DISABILITY INCLUSIVE EMERGENCY PLANNING (DIEP)FORUM

RICHMOND VALLEY DIEP FORUM

Citation:

THE UNIVERSITY OF SYDNEY

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So majority of people that I spoke to were first responders. None of them, including myself, have a plan, but yet we're all invested in planning for the organisation or the department that we're working for (Group 2).

PURPOSE

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

THIS DIEP FORUM WAS HOSTED BY BELLINGEN COUNCIL IN PARTNERSHIP WITH THE UNIVERSITY OF SYDNEY.

Date: 26 June 2023

Location: Richmond Valley Council

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

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

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

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

INTRODUCTION

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

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

The research shows that people with disability:

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

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

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[1] Villeneuve, M. (2021). *Issues Paper: Clearing a path to full inclusion of people with disability in emergency management policy and practice in Australia*. Centre for Disability Research and Policy. The University of Sydney, NSW, 2006. http://www.daru.org.au/resource/clearing-a-path-to-full-inclusion-of-people-with-disability-in-emergency-management-policy-and-practice-in-australia. Multiple formats including: pdf, word, Easy Read, infographic, video animation.
[2] Fujii, K. (2015) The Great East Japan Earthquake and Persons with Disabilities Affected by the Earthquake – Why is the Mortality Rate so High? Interim report on JDF Support Activities and Proposals. Paper presented at the Report on the Great East Japan Earthquake and Support for People with Disabilities, Japan Disability Forum.
[3] Alexander, D. (2012). Models of social vulnerability to disasters. *RCCS Annual Review. A selection from the Portuguese journal Revista Crítica de Ciências Sociais*(4).
[4] Malpass, A., West, C., Quaill, J., & Barker, R. (2019). Experiences of individuals with disabilities sheltering during natural disasters: An integrative review. *Australian Journal of Emergency Management, The, 34*(2), 60-65.
[5] Twigg, J., Kett, M., Bottomley, H., Tan, L. T., & Nasreddin, H. (2011). Disability and public shelter in emergencies. *Environmental hazards, 10*(3-4), 248-261. doi:10.1080/17477891.2011.594492
[6] Phibbs, S., Good, G., Severinsen, C., Woodbury, E., & Williamson, K. (2015). Emergency preparedness and perceptions of vulnerability among disabled people following the Christchurch earthquakes: Applying lessons learnt to the Hyogo Framework for Action. *Australasian Journal of Disaster and Trauma Studies, 19*, 37

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

INTERNATIONAL POLICY

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

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

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

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

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

NATIONAL POLICY

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

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

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

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

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

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

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

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

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

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

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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:

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- 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.

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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

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[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

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support needs of people with disability in emergencies and building community willingness and capability to share responsibility for the organization and delivery of supports, so that nobody is left behind. Learn more: www.collaborating4inclusion.org

Developing Shared Responsibility for DIDRR at the local community level

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

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

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

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

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

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[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

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

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

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

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

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

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[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 centres[18]. New ways of working are needed to ensure duty of care for both the staff and the people they support. This will require clarity on the responsibilities and expectations of service providers and the people they support in emergencies. This should include both specialist disability supports and mainstream community services for people of all ages.

METHODOLOGY

Design

We adapted the **Structured Interview Matrix** (SIM) methodology[19] as an innovative approach to disability-inclusive community engagement with multiple stakeholders.
Inclusive community engagement is a crucial first step in redressing the exclusion of people with disability from emergency planning. It breaks down professional boundaries so that people can learn and work together to identify local community assets, tools, and resources that will impact whole-of-community resilience to disaster.

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[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

[19] O'Sullivan, T.L., Corneil, W., Kuziemsky, C.E., & Toal-Sullivan, D (2014). Use of the structured interview matrix to enhance community resilience through collaboration and inclusive engagement. Systems Research and Behavioural Science, DOI: 10.1002/sres.2250

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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.

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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.

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

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

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

Participants were introduced to the Person-Centred Emergency Preparedness (P-CEP) framework[20] including a brief case study to illustrate the importance of considering extra support needs of people with disability in terms of functional capabilities and support needs rather than by their impairments, deficits or diagnosis.

The P-CEP covers eight capability areas including communication, management of health, assistive technology, personal support, assistance animals, transportation, living situation, and social connectedness[21]. Introducing the P-CEP framework served the purpose of supporting shared learning among participants, grounded in a common language for identifying and discussing the capabilities of people with disability and any extra support needs they have in emergencies[22]. The remainder of the forum was facilitated according to the three SIM phases.

Each DIEP forum took place over approximately 5 hours including the morning orientation and nutrition breaks. The length of these consultations is important to ensure time invested in meeting new people and engaging in meaningful discussion with people from different backgrounds. This facilitates the development of new

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[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/

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community connections and the opportunity to renew or deepen existing relationships[23]. Opportunity for informal networking and engaging in extended discussion during nutrition breaks provides additional opportunities to develop connections between stakeholders.

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

Data Analysis

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

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

Analysis proceeded in the following way for each LGA.

- *All recordings were transcribed verbatim and imported into a qualitative analysis software program.*
- *Data was de-identified at time of transcription.*
- *Record forms and transcripts were read in full several times before identifying codes.*
- *Open coding was used to first organise and reduce the data by identifying key ideas coming from participants. This was conducted by two researchers independently followed by discussion of emergent findings with the research team to support reflexive thematic analysis.*
- *Reflexive thematic analysis[24] was used to group codes into categories. This process involves both expansion and collapsing of codes into categories; creation of new categories; identification of patterns in the data; observation of relationships and the development of emergent themes for each LGA.*

Our goal was to provide a rich, thematic description of the entire data set and report on findings for each LGA that reflects the

[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.

What they've found works really well, and this is with the Aboriginal community, but they said that they could see the same being true from people with a disability or other minority groups within our community is that really warm referral. So it's not just saying, "Oh, give this person a call." It's maybe going with them and saying, here's so-and-so. This is someone I trust and you can talk to them. So using that warm referrals and building trust is really important (Group 1).

DIEP Participants

STAKEHOLDER GROUP	NUMBER OF PARTICIPANTS
Person with Disability or Carer	2
Disability Service	2
Community Service	4
Health Service	1
Organisation or Advocate representing people with disability or carers	0
Government	6
Emergency Service	5
TOTAL	**20**

FINDINGS

What did we learn together?

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

Key Learnings in Richmond Valley

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1. Impact of disasters

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2. Preparedness activities

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3. Local community assets as emergency supports

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4. The importance of effective collaboration and communication

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DISCUSSION OF FINDINGS

Learning 1: Impact of disasters

Recent disasters that included fire, COVID-19 and flood have enabled organisations to review their preparedness and communication processes. Some participants felt that fires had a larger impact than the recent floods.

So first person I interviewed said they were with the Richmond Valley Council. They said the bush fires had a larger impact than the floods. Someone else also at The Red Cross also said the bush fires were more difficult than the floods. The council had plans, emergency plans, but the community were unaware and training was non-existent. Council staff came together, which was good, helpful and recovery plans were developed quickly in response to the bush fires (Group 1).

Communication via various means were discussed, however these methods were impacted by infrastructure issues that impeded their effectiveness. For example, communication regarding the location

of an evacuation centre, and road access in and out of affected areas were discussed by a number of participants. Identifying a suitable evacuation centre in the area also proved difficult which contributed to the communication difficulties.

When we evacuated during the fires, we didn't know where to go. We didn't know about any evacuation centres. So we actually went to the pub in Woodburn and we actually found out that the cops had been ringing around everywhere searching for us. So it took quite a while and we felt bad about wasting the resources and the time it would've been if we hadn't known and not been able to register… (Group 1)

Everyone mentioned communication or how bad it was. Not between each other, but lack of communication. Internet went down, phones went down, all that sort of communication. There was a lot of messaging out there during both floods, fires, but because we couldn't get it out there, it stopped (Group 2).

Communication failed. There was no situational awareness across the whole of the landscape. That was one of the biggest issues that they found because the emergency services people became the survivors, not the victims, but the survivors of all of it (Group 1).

It was really... During the bush fires, we had Casino High School. Because unfortunately, the ideal place would be the community centre. You've got ample parking. It's located close to town. But you don't have the showering facilities. There's only toilet facilities here. So during the bush fires, the identified location was Casino High School. Casino high school couldn't be utilised because there'd been a fire go through the kitchen the week before. So as the backup plan, we had to use the Rellehan Centre at SNP, which could only be utilised for two days because they had exams in place effective as of the Monday. Your next location was to use the RSL club… "Okay, we didn't factor in exams. We didn't factor in there was going to be a fire at the school. We didn't factor in..." And even now, if people want to go somewhere with their animals, it's such an impact to go to the Showground, because there's so much work's happening there. There's always something that's only going to come up when you have a disaster. And you go, "Ah, we didn't think of that." (Group 3)

The disasters impacted organizations, with flow-on effects of personal impacts on staff. These impacts are ongoing and this has led to fatigue.

And ambulance, again, a lot of the ambulance personnel, they were impacted and they were dealing with their own stuff… And the reality, 21 of their staff were impacted, and five of those homes were destroyed. So they tell the picture of how hard it is for these people, these emergency services people who were working round the clock and dealing with their own personal trauma (Group 1).

…they're worn out. I know a lot of the personnel have been in long fatigue. So they're very tired and the employees need their staff, but they have to go back to work because they're volunteers (Group 1).

…and we found that there are a number of themes that resonated across all of us. And they were that a lot of us, emergency personnel, but also organisational personnel, were either personally affected, they're still affected now, and even their homes, et cetera, are affected (large group plenary).

The ongoing impacts from the disasters have led to a large number of people needing recovery and mental health services, however this is a lack of personnel to fill vacant positions and provide these services. Furthermore, there have been significant impacts on physical infrastructure for a number of the services.

So they've found that there's been a huge influx of people needing access to services and the recovery support services. But what's really been lacking is qualified workers on the ground in a position to be able to help. So they've had trouble filling positions and then they'll make referrals to other services and then those other services don't have the people needed to support them (Group 1).

And a lot of the infrastructure has been destroyed, like Lismore and Modanville stations has been destroyed. So their infrastructure has been certainly impacted (Group 1).

So there were way too many jobs for the number of volunteers. It also impacted infrastructure of the different agencies so they lost... We've got some Coraki SES got totally gutted, Woodburn SES, all the trucks that were in there. And actually Coraki didn't, it was Woodburn and Broadwater were impacted (Group 1).

Learning 2: Preparedness activities

Given the recent experience of flooding, fire and COVID-19, one of the most discussed themes 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. It was noted that it was important to communicate it to neighbours or service providers.

I've found with people with disabilities, they have and they mentioned it, they have their plans set already. It's their problem of voicing what their

plans are so you don't, voicing what their plans are and other people knowing what their plans are. Because I've gone to jobs as a police and just they tell me, they give me a list of this is what I need to do with their phone numbers of people I need to contact. That's fantastic. If more people could be like that, we wouldn't have a lot of these dramas (Group 1).

Some of the findings I had, particularly people who had been through a disaster, appeared to be more prepared than others. And it was an amazing gentleman, actually, who had upgraded his mobile phone signal by having a booster, a generator with a solar, with a battery. And that came out of the person and his family who had insulin and that needed to be refrigerated. So they were isolated for long periods of time, that they would have that ability to do that without having to evacuate out. Because whilst they're not typically under threat, their evacuation routes become under threat so if they can stay in place, they've certainly planned around that. That was a good one, I thought. Generator was a very common one, medical kits, and it's the same. Some people, the majority of people did not have it written down and it was usually one person in the family that knew what the plan was (Group 2).

Another interesting one was somebody who had a child with special needs, an adult child with special needs. So they had a very formal plan, particularly in place for the companion animal as to where the animal could go that would be accommodating. Evacuation plans with the neighbours was a bit of a common theme, that it was important to check in with your neighbours. Priority phone lists, who to call step-by-step for help. As you mentioned, a grab box with water, batteries, coins, medication scripts, that kind of thing. Having that identified safe place to go. And like I said, there was a theme of, yeah, I thought about getting prepared but haven't quite taken the leap to do so (Group 2).

…plans are usually made after an event hazard and not prior. So they are reactive. Um, a lot of times, um, it's been shown that the more we prepare, the better the recovery. Um, another key point that we brought up is like when we think of planning, we think of the natural disasters that we've had. So we're planning for flood or bushfire when there's a holistic range of disasters that we can experience that we're not planning for. Uh, and because we're not planning on that type of event plan or planning for a loss of services (Large group plenary).

Despite preparation activities of individuals being discussed, it was noted that personal plans by emergency personnel had not been developed.

So majority of people that I spoke to were first responders. None of them, including myself, have a plan, but yet we're all invested in planning for the organisation or the department that we're working for (Group 2).

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What we found is that majority of people are, especially around first responders, they don't have a plan for themselves, but they're planning for everybody else but haven't had the time to plan and make their own plans for an emergency (Large group plenary).

It's one of the thing that I can preach it every day, but to come home and think about it after hours. No (Group 4).

From an organisational and council perspective, preparedness activities such as having an organisational disaster plan in place was not discussed, however working with community resilience teams, providing education about past disasters, and specific disaster preparedness initiatives were discussed.

That's what a lot of my work will be more and more focusing on, on community-led resilience teams with Red Cross and helping communities, like you said, put those foundations, that structure in place with the networks that already exist that are very strong. And the communities know communities best, way better than anything else, but just supporting them. But also, my colleague, I think, has been doing a bit of work with bringing them to the local emergency management committee. So now the SES, the RFS, Red Cross, and state-to-federal government are actually... The community members are sitting at the table. There is a formalised line of communication tree from your grassroots to the decision-making table so they can advocate properly for what's needed in the moment and in just day-to-day community-building stuff. And that can be used in recovery too. What do we need in recovery? And you can consult with community effectively because you've got these networks established (Group 2).

So this is what I've just put together, taking the facts from the flood guard with key heights and the consequences. And it's on a magnet. So you go to every home in CBD. And then I've got one from Northeast one and Southeast one, and then it's also got the Dawson Street gauge and the heights (Group 2).

The mapping that they deal with, you could have maps of Lismore, maps of Casino, and when it's a low level area, this is where the water's going to be. Because from history, we know where the water's going to be and you can overlay satellite photo and a satellite photo of all the floods we've had. And at exactly that level, exactly that time, it's exactly the same. So mapping like that is that's what we need (Group 2).

I think where communication is concerned, they can take away the stress of that. Start offering, "These are the emergency booklets offered by Council. These are your evacuation strategies for your community." Those booklets need to go out there. They've already got visuals, information. And ask, "Do you need someone to read this for you?" Take the stress out of the individual communication system, and put it in visual form (Group 3).

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Richmond Valley Council's little waterproof first aid kits… And these bags are water resistant and they actually tell you what you should put in them, including documentation. And then on the back is your emergency contact details. It's also got like your TTY for hearing impaired. They can call that instead of their triple zero, they can dial the 106 and then they can do their reporting that way as well (Group 4).

Despite these initiatives being put in place, the awareness of the needs of people with disability and the need for training was also discussed.

Everybody's trying to build more collaborative networks and support services, joining courses together. No one's done any disability-specific training (Group 2).

I think emergency planning and evacuation is built on, it's a system built on the able-bodied, you have capacity to understand. You are able to read, you have somebody that can transport you. You have two abled legs. And I think that's the reason it's built like that is because there's no data for change for that. Nobody understands the impact of other people. Obviously, it's the impact of people living with a disability. So it's no one's fault that that's the way the emergency preparedness is designed because there's no information out there for anybody to change that (Group 2).

Well, that's what I got generally out of SEC and Fire and Rescue. There is nothing, there is no specific training or policies or procedures, specific to people with disabilities (Group 3).

Well, I started with SES. That's the thing, the person I first spoke with. And he said they need training. This is what he's identified. They need training of how to work with someone with a disability. He said the majority of the time, if they go out to assist anyone with a disability, he said no one's been trained in how you speak to them appropriately. So he said they're treated the same as everyone else, and things are lost (Group 3).

But if they are needing things like dialysis and electricity, and we heard the story about the mattress and it needing power, it's all of that stuff that we as individuals need to be thinking about before it actually happens. "Have I got enough medications to get me through the next week until I can either get to a doctor or call the GP service line to get a script done? What does it look like and when does that actually come into play?" When are we going to do that to actually make sure that we're supporting ourselves and empowering those people, the people that have lived experience to make those solutions for themselves and identify what's important to them rather than us saying, "Well actually I think this is more important." It's not about that. It's about going, "What is it that you need to feel safe and how are we going to do that?" (Group 4)

…other things that we have found is that… not a lot of gap analysis or training around people living with a disability after the recovery (Large group plenary).

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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.

This was from an SES worker… The recovery ground people, they wanted to keep going, but they had to stand down to rest. And they talked about the recovery of their blowup boats and how relieved people were to be rescued. And then at the patrol centre afterwards, it was well organised and a lot of food was donated locally, but the army sort of helped there… So the ground group is SES and how people were so happy to have their roofs fixed and all of that sort of thing (Group 1).

And then we talked about how things like the community meals and the cup and chats that Red Cross do help bring people together and give them the opportunity to talk. They found that works really well. So then I spoke to someone from the Aboriginal Medical Service, so they're recovery support service officers (Group 1).

I think community is so valuable because we rely on our first responders to keep us safe in that moment. And then after that moment, there's this massive recovery and that's where our volunteers and community come in as well (Group 2).

And the CRT, which was the Community Resilience Team. Have a list of community and vulnerable members of knowing what and who's around and what they're capable of doing. Also, other services like Apex, rotary sporting groups, religious groups, your neighbours, Lifeline, Red Cross, and also different places around the tafe, the schools, the hospitals, chemists if they're accessible and they're open people who need medication and supplies and stuff like that. Also, another one that came up was the Hazards Near Me app on the phone so that if you've got a mobile phone, there's an app that tells you what hazards are ahead or coming. Also, another way for technology wise would be the Casino SES Facebook page, or the Northern Rivers SES Facebook page. And also another one, which I'm sure everyone would agree is the other emergency Facebook pages (Group 4).

Some of the CRT teams hopefully will come in and help with people with disability. So in Coraki, they're set up there, CRT. They have their team leader and they have street coordinators. I live in Adams Street, for example. If I know Mary two doors down is in a wheelchair, she doesn't have transport out, and they let us know that people should start moving. As a street coordinator, I would go down and see Mary and say, "Okay, Mary. They've given us this timeframe. What's your plan say? What's your

plan that you've got?" And it might be that, if possible, someone takes her to her son's house in Lismore or something. So that's what would then happen. And as part of the CRTs, when you fill the forms out, as a neighbour you put whether you are prepared to support one of your neighbours. So hopefully those that do have a disability will have this support within their own community to get them to somewhere safe in time. So that they're not taken to an evacuation centre, which is not suitable for them (Group 3).

Participants discussed the importance of having a point of contact or the personal touch when providing assistance.

What they've found works really well, and this is with the Aboriginal community, but they said that they could see the same being true from people with a disability or other minority groups within our community is that really warm referral. So it's not just saying, "Oh, give this person a call." It's maybe going with them and saying, here's so-and-so. This is someone I trust and you can talk to them. So using that warm referrals and building trust is really important (Group 1).

For people with special needs. Form filling. I know at the recovery centre so many people hate filling forms, not even people with disabilities. But form-filling can be so daunting for the people (Group 1).

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.

So what came across in all four of my interviews was the individual persons' community. So it might be the person that comes and takes them to do their groceries. It might be service providers or their support services. So it might be the carer that comes in and does their personal care. The other one that came in was a couple of times was the informal supports. So it might be the person that comes and mows your lawn or it might be the person that collects your mail for you (Group 4).

Yeah. I think the community and knowing who your neighbours are and those service groups, making sure you can activate all those if you need to (Group 4).

Social con connections are important. So who, you know, what you know and who you're connected in with in, um, your neighbours, you know who other people in the area, oh, this was a big thing that came across all of them (Large group plenary).

It was acknowledged, however, that some people chose to be isolated from society at large and did not have strong informal support networks.

…people wanting to check that others were okay, but not being from that community not being recognised. Not being trusted and not knowing whether they were trustworthy or not... We had one lady who was changed her name and had sort of left abusive situations, but her picture must have come up on something on the television and the ex-partner then knew where she was. She'd been away from him for many years (Group 4).

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 informed of the disaster event itself and enable collaboration before, during and after the disaster, however the communication had to be accessible.

So what worked well, all agencies worked together really well. And you're flexible and you're reliable and we back each other up around here. And what helped that to happen, the ongoing good working relationship and we are really happy to support each other. And that was a common theme across the three people I interviewed (Group 1).

So again, more from a recovery point of view, so what worked well is having it be community and individual led recovery, giving them a say in what their recovery looks like. Not making assumptions about what people need and asking people what their priorities and what their needs are. And they also emphasise that what they're there for is not to fix things for people, but to give them the tools and the resources to be able to help themselves, I guess. Yeah, they said education and network building was really important as well for building social connections (Group 1).

And a lot of the people that I work with on the daily, the Facebook, even the text messages, the council text messages, some people didn't have capacity to understand those… They didn't have capacity to understand the evacuation. They didn't have capacity to understand the direction of the evacuation and they don't have Facebook or, actually, it's somebody that can't read and stuff like that. So that was problematic. We had people in our organisation relaying the council text messages by phone to ensure that everybody was understanding the situation and how it was developing (Group 2).

It's also communicating. It's that communication it happens up at the LEMC level. But how does that then filter down to the recovery support service? Yeah, it needs to be a conduit (Group 4).

While some groups reported that collaboration worked well, this was not the case for all organisations or in all situations, and there is a need for

oversight and coordination to support better collaboration.

I was quite shocked as to how many people of those that I interviewed actually couldn't just come up with things at the tip of their tongue. It was quite obvious that the go-tos were all of the combat agencies and emergency services, which is always the way. But once we drilled down together, we identified specific community groups and agencies within those community groups like Red Cross and Legacies and Rotaries and all those sorts of things. But that we need a systems approach to that and it all needs to be linked in together. Something needs to coordinate (Group 4).

And one of the services that does the disability support. One of their staff here, the quality assurance staff member. Her role is to do emergency planning for that service, but all of the disability support services are all doing their own planning in silos rather than actually... (Group 4)

And that community resilience is certainly a theme that came through about setting up community resilience and just knowing the resources and the capacity of your community. For myself and my husband, we can actually assist with medical things and we've got some resources at home that we could assist with. But do the people up the road know that we could be their go-to if things went wrong? That's what we need to do is work on that sort of stuff. And that's what the crows are working on. But there's still a lot more out there that we can do as far as they go. But I think it's up a responsibility of all of us taking it home and going, "What can I do in my little area?" That's about all you can do is raise that awareness (Group 4).

One strategy raised by some participants to support collaboration between organisations to assist people during a disaster was a common database or register of vulnerable persons. The constraints of having such a register was also discussed; privacy in particular.

If we had one central place where everyone's details were kept, our biggest drama is having all these different databases of Joe Blow here and someone there. If we had one central place to say, that's you, that's where you live, electoral role, whatever it is, the way of doing it. Because already you get someone to register at one Evac Centre. Someone might think he's gone to another Evac centre, but you might've recorded him under one name. He might've gone somewhere else for lunch the next day. That's the problem we had at [inaudible 00:26:59], they'd go to the SCU, they'd register there, then they went to Gsac and registered there. So we got them registered two different places, but two different names spelled slightly different. So it took the cops, they did a fantastic job. Six days, 24 hours a day, just going through all the registers to make sure that we got every single person who didn't have missing people. But just to make sure the register's done properly… (Group 1).

One of the biggest issues, though, is that there's no oversight of vulnerable communities and communities whereby there are disabilities.

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Even if you may have a CAP team in place. Or a CRT, which are Community Resilient Teams or Community Action Teams. That information is kept very localised and that doesn't actually get fed up, so you don't have that. And look, it does come down to, I guess, privacy. Sharing of data. Really interesting, one thing that we always find is that various sections throughout the health remit. Obviously you've got funding by state, funding by Commonwealth, your PHN, Aged Care areas. There's limitations with regards to sharing of data and information. That's probably one of the biggest challenges, is platforms to enable the sharing of data, so then you've got an oversight of where those vulnerable areas are (Group 2)

Sharing of data. It's well and truly the concern is, it just sparks that ongoing trauma in people when they have to retell their story. But that's just an individual story on how you can help them at a personal level. Then from a professional level, still not being able to provide that support, because it's just these headwind of sharing of data and information. And then that fed into... You've got sub-plans in place that will address the process when you're dealing with vulnerable communities and those with a disability. But again, that's not widely spread under the EMPlan (Group 2).

So one agency may have data, but he can't share it with another agency because of privacy laws and everything. So we always run into trouble there, whereas someone may capture all the information about a person and their disability if they have one, um, the care and things like that, but they can't share it with any other agency. So my suggestion to that was to streamline the data instead of giving personal information to people on that data list. Um, streamline it to say we have someone in a wheelchair in that address. We have someone that, um, you know, a neurological issue that so that, you know, the information that's collated isn't so personal and, and you know, someone can expect that (Large group plenary).

KEY MESSAGES

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

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

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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.*
2. *People with disability have extra support needs in emergencies. Leveraging existing knowledge, skills and actions, and providing training regarding the needs of people with disability will hopefully enable the community and service providers to provide the extra supports that are needed.*
3. *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 were discussed as important for collaboration between services to keep abreast of the disaster, but also to collaborate during recovery.*

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