

DISABILITY INCLUSIVE EMERGENCY PLANNING (DIEP)FORUM

TWEED HEADS DIEP FORUM



Citation:

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THE UNIVERSITY OF
SYDNEY

TABLE OF CONTENTS

PURPOSE	4
INTRODUCTION	5
International Policy.....	6
National Policy	6
Interdependence of people with disability and the services that support them	8
Disability Inclusive Disaster Risk Reduction (DIDRR)	10
Developing Shared Responsibility for DIDRR at the local community level	11
METHODOLOGY	13
Design.....	13
Data Collection	14
Facilitation Process.....	16
Data Analysis	18
DIEP Participants	20
FINDINGS	20
Key Learnings in Tweed Heads	20
Discussion of findings.....	21
Learning 1: Preparedness activities	21
Learning 2: Community connectedness and communication ...	23
Learning 3: Support needs	24
Key Messages	26



It really came down to informal support, the word of mouth through the people... We can't really count on the bigger organisations and that, really, in times of need. We really need to be able to know how to support each other on the ground level (Group 4).

PURPOSE

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

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

Date: 28 June 2023

Location: Twin Towers Services Club

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
<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 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., 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., 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., Kuziemy, C.E., & Toal-Sullivan, D (2014). Use of the Structured Interview Matrix to enhance community resilience through collaboration and inclusive engagement. *Systems Research and Behavioural Science*, 32, 616-628. <https://doi/10.1002/sres.2250>

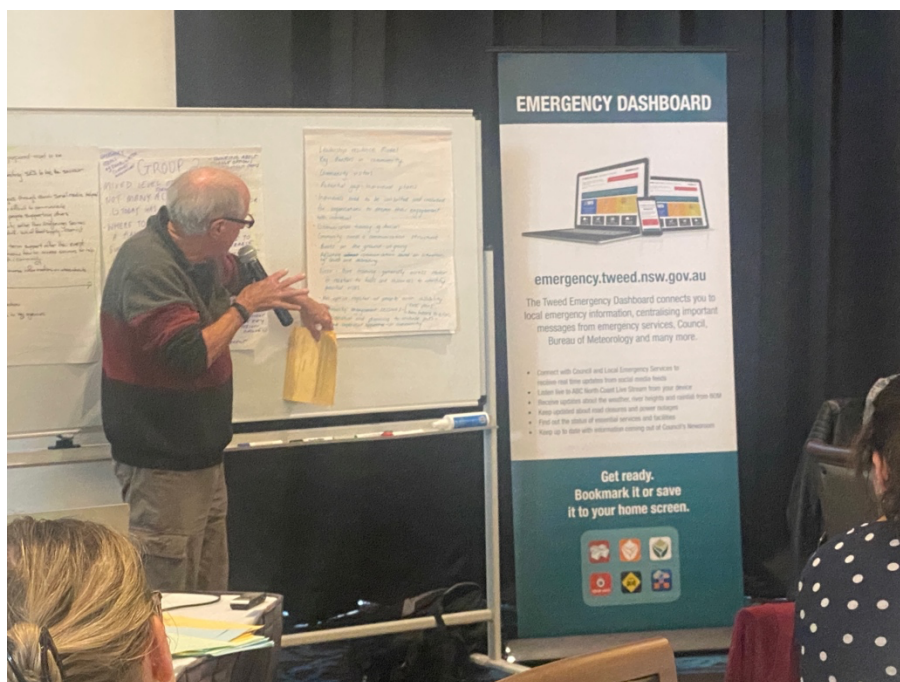
²⁴ Braun, V. & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), <https://doi.org/10.1080/2159676X.2019.1628806>

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.



And in honesty, it wasn't just council who was unprepared... Even as families at home, we were unprepared, because we didn't think that rain front was coming that way. We thought it was going to empty out. And so, we weren't prepared. We didn't have extra food. We didn't have... Yeah. So, everyone was unprepared, because we never thought it would be that bad (Group 1).

DIEP Participants

STAKEHOLDER GROUP	NUMBER OF PARTICIPANTS
Person with Disability or Carer	7
Community, Health, Disability Service Provider	15
Government, Health & Emergency Services	12
TOTAL	34

FINDINGS

What did we learn together?

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

Key Learnings in Tweed Heads

- 1** Preparedness activities
- 2** Community Connectedness and communication
- 3** Support needs

DISCUSSION OF FINDINGS

Learning 1: Preparedness activities

The most discussed theme related to disaster preparedness. Despite recent disasters of fire, flooding and COVID-19, preparedness was on continuum of not being prepared, to some level of preparedness or planning that had been considered and documented. Some had not formalized their preparations but had thought through what they would do. Generally, there seemed to be a lack of preparedness.

You know that spectrum we had from one to five, I reckon it'd range one, two, and three. There weren't [sic] anybody in the four and five area... It seems that it's not a high priority on people's to-do list (Group 2).

The mixed level of preparedness. Um, formally it ranged from people who had taken steps to think about thinking about it to the other end of the, that continuum for people having actual formal written plans (Large group plenary).

I had a chat with four different people, and the common theme was, they'd thought preparing for emergencies. In some cases they'd done a little bit, but not very much. A lot of it was, "Yeah, I've thought about it. It's in my head." But when they were pressed for, "Have you actually written it down?" Nobody had written anything down. It was always floating around in their head (Group 2).

And in honesty, it wasn't just council who was unprepared... Even as families at home, we were unprepared, because we didn't think that rain front was coming that way. We thought it was going to empty out. And so, we weren't prepared. We didn't have extra food. We didn't have... Yeah. So, everyone was unprepared, because we never thought it would be that bad (Group 1).

I think it's probably important to note that not a lot of people that were interviewed had their own personal plans. And it's interesting that among service providers and professionals, people default to "Oh, my organisation. My organisation" (Group 2).

Nobody had a formal plan teasing out what might it look like, for some reason. But in answer to, "What steps have you taken to prepare for emergencies?" Nobody really putting anything forward. Those that had, had things in place... Some of the things were, they had an emergency evacuation kit. They did two-monthly evacuation training. And they practised evacuation procedures. That's all services or service providers (Group 2).

There was an expectation that emergency services would be able to

provide sufficient support during the emergency.

...I was talking to a lot of people, especially emergency services, is that no one was proactive during the floods, or there was very few people that were proactive, and just kind of expected that the SES or whatever can be everywhere, and that we have 1,000 SESes who will all come and help us. And it was a very quick reality that, "Oh, they're all volunteers, and there's not many resources, and I'm stuck." And I think that was a really big challenge for a lot of people is getting that "no," and that, "Oh, actually, no one's coming to help me." Because they couldn't. And so, it is that lack of preparedness on the Tweed, which is really big issue (Group 1).

Specific preparedness activities by individuals and organisations were not identified, with discussion about planning remaining at a general level with reference made to a lack of knowledge and skills to guide with preparedness.

No formal plan, because my house is a metre up... As as a professional worker in the area, I haven't taken the time to do one. Which I now probably will, in this space. The other observation I found, too, where most people hadn't done one for themselves, is everyone agreed that that Capacity Wheel is going to be very useful for not only participants, but for doing it ourselves. Because in the NDIS space where we're working, we're required post-November to start doing emergency planning now. Without any expertise, resources, and skill in doing that, workers would struggle with that. I would struggle with that. If you start off asking somebody, "What would you do in the case of flood? What would happen? Or do you have any plans in case of a natural disaster?" We didn't have really have the tools to assist people to tease the different areas of their lives where that would actually impact (Group 2).

He was saying that their organisation does risk assessments for continuity of support and they try to identify and mitigate risk before any emergencies. They also use their extended supports and networking to put plans in place before, and also have risk mitigation built into all of their programme areas (Group 3).

The planning needs to... You might do enough planning in your organisation, but that planning then has to go up the level to local government. And then go into the LEMC, that's the Local Emergency Management Committee. So the agencies know how to deal... What their population is with disabilities, and how they can assist in that area. When they're needed... There might be a pocket there, might be something isolated in a certain area that happens. "Okay, we've got 40 people in that area that are going to need extra assistance. What do we need for that? (Group 4).

Learning 2: Community connectedness and communication

Community connectedness for support in managing during a disaster was a prominent theme, particularly informal connections that include family, friends and neighbours, and that it is these relationships that enable an exchange of information and resources during disaster events.

...one of the major issues was the informal supports and getting people to rely on and use their informal supports to be prepared for emergencies. The lack of infrastructure and the lack of food supply and wifi was also one of the key issues. And we also examined, and again, as part of mitigating the impact of disasters, our reliance on social media (Large group plenary).

It really came down to informal support, the word of mouth through the people... We can't really count on the bigger organisations and that, really, in times of need. We really need to be able to know how to support each other on the ground level (Group 4).

That was a pretty common thing with about everyone that we got a chance to talk to. It was like, yeah, instead of the big three or the main disaster response people, a lot of it was just community-based care (Group 4).

Communication via social media proved to one of the most frequently forms of communication and provision of information. Using social media to pass on information and provide knowledge was acknowledged as an important community asset that helped during disaster.

Knowledge was everything. If you were in a place of any sort of power with communication, if you had the knowledge, then you could make everybody else around you calm as well, which was great (Group 4).

But they did say that through it, it was social media that pulled people together, and just gave so much valuable information when you needed it. So, that's been all that whole communicating with social media (Group 1).

I didn't realise my local suburb was being evacuated until I looked on social media. And when I saw it on social media, I was like, [inaudible 00:13:01]. Put my phone down and went to my family. "We are going to help. Let's go." But if I hadn't have looked on social media, if I'd waited until the 5:00 news, I wouldn't have got it, because there wasn't any news coming through on our TV. So, would've missed that. So, it was actually social media. When I had wifi it was great (Group 1).

The Facebook page was a really big one. It had a lot of community ones. It went round with, "Who needs assistance?" Who needed food, who had

no water, who needed transport out, if they could get transport out (Group 4).

It was community group media, with a local community. People from Council were opening up pages where they were connecting to people they knew, and it became a source of... You're not bringing SES every five minutes, or the ambos. You're reading and you're keeping people around you well-informed of what you've learned (Group 4).

And then afterwards, debriefing. What did they do that worked? Could they do better? They had a lot more information by then as well and so over the time, things have just evolved and changed how they handle different things. But it all came down to communication was really the basic thing of it all (Group 3).

Learning 3: Support needs

There were a number of areas discussed where greater support was required, including training in disaster risk awareness and preparedness, community based plans for evacuation, and a mechanism for communication to filter down to individuals who are unable to access social media.

...the need for more training generally across the sector in relations to, in relation to how we identify potential risks. You know, we, some of us, we all work in certain specific areas. Um, but can we, can we all share a little more of that knowledge so that we understand risks that we may not be aware of but are important to that community... sessions to talk about specific needs and evacuation plan. Um, how to evacuate, where to evacuate, most importantly, when to evacuate. Um, consideration and planning to also include pets (Large group plenary).

And what they needed was more training across the sector more broadly and training in relation to specific tools that can be used in emergency response planning, and resources to help workers identify potential risks (Group 3).

...the communities really need to have maps... word of mouth. Uh, so the informal support is one the main thing that really came through for um, what the disability or communities working on. Um, so uh, just being able to know that we've got people out there on community doing welfare checks (Large group plenary).

...community needs a communication structure. Um, we can't all communicate individually with every individual. Um, we can to a certain extent through public media and social media, but at the end of the day, the communities are the best way to really deepen engagement by having

a structure where a message that we might put out is then cascaded into that community (Large group plenary).

And the isolated community didn't know how to access services for support or help. And they're relying on word of mouth within the community (Group 1).

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

...suggestions for emergency services to perhaps have a, um, a disability or a vulnerable person's register, communication that works for residents. Some support services have a, a backup database with key contact information that was discussed a little around how dependent we are on our mobile phones, the contact list now, and what happens if they go down, um, considering exit strategies at the home (Large group plenary).

...an option to reg to compile a registry of people who have a disability. Um, now, um, recognising of course that some people are uncomfortable with being identified as with a quote disability. But there are means that we can work to make them feel comfortable with that (Large group plenary).

I think that's part of the thing that's come through in [inaudible 00:23:33] is actually finding out where people with disabilities are, and how do we support them... So, we don't know who the vulnerable residents are in the community, so we have got no way of getting that information. So, whether there is, with permission, that there is a central registration process, and whether in the emergency operations centre there is someone from disability services sits in that centre there with all the other agencies so they have access to that... Whether there's some critical mapping that could be done with maybe a V for vulnerable on... We have mapping systems and all the rest of it... But certainly, I couldn't tell you in our area, people that are on a dialysis that may need that additional assistance (Group 1).

Also, it was brought up that maybe a register for the Tweed Shire Council to have a name and the disability of every person. Although confidentiality would be really rampant in that. Just to go, "Well, these are the people we need to check off in wheelchairs. This is the people we need to check off with intellectual disability" (Group 4).

A number of people did raise the difficulties with such a register, citing confidentiality in particular.

And there's always been talks about people identifying who has a disability and whatever, but I can tell you the clients with disabilities with their privacy and confidentiality and their shame and their embarrassment and the discrimination with mental health, they won't tell their neighbours. They'll tell their friends, but this is where maybe part of these

individual plans will leave out a key relative or something because they really... One person ought to do it. One community councilwoman had a big register of people who were disabled, so that's another consideration (Group 3).

There's also the people with disabilities that don't access community services... but he says he's not disabled. He works full time, so if he's not going to be on any register of somebody with a disability but if something happened, I might need help (Group 3).

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. *As the impact of disaster affects everyone in this community, preparedness from an individual level through to organization includes specific actions to support self-sufficiency or knowing where to seek assistance, 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. Community connectedness supports individuals and organisations to manage during a disaster with neighbours and personal connections seen as most important. Communications via social media, internet and radio were discussed as important to keep abreast of the disaster.*
3. *Leveraging existing knowledge, skills and actions is needed to support tailored emergency preparedness, however extra training is required to enhance disaster risk awareness and knowledge of specific preparedness actions that can be taken.*



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