

DISABILITY INCLUSIVE EMERGENCY PLANNING (DIEP)FORUM

SOMERSET DIEP FORUM



Citation:

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THE UNIVERSITY OF
SYDNEY

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The three things, are one of the individual preparedness. So I've got my plan, I've identified my support networks, even to the extent of my local safe places in terms of where I can go to meet people. So the local businesses, so IGAs and that, but local cafes. So it's looking beyond the traditional support places, but to all of those different assets. So that was on that personal level. Then there was the informal levels, so the networks, the community centre, the social club, the community interactions and the community networks that exist. And then the more formalised structures. So the emergency services structures, the recognised agencies, the having referral networks at that sort of, and having agreed, trusted referral systems in place. So I think they was kind of like the three levels covered in that (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 SOMERSET COUNCIL
IN PARTNERSHIP WITH QUEENSLANDERS WITH
DISABILITY NETWORK**

Date: 10 MARCH 2023

Location: Esk Town Hall

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

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

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

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

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

INTRODUCTION

For too long, disability has been kept in the "too hard basket" because government and emergency services have not had the methods, tools, and guidance on how to include people with disability¹.

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 population².
- experience higher risk of injury and loss of property³.
- experience greater difficulty with evacuation⁴ and sheltering⁵.
- require more intensive health and social services during and after disasters⁶.

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., Quail, J., & Barker, R. (2019). Experiences of individuals with disabilities sheltering during natural disasters: An integrative review. *Australian Journal of Emergency Management, The, 34*(2), 60-65.

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 risk⁷.

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 change⁹.

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 together¹⁰.

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 volunteers¹³, 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 disasters¹⁵. 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 management¹⁶.*

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 government¹⁷. 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 centres¹⁸.

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>

METHODOLOGY

Design

We adapted the **Structured Interview Matrix** (SIM) methodology¹⁹ 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., Kuziemy, C.E., & Toal-Sullivan, D (2014). Use of the structured interview matrix to enhance community resilience through collaboration and inclusive engagement. Systems Research and Behavioural Science, 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.

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

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

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

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

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

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

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

Interview Questions Guiding this DIEP forum

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

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

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

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

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

Facilitation Process

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

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

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

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

Participants were introduced to the Person-Centred Emergency Preparedness (P-CEP) framework²⁰ 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 connectedness²¹. 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 emergencies²². 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 relationships²³. 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., Kuziemy, C.E., & Toal-Sullivan, D (2014). Use of the Structured Interview Matrix to enhance community resilience through collaboration and inclusive engagement. *Systems Research and Behavioural Science*, 32, 616-628. <https://doi/10.1002/sres.2250>

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 analysis²⁴ 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.*

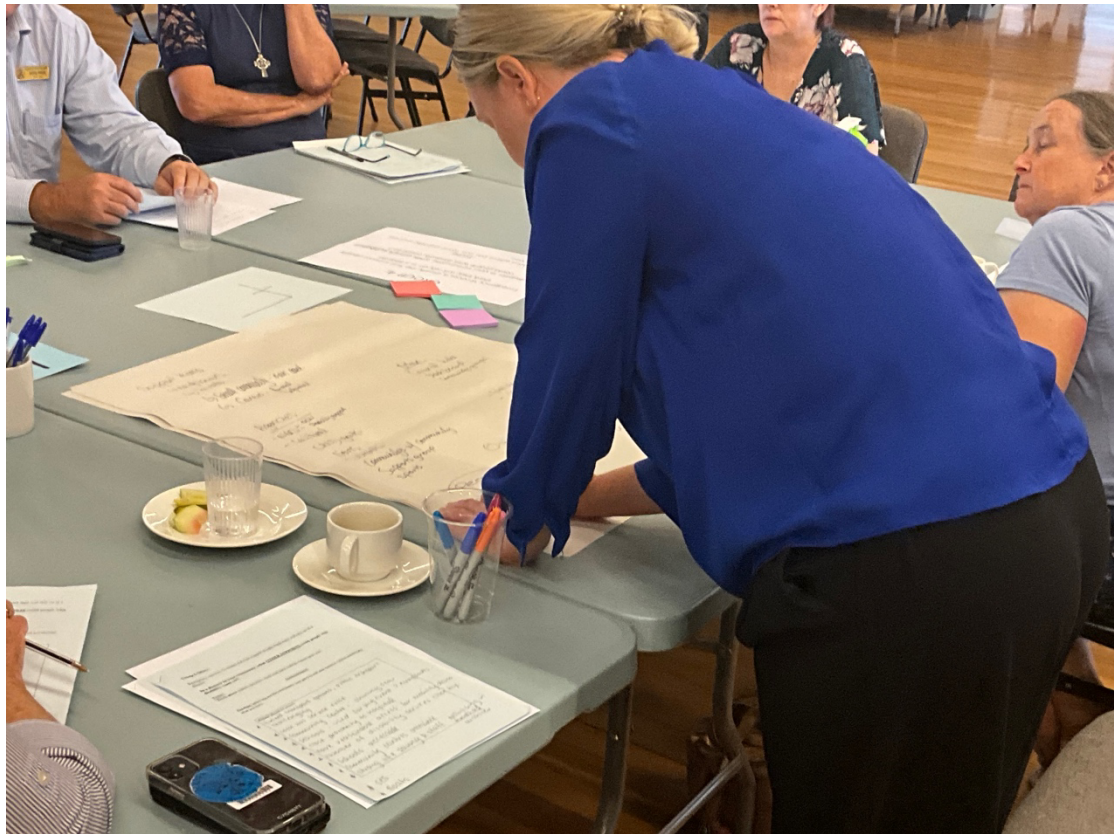
Our goal was to provide a rich, thematic description of the entire data set and report on findings for each LGA that reflects the contributions of everyone who participated in the forum (i.e., this report).

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>



Most of mine had a plan in their heads. Probably discussed with family, friends and things like that but there's nothing visual, there's nothing written or anything like that. So they've got all those plans so they've done all of that but there's nothing that you can see (Group 2).

DIEP Participants

STAKEHOLDER GROUP	NUMBER OF PARTICIPANTS
Person with Disability or Carer	10
Disability Service	17
Community Service	1
Health Service	2

STAKEHOLDER GROUP	NUMBER OF PARTICIPANTS
Organisation or Advocate representing people with disability or carers	0
Government	5
Emergency Service	3
TOTAL	38

FINDINGS

What did we learn together?

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

Key Learnings in Somerset

- 1.** Preparedness activities
- 2.** Community Connectedness
- 3.** Communication

DISCUSSION OF FINDINGS

Learning 1: Preparedness activities

The most discussed theme related to disaster preparedness actions taken by individuals, organisations and local council. Specific preparedness activities by individuals and organisations will be discussed first, followed by preparedness in the form of drills.

Preparedness was on continuum of not being prepared to being as fully prepared as possible, however some had not formalized their preparations but had thought through what they would do or discussed the plan with their families.

I guess they all knew like an action plan is something they should have in place but they just for whatever reason, haven't done it yet, I guess. So maybe get a ... Maybe having better information or more information available for all the action regularly to be a regular refresher on this is what we should do and this is why you should do it just to understand why it's important to have an action plan (Group 2).

I asked her was she safe, and she said, "Yeah," she said, "Because we've got a bush fire plan" (Group 1).

Most of mine had a plan in their heads. Probably discussed with family, friends and things like that but there's nothing visual, there's nothing written or anything like that. So they've got all those plans so they've done all of that but there's nothing that you can see (Group 2).

Some of the preparedness activities undertaken or discussed by individuals included stockpiling of food, medications and prescriptions, having mobile phone batteries charged, fuel in vehicles, having a generator on hand, and being able to communicate with other people. Independence and self-sufficiency as much as possible was discussed by some as an important factor in preparedness.

Yeah, it looks like supplying of food, food supplies, ensuring that there's food in the house. And he's got a caravan about that's stocked, so that would be accommodation that's moveable. And he always has a backpack in the car just with essential items. Another key thing was informing people where he is is an important factor so communicating (Group 2).

A lot were big on keeping up food supplies for whatever reason. So making sure they've got stuff and things like that. Being self-sufficient a bit more, if they are isolated at home so they've got supplies there. I think from some of them in the conversations as well is the natural hazards are put in a, we have a bush fire, we have a flood and we have that but what about the things that fall out that could still create the same situations. So I think that's why I came and said that's it, you might not live in the country so you might not get a bush fire but

you might have a house fire that's very close. So you've got to look at all of those sorts of things. You might have a tree fall on your house (Group 2).

And then other supports as in terms of having generators and being self-sufficient, that type of thing. Not being reliant on the government or external agencies, just powering on yourself. So being self-sufficient I suppose was a bit of a thing with one person. And then having disability support services (Group 4).

Other factors to support independence and self-sufficiency that may impact sheltering in place in the longer term were discussed:

And I think too on things rurally, a lot of people live on properties that have pumps that run the water to their house. Septic systems or systems, so you have no power, you have nothing. So it's those little things like keeping so much water in a tank that you know you can access for a fire. Maybe having a backup generator that you can use to at least run some water for a little while. What do you do if its out long term because you can't use your toilets? (Group 2)

One person summarised three different levels of preparedness from individual, to informal networks, to formal support agencies:

The three things, are one of the individual preparedness. So I've got my plan, I've identified my support networks, even to the extent of my local safe places in terms of where I can go to meet people. So the local businesses, so IGAs and that, but local cafes. So it's looking beyond the traditional support places, but to all of those different assets. So that was on that personal level. Then there was the informal levels, so the networks, the community centre, the social club, the community interactions and the community networks that exist. And then the more formalised structures. So the emergency services structures, the recognised agencies, the having referral networks at that sort of, and having agreed, trusted referral systems in place. So I think they was kind of like the three levels covered in that (Group 4).

From an organisational perspective, preparedness included having personnel being able to assist others navigate the disaster and reach support services.

We've got evacuation plan and everything. So we have in our fleet and they're always above half of fuel. And that's, so if we need to get everybody out, we can get everybody out. We do also have a list of workers who are willing to stay. It happened last year when we were flooded in, there were staff, certain staff members that were willing to stay on site until they could get out. So I know that they were there for five days in total. There is plans in place and there's always phones and stuff for them to call out on (Group 4).

As a service provider, we need to know what support workers we have in that area that could get to a person with a disability to assist. So you have to be aware of where people live (Group 2).

Part of being prepared included disaster scenario drills and practicing

evacuation or sheltering in place.

Well, we, in our organisation, we have a disaster planning committee, where they get together once a month and they re-enact different disasters each time (Group 3).

So we've got very simple down to get a plan in place, practise your plan. There's no point having a plan if you don't actually know in the heat of the moment what to do. So that can work for as far as organisations, when we, even down to today's evacuation of the centre, that's a practised plan that's done perfectly. In my home, personally we turn into a flood island. That's a practise plan that we've done perfectly. And I know that having through that practise, it makes it a lot better for myself. If only we could share that through the community (Large group plenary).

An important point that was raised about one of the benefits of being prepared was being available to help others:

...by having yourself sorted so that you're available to help others and becoming your own support person (Group 4).

Learning 2: Community Connectedness

Community connectedness for support in managing during a disaster was a prominent theme, particularly the importance of knowing your neighbours and having neighbourly assistance. Community agencies and local council were discussed as bodies who could assist develop community connectedness, with strategies discussed to support this, including having a register of vulnerable persons.

One of the things that was coming up, when I was talking to people around resources and tools, was actually around the relationships and the connections in community, and if you know who to go to for what, then those connections are pretty good, in terms of disaster and responding afterwards to the community (Group 3).

So the first was looking at disability support teams in terms of remaining in contact through phone and email and such. But it was really focused on living in a supportive area and neighbours and family helping each other out, sharing resources. No one left behind kind of idea. And even to the point that they identified that being in a small community as much as living in the fishbowl can be hard when the rubber hits the road. It's its own asset because everyone knows everyone, but therefore they also know each other's needs (Group 4).

So, looking at your neighbours, your friends, in a small community, you are your own asset. So we should be capitalising on that. Although we did say that in some communities there could be 10 Ks between one person and the next person. So how do we overcome that? Our carers. So if they're formal carers and informal carers, so there's the NDIS programme and then there's someone that just comes in and checks on you once in a while because they care (Large group plenary).

I don't know who I spoke to, someone else, but they were saying they were new to Minden, they'd been there a few weeks, the flooding hit, they had no idea. Their neighbour came to their rescue, and that's what I've heard a few times (Group 1).

The ability of support agencies and the local council to strengthen community connectedness was discussed. Establishing events to assist people to get to know their community, strengthen existing networks, and provide opportunity for those who don't have any, to develop connections, were some suggestions made. This was partly due to changing population with new people moving to the area.

Good Neighbour Day. And I think there probably needs to be more in the community, so like someone does...else you don't know if your neighbor's got a disability... because you've never met them (Group 1).

And we do encourage that, to make sure they do have that and linking with even other community organisations like community centres and things like that. Like we would link in with those in certain cases and do all of that. I guess one struggle as well in that circumstance is those who have very high mental health and who don't leave their homes, don't want to go out, don't want to socialise and then you ... That runs into a bit of a battle. They might just want to talk to me. They may just... They might like that one support worker and that's it. So that's when it's really managing that in crisis times and that's when it takes a lot of phone calls and a lot of communication and keeping that up as well. But definitely linking in with neighbours and everyone else, encouraging that is a big thing (Group 2).

Speaker 4: A lot of the things that we're talking about are existing networks that we can build on, but not everybody's networked in, necessarily, sometimes by choice, but sometimes by locality or nature of disability or nature of communication networks.

Speaker 6: And also new people that haven't had time to establish-

Speaker 4: Never been through it in this. Yeah. So I guess it's probably more of a challenge then for us. We've identified things that other people, I was listening to one person who was talking about her community and I was going personally, "God, I wished I lived in a community like that because I don't." That's a personal reflection of what was happening. And it's like how can we get to that? And even things like being able to think creatively across, so relying on Facebook, what happens when the internet goes down? What happens when you've got somebody who doesn't use Facebook? What happens when you have people who don't actually get newspapers of any sort because they don't, people who don't get IGA food deliveries because of where they live. So I guess that's part of that reflection of these are things that people can't count on for how do we build that into our community for those who actually don't have those things to count on (Group 4).

One group discussed the importance of face-to-face connections and building trust with marginalised communities such as First Nations or Culturally and Linguistically Diverse communities who lack trust with

people they don't know. These groups often had difficulty communicating over the telephone.

...when a person is on the phone and that person changes, that trust is lost. So that's a big gap I've seen because I'm sort of more the person, I do face-to-face, and then that way they know who I am. But unfortunately with call centres, that person's voice will change, so that trust... And it's very apparent in the First Nations. They won't trust someone new even when it's an emergency... Because they just want to shut off the phone call and get off the phone as quickly as possible... Whether it's something to do with their cultural stuff or because maybe the way they're talking because we're asking them to repeat themselves because we're not. It does put people off... I don't like talking to people over the phone because then I can't actually develop that relationship, so I go that extra mile to go and actually pull up to their house and introduce myself. And then I might take a worker with me. So even if I'm not always present, that worker who is going to be the worker that's working with that person, they at least have seen the face to that person (Group 1).

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

So Red Cross are very good with their forms for evacuation centres as well, is that you fill out and you go onto the register as well. Because often through floods, people say, "Oh, I haven't seen this person for so long." And if communications are down, it's really difficult (Group 1).

*Well, had *** over there in her comments, she rang to see SES because her whole house went flat, her wheelchair battery went flat and the power was out, and she lived in Fernvale during the floods. And she rang them and they didn't even come out and see her. So she complained to them and said, "You need to provide information about all those that have got a disability, so then they're right at the top of that list of people that they should be contacting to check in on them." You know?...So I thought myself there should be a register (Group 1).*

And I think this is where it comes to the organisations for like what we have, is having that risk disaster management plans and policies in place and we go into okay ... We're called upon, this is what we need to do, welfare checks are done, phone calls are made, what can we do, we know where our clients live, we know what happens... We go into your mode as soon as something occurs like okay, where are we going, what have we got, do we need this. Then we go, can you boat some medication over to them on their island now so I can ... And things like that (Group 2).

However, these suggestions were quickly quashed by other participants in the groups, stating the practicalities of maintaining these lists, and issues with privacy.

*Yeah, it's really hard. We spoke to *** at the local action group meeting in depth about a vulnerability register of sorts and what other councils do and don't do in that regard. And I*

guess our experience in the space has been that the vulnerability register isn't the answer... Primarily because it's about who maintains it and how do we capture those people? So if you're not an NDIS registered participant, if you are getting private supports from an unregistered provider, and then all those people and organisations come in together and how are we ever going to capture everyone?... A vulnerability register isn't a sustainable method to know and account for everybody in the community. And then it's the onus of where that sits as far as responsibility and resourcing for updating that and maintaining it as well (Group 1).

The secondary place, and it's not always brilliant, is the hospital/ambulance because they'll have a known way of coming in. Every time, and I can tell you honestly... every time I'm in a middle of a disaster and I start going to [inaudible] care services or whatever or anything like that, so tell me who's on your records, I got privacy issues... The person [inaudible] doesn't tell you about it. They pass away, don't tell you about it. Like you are chasing your tail... You never get anywhere (Group 2).

No. And we don't want to keep lists of lists because they come obsolete tomorrow (Group 4).

Learning 3: Communication

Communication during a disaster was a prominent theme, particularly for contacting friends and family who were not with the individual, or to be in contact with their formal carer or support agency if they were not able to visit. Communication to connect with other people during shelter in place to manage mental health was also discussed, as was being able to be informed of the disaster event itself.

So I think what's ideal is to make sure they have phones that are charged up. So the clients themselves can keep in touch with the family outside the waters as well as they can call their families can call them just to make sure they're safe and secure. So they don't, because in these particular supported areas, there are clients, they can be really so stressed out, they don't know what to do. You need to have that calmness from the family to show them that they'll be okay and things like that (Group 4).

So they then explained then that they would speak to their carer through the phone. Sometimes they would then Teams and sort of actually face-to-face via Teams (Group 1).

And you literally can count the mental wellbeing of people. You can hear it and you can track it by the type of calls that we receive through the centre, and what people are asking for. And a lot of them sometime are just making a call... To have a yarn (Group 1).

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

So in terms of communication, it was the people having the radio, having access to the internet, relying on weather reports, like those supports social media so that they knew what was going on. Because obviously you feel safer if you understand what's happening around you (Group 4).

There was commentary, though, with a couple of my persons interviewed, was that even if they knew a local evacuation centre, sometimes they may not know where that was and the confusion around that. So information around where is an evacuation centre, if they're able to get there depending on the circumstances (Group 4).

We're working towards doing this... for social media messaging and trials that they've just shared out to everyone for heatwaves and stuff. Just making sure that we're sharing that information further on (Group 3).

And we've done amazing work in Somerset with our flood mapping. It's advanced... We bought in Somerset three months ago. Anyway, the flood mapping is... was that popular our system crashed. We thought it wasn't working, but it was working too well (Group 1).

KEY MESSAGES

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

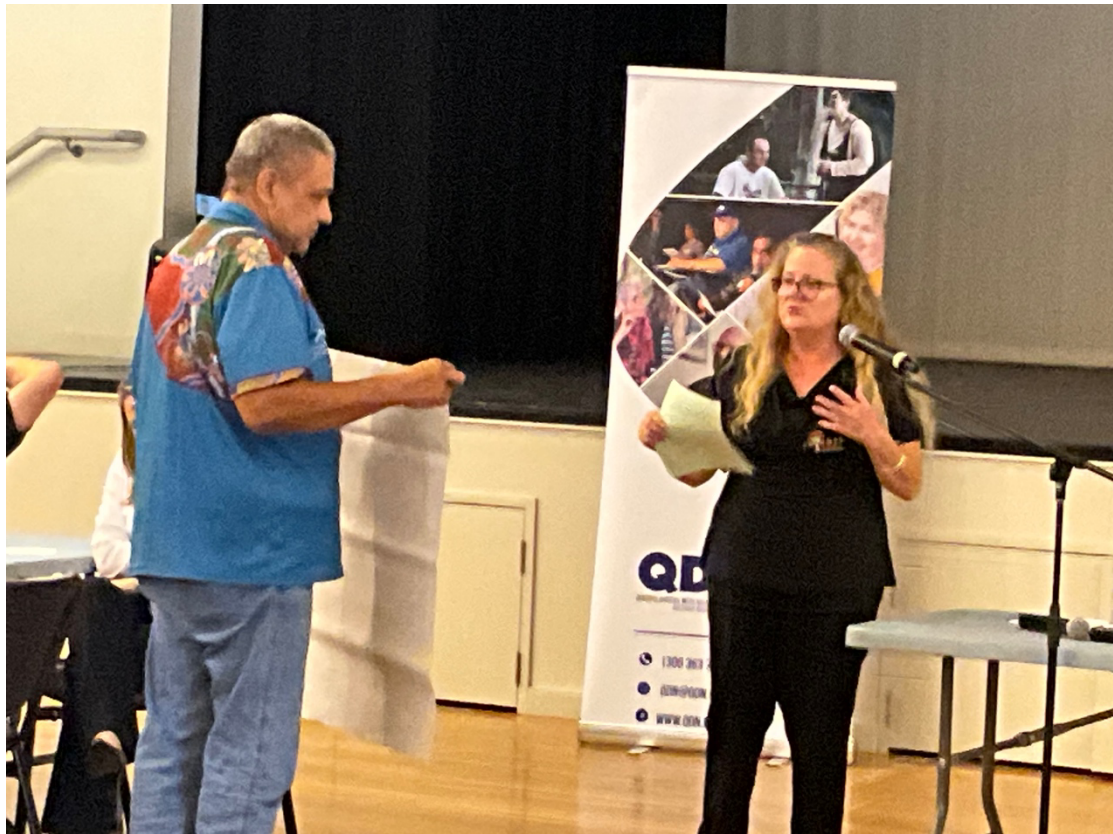
- *ways we can work together to ensure people with disability are aware, safe, and prepared for emergencies triggered by natural hazards and other emergencies (e.g., house fire, pandemic).*
- *actions we can take to make sure people and their support needs are at the centre of emergency management planning.*
- *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, 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 and include disability services. Community connectedness supports individuals and*

organisations manage during a disaster. Neighbours and personal connections were seen as most important, and establishing community events to enhance face-to-face connectedness was seen as an important strategy to enhance this.

- 3. Leveraging existing knowledge, skills and actions is needed to support tailored emergency preparedness. Communications via telephone, internet, radio and social media were discussed as important for connecting with family and friends, manage mental health, and keep abreast of the disaster, weather conditions and where to find local evacuation centres.*



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