DISABILITY INCLUSIVE EMERGENCY PLANNING
(DIEP)FORUM

SINGLETON DIEP FORUM

Citation:

THE UNIVERSITY OF
SYDNEY

TABLE OF CONTENTS

So the first person she interviewed said the neighbourhood centre, because they have a broad spectrum of services and contacts that can be accessed if needed. The advocacy for people with disabilities would be another avenue, as well as the evacuation centre. More to make sure that obviously that they're more accessible for people with disabilities (Group 4).

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 SINGLTON COUNCIL IN PARTNERSHIP WITH THE UNIVERSITY OF SYDNEY

Date: 21 NOVEMBER, 2022

Location: Singleton Diggers, York Street, Singleton

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.

4

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 time sore 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.

---

[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.

---

[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/

7

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

8

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

10

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

11

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.

---

[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

13

METHODOLOGY

Design

We adapted the **Structured Interview Matrix** (SIM) methodology[19] 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 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

---

[19] 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, DOI: 10.1002/sres.2250

as the availability, willingness, and capability of participants to attend. Participation can be impacted by other factors including competing demands on one or more stakeholder group and unexpected events that impact attendance of individuals (such as illness) or an entire sector (such as community-level emergencies).

Data Collection

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

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

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

| 1:1 Interviews conducted by participating stakeholders | Small group deliberation | A facilitated plenary discussion with all stakeholders |

Overview of the SIM Facilitation Process

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

15

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

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

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

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

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

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

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

Interview Questions Guiding this DIEP forum

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

Group 2: We all need to prepare for emergencies and disasters triggered by natural hazards. What steps have you taken to prepare for emergencies? Probe: If you have, tell me more about your plan.

If you haven't what could you do? Is there anyone who could help you get started?

Group 3: In a disaster in your community, some people with disability will have extra support needs that impacts how they manage in an emergency. How do you or your organization enable people with disability to be aware, safe, and prepared before, during, and after emergencies? Probe: What resources, tools, training helps you? What resources, tools, training are needed?

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

Facilitation Process

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

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

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

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

17

Participants were introduced to the Person-Centred Emergency Preparedness (P-CEP) framework[20] 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[21]. 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[22]. 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[23]. 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.

---

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

[21] 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

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

[23] 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

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 discussion of emergent findings with the research team to support reflexive thematic analysis.*
- *Reflexive thematic analysis[24] 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.

---

[24] 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

19

But we talked about what worked well in her life, is having a list. So she thinks having a list has really helped her… And having knowledge to put more of the planning into action. So I think that's reading and training in her case. And she also says that she's put her house plan in the metre box so if anything happens in her house, the firies will come in and… they'll probably come to the metre box, open the metre box and make sure all the powers off before they do anything. So they find her house plan in the metre box and so they'll be able to see where she is because if she's in bed and where's the kitchen and where's all the things, so I thought that was a really great idea to put that in the metre box (Group 1).

DIEP Participants

STAKEHOLDER GROUP	NUMBER OF PARTICIPANTS
Person with Disability or Carer	3

20

STAKEHOLDER GROUP	NUMBER OF PARTICIPANTS
Disability Service	9
Community Service	3
Health Service	1
Organisation or Advocate representing people with disability or carers	0
Government	3
Emergency Service	1
TOTAL	**20**

FINDINGS

What did we learn together?

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

Key Learnings in Singleton

1.	Preparedness activities
2.	Local community assets as emergency supports
3.	The importance of collaboration
4.	Communication

21

DISCUSSION OF FINDINGS

Learning 1: Preparedness activities

Given the recent experience of flooding that followed previous floods, fire and COVID-19, the most discussed theme related to disaster preparedness actions taken by individuals, community organisations and local council. Specific preparedness activities by individuals will be discussed first, followed by preparedness actions taken by organisations.

Most people seemed to have made a plan, albeit one that needed updating. Some had not formalized their preparations but had thought about what they would do.

She did her ready plan but that was four years ago. So that was outdated. And she hasn't been threatened, she hasn't been in a threatening position yet. So she's got a bit of a forced sense of security. She was worried about power. She had a generator or suggesting that she had a generator (Group 2).

…she actually had quite a bit in place that just wasn't formalised in writing. And she had had to match plans in the past to evacuate. And so yeah, the head knowledge is there and it has been tested. It's just not in a written… (Group 2).

The bushfires where their reason for that. The triggers were the bushfires and they had lots of bush around so was that 2019? 2020? So that triggered them to make an EVAC plan. And the support services that they needed their support service to help them get that plan sort of up and going. And that's what it would require again to redo it is to get that support service to help them do the plan (Group 2).

Some of the preparedness activities undertaken or discussed by individuals were specific and informed by experience. These included having accessible vehicles with sufficient fuel, having a generator on hand to support equipment, having documents copied to the cloud or on a USB with family in different region, and practicing the plan.

Transport again. Generators, to assist with assistive technologies such as your CPAPs, your oxygen nebulizers, and especially your pressure mattresses as well (Group 4).

I try to encourage anyone that I'm working with just to put all of their important documents onto a USB and give it to someone else that lives outside, your parents or someone that lives not in the area. So you have photocopies of your birth certificates, licences, all that stuff. Have it on a

22

USB, give it to someone else, or buy a fireproof box, or something (Group 3).

But we talked about what worked well in her life, is having a list. So she thinks having a list has really helped her… And having knowledge to put more of the planning into action. So I think that's reading and training in her case. And she also says that she's put her house plan in the metre box so if anything happens in her house, the firies will come in and… they'll probably come to the metre box, open the metre box and make sure all the powers off before they do anything. So they find her house plan in the metre box and so they'll be able to see where she is because if she's in bed and where's the kitchen and where's all the things, so I thought that was a really great idea to put that in the metre box (Group 1).

Okay, practise. Now I feel confident in decision making. This is really interesting that somebody's talking about practise because I reckon that, one of the things that really helps me and I've seen it help other people is practising something to get more familiar with it, get more comfortable with it, and then easier to do (Group 1).

Being a regional area, plans included what to do with farm animals and provided formal permission to access properties:

Yeah planning tools... LLS has got one for livestock and you can also do stat decks in it, that gives formal permission to enable to enter your property to cut fences, to do things (Group 2).

And she said the dogs would come with her and the chickens can fend for themselves… (Group 2).

The benefit of having a plan in place enabled freedom to support others more effectively:

Speaker 4: *And that's similar to what I find when I go and talk to different groups that are people who go and help in terms of emergencies or just community things. I'll ask around the room and who has done their own personal planning and rarely does the hand and that it's just that awareness that the more prepared each individual is, the more capacity you have to then help someone else like that oxygen mask.*

Speaker 2: *And I think we, this is getting off topic, but we probably need to, in terms of messaging, let people know if they put attention on themselves it's to the benefit of others. Because I think some people feel like they're in those roles because they're care, they're natural caregivers and they're selfless and they might feel guilty about making their own preparation when they could be spending time helping*

23

others. So maybe that messaging just needs to be stronger that yeah we want you to look out for yourself but when you do look out for yourself, you're better able to help others.

Speaker 4: So that preparation for yourself is actually...

Speaker 2: Yeah, it's not selfish.

Speaker 4: Well it allows you that capacity to care up for others.

Speaker 2: Yeah. Maybe we need to give them permission in a sense (Group 2).

From an organisational and council perspective, preparedness included having their own disaster plans in place and providing education about disaster preparedness as well as recovery.

But really looking at what's in your community and having an assets register of what's available at times. And we could be talking about that disaster as we've got plenty of time to plan. Or it could be a one off event. It comes through quickly and this is what people in Singleton are saying, they just don't know what to expect anymore. So really looking at that planning… we can't help anyone unless we've got to plan ourselves, unless the service providers (Large group plenary).

So as they've established themselves as a CIT during an event or following closely an event. So they should be been in that preparedness stage but they're actually started in the recovery phase of how they're organising and setting up and establishing their members. The Red Cross, the New South Wales Fire Plan, the SES Flood Planning, LLS Animals and Emergencies Plan are all plans that the coordinator's been going through and going to make a single plan from all of them with all the key points, so that she can present to her community a one plan that encompasses all of it to become an emergency plan. I've asked her to share that. Which apparently she is anyway through her CIT network group that they're all part of (Group 2).

But having that pre-planning, that you know the water's coming, our bus is parked in a place that can get out. And the keys are accessible by the lockbox on the side of the building, or something (Group 4).

Making sure that what we are doing in the community from an education standpoint, like the workshops for example, of really meaningful and people walk away going, oh okay, I've got more understanding of what I need to do now (Group 1).

And the other thing that comes from that then is the better recovery as well. That knowing that you've got the different things, something's already sorted for that post period, should you need them then you're not

24

scrounging them. There's sort of, you're preparing for recovery while you're preparing for a disaster (Group 2).

Part of being prepared included disaster scenario drills and practicing evacuation or sheltering in place.

Speaker 1: One of the things I really think is a good idea to put in our plan and council's plan for helping communities like *** is to do simulated events or whatever, like simulated evacuation or simulated what's going to happen if you get whatever.

Speaker 2: Especially actually having leaders and deputies get together and let's actually put this into action and see how it would work.

Speaker 1: And record each time you do it, and how did it go. Talk about it afterwards and then do it again at another point in time. Keep records of these things and see how far you've come (Group 1).

And we started by talking about her workplace and how they plan for disasters. And she spoke about the fire drills that they do every six months. And they've got emergency doors in every room and they have an evacuation plan. People go to a... What are those points? An evacuation, assembly point (Group 2).

Learning 2: Local community assets as emergency supports

Participants identified local assets that could be mobilized before, during or after an emergency. These grouped into formal supports and services, and informal support people.

Formal supports including services based in the area such as council and community organisations were identified as community assets who rise to the challenge during disaster events due to their knowledge and networks, or capacity to support whole of communities.

Council coordinated really well and responsive. People know their role and communicate what's required. Example, water and waste management. Elements to disaster. High level of commitment, thinks about recovery early, became face of the event and worked with community (Group 1).

So the first person she interviewed said the neighbourhood centre, because they have a broad spectrum of services and contacts that can be accessed if needed. The advocacy for people with disabilities would be another avenue, as well as the evacuation centre. More to make sure that

25

obviously that they're more accessible for people with disabilities (Group 4).

Other supports have got the local council, the dashboard. I've got local clubs, council, local communities, neighbours... Local pubs, taxis, mining companies (Group 4).

…volunteer organisations. So that's your Lions Clubs and those kind of guys that we have, really good, in town (Group 4).

Yeah. I guess from a service like a disability services provider is having those connections with other service providers in the event that... Again, in the last flood, we've got clients we need to get out. We can't get hold of our staff, because in my case, I was evacuating my own home. Who do we call? (Group 4)

One strategy raised by some participants to support organisations assist people during a disaster was a register of vulnerable persons.

Having a list of who's vulnerable and who may need assistance. And have it in a central location, so we can just access that. People out of town, who might get cut off before others (Group 4).

Letting people know the on-call number if they need anything. And then just to keep continually checking in on everyone. But she's also said, there's a bit of a gap where just because people are receiving support doesn't necessarily mean that support workers know where people live. Because sometimes support can be delivered to them all, so knowing where everyone lives as well and knowing who's got other forms of support there so that if the support workers can't get to people, then what other support networks, then that made me think of the Red Cross Ready Plan, which gets people to identify that (Group 1).

So one service provider said that they actually keep in a constant touch with the Council's Disaster Dashboard and more so when we are at a flood or bushfire season time because where they're located for their office, they need to make sure that they can get their clients home to their families or staff home to their families as soon as they possibly can. They do have a contacts list and of all the clients and who's the person that's important to them of where they need to go. If they, a person couldn't get to their home or to their relatives home or a key support person, they do look at whether they could be buddied somewhere else as an interim period or could they get them to the height stickers, which most is most of the time is the EVAC plan (Group 2).

…here was talk about having some sort of... Whether it be an app or something where emergency services know where the vulnerable people in the community live… Which I think is what the NDIS focus on is on their app that they're making is that it'll locate where people are in a disaster (Group 3).

26

However, these suggestions were quashed by other participants in the groups, stating the practicalities of maintaining these lists.

But then you have the same problem that you always have in that sector. Who holds it, who's responsible for it, who keeps it updated? Because staff changes, and none of the details are up to date, and it just gets lost like everything else (Group 3).

Informal support that include family, friends and 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.

Informal supports I think is a big one as well, which ties into the transport because a lot of people in that event where they do need to evacuate quickly, it really needs to be the people closest to them. That's their best chance of getting out. And for a lot of people, and some of the people that I spoke to, they don't know the people that live next door to them or down the road (Group 3).

Neighbours comes up most times (Group 4).

What were the key things? I'm kind of hearing... Correct me if I'm wrong. But neighbours and family… Because the SES are not likely to be around to be able to be around (Group 4).

So knowing the people around you, where you're actually living, knowing your neighbours, knowing the people in your street, because sometimes in an emergency it's not always possible for your loved ones wherever, if they live further away to get to you. So you need people that are close to you as well. Also, another big one that came out of it that I thought was quite interesting in terms of the aftercare was checking people are okay after the event. So once they're returned back home, the event's over and they're back home, are we checking in to make sure that they're okay? And then also some of the logistics of returning home. So when people are returning home, are they going home on their own or is someone going home with them? Because if there's been blackouts, if there's been damage to electrical equipment, there could be a lot of logistical things that person returning home may not necessarily pick up on or have the capacity to do (Large group plenary).

27

Learning 3: The importance of collaboration

Discussions centred on collaboration and sharing of information, e.g., service to service, service to community and vice versa to assist people affected by disaster so that they don't have to re-tell their stories. Participants recognised the importance of effective coordination in order to leverage the knowledge, skills, networks, and local assets during disasters.

So it just takes, for all of us and I'm thankful there is a bit of grace that we now actually need to work together… Which I know the Singleton providers particularly want to do that and do that well that we can share that love. So because all of our clients crisscross at some stage. And I think that, for us, as providers, we've all acknowledged in numerous community events that we all need to do something together to stop these people we're supporting having to tell their story 50,000 times. Because we needed somewhere that I can walk in there and go, "Thank you Tina." I know exactly the medication they need to get them to this place. And I think that we just need to now work together to help us to have these things (Large group plenary).

This one actually did say that it's important to remember that people can call emergency services, and that that's okay. And that they will then link you to the support people that you need to go to in an emergency. That as part of their service regimen, we need to have really good networks between our services, so that they can cover the amount of people that need the service in town… The last one said the SES, that people would probably think SES more than necessarily our police, fire and ambulance services. Particularly locally. The neighbourhood centre. And again, your services and organisations (Group 4).

…support providers to coordinate with each other, and share resources in the event of an emergency. Again, the evacuation centres. So use local support providers to work together. In an emergency, other providers can look after participants, all work together (Group 4).

Sharing of client care information between service providers was discussed as an important aspect of collaboration.

It's up to service providers to link with each other, and have a bit of a disaster plan ready to go, so that in the event that we need to get some of our participants out and we're not available, I know that I can call Quality Care, I can call Sunny Field, and we work together collaboratively, pool all our resources to look after our participants. To get them out, to make sure that they're safe (Group 4).

28

Letting people know the on-call number if they need anything. And then just to keep continually checking in on everyone. But she's also said, there's a bit of a gap where just because people are receiving support doesn't necessarily mean that support workers know where people live. Because sometimes support can be delivered to them all, so knowing where everyone lives as well and knowing who's got other forms of support there so that if the support workers can't get to people, then what other support networks, then that made me think of the Red Cross Ready Plan, which gets people to identify that (Group 1).

Talking to other service providers with that client if they've got one more, more than one organisation in that client's life and know who has options for other transport if somebody needed to get out of. So they've got those sort of things in place but they said that they need to do things better (Group 2).

So having some sort of information there, knowing that this is how we get them out and this is the care that they need, this is what they need to take. So obviously just into agency sharing all that information in case of emergencies. And setting up that emergency plan from the onboarding procedure straight off the bat (large group plenary).

During the large group plenary, comment was made about having a vulnerable person register to assist with this collaboration, however, there would need to be a person or body who holds responsibility and coordination of this:

We made the comment that obviously organisations need to formalise some procedures around the vulnerable people that they're supporting and have that documented so other people within the organisations have access to that if needed. And as part of that, there was a suggestion that organisations should almost have, like we do with first aid people, like a designated emergency response person. So someone that would hold all of that information and know where it was and would be able to start that procedure happening, which I thought was good (Large group plenary).

Learning 4: Communication

Communication during a disaster was a prominent theme, particularly for coordination and collaboration between services, being able to be informed of the disaster event itself, for clients to be in contact with their formal carer or support agency if they were not able to visit, or for contacting friends and family who were not with the individual. The discussion reflects that communication and collaboration is generally done

29

well, and that care of clients and vulnerable people are managed despite the disaster.

Oh, communication came up as a strong point for a lot of people. So the way that during disasters, people felt like that was a strong point where they were able to communicate with clients well if a lot of the people seem to be a really high priority, to make sure that people were informed and that was ongoing and to keep checking in with people (Large group plenary).

They do contact the client to see what they need in emergencies. They try and communicate to the client constantly when we're in that just sort of disaster, there's flooding around all those bushfires. Make sure they're understanding that what's going on and do they know where to go to (Group 2).

Informal welfare checks on people, just a phone call. "Hey, you going okay?" We do that, as well. And that at this point, it's mostly the managers of organisations that are making the calls in the event of a disaster saying, okay, well, they know where the people are that need help and they're navigating that system at the moment. But it's all falling on them (Group 3)

*That came up actually, that was a point in the conversation I had with *** who's a disability support provider. So she spoke about how... just because there's a disaster on, people's needs still stay the same, but then, so their needs don't go away, but then, when you've got issues like roads being cut off, communities might be broke for example. No, only residents were allowed to go in, no one else could, that opens up issues for people that need support workers. She did say that communication, but was really strong during disasters… (Group 1)*

And that was led from management and they were very strong on keeping everyone informed, letting people know where things were at (Group 1).

Social media, mobile telephone applications and other forms of media to communicate weather information and circumstances relating to the disaster was important.

Use SES, Singleton Disaster Dashboard and Monitor River. And based on that make call to shut the service. Support clients who may be subject to evacuation (Group 1).

Local council with their disaster dashboard on social media. Newspapers, radio (Group 4).

So using disaster dashboards, apps, radios, that kind of thing to get your information (Group 3).

There's systems that you can collaborate with other organisations. So Comcare is one where you have one client and you can also jump on and see the same information. So there's systems out there that can actually do that (Large group plenary).

Despite having some communication systems in place, there were some confusion with the messaging and barriers to access.

Next person I spoke to was *** who has lived experience. And she talked about a recent flood event and that was really interesting for me to hear what she'd gone through… She'd received a text message telling her to evacuate, but later it turned out apparently she shouldn't have received a message or it wasn't necessary. And so she had a carer with her at the time and they threw everything together and they went to the evacuation centre and when she got there, the evacuation centre said to her, you should go to the hospital. And I asked her how that made her feel because I couldn't imagine, you think you've got to a place of refuge and they told you to move on, but maybe they're telling you to move on because they think you'd be, you would need to be better met elsewhere (Group 2).

Speaker 3:   That's the EVAC warning that got sent to all of town… So you can see how you can get confused with the wording very clearly confused. If you read it's clear. But it is extremely easy to have miss confused what that says. That's the warning that she would've got if she lives in town beaus I've saved it on purpose.

Speaker 2:   It says SES flood evacuation warning for Singleton Township, evacuation is likely, prepare now… Please wait for further instruction about when to evacuate and where you should go.

Speaker 3:   Everyone in town got that and suddenly we're just being told to EVAC because they read the top thing. Evacuation warning. It's a warning, it's not advice or whatever the next levels are. But everybody in town got confused by it (Group 2).

All the emergency warning systems have changed as well. So through October, November, all of those things from SES and Bureau of Meteorology is using the new ones and the RFS, all of those have changed. They've now all changed through the Australian Warning System, so they're just slightly different and the words are different. They're supposed to be simpler and easier to understand, but they're just still a bit unfamiliar from just a few months ago. So, that might also be some kind of struggle that people potentially... Another barrier (Group 1).

Tech support. So what we found, most people nowadays rely on the apps, dashboards, local radio, that kind of thing to get their information about emergencies and disasters. But not all people are tech savvy. So maybe some support in setting up some of those programmes for people and

31

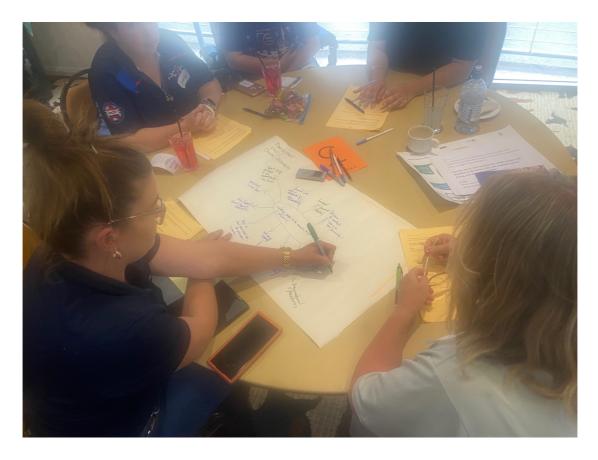*teaching them how to use them and that kind of thing as well (Large group plenary).*

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. Preparedness for disaster from an individual level through to organizational preparedness includes specific actions to support self-sufficiency or knowing where to seek assistance, having staff available to assist as required, and practicing drills so that people know more of what to expect and what to do in an actual disaster.*

2. *Resources and supports exist in the community, in both informal and formal capacities. Communication and collaboration supports individuals and organisations manage during a disaster.*

3. *Leveraging existing knowledge, skills and actions is needed to support tailored emergency preparedness. Communications via telephone apps, internet and radio were discussed as important for collaboration between services, connecting with family and friends, and keep abreast of the disaster, however these need to be clear and accessible.*

Funding:

Citation:

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

Enquires should be addressed to:

Michelle Villeneuve, PhD
Deputy Director, Centre for Disability Research and Policy
The University of Sydney, Sydney Australia
michelle.villeneuve@sydney.edu.au
www.collaborating4inclusion.org

THE UNIVERSITY OF
SYDNEY