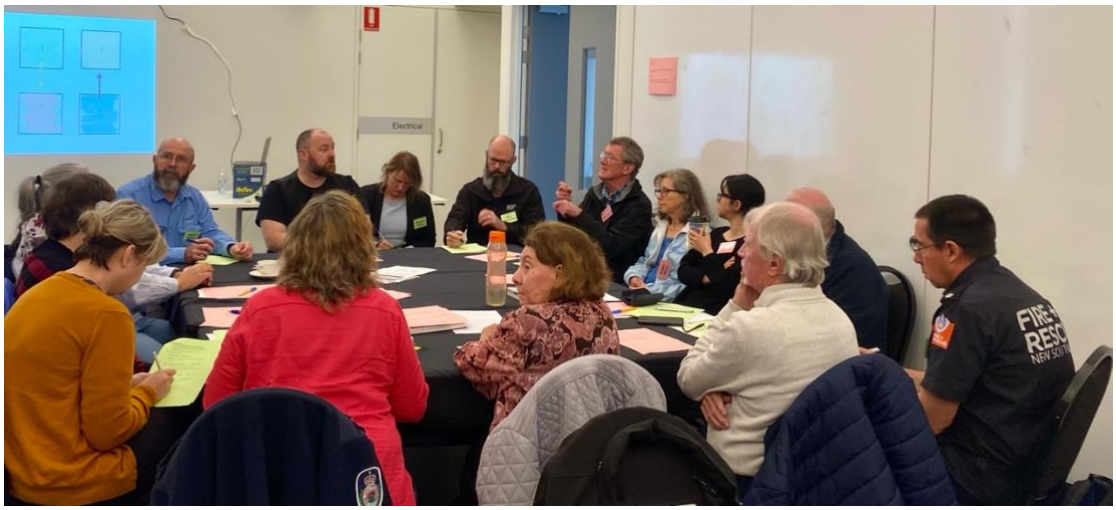
# DISABILITY INCLUSIVE EMERGENCY PLANNING
(DIEP)FORUM

## BLUE MOUNTAINS DIEP FORUM



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THE UNIVERSITY OF SYDNEY

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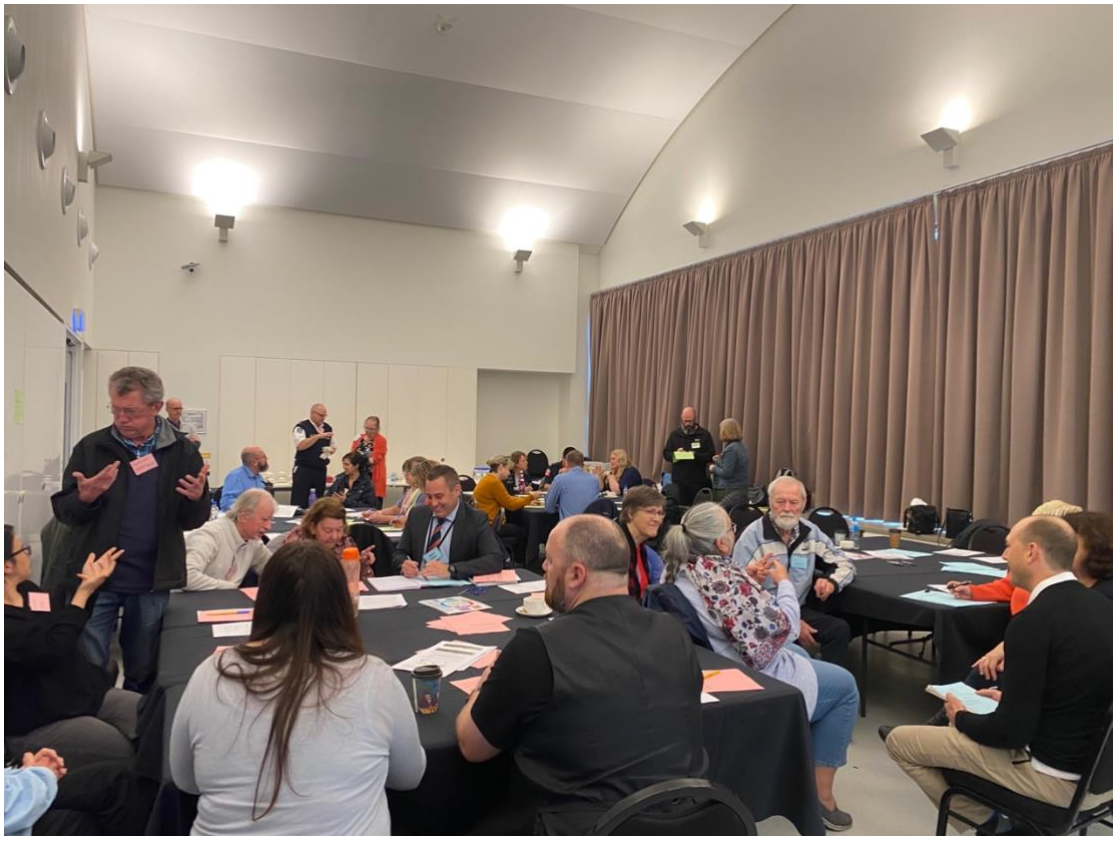

"So, I think one way that I think we need to start thinking about empowering people with disabilities, for disasters and for preparedness, we need to be working with them by co-designing, co-developing resources and training, and also any safety information that will match their needs." [plenary]

# 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 THE BLUE MOUNTAINS CITY COUNCIL IN PARTNERSHIP WITH THE UNIVERSITY OF SYDNEY.**

**Date:** 25 May 2022

**Location:** Blue Mountains Cultural Centre

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

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

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

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

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

# INTRODUCTION

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

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

The research shows that people with disability:

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

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

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[1] Villeneuve, M. (2021). *Issues Paper: Clearing a path to full inclusion of people with disability in emergency management policy and practice in Australia*. Centre for Disability Research and Policy. The University of Sydney, NSW, 2006. http://www.daru.org.au/resource/clearing-a-path-to-full-inclusion-of-people-with-disability-in-emergency-management-policy-and-practice-in-australia. Multiple formats including: pdf, word, Easy Read, infographic, video animation.

[2] Fujii, K. (2015) The Great East Japan Earthquake and Persons with Disabilities Affected by the Earthquake – Why is the Mortality Rate so High? Interim report on JDF Support Activities and Proposals. Paper presented at the Report on the Great East Japan Earthquake and Support for People with Disabilities, Japan Disability Forum.

[3] Alexander, D. (2012). Models of social vulnerability to disasters. *RCCS Annual Review. A selection from the Portuguese journal Revista Crítica de Ciências Sociais*(4).

[4] Malpass, A., West, C., Quaill, J., & Barker, R. (2019). Experiences of individuals with disabilities sheltering during natural disasters: An integrative review. *Australian Journal of Emergency Management, The, 34*(2), 60-65.

[5] Twigg, J., Kett, M., Bottomley, H., Tan, L. T., & Nasreddin, H. (2011). Disability and public shelter in emergencies. *Environmental hazards, 10*(3-4), 248-261. doi:10.1080/17477891.2011.594492

[6] Phibbs, S., Good, G., Severinsen, C., Woodbury, E., & Williamson, K. (2015). Emergency preparedness and perceptions of vulnerability among disabled people following the Christchurch earthquakes: Applying lessons learnt to the Hyogo Framework for Action. *Australasian Journal of Disaster and Trauma Studies, 19*, 37

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

## INTERNATIONAL POLICY

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

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

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

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

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

## NATIONAL POLICY

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

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

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

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

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

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

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

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

**This means that:**

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

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

emergency planning and disaster recovery require collaborative effort!

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

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

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

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

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

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

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

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

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**.**

## DISABILITY INCLUSIVE DISASTER RISK REDUCTION (DIDRR)

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

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

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

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

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

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

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

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

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

Learn more: www.collaborating4inclusion.org

## Developing Shared Responsibility for DIDRR at the local community level

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

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

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

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

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

[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.

[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.

# METHODOLOGY

## Design

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

Inclusive community engagement is a crucial first step in redressing the exclusion of people with disability from emergency planning. It breaks down professional boundaries so that people can learn and

[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

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 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, what challenges would people with disability experience? Probe: What challenges would they have sheltering in place? What challenges would people have evacuating to a place of safety?).

In all later forums, we revised question 3 to: 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.*

Participants were introduced to the Person-Centred Emergency Preparedness (P-CEP) framework[19] including a brief case study to illustrate the importance of considering extra support needs of

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

people with disability in terms of functional capabilities and support needs rather than by their impairments, deficits or diagnosis.

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

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

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

## Data Analysis

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

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

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

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

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

Analysis proceeded in the following way for each LGA.

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

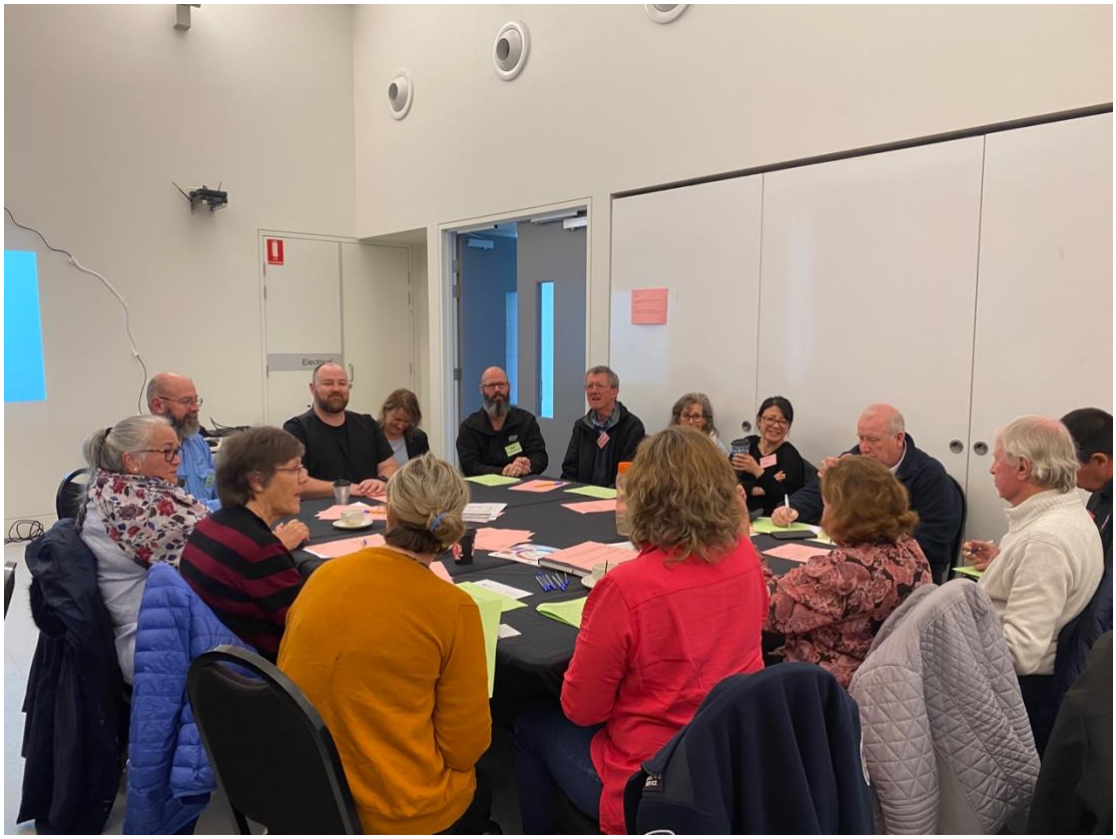
Our goal was to provide a rich, thematic description of the entire data set and report on findings for each LGA that reflects the contributions of everyone who participated in the forum (i.e., this report).

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

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.

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



“Because if the emergency services don't understand about disability groups, what they need, how to help them, then they're not going to be able to encourage the people with disabilities to take on that responsibility for preparing for themselves, become empowered. And also, know that they can then actually have a role in creating the information that's provided to them. They can take a role in making the plans so that they meet the needs of them and know that they can be involved in the whole process.” [plenary]

## DIEP Participants

| STAKEHOLDER GROUP | NUMBER OF PARTICIPANTS |
|---|---|
| **Person with Disability or Carer** | 10 |
| **Disability Service** | 5 |
| **Community Service** | 9 |
| **Health Service** | 5 |

| STAKEHOLDER GROUP | NUMBER OF PARTICIPANTS |
|---|---|
| **Organisation or Advocate representing people with disability or carers** | 5 |
| **Government** | 6 |
| **Emergency Service** | 11 |
| **TOTAL** | **51** |

## FINDINGS

### What did we learn together?

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

### Key Learnings in Blue Mountains

| | |
|---|---|
| **1.** | Impact of disasters: improving preparedness actions |
| **2.** | Emergency response planning vs empowerment focused preparedness support |
| **3.** | Extra support needs of people with disability in emergencies. |
| **4.** | Local community assets as emergency supports. |
| **5.** | Known gaps: communication, emergency centres and transportation during evacuation |

# DISCUSSION OF FINDINGS

## Learning 1: Impact of disasters: improving preparedness actions

Reflecting on recent disasters enabled organisations to review how they communicated with, and prepared for disasters. Experiences supported learning which led to **improved processes**. Participants reported on how this changed the way their organisation approached people who were isolated and/or reluctant to engage. The focus they took as on maintaining social connectedness.

"From a government organisation, point of view, it gave them the opportunity to actually test their procedures. Then do your AAR [After Action Review] and then gave them the opportunity to improve on what they did the time before." [BMCCg1]

"The impact that they were looking at with people becoming isolated, how they maintained services to manage communication with people that were isolated and I guess the silver lining for them was they changed the way that they worked with the impact groups and developed a strategy to do that. And that included managing a strategy to develop, to look after individuals who didn't want to really participate in the process. "I don't need help. I'm fine. I don't have any problems. Go away." [BMCCg1]

"Focusing on how we can help people plan and recover and maintain social connections, particularly after the pandemic. I think the improvements in technology, there are things that we're doing better than we did last time. The pandemic probably helped that." [BMCCg1]

"Challenging the status quo, I think. That your council door knocked, I thought was pretty spectacular. I would not expect my council to knock on the door and that has the flow of the positive regard that the community now has for the council or for businesses that are engaging with people as well. So, the positivity is that greater sense of social cohesion"

**Lived experience builds capacity and capability** and has the potential to build social cohesion. Staff from service providers (e.g., community, health, disability) or councils who had previously experienced disaster expressed heightened awareness of what to take note of.

"One of the service providers had, had previous experience of a very major disaster and that helped the personnel because of her experience. But she was concerned about the clients as she's noticed increased anxiety and some of them are withdrawn." [BMCCg1]

"Previous experience then helped the next experience, so learning and improving and stuff from the previous experience. The next one was being prepared actually did help. So people that did prepare more for the next events, it was actually really helpful." [BMCCg1]

## Learning 2: Emergency response planning vs empowerment focused preparedness support

Participants acknowledged that current emergency planning practices are better described as *"emergency response planning."* Since the focus of these plans is on disaster responses, participants shared that the dominant message from emergency services to the public has traditionally been received as, *"you're on your own."* This communications strategy has been used with the combined intent to manage public expectations that emergency services will be available to rescue people while also encouraging people to prepare and be ready to self-manage in an emergency.

"The message is, it's about the greatest good for the greatest number of people" [BMCCg3]

"When you think about the fires in 2020, the messaging was, **you're not going to have a fire truck at your door**. And that was the messaging that was going out more generally to the public around. You're not going to have the ability to have a fire truck at every door. And so, it put the onus of responsibility back on your emergency plan to actually implement, living in this area, you kind of get that all the time right? [BMCC g4]

"Most people imagine that emergency services are the first people who come knock on doors, help you evacuate." But in fact that's not true anymore. **There just aren't enough volunteers and there aren't enough trucks or boats.**" [BMCCg4]

"There's just so much going on when it gets to the point of evacuating people that, at this point in time, there's not enough people involved in an emergency operations centre with the expertise to take ownership of the matter" [BMCCg3]

The imperative, called for by forum participants, is to shift emergency messaging towards **empowerment-focused preparedness messaging that is paired with outreach, interactive learning and capacity development activities**. These strategies are likely to foster relationships and trust needed for productive dialog between individuals and community organisations, and those with emergency management planning responsibilities. It will help the Local Emergency Management Group to better understand and plan for the extra support needs of people with disability in emergencies. Participants recognised the need for local council and emergency services, supported by the Local, Regional, and State Emergency Management Groups to *"re-orient their strategy"* from the "passive information-giving" to *"being more about people and less about the emergency."* This is consistent with the Sendai Framework for Disaster Risk Reduction (2015-2030) call for people-centred disaster risk management (United Nations, 2015).

"The key takeaway for me was **the importance of outreach**, actually taking services, whether that's preparation work or recovery after a disaster, **out to the community where they are**. Not relying on community, which includes people with a disability, to come to you at some centralised point that suits you". [plenary]

"There needs to be some, I'm going to use the terrible term '**capacity building' for people to actually develop a plan and actually have the strategies to get what they need**, kind of assist it, to understand what the available strategies might be, but also **that we need to get better at how we then message that back out when there is an emergency.**" [BMCCg4]

"It's almost like you need access to information. You know, preparing, people to know that a flood's coming two days before or however long it takes, but eight hours up until the flood water will impact you. Knowing that you will have limited access to information. Power's going to go out. You can't get updates. So, I guess like **giving people the right information at the right time so they can make informed decisions around like how they manage**." [BMCCg4]

Participants recognised that this "empowerment-focused" shift would positively impact the capacity of emergency services to manage the disaster, protect critical infrastructure, and mitigate further damage. **But they wondered, "who will lead these activities?" and "where will the resources come from?"**

Participants recognised that the shift in thinking from response-oriented planning will need to be accompanied by a concomitant shift in thinking from viewing people with disability as vulnerable to recognising them as capable and involving them in the process. Overcoming current limitations of community-level emergency plans, they said, will require dialogue, shared learning, and co-production.

"We're starting to make a shift from being more about the emergency to less about the emergency and more about people. Focusing on how we can help people plan and recover and maintain social connections, particularly after the pandemic." [BMCCg1]

"And we need to include people who have disability and lived experience in the planning process, instead of just making up things or people at a high-level making decisions that actually aren't going to meet their needs." [Small group 4]

"So, I think one way that I think we need to start thinking about empowering people with disabilities, for disasters and for preparedness, we need to be working with them by co-designing, co-developing resources and training, and also any safety information that will match their needs." [plenary]

"No matter how much I've worked with so many different people with different functional support needs, I learn something new every single time I have an interaction and learn from each individual. And I just wonder across the room today, how many people learn something new about disability just by immersing ourselves in that lived experience? I think that exposure is so important, but I also think that it can create a burden on the disability community too, always having to expose us to what those needs are." [plenary]

"…the importance of us reaching out to the disability community, not waiting for the advocates to get so frustrated with us that they have to come charging in, but actually opening up that communication early and at the outset so that it actually is this interactive communication that we're having." [plenary]

## Learning 3: Extra support needs of people with disability in emergencies.

Extra support needs of people with disability were recognised but there was limited depth of discussion. This was likely due to the limited range of people with different support needs in attendance at this particular DIEP forum which included a significant number of people from the deaf community – but less representation of people with other support needs.

"Physical people with physical disabilities have their own challenges, challenges different from people who are deaf or people that are mental with health issues. They all have their specific concerns and needs. And so those service providers that have that information about that diversity need to be accessible so that information can be used in a disaster situation." [G4]

"Because I mean, in an emergency, someone who's blind may react differently than someone who's deaf. So how they react to an emergency. So they might not think, "Oh gosh, I better get on the computer." So everyone will react in a different way." (G2)

"So if you're sight impaired, that's a different space to in a wheelchair or a quad or someone with mental health issues."[G3]

## Learning 4: Local community assets as emergency supports.

Participants identified local assets that could be mobilized before, during or after an emergency. These grouped into three areas (a) informal support people; (b) formal supports and services; and (c) health and disability services.

(a) Informal support that include **family/friends/neighbours** were mentioned as supports that people rely on, and that it is these relationships that enable an exchange of information and resources during disaster events.

"The first people that I interviewed were a deaf husband and wife. And they said, they mentioned all those things. Family is crucial for them, but one of the first questions they asked me is, "How do you call triple 0 if you're deaf?" And I didn't have an answer for that. So when I spoke about apps, they're 80 years old, they don't use apps on their phone. So for me it really was highlight like these things are crucial, but if you don't have a family, what are your options? [G4]

"Neighbours, family, friends, and not everybody has access to neighbours, families and friends. Like the isolated communities." [BMCCg4]

"Using the assets within that community. Who's got the bulldozers? Who's got a generator? Who's a nurse who can help with medications? Et cetera. Just to pool their resources together when they are blocked out from any help coming in until they can get that help." [BMCCg4]

(b) Formal support and services from **locally established groups** were also identified as community assets who rise to the challenge during disaster events, either due to their knowledge and networks, or capacity to support whole of communities.

"When the disaster impacts the local community, it's your neighbourhood centres and your community sector are already fired up, excuse the pun, to deal with their own issues." [BMCCg3]

"And we relied heavily on the community groups, Life- Not Life Without Barriers. What's some of those community groups? Turbans 4 Australia, Foodbank, Red Cross, to use their networks to identify the people who were at risk and needed greater assistance." [BMCCg3]

"Small service providers like... Health, ageing and mental health group Flourish and Stride, few others, small community groups. And they often have networks with their clients or participants and they've developed plans…" [BMCCg4]

(c) Utilising the skills of **health and disability services** to assist their clients during a disaster was discussed.

"We've had many discussions over the years about how we support communities and often the GP network and the GPs are the best place we've found because they know their patients. We only know people who come into our services in an emergency or a connected to a public health service, like an outpatient department or something. We don't know everyone in the community, but the GP networks do, they predominantly have their patient load." [plenary]

"Small service providers like mentioning, Dare, and there's another one... Health, ageing and mental health group flourish and stride, few others, small community groups. And they often have networks with their clients or participants and they've developed plans, but like [participant] said, not everybody knows about that" [BMCCg4]

Participants recognised the need for more effective coordination in order to leverage the knowledge, skills, networks, and local assets of these service providers during disasters. They also recognised the need to understand the capability of service providers to contribute to emergency and disaster management.

### Learning 5: Known gaps: communication, emergency centres and transportation during evacuation

Participants identified known gaps including:

(1) information channels for communicating emergency warnings and safety information are not accessible for all.

(2) access to emergency centres including, and

(3) a lack of planning to support transportation during evacuation.

These barriers pose disproportionate risk for people with disability who use alternate forms of communication and who rely on others for transportation and information support. When considering what has worked well in the recent disaster events (e.g., Black Summer Bushfires; COVID-19), participants felt that their operational communications had improved with the *"instigation of the Disaster Dashboard," "increased access to mobile Apps,"* and the fact that *"there has been more consistent*

*use of Auslan interpreters"* in emergency briefings and media communications.

While participants acknowledged that some aspects of information and communication have improved, they also recognised that more is needed to ensure *"timely, accurate, and accessible information"* that enables the public, including people with disability, to take more effective decisions and actions.

"One thing I came across, this communication and information is it's all good and well to say, "Go on here and use technology," but if there's a power outage, they can't…If you don't have a mobile service, if you don't have wifi, if you don't have the NBN, then that's useless. And I guess, ensuring that people know where to get information from a range of sources." [BMCCg2]

"But also I think perhaps for people like me, a deaf person or somebody who has an intellectual disability, you can't ask them to prepare for themselves in all situations because they can't always get the information. They may not understand the information they need to have somewhere to go to make sure that they can be provided with help if needed." [BMCCg4]

"The first people that I interviewed were a deaf husband and wife. And they said, they mentioned all those things. Family is crucial for them, but one of the first questions they asked me is, "How do you call triple 0 if you're deaf?" And I didn't have an answer for that. [BMCC g4]

Participants recognised the need to *"leverage informal networks at the street-level"* to support *"local communications and improve information sharing"* when communities become isolated from information (e.g., during power outages). Participants also reinforced the importance of formal *"networked linkages with community, health, and disability services"* as a key to addressing communication barriers faced by people with disability and other high-risk groups (e.g., linguistic diversity). The over-representation of people who are Deaf at this forum may have supported lively discussion about what is needed to improve communications.

The **appropriateness and accessibility of evacuation centres**, and transportation during evacuation were discussed at length and a number of issues were raised in relation to transport to the centre, the logistics of caring for people while in the centre, and understanding the diversity of disabilities and needs.

"On a grade scale, but the numbers were 27,000 people that got the order. We work on about 10% will actually show up to an evacuation centre needing support before they're able to go to family and friends and the other services are able to come and assist. That's the general rule. But currently there is no plans in place that I'm aware of that assists people to get to an evacuation centre. That would come down to community groups through council or through the RFS knowing community group. So, it's very limited in helping people with disability get to an evacuation centre currently." [BMCCg3]

"One of my interviews was with a disability worker who's paid and what he was talking about was, he had to evacuate group homes and the issues around. So not so much just the challenges of going to an evacuation centre, but actually

evacuating a group home into a space where you have to figure out accommodation. We have to figure out seven days of medications. You have to figure out staff because they require supervision." [BMCCg3]

"You may have 95% of those able bodied or adults and children and a percentage of people with a level of disability. And they're the ones that you can see, not the people on the spectrum and there's other things. But it's also a place of emergency." [BMCCg3]

"The people who organise that or the emergency responses, don't always have a complete awareness on how to support a person with a disability". [BMCCg3]

"So, when a person with a disability arrives, they [people managing evacuation centres] then become a bit perplexed, I guess. They're not 'disability confident' to be able to support or even interact to begin with." [BMCCg3]

Connection to animals informs decisions around evacuation or sheltering in place for people with animals.

"I had a couple of participants who would not leave their home because they had two large dogs and the evacuation centre would not take them because of their dogs. So they stayed." [BMCCg4]

"People not wanting to go to the evacuation centres because of their animals. They weren't allowed to take their animals. So, she works with those evacuation centres to source maybe cages for cats or dogs. Or where to put livestock like horses and goats, et cetera, which I think is quite important." [BMCCg4]

When it came the issue of **transportation during evacuation**, no strategies were identified to address this gap. Further deliberation and debate are needed to address this issue. These future discussions should include people with diverse support needs to ensure full consideration of the barriers that people with disability (and others such as elderly) experience in emergencies (e.g., transportation of assistive technology, separation from people who provide personal support etc).

Brainstorming between participants about transportation during evacuation may also have been limited by the nature of the question asked *(e.g., Question 3 asked: In a disaster in your community, what challenges would people with disability experience? Probe: What challenges would they have sheltering in place? What challenges would people have evacuating to a place of safety?).* It is possible that the question restricted further discussion and information sharing about practices that have been undertaken by different stakeholders during emergencies that have worked well. To address this, the research team will re-shape this question for future DIEP forums to prompt participants to consider and discuss the extra support needs of people with disability in emergencies and how their organization enables people to be safe in emergencies.

Participants discussed the potential of community, health, and disability services who already have strong connections and who *"know the needs of the people they support"* to assist with their stated goals to develop "better planning" and "better communication". Despite community

representation on the Local Emergency Management Committee (LEMC), participants at this forum held the view that there are insufficient linkages between and across the diversity of services in the Blue Mountains. Some of these community groups already have emergency plans in place. However, as noted by participants at this forum – local government and emergency services are *"often not aware of those plans."*

## KEY MESSAGES

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

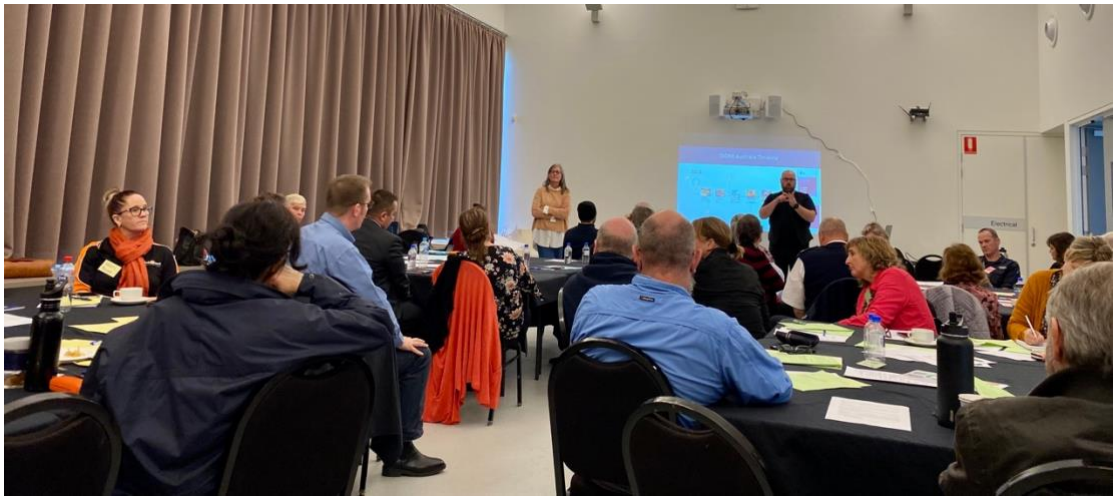
- *ways we can work together to ensure people with disability are aware, safe, and prepared for emergencies triggered by natural hazards and other emergencies (e.g., house fire, pandemic).*
- *actions we can take to make sure people and their support needs are at the centre of emergency management planning.*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

Summary

*1. The impact of disaster affects everyone in this community. People with disability have extra support needs in emergencies.*

*2. Resources and supports exist in the community, in both informal and formal capacities and include health and disability services. There are other types of supports that people with disability could rely on, collaboration enables these supports.*

*3. Leveraging existing knowledge, skills and actions is needed to support tailored emergency preparedness. These include reviewing communication during an emergency, and supporting transportation during an evacuation to appropriate and accessible emergency centres. Reflecting on the systems and processes at a local level that includes active outreach with an empowerment focus will strengthen emergency preparedness.*

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