



THE UNIVERSITY OF
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Emergency Preparedness Survey of People with Disability

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This survey is part of the Leave Nobody Behind ARC Project

Emergency Preparedness Survey of People with Disability ^{Page 1}

Thank you for your interest in this important research study. This study is carried out by a research team at the Centre for Disability, Research and Policy, the University of Sydney. It aims to survey how prepared people are for an emergency situation such as pandemic, bushfire, flood etc., and to understand what people can do for themselves and what supports they need in an emergency situation. The information you provide will help us to find ways to assist people with disability to prepare for, respond to and recover from an emergency event.

This survey should take about 30 minutes and is entirely voluntary. No risk or discomfort is anticipated from participation in this survey. All your answers to the survey questions will be kept strictly confidential and no personally identifiable information will be shared publicly. You can skip any questions you don't want to answer, and you may discontinue participation at any time. By submitting this survey, you agree to the use of your answers for research purposes by the Centre for Disability, Research and Policy.

Before we continue, we just need to make sure you are eligible to participate in this study.

Are you 18 or older? Yes No (End)

Do you live in Australia? Yes No (End)

Do you consider yourself a person with a disability, or a person with any long-term physical or mental health conditions? Yes No (End)

Great! You are eligible to participate in this survey. For more information about this survey study, please follow the link to the Participant Information Statement.

[Attachment: "200903 participant information statement (v1.2).pdf"]

PART ONE. DEMOGRAPHIC INFORMATION

Firstly, we would like to ask you some background questions so that we can see whether people's responses differ by age, where they live, health condition and so on. Remember all your answers will be kept strictly confidential.

1. Are you male, female or other?

- Male
 Female
 Other _____

2. What types of restrictions or impairments do you experience that have lasted, or are likely to last, for 6 months or more?

(Can choose more than one)

- Loss of sight
 Loss of hearing
 Speech difficulties
 Breathing difficulties
 Chronic/recurring pain/discomfort
 Blackouts/seizures/loss of consciousness
 Learning/understanding difficulties
 Incomplete use of arms/fingers
 Difficulty gripping/holding things
 Incomplete use of feet/legs
 Nervous/emotional condition
 Restriction in physical activities/work
 Disfigurement/deformity
 Mental illness
 Memory problems or periods of confusion
 Social or behavioural difficulties
 Other _____

3. The next questions ask about difficulties you may have doing certain activities because of a health problem.

	No - no difficulty	Yes - some difficulty	Yes - a lot of difficulty	Cannot do at all
Do you have difficulty seeing, even if wearing glasses?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty hearing, even if using a hearing aid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty walking or climbing steps?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty remembering or concentrating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty with self-care such as washing all over or dressing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty communicating, (for example understanding or being understood by others)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. If any, which of the following aids, assistive device, equipment or other supplies that you absolutely could NOT live without for three days?
(Can choose more than one)

- Nothing I couldn't live without (Go to Q6)
- Dialysis machine
- Respiratory equipment
- Feeding tubes
- Catheter
- Cane
- Walker
- Crutches
- Manual wheelchair
- Electric wheelchair
- Scooter
- Magnifier
- Braille and speech output devices
- Hearing aids
- Artificial limb
- Split or brace
- Modified eating utensils
- Dressing aids
- Adapted personal hygiene aids
- Communication board
- Speech synthesizer
- Head pointers
- Others _____

5. Do you need electricity to power the device/equipment that you cannot live without?

Yes No

6. Do you have a paid support worker who helps you with your activities of daily living? Yes No

7. Do you have a friend or family member who helps you with your activities of daily living on a regular, informal basis? Yes No

8. Do you have any assistance animal that helps you to more fully participate in personal and public life activities? Yes No

9. What type of home do you live in? A free-standing separate house
 A semi-detached house
 A low-rise unit with no lift
 A medium/high rise unit with a lift
 Other _____

10. Which of the following options best applies to your home? Owned by you or someone in this household
 Rented as a public housing tenant
 Rented as a private rental tenant
 Occupied without payment of rent

11. Who do you live with?

- By myself
 Spouse/partner
 Family
 Friends
 Housemates/flatmates
 Support/care worker
 Other _____

12. What state do you live in? New South Wales
 Queensland
 South Australia
 Tasmania
 Victoria
 Western Australia
 Australian Capital Territory
 Northern Territory

13. What is your postcode?

14. What year were you born?
(If blank, go to Q15; otherwise Q16)

_____ (Please enter four-digit year)

15. Do you mind telling us which age group you are in?

- < 30
- 30-39
- 40 -49
- 50 -59
- 60-69
- 70 -79
- 80+

16. What is the highest level of schooling that you completed?

- Postgraduate Degree, Graduate Diploma/Graduate Certificate
- Bachelor Degree
- Advanced Diploma/Diploma
- Certificate III/IV
- Certificate I/II
- Certificate not further defined
- Year 12
- Year 11
- Year 10
- Year 9
- Year 8 or below including never attended school
- I don't know

17. Are you currently employed earning wages or salary, either full-time or part-time including self-employment?

- Yes
- No

18. Please indicate three activities that you spend most time on in a typical week. 1 being the most common activity, 2 being the next common and so on.

	1	2	3
Personal care, such as health care, personal hygiene, eating and drinking, napping or resting etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment related activities, such as working on a paid job, working on an unpaid job in family business, looking for a job etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education, such as attending an educational course or self-directed learning (even online)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic activities, such as cooking, housework, home maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care, such as caring for children, playing, reading, talking with children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Informal care, such as providing unpaid care for someone with a disability or any long-term health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Purchasing goods and services, including traveling to shops or service provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voluntary work, such as unpaid voluntary work for community services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social and community interaction, such as socialising, religious activities, attending a sport or entertainment event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation and leisure, such as sport and outdoor activities, reading, watching TV, listening to music, games, hobbies, arts, crafts etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Which of the following income ranges represents your annual household income before tax?

- \$20,000 or less
- \$20,001 to \$50,000
- \$50,001 to \$80,000
- \$80,001 to \$120,000
- \$120,001 or more
- I don't know

20. Do you currently receive any of the following disability/aged care supports? (Can choose more than one)

- National Disability Insurance Scheme (NDIS)
- My aged care package, such as Home Care Packages (HCP), Commonwealth Home Support Programme (CHSP)
- Disability Support Pension
- Youth Disability Supplement
- I don't know
- Other _____

21. On a scale of 1 to 5, with 1 being poor and 5 being excellent, how would you rate your health in general?

- 1 2 3 4 5

PART TWO. EMERGENCY PREPAREDNESS

From this section onwards, some of the questions will mention "emergency" as a general term. When it reads "emergency", it means an actual or imminent event that endangers or threatens life, property or environment and requires immediate action, including natural hazards like bushfire and flood, human-made event like house fire, and infectious event like COVID19. So those are the kinds of things "emergency" refers to.

22. Please tell us which of the following emergencies may affect you within the next five years.
(Can choose more than one)

- House fire
- Heatwave
- Severe storm or cyclone
- Bushfire
- Flood
- Pandemic (a highly contagious disease outbreak, such as Corona virus)
- Earthquake
- Tsunami or king tides
- Other _____

23. Which of the following emergencies do you feel most confident in your ability to deal with?

- House fire
- Heatwave
- Severe storm or cyclone
- Bushfire
- Flood
- Pandemic
- Earthquake
- Tsunami

24. Which of the following emergencies do you feel least confident in your ability to deal with?

- House fire
- Heatwave
- Severe storm or cyclone
- Bushfire
- Flood
- Pandemic
- Earthquake
- Tsunami

25. What are the main reasons for feeling most confident in dealing with [response to Q23]? (Can choose more than one)

- I have plenty of experience in dealing with this type of emergency,
- I have an emergency plan in place that would help me in the event of this emergency,
- I have conducted evacuation drills in the past 12 months,
- I have attended emergency meetings or training on how to be better prepared for this type of emergency,
- I have family/carers with me who will assist me during this type of emergency,
- My neighbours will check on me,
- My service providers will check on me,
- The police, emergency personnel (such as State of Emergency Services, fire services) or local council would take care of my needs during this type of emergency,
- I can deal with the emotions that arise in this type of emergency,
- Other _____

26. What are the main reasons for feeling least confident in dealing with [response to Q24]? (Can choose more than one)

- I don't have an emergency plan for this type of emergency,
- I think there is an emergency plan somewhere, but I don't know the details of the plan,
- I don't have any personal experience dealing with this type of emergency,
- I don't have anyone to help or check in on me in this type of emergency;
- I don't have anywhere to go that is accessible during this type of emergency,
- I don't think I am capable of keeping myself safe when this type of emergency happens,
-

Other _____

27. Do you have an emergency plan that could guide you through the emergency events that may affect you within the next five year?

Yes (Go to Q28) No (Go to Q29)

28. What motivates you to make an emergency plan?
(Can choose more than one)

- I am confident that I can actually do something to help myself ,
 - By making an emergency plan, I am improving my chances of surviving during an emergency,
 - By making an emergency plan, I could reduce the damage to my property during an emergency,
 - Most of my family or friends think I should make an emergency plan ,
 - My job, school or community encourages me to have an emergency plan,
 - Disasters in other places make me think about getting an emergency plan,
 - Disasters I have experienced make me think about getting an emergency plan,
 - Other _____
-

29. What are the main reasons for not having an emergency plan?
(Can choose more than one)

- I just bury my head in the sand and hope nothing happens,
 - I have just never thought about preparing for an emergency at all,
 - I don't have the time/I am too busy,
 - I am not sure how to prepare for an emergency,
 - I would have plenty of warning prior to the emergency, so I don't need to prepare in advance for the possibility of one,
 - An emergency happens because it's meant to happen. I cannot change destiny,
 - I know it is important to prepare for emergencies, but I keep putting off planning or taking any actions;
 - Getting information about what to do in an emergency is too hard,
 - Preparing is too expensive;
 - I am waiting for someone else to make an emergency plan for me,
 - Other _____
-

30. Who would you go to for reliable information and learn how to prepare for and respond to an emergency? (Can choose more than one)

- Family
 Friends
 Neighbours
 Community-based meetings
 Support workers or service providers
 State Emergency Service (SES)
 Police
 Fire services/Rural Fire Service/Fire and Rescue
 Office of Emergency Management
 Department of Health
 Local council
 Other government agencies, such as Bureau of Meteorology, Geoscience Australia, Department of Home Affairs
 Australian Red Cross
 Doctors/health care professionals
 Experts or scientists
 Disabled People's Organisation
 Other _____

31. What communication mediums/channels would you use to get timely information about emergencies or disaster warnings?

(Can choose more than one)

- TV
 Radio, such as ABC emergency
 Newspaper
 Websites of local council or emergency services
 Email alert
 Voice or text alert to mobile phones
 Online news
 Smartphone or tablet applications, such as Fires Near Me
 Call-in number for updates
 Social media , such as Twitter, Facebook, Instagram
 Fax alter
 106 TTY Services
 Warning signs in public areas
 Other _____

32. Have you (or anyone in your household) taken any of the following actions to prepare for an emergency in the past one year? Please answer YES, NO, PARTIALLY or NOT APPLICABLE.

	Yes	No	Partially	Not applicable
Set A.				
Keeping an updated emergency ccontact list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeping extra prescription medications and copies of prescriptions in a water proof container	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing an evacuation plan for where to go if you decide to leave and how to get there	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arranging a family meeting place or reconnection plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stocking your house with emergency supplies such as 3-day supply of food and drinking water, a first aid kit, a flashlight, a battery-powered radio, extra batteries, personal hygiene items, food for pet or assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

animal etc.

Getting and reviewing property, vehicle and/or life insurance policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making a backup plan for support workers/personal assistants and essential suppliers/agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working out how to get timely emergency information and warnings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting a home generator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Set B.				
Writing down your medical information, such as identification, medications, food and drug allergies, health records etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safely storing important documents (e.g., will, power of attorney, passport, banking information, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making arrangements for short-notice/emergency replacement care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reducing home/property damage by either keeping gutter and downpipes clear of leaf and litter, trimming trees and cutting back overhanging branches, clearing an area around the house, keeping the roof in good condition, installing and maintaining smoke alarm etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Putting together an easy-to-carry go-bag with critical items, such as mobile phone, medications, flashlight, extra cash, spare clothing, food and water, blankets etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaking with family and/or personal assistant about what to do during an emergency situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowing the manual operations for your medical equipment or assistive technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in an evacuation drill in the past 12 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining at least a quarter tank of petrol in your vehicle at all times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART THREE. CAPABILITIES AND SUPPORT NEEDS

33. In the first 72 hours following an emergency, how much would you expect to rely on the following for assistance? Please use a scale of 1 to 5, with 1 being "do not expect to rely on at all" and 5 being "expect to rely on a great deal".

	1 do not expect to rely on at all	2	3	4	5 expect to rely on a great deal	Not applicable
Household members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family members who do not live with me						
Neighbours						
Personal care/support worker(s)						
State Emergency Service (SES)						
Fire services/Rural Fire Service/Fire and Rescue						
Police						
Emergency relief /recovery organisations such as Red Cross or the Salvation Army						
Local council						
My faith communities						

We're almost finished with the survey, and I appreciate your patience.

Now, let's imagine you are in the following scenarios.

Scenario: Following a severe storm in your neighbourhood, the debris from trees and homes has blocked all roads. The State Emergency Services will be supporting clean up, but it is going to take 7 days before you can get out or any service providers can get to you. You are safe at your home, but services have been shut off (electricity, gas, water) and you cannot buy any water, food, personal hygiene products or some essential supplies that you need to replenish

34. From a scale of 1 to 5 , how well could you manage this situation, where 1 means you couldn't manage it at all and need a great deal of help, 5 means you could easily manage it by yourself without any help.

1 2 3 4 5

35. Please tell us what sort of things you are able to do yourself to manage this situation.

36. Please tell us what sort of supports you need from others to manage this situation.

Scenario: Emergency services have issued an evacuation order and you need to evacuate within 12 hours. Public transportation services have stopped operating and it is difficult to get taxi or Uber that is accessible. The temporary evacuation shelter that your local council operates is overcrowded, noisy, and not accessible for your level of support needs.

37. From a scale of 1 to 5 , how well could you manage this situation, where 1 means you couldn't manage it at all and need a great deal of help, 5 means you could easily manage it by yourself without any help.

1 2 3 4 5

38. Please tell us what sort of things you are able to do yourself to manage this situation.

39. Please tell us what sort of supports you need from others to manage this situation.

40. Please share with us your own experience in dealing with an emergency situation.

41. From a scale of 1 to 5, how well did you manage this situation, where 1 means you couldn't manage it at all and needed a great deal of help, 5 means you easily managed it by yourself without any help.

1 2 3 4 5

42. Please tell us what sort of things you were able to do yourself to manage this situation.

43. Please tell us what sort of supports you needed from others to manage this situation.

Now we are going to ask you another hypothetical question to get a feel for how much you value an emergency plan.

44. Given your current budget, what is the maximum amount you would be willing to pay for someone or some organisation to assist you to make an emergency plan that suits your circumstances?

Please enter an Australian dollar amount in the box without any dollar sign.

(Do not enter \$ in the box)

45. Would you be willing to use 4 hours of the support worker's time out of your NDIS or My Aged Care package to get their assistance with making the emergency plan?

Yes
 No
 Not applicable

46. Would you like us to contact you in the future regarding opportunities to participate in our studies on emergencies and disability?

Yes (Go to Q47) No (Go to Q51)

47. Great! Please enter your name.

48. Please enter your email address.

49. Please enter your telephone or mobile phone number.

50. If any, which disabled people's organisation are you associated with?

51. We would like to seek your advice on a few matters. Would you like to spend some extra time to answer three more questions?

Yes (Go to Q52) No (End)

52. What advice would you give to people with disability about preparing for emergencies such as house fire, heatwave, flood etc.?

53. What advice would you give to your local emergency managers or council staff about the safety needs of people with disability in emergencies?

54. Finally, what feedback would you give to the researchers who carry out this study?