

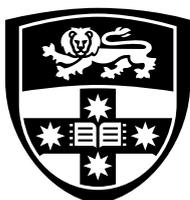
# DISABILITY INCLUSIVE EMERGENCY PLANNING (DIEP)FORUM

## WOLLONDILLY DIEP FORUM



### **Citation:**

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



THE UNIVERSITY OF  
**SYDNEY**

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*Don't assume all people use social media - if you don't, make sure you have someone close who does [1:1\_G3]*

## **PURPOSE**

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

**THIS DIEP FORUM WAS HOSTED BY THE WOLLONDILLY SHIRE COUNCIL IN PARTNERSHIP WITH THE UNIVERSITY OF SYDNEY.**

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**Date:** 8 September 2022

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**Location:** Picton Shire Hall

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<sup>1</sup>.

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<sup>2</sup>.
- experience higher risk of injury and loss of property<sup>3</sup>.
- experience greater difficulty with evacuation<sup>4</sup> and sheltering<sup>5</sup>.
- require more intensive health and social services during and after disasters<sup>6</sup>.

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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<sup>1</sup> 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.

<sup>2</sup> 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.

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

<sup>4</sup> Malpass, A., West, C., Quail, 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.

<sup>5</sup> 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

<sup>6</sup> 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<sup>7</sup>.

## **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)<sup>8</sup>.

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

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

## **NATIONAL POLICY**

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

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

<sup>8</sup> 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>

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

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

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

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<sup>10</sup> <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<sup>11,12</sup>. By learning and working together, our aim is to build the community capacity needed to take disability out of the "too hard basket."

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

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

**P-CEP** activates capability-focused self-assessment and preparedness actions of multiple stakeholders to enable personal emergency preparedness tailored to individual support needs; resulting in the identification of and planning for unmet needs that increase disaster risks. Certificate training in P-CEP facilitation is available through the University of Sydney Centre for Continuing Education. Learn more here:

<https://collaborating4inclusion.org/leave-nobody-behind/pcep-short-course/>

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

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<sup>11</sup> 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>

<sup>12</sup> 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](http://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<sup>13</sup>, 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)<sup>14</sup>.

Community engagement is a critical component of emergency management practice which helps to build community resilience to disasters<sup>15</sup>. 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<sup>16</sup>.*

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

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<sup>13</sup> 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>

<sup>14</sup> <https://knowledge.aidr.org.au/resources/australian-warning-system/>

<sup>15</sup> <https://knowledge.aidr.org.au/resources/handbook-community-engagement/>

<sup>16</sup> 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<sup>17</sup>. This impacts local emergency management and disaster recovery planning and perpetuates inequity for people with disability, their family and carers because their support needs in emergency situations are not understood.

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

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

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

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

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

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

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

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

## METHODOLOGY

### Design

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

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

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

work together to identify local community assets, tools, and resources that will impact whole-of-community resilience to disaster.

***Here's how we do it:***

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

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

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

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

The makeup of participants in each DIEP forum reflects the nature of the Local Government's connections to their community as well as the availability, willingness, and capability of participants to attend. Participation can be impacted by other factors including competing demands on one or more stakeholder group and unexpected events that impact attendance of individuals (such as illness) or an entire sector (such as community-level emergencies).

## **Data Collection**

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

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

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



1:1 Interviews  
conducted by  
participating  
stakeholders

Small group  
deliberation

A facilitated  
plenary  
discussion with  
all stakeholders

## Overview of the SIM Facilitation Process

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**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."

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**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.

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**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.

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### ***Interview Questions Guiding this DIEP forum***

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

**Group 2:** We all need to prepare for emergencies and disasters triggered by natural hazards. What steps have you taken to prepare for emergencies? Probe: If you have, tell me more about your plan. If you haven't what could you do? Is there anyone who could help you get started?

**Group 3:** In a disaster in your community, what challenges would people with disability experience? Probe: What challenges would they have sheltering in place? What challenges would people have evacuating to a place of safety?).

**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<sup>19</sup> 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<sup>20</sup>. Introducing the P-CEP framework served the purpose of supporting shared learning among participants,

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<sup>19</sup> <https://collaborating4inclusion.org/home/pcep/>

<sup>20</sup> 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>

grounded in a common language for identifying and discussing the capabilities of people with disability and any extra support needs they have in emergencies<sup>21</sup>. 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<sup>22</sup>. 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 conducted by two researchers independently followed by*

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<sup>21</sup> <https://collaborating4inclusion.org/disability-inclusive-disaster-risk-reduction/p-cep-resource-package/>

<sup>22</sup> O'Sullivan, T.L., Corneil, W., Kuziemy, 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>

*discussion of emergent findings with the research team to support reflexive thematic analysis.*

- *Reflexive thematic analysis<sup>23</sup> was used to group codes into categories. This process involves both expansion and collapsing of codes into categories; creation of new categories; identification of patterns in the data; observation of relationships and the development of emergent themes for each LGA.*

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

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

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

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

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<sup>23</sup> 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>



*I took the message that I need to be more prepared for every emergency, as someone with a mobility impairment I understand a little bit better now that I need to have various plans for various emergencies (Covid, fire, flood) as these require different reactions [post forum survey response]*

## **DIEP Participants**

<b>STAKEHOLDER GROUP</b>	<b>NUMBER OF PARTICIPANTS</b>
<b>Person with Disability or Carer</b>	9
<b>Disability Service</b>	6
<b>Community Service</b>	8
<b>Health Service</b>	2

STAKEHOLDER GROUP	NUMBER OF PARTICIPANTS
Organisation or Advocate representing people with disability or carers	0
Government	3
Emergency Service	9
<b>TOTAL</b>	<b>37</b>

## FINDINGS

What did we learn together?

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

### Key Learnings in Wollondilly Shire

1. Impact of disasters: improving communication to enable preparedness
2. Extra support needs of people with disability in emergencies
3. Local community assets as emergency supports
4. The need for cross-sector collaboration
5. The need for training

## DISCUSSION OF FINDINGS

### Learning 1: Risk Communication

Access to accurate and consistent information is a barrier to safety and well-being for people with disability in emergencies. Different aspects of communication were discussed, demonstrating wide variation in expectations that people have of government and emergency services during emergencies.

Service providers and people with disability discussed barriers to accessing digital information.

*I think it's getting access to information. So, I work with people with disabilities... For us, the issue is our client base don't have access to that... Or don't know how to access it. It's not even necessarily that the information is not there ... they can't use the computer. [G1]*

*You see that's the biggest problem, everything's gone online. And 80% of my clients don't have access to a computer. [G2]*

*...social media. Because a lot of people don't follow the council's Facebook but they will follow other ones, like the community group ones.[G4]*

*Don't assume all people use social media -if you don't, make sure you have someone close who does [1:1\_G3]*

Barriers to access were also attributed to unequal access to telecommunications infrastructure across the region.

*Those of us who live and work here, we know very well that our infrastructure for NBN and mobile service is incredibly and extraordinarily limited in some areas. [plenary]*

*Sometimes you get regions who don't have access to wifi, like the reception's really poor, they might not have radios, so how is it you're going to get that information out to everybody? [G1]*

*Well, with home phones, the new systems they've got, we've got a mobile, right? Telstra, I need 24/7 emergency phone calls. I've got my underlying health condition, some have some haven't but if you haven't got a phone that's working, a landline, that means mobile. But if you don't own a mobile, you're completely cut off. And they don't come visit you, knocking on your door to see if you're alive. [G1]*

Government and emergency services expect people to be aware, seek out emergency information, stay informed, and respond accordingly. Council reported providing information via social media and having a media coordinator to support information sharing.

*Monitoring Facebook, and of course, our council Facebook page, we really need to push people to say, "Look at the council Facebook page. Anything up there is fact checked as anything can be and follow that." But in response to that, also council*

*probably needs to put more information on their Facebook page. I think they do a reasonable job. We need to do more, to get more out in those emergency situations. [plenary]*

*SES Wollondilly unit has a media coordinator to get info out via social media [1:1\_G3]*

Some people reported being pro-active in seeking emergency information.

*I keep abreast the situation, whether it's floods, or what major disaster will that impact upon the communities. I always keep it to emergency app. And I've been contact with council and stuff. So, I always take step so I get know what's going on ahead of time, because I'd need time to get out if I needed to. I wouldn't be able to necessarily be able to get at the drop of hat. [G2]*

While others, including people with disability expect government and emergency services to reach out to them.

*No contact from emergency services management committees. [1:1\_G1]*

*People with a disability, we feel like we're left in the cold. We don't hear anything. [G1]*

Evident in the discussions was a lack of pre-planning which seems to increase expectations that government and emergency services will tell people what to do.

*[we're told] evacuate, and that's 20 minutes. Right? You cannot put a plan together in 20 minutes. [G1]*

Post-forum survey findings revealed that the value of the DIEP forum in increasing understanding about personal responsibility to prepare for emergencies. For example,

*I took the message that I need to be more prepared for every emergency, as someone with a mobility impairment I understand a little bit better now that I need to have various plans for various emergencies (Covid, fire, flood) as these require different reactions [post forum survey response]*

*As a person with a disability, I think it is critical to be more proactive in being involved with my local council, emergency services, and any disability organisations I am a member of to ensure that the access needs and practices of people with disabilities are being heard and met. [post forum survey response]*

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

Extra support needs of people with disability related to the need for community connections/social support and accessibility to evacuation centers.

*Sometimes though, if you are disabled and you're isolated, and you're new to the area, you may not have that as communication networks. I guess that's where some of our community organisations can come in and start introducing people and maybe getting some of these systems going, where there is someone who's nearby who can just look in and make sure they're okay. [plenary]*

*One of the first thing that came through really clearly was a community centre. When a disaster happens in a community, you need a centre for it and that centre has to be suitable for people with disabilities. It's no good having a fabulous little hall if you've got to get up four steps to get into it. [G3]*

*When they had the fires here in Wollondilly, they had the local shire grounds as the access point. The problem there is they didn't have many ramps to get into the hall. So, you're stuck in a car. If you need to get to the toilets, there was no disabled toilets. [G1]*

*And it's like, you know, if you're disabled, and evacuating into the bowling club probably isn't appropriate. [G4]*

*There's no infrastructure for me. In bushfires couldn't evacuate to oval at Picton. No bedding. No Toilets, no availability for support technology. Mental health issues not supported. Class of drugs needed to be kept secure...transport options were non-existent. Roads not accessible...They want us to be here but don't cater for our needs. [1:1\_G2]*

### 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 services.

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

*We also found that the main resource that most people cited was informal support for people power, so neighbours, communities, social media even, getting updates via social media. [plenary]*

*And then you've got the volunteers. People that just come on board automatically because they are generous, and because they come together because they're connected to their neighbours. And that's a really important issue about training people to be community led. And therefore, they all then know where to go for information so that the community can also take responsibility for taking care of one another. [G2]*

*One was the value of neighbours. Know what your neighbours are, be in touch with them, their needs, your needs [G4]*

*Relies on family and neighbours – called a street meeting / street warden [1:1\_G2]*

*Social connections and an apartment Whats App group [1:1\_G2]*

*But something interesting that was said we don't engage so much with our neighbours, and that comes through a lot more rentals, people coming and going, so you don't necessarily know your neighbour. You build those relationships over the years. Quite often people come move into an area, they're there for six months and they're gone. We are losing that whole connection of information. [plenary]*

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

*They're very good at putting people in contact with people and that's when there is a disaster happening, contacting council and saying, "Can you tell me who to talk to," because they know, and if the person on the other end of the phone doesn't know, they will find out and get back to you. We found that happening a few times in those last few disasters we've had. [plenary]*

*We've got a full disaster incident manual just covered pretty much everything. Like the training our staff, but what we did during down for here, I have a database of all 8,000 of our clients, probably nowhere near as big as yours. But my IT lady came very quickly, pull my report, if Wollondilly goes under and when the floods happened, we did do it. We'll pull all our clients in Wollondilly and then we'll proactively phone, "Are you right, are you a flood zone, are you being looked after, does someone are you?" [G2]*

*Schools are fantastic at disseminating information amongst the students, looking after the students. I come from a school background and that training in the schools to look after children with disabilities... An evacuation plan is actually part of the routine. That's one of our activities we do, we practise evacuating. I'm sure that if Picton High School does it, the other schools will be doing the same thing. Schools are a really good point of contact in times of disaster. [plenary]*

*Register Find Me Reunite, for those who know is something that's only activated if it's an emergency, like for instance, if you got floods. It would you go on to Register Find Reunite, Red Cross and you would actually register yourself and so that if someone has lost you or can't contact you, you would have a record and you would put in your information about who you are, who's in your family, your details of phone, email address, where you are, where you're going to go. [G2]*

*Funding through CAPIR (Connected and preparing isolated residents). Don't have much funding so they are limited in what they can do [1:1\_G3] SES. Visiting flood prone areas in advance of the disaster to assist in identifying some pwd/vulnerable people who may need to evacuate. Management sheets – pre plans in place for some areas [1:1\_G3]*

*Community Neighbourhood Centres such as Community Links, who can provide linkages and case management [1:1\_G4]*

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

*Support workers are such a critical part of the network and communicating directly with support workers when things are starting to go straight is great*

*because our people who support, they know you, they know your needs and if they aren't going to be able to, they'll be going to put you onto getting it done. [plenary]*

*Many of them mentioned their support workers, and how close they are to support workers. How they must have a plan with the support workers, and how they must have an alternative, because their support workers, they'll be dealing with multiple people, so that came up a few times. [G4]*

*Now one of the big support issues people have got is case management. Most people have some sort of case manager and sometimes, I don't know whether people realise that it's not pushed through so clearly enough, how much that case manager can help them and help them be prepared for a disaster. I think a case manager is a really, really important thing. [plenary]*

*I've got service providers that can meet me, support workers here, they're going to give me a hand if I need to pack things, because I can think about things like the charge from your chair and stuff like that. [G2]*

#### Learning 4: The need for cross sector collaboration

A finding that arose pertained to the notion that **"we are a community, but we do not always collaborate"**. Discussions centred on a lack of a coordinated approach during recent disasters. Barriers to collaboration related to sharing of information, not knowing the 'rules of engagement' eg. service to service, service to community and vice versa, and methods for cross sector collaboration. Participants recognised the need for more effective coordination in order to leverage the knowledge, skills, networks, and local assets of these service providers during disasters. They also recognised the need to understand the capability of service providers to contribute to emergency and disaster management.

*I got very similar feedback when I was discussing with someone from the RFS, and they were saying there's a lack of inter-agency sharing of information. So say for example, the police force might have a high-risk register of where people with disability are living and located and what sort of needs they may have, but the RFS don't. And so it's a matter of trying to find a way where they can share the information, so they've got early access, so that way you can do early evacuation or support of quite early on. [G1]*

*We found there was a lack of communication between the agencies. So for example, NDIS, which is me, we do get a list of the people in that area that might be affected, but I might get a list of 150 people I need to call, which I can't reasonably call in a day, whereas other services might have the people power and resources but they don't have data because its privacy [G3]*

*RFS also have no data, who lives where whatever. NDIS, we have it, but we can't share it because of privacy laws. We also have records of equipment needs. We can't share that either during emergency plans, unless someone consents to it. [G3]*

*So Red Cross might be talking to ambulance or, Meals on Wheels is talking to somebody else, or transport is talking to a particular nursing home, but it's not coordinated. So an arrangement I might make with a nursing home is not necessarily the ideal arrangement if there's a Shire wide emergency. So I really*

*think we have to discourage direct contact, and individual partnerships and get a coordinated response. [G2]*

*How do we communicate? How do we learn what other agencies do, whether it's emergency services? Every organisation gets different feedback, whether it be Centrelink or the services. Different people get told different things. You're sitting there and people saying, "They told me this, they told me that. I didn't know how to get that information." [plenary]*

*During the Black summer fires, I don't recall anything coming through from our LGA Council – sharing of information. Lack of VITAL collaboration. The phone calls requesting help were coming directly from people needing assistance. No information coming through from any local services or organisations regarding vulnerable people – to check if they've been evacuated [G3]*

This lack of coordination resulted in a **lack of communication** to people who could provide assistance, particularly important for assisting with transport for people with disability to evacuation centres.

*I run community transport, I have 55 vehicles, 30 of which are wheelchair accessible. I cover Fairfield, Liverpool, Camperdown, Camden, Wollondilly well into Coburn Shires, I have about 8,000 clients. But during the bush fires a couple years ago, and during the floods, **I never received a call, even though I'm registered on each local management committee as I disability transport service.***

*No one can tell me who's the transport coordinator for Wollondilly emergency management committee is. I don't think they even have one. And that's where we failed here. We have the structure. [G2]*

Similar issues were reported regarding **cross sector collaboration** in emergency centres.

*And the thing is that Service New South Wales were one table, and then Service Australia was the next one. They don't talk to each other. Then the financial service don't talk to anyone. Then the housing don't talk to each other kind of thing. [G1]*

Despite the reported lack of coordination, there were times when assistance in the evacuation centre was effective and supportive.

*When we were down at centre, I had two mothers coming in on two different days, and they had children. One had cancer and they've lost everything down into the floods, and they're like on the phone, "No, no, no." And I said, "Come in, I'll give you a hand, but you've got to come to the centre." We had a plan. [participant name] grabbed the kids and said, "Hey, come and play at my table." And then the lady from Service New South Wales, I'd give this little hand wave and she knew it was the person I was talking about, she'd come over and introduce herself. "Oh, no, I can get funding for you. Come and sit down with me." Okay, so then we got them involved and talking and in their comfort zone. [G1]*

## Learning 5: The need for training

A need for **training** was discussed, not just for emergency personnel but the community in general because they can be the first ones to 'step up' during emergencies. Disability awareness training was identified as a training need.

*We discussed also that RFS You guys have these workshops that you do, but because you're volunteers you have limited amount of time to do them. So maybe doing workshops to community services or disability services, whoever, sort of teaching us how to facilitate them. Then we go up and we can reach the wider network. Very basic stuff. Nothing that will put us in trouble. That way you only spend a day doing it and we can spend the next few weeks doing it. Yeah, we already discussed this: people with invisible disabilities being extra vulnerable, being left behind.[G3]*

*Everybody identified they needed more training in the disability sector. [plenary]*

*I think the main message was all of the services feel that they need more training when it comes to disabilities. [plenary]*

*Training for responding to people with disability during disasters is either non-existent for most organisations, or at least not enough. [post forum survey response]*

*Training in community, how do you prepare yourself, your family, neighbours, street, community (1:1\_G3)*

## KEY MESSAGES

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

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

### Summary

1. *The impact of disaster affects everyone in this community. People with disability have extra support needs in emergencies.*
2. *Resources and supports exist in the community, in both informal and formal capacities and include disability services. There are other types of supports that people with disability could rely on, collaboration enables these supports.*
3. *Leveraging existing knowledge, skills and actions is needed to support tailored emergency preparedness. These include reviewing communication during an emergency and improving coordination of service and community organisations. Reflecting on the systems and processes at a local level will strengthen emergency preparedness and response.*



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