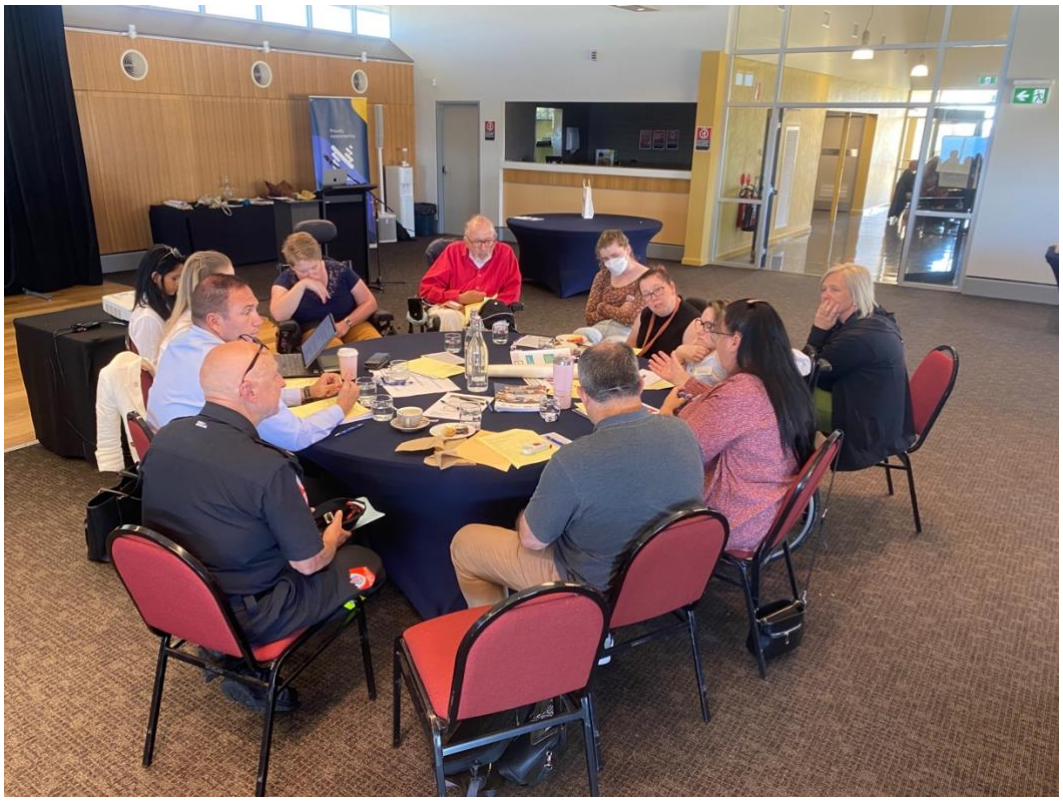
DISABILITY INCLUSIVE EMERGENCY PLANNING (DIEP)FORUM

NEWCASTLE DIEP FORUM



Citation:

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

THE UNIVERSITY OF SYDNEY

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"...and evacuation may be practised on a lovely, beautiful day like today, when everyone will happily go outside to their assembly area. Yes, we're not going to practise at 2:00 AM during a storm, but that's when the emergency's going to happen. That, and all those people that are evacuating... There's going to be complications through that that may not be practised, by medical or otherwise." (Newcastle_large group)

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 NEWCASTLE COUNCIL IN PARTNERSHIP WITH THE UNIVERSITY OF SYDNEY

Date: 22 November 2022

Location: Fort Scratchley Function 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 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. Australia's national strategy, frameworks, and principles guide how

[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

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 centers[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

[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

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 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.

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.*

Participants were introduced to the Person-Centred Emergency Preparedness (P-CEP) framework[19] including a brief case study to illustrate the importance of considering extra support needs of people with disability in terms of functional capabilities and support needs rather than by their impairments, deficits, or diagnosis.

The P-CEP covers eight capability areas including communication, management of health, assistive technology, personal support, assistance animals, transportation, living situation, and social connectedness[20]. Introducing the P-CEP framework served the

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

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

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.

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*

[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

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.*

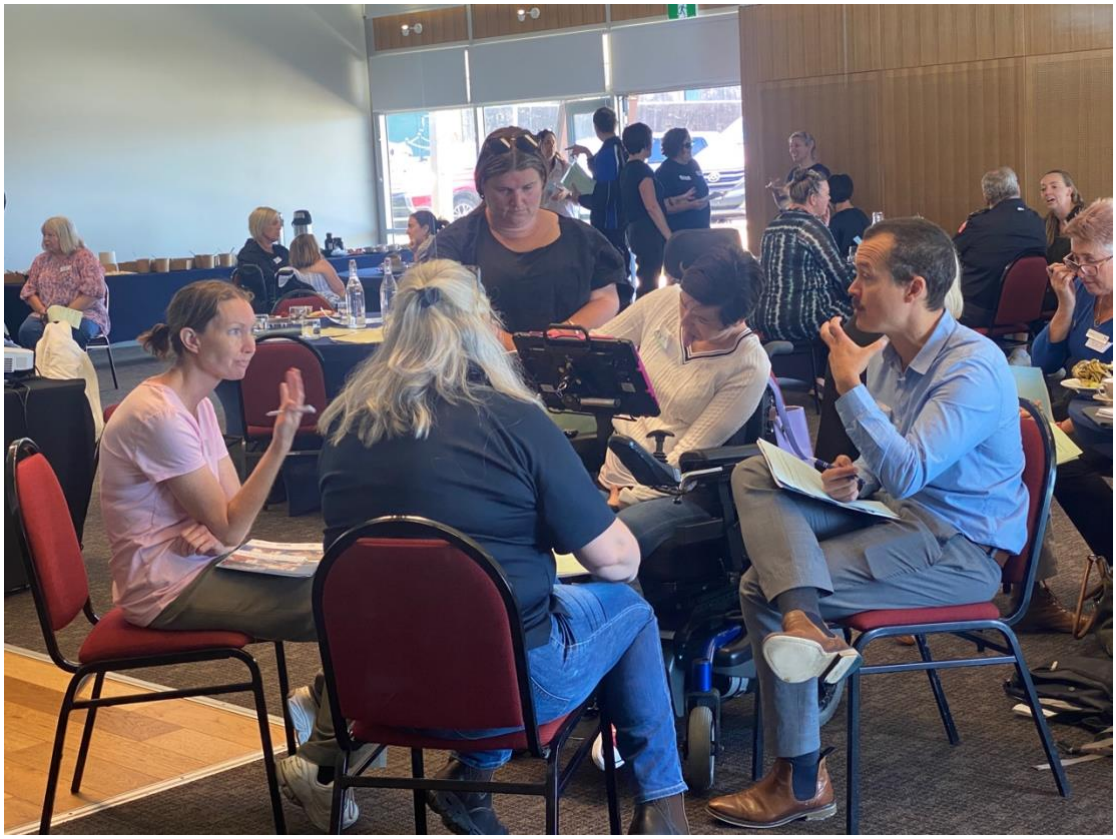
Our goal was to provide a rich, thematic description of the entire data set and report on findings for each LGA that reflects the contributions of everyone who participated in the forum (i.e., this report).

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



"This comes back to the problem we've faced for many years about labelling… It's really not about the label, it's about the function. And it should be about how function that person functions. So, what do you need to know in evacuation centres? What does this person need to function?" (Newcastle_G4)

DIEP Participants

STAKEHOLDER GROUP	NUMBER OF PARTICIPANTS
Person with Disability or Carer	15
Disability Service	11
Community Service	3
Health Service	3

STAKEHOLDER GROUP	NUMBER OF PARTICIPANTS
Organisation or Advocate representing people with disability or carers	6
Government	10
Emergency Service	7
TOTAL	**55**

FINDINGS

What did we learn together?

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

Key Learnings in Newcastle

1.	What organizational preparedness should look like.
2.	Extra support needs of people with disability in emergencies.
3.	Local community assets as emergency support.
4.	Tailored emergency preparedness support.
5.	Technology doesn’t always make it accessible.

DISCUSSION OF FINDINGS

Learning 1: What organisational preparedness should look like.

Participants learned that there is **wide variability in organisational preparedness by services** that provide supports to people with disability. They ranged from "ticking the box" to practicing plans. Participants considered the importance of making sure that those charged with implementing plans are well informed and the plans are exercised.

"We found in general a lot of organisations do have plans that are discussed, spoken about prior to, and even practised in many circumstances. However, that varied from ticking the box, having the plan, versus going right through and practising it, and then practising under varied circumstances. And evacuation may be practised on a lovely, beautiful day like today, when everyone will happily go outside to their assembly area. Yes, we're not going to practise at 2:00 AM during a storm, but that's when the emergency's going to happen. That, and all those people that are evacuating... There's going to be complications through that that may not be practised, by medical or otherwise." (Newcastle_large group)

Examples of "box ticking" included:

"..someone I spoke to had said that when they first start working with someone, they'll do a plan, but it's almost like they've ticked the box, put it on the shelf and forgotten about it, so I think there's an issue there around not just training but it's that keeping it in the forefront of people's minds, to keep information updated." (Newcastle_G3)

"So another point there, make sure everyone is part of creating their own plan. We often tick the box to say we've got it. But whether the people at the ground and the people that are going to be enacting that, have been consulted and utilised within, was a big key point. "(Newcastle_large group)

A planned approach is one that is organised though practice and training; enabling collaboration. Many organisations shared examples of this.

"And what worked well were the coordination of services. So, people being able to understand their roles and responsibility. And that came about through practise and experience, as well as plans. In disasters, the resourcefulness of people came forward, not just of the community but of carers and staff. The offers of assistance and somebody talked about a large clinic being open for temporary accommodation and provision of donations and the offers of showers for staff that were just basically coming in showering and leaving. Organisations, caring and listening to the staff as well as the client. Other things that worked well were, or what helped, having generators at places of businesses so they could continue to serve the community." (Newcastle_G1)

"So coordination in some cases worked really well between services, and the resourcefulness of people. We are all pretty smart and if we think about it, we can usually make it happen, some way or other. That's my view and I really believe that. I think we've all got strengths and skills, and knowledge. And people get together they can do all sorts of amazing things." (Newcastle_large group)

"The main thing that worked well is they have an emergency centre, which they practised during the asbestos fire in Wickham."…"But it was a test of their emergency centre. And whatever plan they had, that worked well apparently. Their backup and also the people in charge" (Newcastle_G1)

"She's only just started in a job, but as far as she is concerned, everything's working well and they have infrastructure, assets, and they have training all in place, but they haven't been tested in a big event, in Newcastle." (Newcastle_G1)

"..when I previously worked in a group home, look, I had a blind, a mute, autistic and a deaf person. So the fire alarm went off and I had to evacuate, one of them wouldn't come out, and it would come down to that training, so every month we would go through that evacuation training so that my clients knew that when I said fire, they knew exactly what to do. It's training with the staff as well because we have a turnover of staff and also because the physical... Because I've been on both sides, I've been a worker and now I'm also with disabilities, so it's educating everyone." (Newcastle_G2)

"Yeah…within the homes, we have the discussion within our weekly house meetings, around things we would have done differently, around whether they choose to go to a different location, whether they choose to bring something different, and just reflecting on around, obviously, how it made them feel, how it made them feel returning, What [are] they worried about?" (Newcastle_G3)

"I spoke to somebody who volunteers for the rural fire service. So, for when an incident or an event happens, they're often out there on the field. When something happens, they leave their home base and go out into the community to help them. Even when an event happened in their own home, they secured that as much as they could and then went out into the community. There was this need or push to help others first before themselves. From their perspective in an organisation what worked well, was everybody has their job and they know what their job is, that they have ongoing training and support to work through that, and the other thing is that after support as well". (Newcastle_G1)

Some organisations had **business continuity** plans that were practiced and managers that were highly supportive of their staff to implement them.

"And some agencies actually did very good briefings for staff, did wonderful support for staff, and that was really something that worked really well, and was really appreciated. And another comment was that... What worked well in a particular agency that the staff knew what their job was, they were supported by management to do it... Continued to get that support from management and were actually congratulated for doing that work. And so when you've got a system that works like that, it's actually going to make people keep the energy up, feel supported and they'll do the best job they can do." (Newcastle_large group)

"The other thing that stood out to me was the support of executive of their staff and the decisions that they made on the ground because they knew their clients the best. They were in contact with their clients the most and talked to them the most about what they needed. And so being able to make decisions in a difficult, or crisis, or urgent situation with their client, and the executive supporting them the whole way. And daily handover meetings that included consideration of staff mental health and capacity, as well as the specific and evolving support needs of clients as they emerge during a disaster." (Newcastle_G1)

"My third person said that she worked for a large care organisation, so they had predetermined levels of risk for their group. They were constantly in touch with local authorities. They used equipment that is transferable, so they're well aware that they're in a site that could flood, so their equipment is able to be removed, and they use emergency services where possible because professionals know what they're on about, and they know how they're going to do it. If they bring volunteers in, there's an element of further risk and training involved. So professionals was the first option". (Newcastle_G4)

"..she's from an organisation up mid North Coast, so they've already had to do a lot of things with floods, so they already had a lot of plans, and connections, and community connections, and neighbours helping in their own boats because, obviously, emergency services are already overworked and overwhelmed with rescuing people. So the locals who had access to those things could help other locals get out and get safe". (Newcastle_G4)

Learning 2: Extra support needs of people with disability in emergencies.

Extra support needs discussed at this forum grouped into the following areas: (a) people with mobility impairments in high rise accommodation; (b) people who live alone; (c) people who require power; and (d) separation from personal support.

People who live in **high rise accommodation poses unique challenges.**

"I know from our experience where it wasn't until the flood occurred in Singleton and we could actually look at what we said we would do and whether that worked, and even today someone highlighted we're a two-story facility and some of our clients may not be able to walk down the stairs and we may not be able to carry them. And with dignity and respect they might not want to be carried." (Newcastle_G1)

"So, I said to [Person's name], "What happened after that example?" And he said well, luckily it was a fire drill and it wasn't real. He said he worked with Fire & Rescue to have an identifier in the building so that they know what floors people in wheelchairs are on, so that someone knows that they're there. Because he said his wife had to leave him on the 17th floor. And I said, "Did she flag when she got downstairs?" And he said, "Yeah but they're technically there to fight the fire." (Newcastle_G1)

"I used to work with a gentleman in a wheelchair and we worked on them too, it was a three-story building, but it was a new building. And the fire stairs are fire rated, so once the doors are closed ... so all he needed to do was go into the fire stairs and stay on that platform, so people could still get around and down the stairs. But he stayed on that and that's where he would be found because the fire stairs are fire rated". (Newcastle_G1)

"And he said he was so scared the alarm went off, he couldn't get down, he couldn't use the lift. So, his wife went down there wasn't an emergency tanker coming, but he was quite scared by the whole situation. Maybe when people with

these mobility issues are in a high rise, someone should know that they're up there because say it was a fire, how were they going to get him out? " (Newcastle_G1)

"And so, it just occurred to me maybe like we've got in urban areas, city areas and then country areas, and so high rise is really, it's a city, particularly in Newcastle, thing that we really need to talk more about, I guess. I would if it's on 11, level floor and I'd want to know what the fire drill is. Is there a fire drill? It hasn't been practised, how would people know, who is in that building?" (Newcastle_G1)

"…worked in situations where they worked as coordinators of group homes or aged care facilities, and I think in both those cases, they were worried about what would happen with people on the second floor of the buildings where it was the lift. In one case, someone had manually taken a person, lady in her nineties, down five flights of stairs because the sign said don't use the lift". (Newcastle_G2)

"But in other cases of either of those picked up the fact as to how would they evacuate people on the second floor of the nursing floor where the sign says don't use the lift" (Newcastle_G2)

People who live alone – there are assumptions that people are looked after 24/7. Not everyone with a disability has support services.

"The other one I had was a hearing-impaired person. All right. And the problem there was the preparation, he was by himself, right. Now I didn't realise this and it was an eyeopener for me. In other words, he had nobody to check on him, to keep an eye on him." (Newcastle_G1)

"I've looked after people who have oxygen 24/7, the power goes... And especially if they do happen to be by themselves and you think someone who's at dire need would have someone there the whole time, they don't always. There are people that we go into three, four times a day, but when we're not there, nobody's there." (Newcastle_G1)

"And the different person called out that we need to work better for people who are isolated. So thinking about COVID as one of these emergencies, we had a spectrum of people who don't need other people very much, and they're quite happy….And then you've got people at the other end of the spectrum who are very extroverted, who are living alone. And that was incredibly hard for them. And there's a personal emergency, mental health, including those people don't have a neighbour. If you're a rural property, you're living alone, you haven't got transportation, you're not mobile. You don't have anyone, there's some people that just don't have anyone." (Newcastle_G4)

People who require power as a support need.

"One of the things that was identified was that if we've got no power, the risk to the people in the community, we're talking about the cochlear implant, but also in terms of people that require beds, air mattresses, things like that. There are no, at this point, alternative ways to continue to keep those going through oxygen machines." (Newcastle_G1)

“So, what's here is the power outage for this particular family was a really critical thing that actually impacted very severely on the care of somebody in the household to the extent where they needed to move out of their home and go and live with someone else, with family further away.” (Newcastle_G1)

“I had the power out at my house in the 2015 storms, we were without power for about 16 days. We had to get our whole house rewired and I had to... Through the storm I had my nebulizer, my oxygen concentration machine that I sleep with…..The power outage ruined them so I was without those three things for a bit under a week, and it was only that I had to go chase up through health to get replacements of these machines, I don't have to be on oxygen 24/7, but the likelihood I could have had to have been admitted into hospital just so I could keep up with that treatment because of the nature of my lung disease. So that was an incredibly stressful time and yeah, there wasn't... Yeah, there wasn't much support at all. We only had [agency] who came to knock on the door and said, "Oh, you're registered with us, we're not sure how long the power is going to be out for." So we had to figure that out. And we didn't have a plan, I didn't have a backup generator or anything, so I had to go and stay with my support worker and my parents” (Newcastle_G2)

“And some energy providers, power providers, have an opt-in list where you can register to say you have life-sustaining medical equipment and if the power goes out, you would need to have it restored as a priority, or need alternatives like batteries or generators. That's a larger picture”. (Newcastle_G3)

“[Speaker 1]: Also, do people, do power companies, if you have got, as I understand it, if you have a planned blackout, they will notify you and put it back on to you as soon as possible, but if there's a widespread blackout, there's no way of channelling power to your house, just because you have a medical need for that power. Would that be accurate? [Speaker 2]: That's accurate, yes. When the grid goes down, they can't bypass just those specifics. It's a case of they know of the vulnerable customers, so that appropriate support can be arranged as a priority”. (Newcastle_G3)

“There will be priority placed on, if that list of customers, a certain suburb had a large majority or a heavy relation of those customers, they'd definitely prioritise re-energization of that place before anyone else, but it would be key infrastructure, supporting infrastructure as well”. (Newcastle_G3)

Separation from **personal support**

“And also some people mentioned that they may have had some plans in place but then they were separated from their supports. So, if they were supported by family but family was at work that day and they were at home, and then the floods came and then they were isolated. Or when they were living by themselves and Covid came and their regular carers couldn't come to them and they felt very separated from community and that was the biggest impact.” (Newcastle_G1)

“The big issue from the flood perspective, the negative was, the clients...support, were significantly isolated from the support that they normally get. And what they actually had to do was actually create a triage process or instigated triage process around how they could actually support their clients on going through the actual event. Which meant that unfortunately there was a change in the level of support for the clients, purely for the fact that they couldn't actually access them. The net effect to that unfortunately was quite interesting to the end point where it's probably had an increased number of deaths over a period. Either connected

or disconnected from the actual event, but essentially the concerns were that a change in the access to grown care changing interest activity, may have actually led to an increased death rate of some of the client base. It's all anecdotal but essentially, it's quite a noted change in some of them." (Newcastle_G1)

"The flood event had more significant short-term impacts, but the Covid impact has probably been more on the longer term basis. Staffing became more overwhelmed because they had a perceived loss of connection between themselves and their clients, which actually was significant because obviously the way that they would approach their clients and how they look after them. It's very much a cooperative model, which relies on that connectivity. And Telehealth for example, just did not in reality meet the mark on that connectedness." (Newcastle_G1)

"And here we spoke about working for an organisation that had to up sticks and start working from home. And their work generally requires a lot of face-to-face work with clients. And so a lot of services became less, they were reliant on accessing their clients via phone call and or Zoom, and emails and things like that. But yeah, face to face contact became much less than it had been before. Some of the other barriers that they spoke about with regards to Covid, is that for people who became overwhelmed with being bombarded with COVID updates, they would switch the TV off, which meant that might have eased their mental health in the short term but actually limited their access to updated information. So they had to walk this fine line of, "Do I need information to keep myself safe, but do I need to turn the TV off to keep my mental health safe as well?" (Newcastle_G1)

"Or the staff can't get to the people that they would normally support in an in-home care facility where they need... They've got clear complex needs and need to have people there all the time. " (Newcastle_large group)

Learning 3: 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) disability support workers.

Informal Support people

"The person that I spoke to was about the importance of informal support and the layering of that, that it can't just be going out and getting that support. They saw the need that they needed, the informal supports, an event like covid that all dissipated and in many ways you felt quite isolated that way." (Newcastle_G1)

"She always lets her family know where she's going, if she's going well, that sort of thing. And also utilising apps for family connections and weather zones, things like that. She's got a family member who's part of the SES also, so he lets her know when she will see things on apps and the general media, he would let her know whether she needed to act and these are the steps we need to take. So that was the whole connection point for her being that she's isolated and living independently also, that connection is important." (Newcastle_G1)

"So I spoke to [Person's name] who was vision impaired and hearing impaired. His whole thing was about support workers, neighbours, taxis, and just getting to safe places like parks and that sort of thing." (Newcastle_G4)

"And my last person had been through the Lismore floods …. She said neighbours were really important. They already had pre-established relationships with health providers and the other authority in the community. She had a timely recognition of this historical risks in the community and was well aware of them. Used the local road knowledge as a way to minimise risks. Used their local knowledge and social connections in the area to support our clients. And had developed plans that were reviewed and ongoing." (Newcastle_G4)

"We just more talked about just pretty much what everyone else has, family care, support workers, neighbours, and actually making a personal plan because it's all good and well to have a think about it, but then the next step is going home, and if you haven't done it, making a plan and having that discussion with your family members and thinking about pets and how you're going to move them." (Newcastle_G4)

"And then, again, same with kin, family, neighbours, friends, organisation, text messaging, internet, emergency. But we did have a conversation about, do all the emergency services have access to the same information? And if we have an emergency plan, who sees it? Who can act on it, or who can support us to make sure that needs are met, because if we have things, well, we might be able to take equipment, what if we can't take equipment? Is there going to be equipment at the other end especially for our people with a disability and where we work is on the third floor. So, we have a lift of two stairwells, if we can't use as leave, how do I people, in wheelchair, who are a number of our staff can get out" (Newcastle_G4)

Formal community services and supports

Participants identified a number of community supports that can assist such as "clubs…with courtesy buses," "churches and faith groups," and "the pub down the road." The value of these supports was having places and people where you "feel safe" and there are people to talk to. For example,

"sport organisations, the first one spoke to, gave me some examples. I said it depends on your disability, could be a head start, could be a rumour, and community organisations like Men's Sheds, local bowling clubs, and other social connections. A couple of people I spoke mentioned they're members of political parties, so they have a network of people that they know there. If it was an emergency, like a heat wave, you'd go to the shopping centre and for other things, you might go down there and just be an access point, especially if you're isolated because there's people there". (Newcastle_G4)

Health and medical services and General Practitioners (GPs) were also identified as a local asset in emergencies. For example,

"And then her GP, another one, one thing I'm learning from my role is GPs play a massive role into our disability services to our clients. And we're trying to tap into that, and the biggest tap in success I've had is through GPs". (Newcastle_G4)

"The GPs are linked into all of it. And for me, they're the access, they're the finger points to these members that I can't find." (Newcastle_G4)

"The second person said transport was really important. Medical services and allied professionals are really important. Informal support from family supports, assistive technology and providing information that is accessible was really". (Newcastle_G4)

"Management of health, so another thing that came up was doctors are huge advocates... So people living with disabilities of all kinds and if emergency services can have their doctor's information, that's usually beneficial. And the doctors can obviously refer them on to other services as well." (Newcastle_large group)

Disability **support workers** were identified as a key support because they are well positioned due to their knowledge of their clients.

"The guy I spoke to was the [Organisation name] user, raved about the [Organisation name] service, thought you guys are just... We're winners. We talked about, where he would go to if there was a problem. He'd go straight to [Organisation name]." (Newcastle_G4)

"Yeah, then I spoke to [Person's name], she's in a wheelchair, and hers was also really around neighbours, support workers, family and friends, Allied Health Services. And just other people with lived experiences of disability. So those alliances and those organisations that she talks to, because they would know probably best how to help her." (Newcastle_G4)

"..during Covid she really minimised her care support workers because she's self-managed. And that kept her anxiety levels down because she knew that the people weren't going to isolate people, she was giving them the hours with her. So she felt that was really helpful and worked. And she also networks with a lot of people with disability and during covid they would phone each other, or talk to each other, or message on Facebook so that everybody knew that everybody was okay because they were so isolated."-(Newcastle_G1)

"The other concern with that is that your workforce actually know your clients, of course when you have combat agency coming into, for example, support an evacuation, they'll have no knowledge. Those people might look at them on face value for what they look like they are." (Newcastle_G1)

"And the main one for him was the providers who are there in the person's life, providing support to this, funded supports, things like that, is a really key resource. He came from the health side of things. And so having those people who know the person with a disability, who can assist in engaging, and care plan management, communication, advocacy for the means, things like that, which is nice 'cause that's where I fit into the picture. So it's nice to be seen as an asset." (Newcastle_G4)

Learning 4: Tailored emergency preparedness support.

Some people have **plans in their heads** but have not communicated the plan with the people who need to know.

"And to have plans, not very many people for individuals will have a written plan, but they'll have their plans up in their heads and that's exactly what I got from most of the people that I spoke with today is that they thought about things, but it was always up there in their head and they hadn't spoken to anybody else. So it's probably a good idea if people sat down and spoke with their assets, which is their family, friends, people that they rely on, emergency services, other organisations and just made their plans known and talk it out. Okay, what would you do if this happened? It's fantastic you know what your plan is if there's a fire, you've got that, that's perfect."(Newcastle_G2)

"A lot of people had a plan in their head, but nothing was spoken about, and that was with family, friends, supports. So it was just in their head, which is good for them but not for those around you. You're not in a position to verbalise what you have to do. The other part looking at plans need to be started, discussions with... So to do this, people saying, "Yes, I need to start discussing this with my family, my friends." And once again the supports around you." (Newcastle_large group)

People offered examples of what is required to tailor preparedness support for people with different disabilities and support needs.

"I was talking to a young girl who has autism, and she said she needs to have an evacuation plan in pictures, and people may need to ask her a question, but then change that question so that she can understand it, because not all the time can she understand a question that you ask. You need to rephrase it so that she can understand it. It needs to be really personable to that person." (Newcastle_G3)

"I spoke to someone earlier, who had shown me a photo of a bag that she has packed always. It's like a red pouch that has all of her important documents in it, and a change of clothes and some medications and a few bits and pieces, just packed ready. She's just told a couple of people that she knows and trusts, where to find that particular pouch. Yeah, I thought that was really clever, and it actually has, written on the outside of it, it says, Emergency Pack. If she was ever caught in an emergency, she knows, either she grabs that, or she can get a friend or family member to go and grab it for her. I thought that was really clever". (Newcastle_G3)

Preparedness support was discussed as a key strategy to enable tailored emergency preparedness planning and help people to get ready for emergencies.

"I work with carers in New South Wales, and we have a resource that is a list of things to pack. We call it a Go Kit. What to go in your bag if you needed to leave home, including medications, animals, all your important documents, and things like that, but also, we have a list of, what would you need to do if you have to shelter in a place, and who would you need to call, and how would you make sure that you were safe doing that? People are saying that just having that list and knowing, and being able to go through that, helps them to feel a lot better, when they're getting ready, and things are happening around them." (Newcastle_G3)

"I'm part of a group called Counter Person-Centred Emergency Planning. We've been meeting once every six weeks, for one hour, and that group is an inclusive, friendly conversation, so that we can each progress with our individual emergency plans in a fun, connected kind of way."
…"It's been me and somebody from up Singleton, who's a person with lived experience, and a group of us, all involved with this, but we're looking to include

more people so that it can be that friendly, social environment, motivating us to do the next step, and work on that over the next six weeks or so and then report back. It becomes a social thing as well as really a helpful practise for things. Let's get a sandwich and reconvene." (Newcastle_G3)

"..another fellow I spoke to from Perth said that local emergency management groups, there could be a point of contact maybe, not to individuals, but for organisations to support people with disability" (Newcastle_G4)

"And to round it off, I think one of the key things we agreed upon is, having a plan for yourself puts everything back in your control, that... If you all got that plan, you are in control of what happens to you in an event of emergency. Especially in the situation of you have to evacuate, and you have what you need, because those coming in to assist you don't know what you need. So you've got that plan. That's the big takeout that you are in control of what's going to happen." (Newcastle_large group)

"You might think, "I don't know what to do," but when you sit down and have a conversation and start to unpack it, you uncover the things that you can do, and that you do know, and the networks you have. All of a sudden you think, "Oh, actually, I've got this," and then, as you keep revisiting that plan, you can build upon that." (Newcastle_G3)

"R-E-D-I, and I recommend that anyone who hasn't actually had these conversations around preparing for a crisis to look into this, and even if you don't officially make a REDI plan, it's just a good thing to start." (Newcastle_G4)

"Another thing I just wanted to quickly mention, because there was some discussion about how you can start personally preparing for disasters and emergencies, and I mentioned that the Red Cross has a REDiPlan, that if anyone would like to talk to me about... I can talk through that as a way that you can individually start to think about what you need, in times of an emergency and crisis. Thank you." (Newcastle_large group)

Learning 5: Where people turn to for emergency information.

People identified emergency apps, ABC radio, and social media as their main sources of emergency information. However, participants learned that technology doesn't always make it accessible. Participants discussed **digital literacy** and **factors that make resources more accessible for people who have different information access needs.**

"And it's not just that, it's in recovery. We're asking people to fill forms online. You find a primary producer that is digitally literate and has a computer and has good internet access, and you've got gold because that doesn't happen very often. For the COVID certificate, my grandmother couldn't get her vaccination proof because it was all online. So, we set up my mum account on her behalf, which you tell the government that's not legal." (Newcastle_G1)

"Technology doesn't always make it better. That was part of the discussion, very much about the fact that not everyone has a computer. If they have got one, they don't know how to use it. If they have got one, they don't know how to upload an app, and so on and so forth. That's also problematic in terms of the connections. Connection was a big topic as well. That connection, how we build our relationships, how we sustain our relationships, how we ask for help... All

gets impacted at times of disaster. And if the power's out and everybody's on their phone... Well, the phone system will crash, and then you won't be able to ring anybody, and there'll be no information shared and no communication. Communication was talked about at different levels as well, so that's something we can actually improve." (Newcastle_large group)

"Sure, yeah, um, uh, one of the assets that, that came up particularly for people with vision impairment was access to smartphone, and to GPS and screen reader technology." (Newcastle_G4)

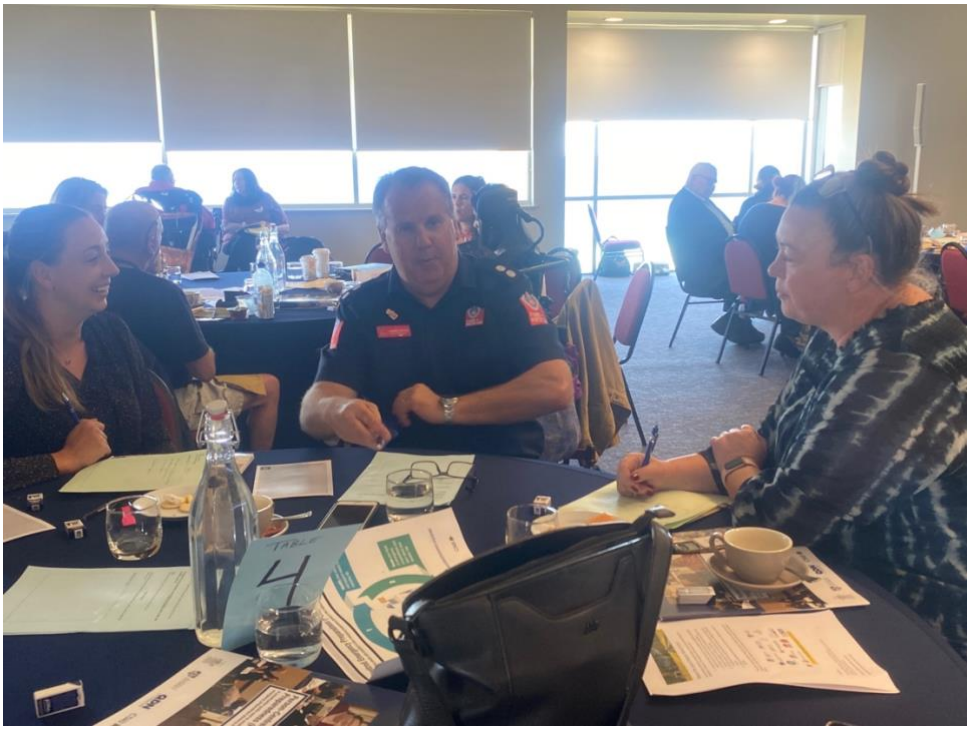
KEY MESSAGES

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. These 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.*



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