DISABILITY INCLUSIVE EMERGENCY PLANNING
(DIEP)FORUM

Bega Valley Shire DIEP FORUM

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

THE UNIVERSITY OF SYDNEY

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"We have day programs, so we made the decision to move 23 of our clients all into the one area. That included plinking their mattresses from beds. We contacted RFS, we also were in contact with the police. We had some clients that live independently in their own home. They chose not to come with us, so we also had provided a list to the police department just in case they ended up doing door knocks. That these people with disability chose to stay home… So, we tried. We also had a regular contact with the 'fireies' to say, just so they were aware and we were in sync, our day programs, and that we weren't down at the evacuation centre." (Group 2)

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 BEGA VALLEY SHIRE COUNCIL IN PARTNERSHIP WITH THE UNIVERSITY OF SYDNEY.

Date: 14 November 2022

Location: Bega Valley Shire

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

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

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

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

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

INTRODUCTION

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

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

The research shows that people with disability:

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

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

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

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

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

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

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

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

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

INTERNATIONAL POLICY

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

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

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

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

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

NATIONAL POLICY

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

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

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

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

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

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

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

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

This means that:

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

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

emergency planning and disaster recovery require collaborative effort!

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DISABILITY INCLUSIVE DISASTER RISK REDUCTION (DIDRR)

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

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

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

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

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

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

[11] Villeneuve, M. (2022). Disability inclusive emergency planning: Person-centred emergency preparedness. *Oxford Research Encyclopedia of Global Public Health*. Doi: https://doi.org/10.1093/acrefore/9780190632366.013.343
[12] Villeneuve, M. (2021). Building a Roadmap for Inclusive Disaster Risk Reduction in Australian Communities. *Progress in Disaster Science*. https://doi.org/10.1016/j.pdisas.2021.100166

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

Learn more: www.collaborating4inclusion.org

Developing Shared Responsibility for DIDRR at the local community level

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

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

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

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

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

[13] Varker,T., Metcalf, O., et al., (2018). Research into Australian emergency services personnel mental health and wellbeing: An evidence map. *Australian & New Zealand Journal of Psychiatry, 52*, 129 - 148 https://doi.org/10.1177/0004867417738054
[14] https://knowledge.aidr.org.au/resources/australian-warning-system/
[15] https://knowledge.aidr.org.au/resources/handbook-community-engagement/
[16] Pertiwi, P.P., Llewellyn, G.L., Villeneuve, M. (2020). Disability representation in Indonesian Disaster Risk Reduction Frameworks. *International Journal of Disaster Risk Reduction.* https://doi.org/10.1016/j.ijdrr.2019.101454

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

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

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

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

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

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

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

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

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

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

METHODOLOGY

Design

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

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

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

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

Here's how we do it:

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

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

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

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

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

Data Collection

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

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

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

Overview of the SIM Facilitation Process

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

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

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

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

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

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

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

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

Interview Questions Guiding this DIEP forum

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

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

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

In all later forums, we revised question 3 to: In a disaster in your community, some people with disability will have extra support needs that impacts how they manage in an emergency. How do you or your organization enable people with disability to be aware, safe, and prepared before, during, and after emergencies?

Probe: What resources, tools, training helps you? What resources, tools, training are needed?

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

Facilitation Process

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

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

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

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

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

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

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

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

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

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

Data Analysis

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

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

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

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

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

Analysis proceeded in the following way for each LGA.

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

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

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

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

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

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

“There's not really any local accessible accommodation options for somebody who's in a power chair. So the Tathra fires they went to Moruya, and the big fires they went to Canberra. Another support that is very important is keeping their mobility equipment well maintained because before the big fire the batteries failed on the wheelchair, which pretty much makes it useless because they weigh about 300 kilos, the chairs. Yeah, they're very heavy.” (Group 4)

DIEP Participants

STAKEHOLDER GROUP	NUMBER OF PARTICIPANTS
Person with Disability or Carer	10
Disability Service	4
Community Service	3
Health Service	3

STAKEHOLDER GROUP	NUMBER OF PARTICIPANTS
Organisation or Advocate representing people with disability or carers	1
Government	8
Emergency Service	2
TOTAL	**31**

FINDINGS

What did we learn together?

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

Key Learnings in Bega

1.	Support needs of people with disability during disasters
2.	Critical role for disability support service providers
3.	Preparedness steps

DISCUSSION OF FINDINGS

Participants at this forum reflected on their experiences of the Black Summer fires and the earlier Tathra fires. Their reflections on barriers and opportunities were often discussed together as they sought possible solutions to the problems they experienced. The following shares key learnings grouped by the three key learnings.

Learning 1: Support needs of people with disabilities during disasters

Challenges responding effectively to the support needs of people with disability during the black summer fires was a dominant theme. Dialogue centered on the unmet needs that people with disability experienced in the areas of communication, transportation, evacuation, personal support, health management, and social connectedness. Weaved throughout these discussions were a combination of calls for action and unanswered questions. These lessons can be used by emergency management planners to support improved planning and practice.

Communication

The fires impacted communication for everyone. Additional challenges were experienced by people with limited access to technology or those with poor digital literacy.

"So, for example, we started with not everyone is capable of using computers, phones, the sort of technology age we're in. But then we also talked about sometimes those things fail in emergencies anyway, which did happen in the black summer fires, particularly up in the north around Bermagui where there was no power, no mobile phones, no real way of communicating other than listening to the radio or getting satellite messages through." (Large Group)

"So, this particular couple don't have a great deal of communications. He's got a mobile phone that he hasn't turned on for two years, didn't know how to use it. Wife's got one that people contact her on, but she doesn't use it. So, quite actually disconnected with regards to communications." (Group 3)

"I would say it's more and more difficult to access these lines of communication, particularly with computers… In the back summer fires the only way anyone could ever find anything out, was through radio. There was no power, so you couldn't have a computer or couldn't charge a phone anyway. There was no phone service; the phone service went down. There was no fueling then, so even if you had a generator to actually back up your power supply at home you wouldn't have been able to do it…. So it was literally the radio was the only way that anyone could find out what was happening. Or word of mouth…." (Group 1)

"Turn the car on ran the battery down… So that's a real example of why, even aside from the fact that people don't access those things, you've still got to have that backup in place. Even in the end, the only other way things work is with having key people in the community with satellite phone that would have contact and then they'd run the message around the evacuation centre to say, *'The latest is that the fire's not going to come, or it is going to come,'* or whatever." (Group 1)

Participants talked about the need for tailored communication to improve accessibility for everyone and having backup plans for accessing information.

"So, in my mind, the flip here is that at that individual level, it's actually understanding what your communication options are, in all circumstances. Because too many people now, I think, do rely on the fact that mobile phone will give them all the answers they need. As soon as that's gone, they don't know what to do." (Group 1)

"I would just like to talk about making sure that the information is accessible for people with disability, but also for people who are blind with vision loss, having an audio description on any sort of advice would be great so that they've got access to it and making sure that any sort of website is accessible to people with vision loss so they can follow what everybody else can do." (Large Group)

"I think we need to be aware also that there are many people who don't have smart phones, televisions etc... So, I think we've got to be aware of the levels and the types of communication that are put out. Not sure how to cope with that, but certainly identifying from family, friends, neighbours, whoever, people who are in that sort of need and need sort of special communication. And that might be a knock on the door and the actual cold calling, in the case of emergency. Many older people and people with disability often don't have that." (Group 2)

"Those in our vulnerable populations, our Elders, First Nations, those again sensory autism-type issues, your stock-standard messaging which works for all of us doesn't work across the board, so we need to look at how we address that and how we get the messaging across to our vulnerable populations." (Group 1)

Mistrust of different sources about changing information reportedly influenced effective decisions and actions during the bushfires.

"A few people mentioned not being sure about who they should listen to, and I think a general distrust of the authorities or something. So, it was interesting to me, because, for me, I thought everyone in that emergency evacuation, they had all the information they can possibly have, and I don't think that was communicated to people. They were really conflicted between, *'Do I listen to my neighbour, or do I listen to the emergency evacuation centre? Do I listen to the local surf club?'*" (Group 3)

"And that's difficult because none of that can be predicted as you go through. And I've heard that lots and lots of times, *'We didn't know who to believe.'* Well, generally, if the paramedics are telling me one thing, I'll believe the paramedic, if the police are telling me what to do, I'll believe the police." (Group 3)

"What if the police and paramedics are telling you to do something different?...If they're in different places with different information, then you've got to make your best judgement. And that's it. Generally, what was coming out of the communications was the best used information they had. But that is only ever good at that single point in time, because the winds change, and the fire's moving this way, so they work on information that is 5, 10, 15 minutes old. 15 minutes later, it's not good. And that is a problem." (Group 3)

"That messaging, I think we saw it a couple times, is really important. Because the goal of emergency management planning is to make sure nobody gets hurt. Not wait until somebody gets hurt, then say we should have done this. So, when the messaging that's come out was *'Evacuate, evacuate now,'* people say, `*Well, my house isn't on fire',* so I'm staying, it's really difficult. And that's caused a lot of the messaging, *'Well, they said the fire was coming to me, and it didn't, so I don't believe them,'* and vice versa, *'They said it wasn't coming to my place, and it did. So, why should I believe them next time?'*" (Group 3)

"So, the second one was a gentleman who is an aged person with his own medication issues, who is also the permanent carer of somebody who is profoundly disabled. Lives in Tathra, as the fires were coming through, having seen what happened in Tathra, they chose to evacuate during the Tathra fires, they didn't know where to go. Now, they have a campervan, so basically they just put in whatever they wanted and cleared off. But they disagreed with the

directions the police were giving them, because in their mind that was not safe. So, there was a level of confidence that the emergency services were telling to head to Bermagui, and they didn't want to go down the wooded coast road to Bermagui, they wanted to go somewhere else." (Group 3)

Transportation

Transportation for those who do not drive and the need for accessible transport options were raised as barriers to safe evacuation. In this community, assistance provided by friends, family, and neighbours with private vehicles was a critical resource that many relied on during the bushfires. The discussions raised concern, however, that transportation options were not pre-planned as part of routine emergency planning. There were insufficient contingencies in place for people with disability, causing greater stress and challenges to quickly mobilise transportation supports. For others, nobody reached out to help.

"Because a normal person can get themselves up and in their car, and they're off. How do I get to my car? And if I can get to a car, I don't drive anymore so it's even scarier. And then when you do get yourself somewhere, how do you get around in that place? You can't get a wheelchair in there, you can't get a walker in there. I think a lot needs to be done. We were sort of the forgotten people at that time. With the fires everybody hears about houses that burnt, properties that burnt, but these stories that we went through things, they're not just made-up stories. Nobody knew about, nobody even said anything. When you tell somebody your story they say, oh, really?" (Group 4)

"She doesn't drive, so she was very dependent on other people making the decisions… Accessible transport was a big thing, having that on backup… Accessible transport's a really interesting one, because aren't transport providers down here that are necessarily geared up for that. So, that's something we probably need to have a think about… And if, for instance, the driver's affected, because he can't get out because the emergency is affecting, them or the depot where it's parked, the road's closed outside, or whatever it might be. That's a really key point." (Group 3)

"First person I spoke to was a paramedic and basically it was around getting people with disability to a safe area and identifying the vulnerable people. And they did that via the council. And to know if there was any more they could do. And also move around groups of people with private bus operators, private wheelchair accessible taxi. These are the things he knew about, if you don't want an ambulance rather. Private family assistance was huge rather than more formal services." (Group 4)

"And for me there was a couple of conversations I had where it became apparent that without tailored transport solutions for individual needs and relying on emergency services for example, wasn't going to cater for the needs of everyone, there were some people that just simply couldn't be catered for by emergency services if they did the evacuation. So tailored plans is important there." (Large Group)

"One thought I did have there was someone talked about in aged care facility, having an arrangement in place with one of the bus service providers. I still feel like there's a bit of a... I feel like contingency planning is something people don't do well, so it's like what's the backup if that plan doesn't work? So, for example in my mind, if the aged care facility needed to be evacuated at the same time as

an evacuation centre needed to be evacuated, which happened in the Black Summer fires, then suddenly the bus may not be available." (Group 2)

Evacuation

For people with high support needs, the hospital was their *"first port of call".* However, at this forum participants reported that, *"people quickly realised the hospitals were overwhelmed, with limited staff"*. Negative consequences were experienced by participants of this forum.

"Speaker 1: We didn't have any of that support, like the chemist, getting contacted, given supplies by companies. Speaker 2: You were in the Club there, but you weren't getting?...Weren't you evacuated to the Club? Speaker 1: Yeah, but we had to make our own way there and I don't drive. Speaker 3: And you didn't have your wheelchair with you either, did you? Speaker 1: No. No wheelchair, no walker, no nothing. That's when my foot got worse and then got infected and ended up losing it. And really, we got no support at all in there, nothing…I just wanted to go to the hospital to get a dressing changed and they wouldn't allow me…So then [the dressing was changed] at the evacuation centre, and [it got] infected. I lost my foot, because the hospital wouldn't even do a dressing… Speaker 2: And as you say about the ongoing impact on your health. Speaker 1: And having to sleep on a concrete floor. I was in rehab for months after the fires. Speaker 2: Yeah, there's a lot of regression for a lot of people in a lot of different ways. Specifically for people with disabilities, a lot of regression in their health." (Group 4)

"They weren't helping people. And I know people who needed to evacuate, say somebody with a complex spinal injury, they couldn't just go to an evacuation centre, they weren't being accepted at the hospital. I had a client who lives near Eden who had a complex spinal injury and he pretty much said there's nowhere for me to go. And he lived on a property on his own and his carer was absolutely beside herself, but there was nowhere for him to go, and the hospital weren't accepting." (Group 4)

"But once we took them out of the house and towards the hospital, the hospital were full." (Group 1)

The dominant viewpoint discussed was that all the possible options for evacuation of people with disability were *"unsuitable".*

"There's not really any local accessible accommodation options for somebody who's in a power chair. So the Tathra fires they went to Moruya, and the big fires they went to Canberra. Another support that is very important is keeping their mobility equipment well maintained because before the big fire the batteries failed on the wheelchair, which pretty much makes it useless because they weigh about 300 kilos, the chairs. Yeah, they're very heavy." (Group 4)

"I found that there wasn't any place to take, in our situation, there was nowhere to take a vulnerable child that's immune suppressed, that can't be around a lot of people when you have mass amount of people. There are no... Exactly, well that's part of the process of having a procedure where you can find somewhere safe to take the people that can't be around big groups of people. One, because they're vulnerable and two, because they won't cope… Or somebody with difficulties with emotional regulation… People with mental health problems… and they need to have a safe place just as much as everybody else…so, people with psychosocial disabilities. I still don't know what the answer is." (Group 4)

"Yeah, and there's not really any motel accommodation in Bega that's genuinely accessible." (Group 4)

"…the showground wasn't suitable for their clients. Given their disabilities, the noise, the amount of people, the bathrooms as well…It's not level ground. There's too many stairs." (Group 1)

"A lot of the managers were on leave when it hit, so there was only a handful of us to make the decision. We were looking at the showground, but they couldn't provide the facilities, toilets and so forth." (Group 2)

"We've identified the limitations that we have with the showground and the need for a breakout space for those with sensory and autism-spectrum issues. [name of participant] spoke a little bit about the evacuation centre as well, that was related to the Black Summer bushfires, and the challenges that were experienced with those with sensory and autism-type spectrum-type issues, and the need for a breakout room as such, which... from a police perspective, we recognise that as well, but it's just the facility that we're dealing with. The Black Summer bushfires, just the very large scale of what we were dealing with and the large amount of people that we were dealing with, we didn't have the ability to do that." (Group 1)

"We haven't done a good job of communicating where the most suitable places for people with certain needs to evacuate to is. So what I mean by that is, we go back to the Black Summer fires where we had multiple evacuation centres in the shire. For example, someone in a wheelchair probably never got guidance on if you are in a wheelchair, this is the best evacuation centre to care for your needs." (Group 1)

"So, the second one was a gentleman who is an aged person with his own medication issues, who is also the permanent carer of somebody who is profoundly disabled. Lives in Tathra, as the fires were coming through, having seen what happened in Tathra, they chose to evacuate during the Tathra fires, they didn't know where to go." (Group 3)

Personal Support & Management of Health

Personal and medical care needs limited evacuation options for people who are dependent on others for personal care. It reduced their access to quality care.

"Personal care was not able to be attended because nowhere could facilitate that." (Group 4)

"Another thing is too that people with disabilities almost always have to rely on some sort of paid service provider and when we're in an emergency crisis those providers have their families and children, those support workers have their own families and children. They aren't available to go and help their clients when they have their own family to look after as well. That was another big problem we had during the fires, was that there just wasn't the support staff, the amount of people that needed to be supported. And people were ending up with poor care because of it." (Group 4)

"Another thing though, that they didn't have control of, is clients can go to family, but they don't know necessarily if it's safe, or they've got the right things. So, there's time involved to work out whether that family will be impacted further down the line if things change, on things like the campaign fires. And staffing in the safe areas were challenging, because it comes back to staffing have

commitments. They've got their own families, they've got houses under threat or whatever they might be. So actually, that was one of the key learnings, that the staffing is always going to be challenging. Particularly one-to-one carer areas." (Group 3)

"I think we need to share stories that have backups for things. This lady was unable to access her daughter's meds; unable to get the scripts. The chemist was burnt down, and no support agencies were open to her, and there was no programs for her to carry on with. People with severe disabilities often like routine and stability, and I think that's what I found, is a lot of them lost the separation from others. There was no hospitals or clubs, they were full, and no place for people with special needs. Our guys need lifters and everything. We can't go without a pack. One individual needs wool blankets." (Group 1)

"The biggest part that came out, and it actually went as a conversation about what happened during the fires, was the need to identify suitable evacuation points that were serviced by the appropriate professionals. It was, despite looking for neighbourhood safer places, or the nominated evacuation centres, because the chances of them being staffed with appropriately qualified or proficient professionals, should something go wrong, was a real issue for the lady, to the point where they ended up camping in their car in their driveway…The other really important part was the carer couldn't be separated from the child, that's part and parcel of it. So, the carer had needs as well, and the carer needs support as well as the child needed support." (Group 3)

The forum raised awareness among emergency management personnel about the challenges experienced by people with disability in evacuations of this scale. They also shared their challenges in providing *"safer places"* for everyone in the community, particularly during the "unprecedented bushfires".

"Another one was the identification of neighbourhood safe places and evacuation centres. That comes with a whole host of issues, because it's multi-agency, and that would then drop into something else that the particular person I was interviewing isn't engaged with. We're helping to identify what a neighbourhood safe place is, and getting the communication right about, it's a safer place rather than a safe place, because actually there isn't such a thing as a safe place anymore. It might be safe from one thing, but it might just be safer than somewhere else." (Group 3)

"So across the shire, designated evacuation centres are all different, they've all got different issues that go with them. Some of them cater for certain needs better than others. We also had a conversation, this is something that I picked up, was that some of our evacuation centres we allow for pets and animals to go there but that actually may be to the detriment of other members of the community and their specific health needs. So that was for me a bit of a brain wave to think about making sure we're prioritising the needs. And we did have a conversation over here about not all animals that might be in an evacuation centre at pets, some of them might be companion animals that are needed to support certain needs, so catering for that." (Large Group)

"So, I'm telling you now, there isn't enough space. This is one of the parts that I'm working on now, is evacuation centres. Because you don't know what the next disaster is, you don't where it's going to be, you don't know how many people. And the heightened anxiety now is that 10 people might have evacuated last year, a hundred will evacuate this year because of what they've seen. And it's a really important question, we haven't got enough space." (Group 3)

The fires impacted everybody, including those providing emergency and disability services. There was recognition that this left people with disability without adequate support.

"It's almost like the community, broad community felt like during that period of time it was the responsibility of the emergency services to be the ones to step up and hold the community together and do everything. But every time we spoke to someone, they were like just as bad as the broader community. They were hurting just as bad. They didn't know whether their house was going to burn. They're trying to think, *'should I even be here? Should I be at home?'* And plenty of examples, like council staff, it happened with two. But the emergency services staff, in particular, get this level of expectation placed upon that is unrealistic, I think. So. to me, one of the key things out of all of this comes back to everyone should assume that they need to take care of themselves in the first instance and take anything around them as a bonus." (Large Group)

"And also recognise that the people that are there to support them are going through their own stuff. And a couple of chats I had where particularly if you focus on the disability sector, where people have got carers or they're part of an organisation that is providing services. And it's all good and well if the people providing the services and support are available and able to do that. But based on what we had in the black summer fires, there are plenty of examples where a carer may just not have been available because either they've had their own impact or the backup person had their impact and suddenly they've got to plan around what if the business as usual support network isn't actually there." (Large Group)

Social Connectedness

Safety for people with disability was further impacted by limited social connectedness with neighbours. This participant shared a lived experience perspective and feeling alone with nobody to check on them.

"Speaker 1: When you're disabled, you're not out there associating with your neighbours, you're virtually stuck in your home. Speaker 2: And you're losing that closeness. Speaker 1: Exactly, and the neighbours don't even consider that I'm in the house alone. So then off goes my fire alarms. Three days straight they didn't stop. It stopped in the afternoon, three o'clock in the morning the next day they started again. So I called the fire brigade because I didn't know what to do and I said I can't even get on a chair to pull the battery out because I'm disabled. And then one of them said to me, *'Did any neighbours knock on your door and say are you all right?'* For so many days. Nobody, because when you are disabled you don't get out. You don't do the things they do together. So, you're ignored, like you don't exist. Speaker 3: You'd think it'd be a good idea to associate with the neighbours? Speaker 1: Well they know my situation. Especially this time, I was on my own. Absolutely on my own. Just knock on the door, anything, say are you all right? Doesn't exist, because we can't build up those friendships. They have parties together, they go away together. I can't do those sort of things." (Group 4)

Differences were identified between people who are connected to formal supports and services and those who "self-manage" their care or don't have formal service arrangements.

"Afterwards, she felt as though she was left on her own to get on with things, and the bushfires really increased her sense of isolation. She felt really very vulnerable because she was so reliant on others. And I didn't actually ask

whether she was connected to a provider, but I think there is a bit of a difference for people connected with a provider, with a bit of organisational stuff behind them, versus people who either self-manage or employ a few independent workers that aren't necessarily coordinated. I think that can affect their circumstance." (Group 3)

Learning 2: Critical role for disability support services

Participants described how disability organisations mobilised their staff and infrastructure quickly to keep people safe during the Black Summer fires. These examples show how disability organisations responded to the diverse support needs of people who receive their services.

"Part of the role [the disability service] did during the fires was arranging transport to safe areas… and their rationale was very much, *'Well, we have to have a particular density of staffing in order to do these, we have these two, possibly three sites that are further away from the known threat. What we will do is we'll consolidate on that site with all of the staff so that we have a level of redundancy.'"* (Group 3)

"And just from our organisation, we spent a lot of effort trying to translate resources into easy reads. We work a lot with people with intellectual disabilities and autism, so even easy English can be too complex for people, so we had to translate it into visuals, social stories for some individuals to really explain what was happening." (Group 3)

The majority of effort undertaken by disability organsiations emphasised finding alternative accommodation for the people they support.

"During the crisis, exploring the option of people going with family, we certainly found that that was important. Family members often wanted their loved ones with them." (Large Group)

"We have day programs, so we made the decision to move 23 of our clients all into the one area. That included plinking their mattresses from beds. We contacted RFS, we also were in contact with the police. We had some clients that live independently in their own home. They chose not to come with us, so we also had provided a list to the police department just in case they ended up doing door knocks. That these people with disability chose to stay home… So, we tried. We also had a regular contact with the 'fireies' to say, just so they were aware and we were in sync, our day programs, and that we weren't down at the evacuation centre." (Group 2)

"Speaker 1: So you used your facilities for people to come to when there was the emergency? Speaker 2: Yeah and we could use it up to a point but you didn't know if the fire's coming from that direction, so we would have had to have moved. We just hoped that the wind changed and we were able to stay. We were there for five days or so. Speaker 1: Was that just for your clients or was that for anybody with a disability in the area? Speaker 2: Predominantly our clients, but we would have taken somebody else in if we could have, if they would have managed in that setting. It was pretty tight." (Group 4)

Mobilising with limited staff was a challenge that disability services navigated at the height of the fires and continued to manage during COVID restrictions.

"Especially in organisations where you've got staff, and you rely on your staff to do things, and to take accountability, and to be there to support the clients. But they've got their own family that is going through the same thing. Are you expecting them to come to work and care for clients when they've got their own family that's at risk? Speaker 5: That was actually a big issue for us. Speaker 2: And that's come up in every one of these interviews. Speaker 5: That juggling, yeah." (Group 3)

"The impact of staff availability and our capacity to respond, so the impact of road closures, personal experiences of staff and their capacity to come to work. And somebody mentioned about capacity to mobilise your contingencies. So having that plan in place for how do you mobilise this workforce if we are faced with road closures, communication shutdowns or that sort of thing." (Large Group)

"My second person that I interviewed was the regional manager at [name of disability service]. She was really very knowledgeable. Most of her experience was based on the Black Summer bushfires as well…She mentioned it being, which is probably everyone's experience, very chaotic and an all-hands-on-deck sort of approach… She said their staff really stepped up, and got stuck in, and did what they had to do. She had staff volunteer to return from annual leave, so they were able to boost numbers there a little bit by the people that would come back from leave, which was good… The one thing about COVID that she said that they believed did work well for them... they discussed with their workers who might be prepared to continue to work with a resident who had COVID so they had some idea in advance of how they would manage." (Group 1)

"That stuff around staffing, we found the same, just the timing of that particular [bushfire] disaster right on New Year's Eve, that's our maximum time when staff are on leave. We had people spontaneously coming in off leave and offering to help in our coordination function." (Group 3)

"[During the fires], we ended up grouping people in our day programs building because we had less staff than usual, but that worked really well, a give-and-take. And the clients were amazing. And there was different rooms for clients with behaviours of concern." (Group 4)

"My third one was somebody from [name of disability organization]. They felt that how they were impacted was the number of people that they have come through that organisation. With Covid in particular, what they did, they 'bubbled' the staff so they wouldn't have all staff working with different people across their organisation…They'd have one group that would work with this one so if COVID did occur there, it wouldn't be all their staff that would be taken out of action, which they felt was really good. That certainly reduced cross infection. The other thing was they had good PPE; that they felt that they could activate that PPE process quickly." (Group 1)

The forum helped to raise awareness about the tensions of relying on disability organisations to take action. On the one hand, participants identified that disability services should be responsible for the people they support during emergencies.

"So that individual organisations need to be responsible for their people and what the plan is going to be for them because the hospital can't cope with the additional people that are displaced in these types of disasters." (Large Group)

However, on hearing how disability organisations took action during the bushfires, participants also reflected on how disconnected these organisations were from the mainstream emergency management response, evacuation and recovery arrangements. They expressed worry that disability services were placing themselves and the people they support in vulnerable situations.

"The emergency services wouldn't have been aware of where those concentrations were and how vulnerable they would be should things change." (Group 3)

Service providers stepped in because there were limited accessible and safe options for safe evacuation and accommodation of people with disability. However, this was in tension with the emergency management planners who reinforced that people need to go to *"registered"* evacuation centres.

"There's a lot of processes in place to get support to those places. And when evacuation centres start popping up, which aren't registered, it creates a lot of logistical problems for the LEOCON and the EOC to try and cater to all those people and work out where all our people are and whether they've got everything they need…but just need to keep in mind that yeah, there's registered evacuation centres and they're here for a reason." (Large Group)

Learning 3: Preparedness steps

The dominant discussion on preparedness was summarized by a participant who recounted the adage that, *"prior preparedness prevents poor performance".* When discussing the impact of not having a plan, the stories were shared as illustration of the negative impact on safety and well-being when people don't have individual emergency plans that are tailored to their support needs, communicated with their support networks and practiced to test for effectiveness. The stories were a reminder that some people need additional support, resources and advocacy to get started on personal emergency preparedness.

"So, a lack of an understanding of actually the whole scenario, the whole situation, that global picture was really important to them. Going back, forgetting stuff, because they hadn't made a plan. For instance, the lady needs a CPAP machine in order to sleep. Well, they didn't pack that in the campervan, they didn't know how long they were going, but quite clearly, straight away it was, well, how will they cope over nighttime? So, went back into the danger zone to pick up all of the gear, because they hadn't actually thought of how long is an evacuation going to be? Is it going to be for a couple of hours? Is it going to be for a day? Or is it going to be longer than that? And can we get everything that we need? They only carry a small stock of medication, although cost was an issue of keeping a large stock of it, there was also some of it goes out of date, and so they don't do that because it's a waste, particularly if they had to purchase it. Pets was an issue. The cat ran away, they couldn't catch the cat. It was there when they came back, but there was an issue with that. And although that's very

peripheral, the gentleman was very concerned because the cat was integral to the care for his partner. And one of the things that we discussed a little bit was how they need to be better connected to all of the communication that is out there, as opposed to expecting somebody to come and tell them. Because that was that thing, *'Nobody told us'*, but you didn't ask and you didn't listen either, so there's a bit of that in that conversation… I was interviewing at the same time. And I asked, 'Are you better prepared this time?' 'Might be.' 'Have you changed any of your procedures?' 'No, we haven't.' That was quite interesting, that there was a whole lot of issues prior, but no behaviour has changed. I don't think they know where to start. I think they felt like they needed the information on how to. How do we get prepared?" (Group 3)

"He had no personal plan in place to get out because his preference was to stay, but he also realised that he had never set up his adaptive equipment anywhere else. What he would have to have taken from his home, he would've needed a truck to do it... he felt he was really impacted by that." (Group 1)

"It seems that…we ourselves may know what we are doing, but the sharing of those plans... And I think today is a great day in coming together and understanding everyone has individual plans but it's about coordinating that and getting it together so that we can deal with these disasters maybe a little better than what we have in the past." (Group 2)

Participants also discussed how pre-planning for emergencies, reviewing, and rehearsing the plan can reduce anxiety and panic during a disaster.

"The other thing was that they'd done some preparedness planning with their clients and their staff in advance, and they felt that that minimised anxiety and panic; that the people were calmer in that situation and not so distressed by what was happening around them." (Group 1)

"If you've got a plan, it's important to rehearse the plan so that it's just not a piece of paper on a shelf that is lost, rehearsing it makes sure it's really familiar." (Large Group)

"Most people learned a lot from the black summer fires with their emergency plans and they've made changes and adapted since then, so I think that's a key bit, is just having a having a plan and then leaving it to sit there is not a good idea, it's reviewing whether it's still effective... that importance of personal reflection. So, *'what worked for us?, what didn't work for us?, what can we do differently?'* So whether we're part of an organisation or a person with disability, I guess that sense of personal responsibility of their own learning in that process." (Large Group)

Critical for people with disability is having emergency plans that are tailored to their support needs and situation and the people who support you need to be included in that plan.

"And for me there was a couple of conversations I had where it became apparent that without tailored transport solutions for individual needs and relying on emergency services for example, wasn't going to cater for the needs of everyone, there were some people that just simply couldn't be catered for by emergency services if they did the evacuation. So tailored plans is important there." (Large Group)

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. *This forum provided an opportunity to learn from the experiences of multiple stakeholders about the extra support needs of people with disability in emergencies and the importance of having local emergency management plans that take into consideration the function-based support needs of people with disability. Prominent at this forum were the need for local emergency management planning that takes into account extra support needs in the areas of communication, transportation, evacuation, personal support, management of health, and social connectedness. These are areas that present barriers to the safety and well-being of people with disability in emergencies.*
2. *Disability support providers played an important role in protecting the safety and well-being of people they support during recent disaster events. While these services were not sufficiently integrated into the emergency arrangements, some services worked proactively to maintain contact with police and emergency services.*
3. *Personal preparedness, organisational preparedness, and community-level plans need to be integrated to better identify and address the support needs of people with disability in emergencies. Tailored emergency planning, communicated with support networks, and practiced were key recommendations made by participants.*

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