

DISABILITY INCLUSIVE EMERGENCY PLANNING (DIEP)FORUM

BELLINGEN DIEP FORUM



Citation:

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THE UNIVERSITY OF
SYDNEY

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And when we surveyed the Bellingen Shire community, there's like a huge chunk of, there's a chunk of people that have a plan and it's written and it's down. There's a little chunk of people who have no idea what they're doing, and then there's a fairly big chunk of people who, "Yeah, I got an idea in here, I haven't actually converted it to any kind of action." And I think, that kind of question helps people realise they don't have a plan, they don't actually know (Group 3).

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 BELLINGEN COUNCIL
IN PARTNERSHIP WITH THE UNIVERSITY OF SYDNEY.**

Date: 28 APRIL, 2023

Location: Cedar Bar and Kitchen, Bellingen

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 emergency planning and disaster recovery require collaborative effort!*

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

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 management*¹⁶.

Local Council links to community groups are a fundamental vehicle for the delivery of measures to increase inclusion for people with disability and the services that support them and build whole-of-community resilience before, during and after disaster.

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

¹⁴ <https://doi.org/10.1177/0004867417738054>
<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>

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.

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

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>

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.

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.

¹⁸ Villeneuve, M., Abson, L., [Pertwi, P.](https://doi.org/10.1016/j.ijdrr.2020.101979), 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>

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

Here's how we do it:

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

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

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

The research team pre-plans the forum together with the local government host who promote the forum through their networks. To support interactive dialogue, we aim to recruit 32 participants. The makeup of participants in each DIEP forum reflects the nature of the Local Government's connections to their community as well as the availability, willingness, and capability of participants to attend. Participation can be impacted by other factors including competing demands on one or more stakeholder group and unexpected events that impact attendance of individuals (such as illness) or an entire sector (such as community-level emergencies).

Data Collection

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

The SIM methodology was adapted in this study facilitate inclusive community engagement and promote the development of knowledge and connections between different stakeholders. SIM employs a graded approach to collaboration. We applied the SIM using a three-phase process.



1:1 Interviews
conducted by
participating
stakeholders

Small group
deliberation

A facilitated
plenary
discussion with
all stakeholders

Overview of the SIM Facilitation Process

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

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/>

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.

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

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>

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>

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.



I found that, in asking people what went well, it gave them an opportunity to sound off quite frankly. I think the general and first reaction was negative, that nothing went well. Not in the fires, not in Covid, not in the floods. Maybe people have got a negative bias, but they were much more interested in telling me what went wrong rather than actually what went well... And then the extent to which I could encourage people to talk about what then subsequently went well. Because it seemed to be much more in the recovery that people were prepared to talk about what went well (Group 1).

DIEP Participants

STAKEHOLDER GROUP	NUMBER OF PARTICIPANTS
Person with Disability or Carer	4
Disability Service	5
Community Service	7
Health Service	2
Organisation or Advocate representing people with disability or carers	1
Government	5
Emergency Service	5
TOTAL	29

FINDINGS

What did we learn together?

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

Key Learnings in Bellinghen

-
- 1.** Impact of disasters: improving services and processes

 - 2.** Preparedness activities

 - 3.** Local community assets as emergency supports

 - 4.** The importance of effective collaboration and communication

 - 5.** Challenges to supporting the extra support needs of people with disability in emergencies

DISCUSSION OF FINDINGS

Learning 1: Impact of disasters- improving services and processes

Reflecting on recent disasters, which included fire, COVID-19 and flooding, allowed organisations to review how they prepared for disasters, with the experiences learned leading to improved services and processes. It was acknowledged that preparedness for flooding was done better than preparedness for fire.

One thing that definitely stood out to me was going through a disaster leads to more preparedness for subsequent disasters... Similar message from... the SES. She said that the Lismore floods, they learnt what they do well and they also learnt that there is some gaps and that they're addressing those. It's led to a budget increase, better training for their

volunteers, and even building resilience within the community. They're sort of rolling out some training packages for the community (Group 1).

...the Council had a similar message where Bellingham's experiences for floods, we handle floods incredibly well because we've been through a lot of them. But I guess the fact that we haven't experienced, we don't have much experience of fires. That's one thing that really threw the community when there was a threat of fires here (Group 1).

The lack of preparedness was certainly a feature, but then what that's led to is a learning and that these events have actually led to a number of positives like the increased training and to some extent lessons-learned forums and the ability of the community to act in future (Group 1).

...did lead to things like the Neighbourhood Care Network getting started in the disaster (Group 1).

A theme that was reoccurring was the lack of preparedness led to learning, adaptability, collaboration and injection of funding. Service providers and emergency services, while we may not have got it right the first time round, we've all evolved and since improved our techniques for dealing with these strategies, so that's great. Which led into the new strategies developed to address future crises (Plenary).

The disasters impacted organizations and their staff in their day-to-day work, and led to fatigue. However, this also led to improvements in ways of working that had positive flow-on effects for their clientele.

...service providers are in the same emergency... they've got their own families to deal with and houses (Group 3).

And so then we as a health service, were struggling to actually get staff to work, to run emergency, 'cause we still had to provide, people still birthed, they still have heart attacks, and we were just still trying to provide emergency services. And we had to deploy staff into the evac centres to provide the service. Which was at first, that was one of the first times we'd had to do that (Plenary).

Big difficulties faced in her arena with transport and access for clients with no face-to-face initially and the lack of resources for her clientele in particular, either having no access to technology or not being competent in accessing or using technology. And in the areas we live in through the natural disasters, obviously there was the physical access to areas which caused isolation, distress and phone reception, which is a huge one in our area in particular (Group 1).

I think for a lot of organisations, is managing fatigue for extended events. I know for ourselves here at council, that's a challenge, and I think something a lot of agencies need to think about. Fatigue and lack of staff, and impact on rostering with events (Group 2).

So similar to the SES, he commented on the silver lining of our disasters was extra funding, which enabled us to all evolve and adapt our services, which is great for the Health Department. Yeah, health, Covid has been controlled chaos, and initially it was terrifying even for professionals, but again it identified how to adapt. For example in this arena mobile health units and outreach services. So all of a sudden our centre-based health supports were getting mobile and integrating with the community, which is fantastic... Telehealth as well has just evolved so rapidly and enabling, I guess, technology which we then spoke of. Staff can work from home. So professionals can be safe to then provide remote supports, which means continuity of support in a lot of cases. And it also gave us resource sharing in the regional areas because we could access metropolis specialists from the big smoke, could give consultation to people who needed it remotely. GP accessibility improvements. So, people can access GPs arguably easier now, circumstance dependent, and it's evolved the service delivery model for positive outcomes (Group 1).

On an individual level, the impact of recent floods, that were preceded by the COVID-19 pandemic and the 2019-2020 fires were significant. Impacts were discussed in terms of what went well and what didn't. Despite the toll, participants also discussed the positives that have come out of these disasters.

I found that, in asking people what went well, it gave them an opportunity to sound off quite frankly. I think the general and first reaction was negative, that nothing went well. Not in the fires, not in Covid, not in the floods. Maybe people have got a negative bias, but they were much more interested in telling me what went wrong rather than actually what went well... And then the extent to which I could encourage people to talk about what then subsequently went well. Because it seemed to be much more in the recovery that people were prepared to talk about what went well (Group 1).

Mental health was a big impact for most people regardless of whether a disaster directly affected them or whether they were working with somebody or people that affected by disaster (Group 1).

Person living with disability, home is ravaged by fires, destroyed the whole property, home, fences, livestock got out, no insurances. Happened a lot in this area as I'm sure many of us are aware. So then that's the huge financial, emotional, mental and spiritual toll that it's taken and still living. So still the recurrent trauma from that. And the only advice given there was communication on preparation for these events. That's where

we're at, so bit of both sides. Silver linings and also still dealing with that personal toll that it's taken (Group 1).

So, she had to evacuate from her farm with the children and animals, and that was quite stressing for her. She's got children with disabilities, so she had to put a lot of thought into what wheelchairs were more practical. She had to find friends who could help. She then had to find and source the services that, through Covid, who, like the supermarkets that would pack her food, and leave it in the box, and she would then pull up in the back alley and collect those, with a mask on. So she then had to find all of those services that can help her in that environment, that she could do a plan and prepare more (Group 2).

I think one of the key things that people talked to me about was overcoming isolation. Certainly Covid led to significant isolation. A lot of the communities that I live in are relatively isolated and that the great facilitator of that was technology. The fact that people could actually get together through Zoom, through Teams. And people talked to me about organising games evenings and something called laugh yoga (Group 1).

Learning 2: Preparedness activities

Given the recent experience of flooding, 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.

There was a spectrum of preparedness with some people having no plans to some who had implemented detailed preparedness actions. While some plans were very thorough, they focused on only one type of disaster, or had planned to either shelter in place or evacuate.

And when we surveyed the Bellingen Shire community, there's like a huge chunk of, there's a chunk of people that have a plan and it's written and it's down. There's a little chunk of people who have no idea what they're doing, and then there's a fairly big chunk of people who, "Yeah, I got an idea in here, I haven't actually converted it to any kind of action." And I think, that kind of question helps people realise they don't have a plan, they don't actually know (Group 3).

One person had absolutely no plan, at all. The people I spoke to were really varied. They had no plan and they had an incredibly detailed plan, and the person who had no plan said that what they were doing, their own plan, was to listen to what they were told to do from the emergency

services, and that actually came to be because they had to evacuate and they did... So I then asked, well, after that experience, did you formulate a plan? They said, "No." But just sort of realise, you just do things in the moment, and for her it was very, very important to just respond to emergency services (Group 2).

So she'd changed mobile providers, because if the telephone towers went out, if she still had internet, she could do wifi calling. So she had an alternative method of maintaining her mobile phone. She has an extension lead which she hooks up to a generator. She's actually prepared an emergency contacts list, and let the people on the list know that they're on the list, and that they can communicate with each other... Because she does not have any family here...so she needed to let her mom know, but also the mom has the telephone numbers to contact friends locally. So she knows where her important documents are. She has a power bank and torch, because she doesn't want to be without her mobile phone if she has to evacuate. She's knowledgeable about the local risks. She maintains a food store of one to two weeks provision (Group 2).

*** was very organised. She lives out of town, so very bushfire orientated, so she has the generators permanently set up, the sprinkler system set up, the go pack set up with all the important photos, and then she's also emailed those on a USB offsite (Group 2).*

On a personal level, he has a son who identifies with a disability, so there's no set plan, but they do have boxes that are packed, medications. He knows what his son needs, and then they look at in regards to making sure that they've got facilities to charge batteries, to charge devices, wheelchairs, off the... (Group 2)

It was also noted that it was important to review the plan regularly, and to communicate it to neighbours or service providers.

...all plans needed to be really personal, flexible, and deductible. And that for people with disability, the plans need to evolve as their disability changed, and as they're living circumstances changed, or their personal capacity shifted over time (Plenary).

And that's why it needs to go back down to the personal plan. Agencies need to make sure that their individual people have their own personal plan. If the agency can't get to them, they need to know their neighbours are there (Group 2).

But it's also with the plans, it's also the people that support you being neighbours, friends, family, any of these people you've listed, know what your plan is... one of the people that was at our table that she said they've got plans, their organization's got plans for their people, but the family of these people, don't know what that plan is (Group 4).

Having local knowledge and previous experience of disasters was acknowledged as a great benefit when it came to preparedness for future disaster, however plans were again sometimes limited to specific types of events.

So again, the benefit was they have the understanding of history, they're familiar with the place, so as opposed to with new people coming in who maybe aren't familiar, they've got a knowledge, and so therefore they're planned, they're prepared. Food storage, they've got. They know the fire trail network. She's about 5Ks out of town. She can theoretically walk in if she needs to in a flood, because she knows how it works (Group 2).

...got asked earlier, do you have a fire plan, and I went, "No." Because I've never considered fire that I have a flood plan. We know at what point we have to start packing and at what point we lift. Yeah, yeah. Because I've never really sort of thought about fires, I always just think live flood and that's our plan and we go with it (Group 3).

...so this person lives in Bella, and actually lives on a flood plain and is regularly flooded, so they have a very well documented plan for flooding. They know the triggers for when to pack, when to lift things up. They've got stuff for the attic. So they're all prepared for flooding. They've actually lifted their power supply as well, so it's all above current flood levels... But no fire plans at all (Group 2).

Some individuals had formed a local cooperative so that they could work together in the event of a disaster, although some groups were only prepared for one type of disaster.

So their little community, they rely a lot on community, so in an area he said where there might be a little cul-de-sac or something, they look at who's got the generators, who can help lift, who's got electricity, who's got communications... so they might have satellite or something... Who can call, or who can bill it, so who can accommodate other visitors. They might delegate one for communication, so to information and services who may need extra support... They attend an arranged disaster preparedness events. So it's a real neighbours help neighbours, but they've set up small global groups in each of the communities to be able to do that (Group 2).

I interviewed someone who live on an intentional community, so they are all self-sufficient. They have their own power supply, waste management, all that sort of stuff. He said, the way that they're set up, they're all set up for... they're in the national park, so they're aware of the fire risks and they're all set up to manage the fire risk. I said, "And what happens if you

have to leave?" "There was no plan for, I have to leave, because we are so self-sufficient." (Group 2)

From an organisational and council perspective, preparedness included having their own organisational disaster plans in place, and providing education about disaster preparedness and recovery. The need to include training about the extra needs of people with disability was discussed. Of note was the diversity of demographics of the community and the intersection of culture and different types of disability that needed to be included in any training programme.

I spoke to organisations... Everyone said the same thing, which is organizationally, we don't really have a plan or an idea of what we do, but we are realising with this that we probably should and we need to make it part of what we do (Group 3).

So we're working on things like that. What we have been able to tease out to do is, things like communications and how do we reach everyone through all the different ways people get info, little things like how can we bring more awareness and education? How can we help support a little bit more of energy independence or something (Group 3).

Someone said specifically they would love support for them in their roles to be able to sit down one-on-one and help clients individualise what they need. They would love training specifically in that. Quite frighteningly, a number of them said, they do it for the client and only some of the clients, they don't do it with the client, their emergency plans. So that's quite concerning to hear that there's stuff being done without the person involved (Group 3).

There's practical things about how people plan, that a person with disability is often not just the person that needs a toothbrush to evacuate. They often have complex equipment, medications, other medical equipment, service animals, sensory comforting and managing things. What one person might consider an evacuation plan, the detail that's needed for a person with disability is very different (Plenary).

...there's also cultural differences within the community and the cultural overlap of aboriginality and disability is something that needs a very different approach and a very different talk about the way those, they're often very different households to the majority of the community such as multi-generational and one roof and substandard housing and all that stuff (Group 3).

Despite having prepared as an organisation, it was noted that personal plans had not been developed.

So she personally had no plans for herself, so she worked for health services, so as an organisation she had great plans for her work, and part of her role was to improve the resilience of her network. So they did that by, they had their emergency management plans constantly improving to make that plan better where she struggled. So where it says, "Is there anyone that could help get started," on a professional level, she said the people that she needs to speak to get it better had the capability of doing it, but not the capacity of doing it. So that's where she struggled... She never really thought about it personally, so she was very concentrated on her work and making sure that was planned and personally hasn't really prepared for herself. I asked her, where would you go to get started, and she said maybe her husband, but had never really thought about it (Group 2).

And there was a lot of examples of emergency services service organisations having really strong organisational plans, but really poor practises for themselves. Working for a fire brigade, not having a fire plan. Working for a disability service org and having a plan for clients, but not necessarily having a plan for yourself or other people in care (Plenary).

...Mid-North Coast Local health district... Got clear plans in place, doing a lot of training with their staff. So very sound systems, well supported by the organisation... But for them, like a well-structured organisation, they know what they're doing. They've got functions and support, logistics and the like, so they know what they're doing. He didn't tend to speak anything too much about personally (Group 2).

Although there were good intentions to assist individuals to develop their own personal plans, getting engagement to participate or to resist complacency was noted. Furthermore, practicing the plan was not considered.

...another person I spoke to was from an organisation who wants to get out and do these planning with carers but there's not really much of an interest or response. It's really hard to engage even in the going through community aged care centres, not where they live but go out in service, just getting people out to actually sit down and think about and stuff is not something that's easy to get people out to do (Group 3).

I did an exercise with about 30, 40 people, a little while ago and I asked them about their plans and everybody stuck their hand up and said, I have a plan. And have you communicated that to your family? "Yes, I have communicated to my family. Everybody knows how it is." And I said right, and they were all standing up at the time and I said, "Well remain standing if you've practised your plan." And everybody sat down, because it's probably the most important bit because that's the only way you're going to know if it's deficient, how long it takes you to do it (Group 3).

Learning 3: Local community assets as emergency supports

Participants identified local assets that could be mobilized before, during or after an emergency. These are 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. Formal supports also include health workers and GPs.

Red Cross, Meals on Wheels, neighbourhood centres of Bellingen Shire, referral services, case management, church groups, Farm Aid, Men's Shed, and the neighbourhood care network. Then professional support services like GPs, hospitals, support workers, community nurses, Aboriginal health, and telehealth... There was community transport options, like community transport itself. The buses, getting kids out of schools and the home in the event of emergencies, taxis (Plenary).

Case management in a referring to mental health services, farm aid, then you have church groups, local community groups... They have coordinators, support coordinators within the local community and they support the elderly or people that have mobility issues (Group 4).

Community nurses and the Aboriginal Health Service, as well. As they are, they know particular details about patients in the area, their medical history, their conditions, as well, that can be relayed to emergency services in the event that they're required (Group 4).

Participants discussed the importance of having a point of contact or identifiable central place that people could evacuate to, but that it needed to be accessible for people with disability.

Place of initial safety, where support available to move on if as required. Now Repton Myleston doesn't have a nominated place. Repton's a diverse community anyway. And Myleston, it's whether it's the, it's going to be the Pole or the Surf Club. But it does, you need one because when you are at, when you have a nominated place for people's assembly, you also need an infrastructure there. Disabled toilets, shower, and other things. You might need some space for service providers to be. There's also animals need to be considered because in the fires there were a lot of people looking to move theirs, the horses in particular. So it would be very useful to have a place, whether it's a Bellingen Showground, Dorrigo Showground Area where sort of people who need to actually move

livestock, or whatever. Or even if it's, you know, they're people that have got dogs or something like that, that they can take them and you might even be able to arrange for a local vet to be there so if any of them need sort of that attention (Group 1).

The other thing that we hear commonly, is places like (name of community), has no evacuation centre at all. And I think that whilst the community and we are doing these local plans with the community and kind of going, "You're, you're going to be cut off. What can we put in place so that you're okay while you're cut off and that you can communicate your stuff." But whilst they would use common sense and they lived experience and all that stuff to do it, I think they still need that comfort of knowing there's an official place (Group 3).

Informal connections 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.

Certainly one of the things that came up in most of the interviews was family. Close family and neighbours and local community (Group 4).

There's actually a Neighbourhood Care Network... So it's basically the community grapevine in action on the north side of Bello. It's been up and running for about two years and they're still working their way through... So they prepare for emergencies together and then they sort of stand-up and look out for each other in emergencies... the model is set up that they would be linked into their neighbourhood group and would ring their care tree or their coordinator and it would all happen at the local level and the hub. But not everyone's going to be part of their local group. Local groups aren't all active across everywhere (Group 4).

It makes a real community and people get to know. And I think that encouraging that, encouraging connection with the smaller communities in the area, whether it's a North Bellingen community, Kalang community, Durabolin community, everyone basically knows each other or at least is aware of each other when I get to that point. But I think that that is in the rural community is the greatest asset to person with disability (Group 4).

And certainly with the major things being family, your friends and neighbours, and local community... back to the old village hamlet thing, of neighbours helping neighbours during and between emergencies. There are telephone trees to contact each other, knowing who has the off-grid power and communications, who's vulnerable and needs extra help during emergencies. And bringing it back to the neighbours and the people around them supporting each other, because ultimately in really big events, and the best example was the fires a couple of years ago, there aren't any ambulances available, there are no more RFS equipment or

resources going to be moved into the shire... so it basically comes back to the local situation (Plenary).

Learning 4: The importance of effective collaboration and communication

Discussions centred on collaboration and sharing of information to assist people affected by disaster. Participants recognised the importance of effective coordination in order to leverage the knowledge, skills, networks, and local assets during disasters. Communication during a disaster was a prominent theme for being able to be informed of the disaster event itself, and the discussion reflected that was generally done well, however, there were also gaps that were often caused by telecommunication outages.

So out of the three common theme of positivity was the collaboration between the different agencies. So all three providers said that they thought because the agencies collaborated together, that enabled them to do their jobs easier. And the other one, the sharing of info they thought was a positive thing where they, and the community information. All three said it was the level of community information that they found, the positive thing that came out of it.. But when the event hit, the positive thing that worked well was quickly re-establishing local communication chains in Covid. It was your community centre over here establishing your local communication network in the fires. They said the Council set-up a local immediate Zoom meeting. Everyone identified someone they knew, and they set up a Zoom, and said, "what's happening with the fire out your way? What's happening out your way?". And the Council said that local immediate network allowed them to have their information immediate, which the state control centre wasn't sending that information through quickly because they didn't know it. So that was interesting. And that was a common theme for all three (Group 1).

What she did say worked well was for her organisation knowing what services were available and understanding referral partners and professional networks, and their ability to communicate internally and externally to find short term resolution for their clientele (Group 1).

...there's a lot of black spots with Telstra in Bellingen, so when they're relying to get the information on what's happening, that's a real, they don't know where to go to get that information, if they can't get internet access, or their phones are down. Because there's a phone tree, someone digs a phone tree. Which is so exciting. Which would be great if the phones are working, but what do you do when the phones are working? (Group 2)

...a common theme for everybody and that was communication. Some of it was really positive as in, thank God we have SMS services, but then some people don't have mobile phones, they don't do social media and they rely on the community voice (Group 3).

I say the biggest barrier to everything that we'll discuss, is if you are unable able to contact anyone and let them know. So the biggest failure in that area, especially in a rural area with limited contact is the fact that you don't have power which goes out as quick as a blink when there's a flood on. But also telecommunications, Telstra towers, that poverty in this area (Group 4).

When one form of communication was not possible, a variety of other sources was seen as vital.

Then there was also media and information. And how crucial that is. And how important it is to be correct. But there was social media, ABC radio, local knowledge, the flood cams as a source of information, the Disaster Dashboard, 2BBB as the local community radio and providing disaster information, pubs again as information hubs and sources, and other businesses (Plenary).

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

One of the other things that people talked about was data. Where's the database of the disabled people within our community? How do you actually find out where they are? If I'm supposed to go and talk to them and find out about them, where do I actually go and find that out? So I talked to people about a register, but then the flip side of that again is privacy. And a lot of people don't want to identify as disabled or they actually want to keep it to themselves (Group 1).

...something that came up was the real need to know where, and I know your organisation does that, is having a register of people with vulnerabilities, and making sure that people hold that, one organisation holds that, and being aware of confidentiality and consent and all that stuff. But where is that? Where when there is a disaster, how can that be disseminated? How can people know that your neighbour perhaps has a hidden disability, that you can sort of check in with them? That was something that sort of came across as, particularly talking to people with disability, that we all know those people, but where is it to be shared, and where's it held, and how's it disseminated? (Group 2)

And a big barrier came up was telecom, telecommunications during emergencies and the sort of lack of knowledge about who's where and what their needs in an emergency situation and how to manage that data. And that's a gap at this stage that people do still slip through the cracks (Group 3).

And we're kind of talking about people that access services. There's millions of people that are not on the radar of any services at all. And they'll always fall through the cracks (Group 1).

However, other participants in the groups, stating the practicalities of maintaining these lists, quashed these suggestions. For example:

Speaker 7:

Because there is no community registration system that I know of. Health doesn't have a system of, we cannot, we have no database. We cannot, and it won't exist. It'd have to be an opt-in system and people don't want to be, and conspiracy theorists disallow that...

Speaker 6:

And no one wants to take responsibility, keep that accurate either. That's...

Speaker 7:

We can't even keep accurate databases of all our medically vulnerable people in the community because quite often their providers are private... And unless they're on a active plan of care from the health service, their information drops off the system. If they've had no service provision in the last six months, they're not on our books.

Speaker 2:

Fire rescue have a system where supported independent living houses can register and that's held by, filled those out before as a service provider and pass them up the line. But the information has never come down to the crews on the ground either. And that who needs to know it, the person responding to the fire (Group 1).

SES guy was saying, they had no register of vulnerable people in their area. And we discussed about from Red Cross point of view, sometimes people don't want to be on a register. They don't want to be classified as vulnerable, disabled or whatever. So how do you work with that? And he was saying that they put themselves out there for people to come to them, but there's no facility for them to go to, they haven't got the resources to go to other people. And people with disabilities sometimes can't get out of their homes and they don't want their neighbours to know that they've got disabilities (Group 3).

Learning 5: Challenges to supporting the extra support needs of people with disability in emergencies

The participants understood the extra support needs of people with disability, and the challenges to supporting these needs were discussed at length. They focused on the appropriateness of evacuation centres, difficulties with using government funding, and service provision for people with disability.

Difficulties faced when needing to evacuate older people and people with disability, and facilities at evacuation centres were discussed, with the need for training emergency services identified.

I was talking with the farmers because we were discussing another elderly client who was up on the hill, could we pop up and check she's okay because her carer can't get here, so which idea? But they were saying, well do we, because they were sort of told, you need to check on her and maybe evacuate her. But they were like, "Well we need four people to lift her scooter and then try and evacuate, move her." So, yeah. I But then she was like, "I'm not leaving, I'm staying" (Group 3).

...one of the things is they don't want to leave their home. I mean, we found that a few years ago when the fires were up in east, so what we did was ... we rang all of the clients that we had up there and said, we are sending vehicles up. Do you want to be evacuated? And we evacuated a couple of wheelchair clients and a few busloads of people out of the area, but quite a few that we rang said, "No, I don't want to leave my home" (Group 3).

...a lot of people don't feel safe leaving their home in an emergency, especially elderly people, those with disabilities. So we need to try and maybe involve a bit of training as to how to love and nurture those people in worst case scenarios and their animals and their pets and cater to their needs and have connections with vets for supplies and food for our animals as well as our humans I guess (Group 4).

Well the guy from the RSF that I spoke to, felt like training for the workers in response to, especially with people with disabilities, there wasn't any training much, and their firetruck can't get people in with wheelchairs and different things (Group 3).

But when you don't know what the evacuation centres have, hoists and different things, and a lot of our evacuation centres in the Shire I think would have accessibility challenges to get into the building, let alone anything else inside... whether it's safe to take someone to that and if they'll have their needs met there, if it's better for them to be in hospital. The hospital is not necessarily where people want be (Group 3).

They're not really equipped the way you kind of picture in your head, you think that I'm going to show up to the school hall and there's going to be beds and there's going to be all this stuff. No, none of that stuff exists. And it's like for us, it's council's responsibility to make that happen. But we don't have any money to do it. And again, that building could change depending on the disaster and stuff too (Group 3).

So the other thing to add to evacuation centres is that, even when, which it will happen, we end up in a situation with a lot of people in the evacuation centre. It won't, that environment won't suit a lot of neuro diverse people (Group 3).

We looking especially in recovery centres, but evacuation centres, it'd be good to be able to have another room or another space. I've been looking at a little card that people can have that explains their top priority needs when they walk in so that they don't have to explain their story and so that they can explain what they need Well the guy from the RSF that I spoke to, felt like training for the workers in response to, especially with people with disabilities, there wasn't any training much, and their firetruck can't get people in with wheelchairs and different things (Group 3).

Government funding for training or to improve facilities has proved to be difficult, and it was suggested that more collaboration with local emergency services and community organisations was needed.

It's just, but up upgrading all the community halls that people would identify as a safe space to be with disability accesses, with showers, with toilets, defibrillators and stuff like that is something that we weren't able to convince them was part of resilience (Group 3).

...the funding comes with a lot of caveats on what you can spend on and increasingly now with the change from resilience New South Wales, it's becoming even more strict. And the funding is directly on that thing that got hit by the flood and nothing else... We still haven't spent it yet because they haven't approved anything we want to spend it on. And of that million dollars, only \$50,000 could be spent on something new... So what do we do? The RFS wanted generators, the SES want warnings. We are trying to find a way to convince the government to let us buy these things because it's about resilience. But the shift in thinking has moved now more to just recovering from that flood, that one flood and that's it (Group 3).

But then even the little things that the community have said, we're fighting tooth and nail to get approved from the government to be able to spend the money on. So that is why you haven't seen any flood recovery (Group 3).

So instead, they did the flood inquiry in New South Wales and through a couple of organisations, I think under the bus, maybe, and didn't look at the bigger picture of what's wrong, which was, should probably let the local SES,, the local RFS, the local council, have more of a say in what their organisation, you know, we've got studies that show people trust that level. It's better to know their community (Group 3).

Another challenge to assisting with the extra needs of people with disability related to maintaining service provision throughout the disaster.

...lack of communication from agency through those times. In particular, we were talking about the NDIS and the NDIA, and their communications, and their ability to handle things in real time. A massive gap for who cares for the carers. So this person herself is feeling really burnt and facing health concerns now due to the fact that there was no support for someone she loved (Group 1).

These people were moved into evacuation centres and because of the scale of the flooding event, they actually had to be there for an extended period of time. Now, a lot of their regular providers refused, even though they'd been asked to come into the evacuation centre to deliver that service provision, whether it's wound care or whatever (Plenary).

...what I identified was that service providers were still allowed to claim for supports... In this example with NDIS, you could still claim on that funding, but they didn't have to necessarily provide service if they couldn't or it was unsafe to do so. It makes sense. But the flip side was then staff were stood down through the emergency, and told to withdraw on their leave, or have minimum disaster payments. But then the service providers were still getting the full income revenue from the NDIS packages subject (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. 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 to manage during a disaster. Communications via telephone apps, internet and radio were discussed as important for collaboration between services, and keep abreast of the disaster.*
3. *People with disability have extra support needs in emergencies and a number of challenges exist that hinder providing this support. Leveraging existing knowledge, skills and actions, and collaborating further with funding and service providers will hopefully enable the community to provide the extra supports that are needed.*



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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



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