

Disability inclusive emergency planning (DIEP) forum summary of learnings:

Mundaring DIEP (11 September 2023)



Image: two people at a table discussing the interview questions as part of the DIEP forum.

DIEP enables local community-led conversations about disability inclusive emergency planning.



THE UNIVERSITY OF
SYDNEY

Purpose

This report summarises what was discussed at the Disability Inclusive Emergency Planning (DIEP) forum, organised into key learnings (themes). Local Government partners are invited to share this report with their invited participants, and to use the key learnings to support disability inclusive emergency planning at the local community level.

The focus of the DIEP forum was on learning together about factors that impact the safety and well-being of people with disability in emergencies. Participants are invited to share their perspectives on:

- Barriers and enablers to the inclusion of people with disability before, during, and after disasters.
- Ways that local communities can work together to ensure people with disability are aware, safe, and prepared for emergencies.
- Actions that local communities can take to make sure people and their support needs are at the centre of emergency management planning.

Participants

As a DIEP 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.
- 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 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 groups and unexpected events that impact attendance of individuals (such as illness) or an entire sector (such as community-level emergencies).

There were 33 participants at this DIEP Forum, broken down as follows:

People with lived experience of disability	6
Informal Carers	2
Government	5
Emergency Services	5
Community, Disability, Health Services	15
Total	33

Method

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

The SIM methodology was adapted to facilitate inclusive community engagement and promote the development of knowledge and connections between different stakeholders at this DIEP forum. SIM employs a three-phase approach to facilitate shared learning among diverse stakeholders as follows:

The first phase involves a series of one-on-one interviews conducted by the participants themselves. An interview guide, prepared by the facilitator, 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.

Learn more about the method here: <https://vimeo.com/804183928>

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.

Learn more about the questions used in this DIEP forum here: <https://vimeo.com/804189786>



Image: Two people sitting opposite each other having an emergency planning conversation.

What did we learn together?

Key learnings are summarised below with quotes from DIEP participants. They are organised as follows: (a) social connections; (b) planning and preparedness actions; (c) preparedness support; (d) communication and information sharing; (e) evacuation challenges (f) recovery support needs; (g) COVID impact on organisational preparedness.

1. Social connections are important to the community.

Social connections and networks are an important issue identified in the Mundaring DIEP.

“She said a level of connectedness equals the level of resilience. So if you are connected, you're going to become more resilient because you've got more people to go to. But if you're not connected within your community, you've got less resilience if something happens because then you're going to be relying on DFES to get you out.” (Mundaring_G4)

“But they also spoke about community connection and particularly within their cul-de-sacs and streets sector where everyone joins together and connects and that makes the whole experience more managed, more of a positive experience than what they've had.” (Mundaring_G1)

Strong connections enable local knowledge about the community. The value of local knowledge is seen in the quotes below:

“All three of the DFES employees are community engagement and community preparedness. So they know their local community. So, they said... They all talked about local knowledge, shops, pharmacies, clubs, hobbies, we talked about churches, we talked about different... And then schools with different philosophies of education as well.” (Mundaring_G4)

“They also networked with numerous other agencies. They actually had an Aboriginal liaison officer available to them. So this was really important because the community didn't know the DFES workers so it was really important to build the trust and understanding. And she said they needed to engage in smoking ceremonies, demonstrating that real willingness to understand the key concerns and work with the community to fix them.” (Mundaring_G1)

“She also talked about, because she was working up in the Kimberley, building the trust with a culturally diverse community. You can't just breeze in, talk for half an hour and have built that level of trust. It's more over time and if you get the same people going that's better for the culturally diverse communities. And also, going back to being really person centred rather than organisational centred. People don't mean to be organisational centred, but they are. This is what we are doing to you rather than this is how this is going to impact on you and this is where you start to do something for yourself, that sort of thing. And she said that they also had to learn to change their business hours during emergencies from day shifts to day shifts and night shifts and sometimes longer than 12-hour shifts and that sort of thing. So that took a bit of business thinking, different structures to work under.” (Mundaring_G1)

“We get a lot of call-outs of that. I sit on the phone lines sometimes. We get a lot of calls like that and the units are usually pretty good at knowing who in their community... And same with the local brigades. If people or their carers talk to the brigades in advance, they can make plans for that when fires do happen. A lot of them are quite open and receptive to that. I know the Woorloo bushfire brigade and a couple of different ones who want people to say, "I'm a household with high risk." Or whatever it is. It doesn't necessarily mean that they're going to

come and physically rescue you, but it just means that they've got an understanding, perhaps they can pre-emptively help put measures in place, have a discussion around planning with you. "(Mundaring_G4)

"The local SES units are actually pretty good at knowing who's going to call when the power goes out. They usually get the same callers. We get a lot of people call from, who have oxygen tanks and things that are dependent on electricity, that will call and they then know that they're going to have to go out at some point to help either grab somebody's spare tank and bring it to them because they can't see in the dark or whatever it may be." (Mundaring_G4)

"The next key theme was partnerships. So our community connections and networks at the local level and outwards. Knowing what resources or where, who's available, who specialises in what, and obviously being specific to demographics, language barriers, all those sorts of things." (Mundaring_LG)

People with disability play an active role in the fabric of these connections and networks.

"... the first person I spoke to kind of highlighted the need for, so they were a person with a lived experience of disability, and also had different hats, on different sort of boards and committees and things. They sort of said that the importance of being connected to your community, so that you can then share that information onto the right people. So I guess it's about having the right community leaders having access to this information." (Mundaring_G3)

"... from my perspective of being in this industry and working as a person with a disability, offering my services to them, to help them to look at their... How things work, how their processes and plans work, and then help guide through that. So using my collective knowledge of my board and my people in my organisation, to bring them alongside. We create partnerships and we create... If there's opportunities for people with disabilities to get # employed, things like that." (Mundaring_G4)

The Mundaring DIEP identified that these networks of people have different capabilities with regard to disability inclusive disaster risk reduction. Cross-sector collaboration can play an important role here.

"So, a couple of them were from the shire, who meet with community members, but then they help people get prepared. But they had no training or knowledge of what to say regarding disabilities or anything like that, and they felt that it was a really big gap. And they were actually really excited to be here today to try and learn some stuff, but clearly, they're not going to get all the answers today, specifically. So they felt they actually had no resources or tools, that they're just expected to have conversations. So they have good people management skills, so that's how they got into the roles in the first place." (Mundaring_G3)

This is a person from the United Church, and they deal with lots of different people, say, who are in community housing or out-of-home care or that sort of thing. They're typically on the NDIS. They get agencies to come in. So it's a third party, if you like, to help them. And the agency staff, there's a huge turnover. They're not trained in preparedness, so they can say all they like, but unless the agency staff know, then they're not able to pass on or support to the clients. [Speaker 1:] So is that the opposite? They're aware of how to talk to people with disabilities, but they don't have the preparedness stuff? (Mundaring_G3)

“I think some people felt that they were more knowledgeable on the preparedness side of things, but they didn't have that level of knowledge around disability and inclusion. And then other people felt like they had more knowledge around disability access and inclusion, but they didn't have that preparedness emergency knowledge as well.” (Mundaring_LG)

There was an acknowledgement that not everyone in the community is connected and/or in receipt of supports and service. This can be seen as a barrier.

“Knowing your neighbours is really important even if it's just talking to your neighbours either side for support in the case of an emergency. Many people do not do that. Isolation due. She was talking about a particular person saying that she was choosing to be isolated, choosing not to interact with her community, and trying to find ways and solutions on how you make sure that that person is safe.” (Mundaring_G3)

“I think from the community members that I spoke with, it was alarming on how every single one of them had no other knowledge around local community groups. It was the bare necessity. Everyone knows about triple zero, everyone knows about fires, police, that we know those. They were the like, "Oh yeah, I'm aware of that." But someone who's a carer, who actually has a child with a disability that's dependent on them, is isolated due to the property. So neighbours, so sometimes a drive... So they're often alone.” (Mundaring_G4)

“Another thing that came up was, a really big barrier to making your home more accessible or resilient to disasters or threats was funding. Two of the people I spoke to weren't NDIS recipients, therefore they couldn't get funding, and their main funding avenues were through hospitals who...I spoke to one gentleman who had a ramp at his back door but stepped out his front door. I said, "Well, what's the main barrier stopping you putting a ramp at the front door? Because now you only have one accessible exit. He said, "The hospital didn't consider it a need, because he's already got one ramp." (Mundaring_G2)

2. Having a plan and preparedness actions.

People are at different stages of having a plan. Some are very prepared and take actions accordingly.

“Out of the other three, two had a written plan, very much in detail, and knew exactly what to do. One was a volunteer. They could stay and defend, they were a firefighter, but they still would leave. Which is a great thing for us to know, because we want less people to stay and defend.” (Mundaring_G2)

“I've been mapping local entrapment points. And there are road names I'm writing down that were like, "If we ever get tasked here, I'm not going down that road." (Mundaring_G2)

“Personally, my husband and I live on six acres. We have a plan we organised after the last fire. We organised a BRAG group, which is a Bushfire Ready Action Group, with help of the local fire brigade. They gave us some help in how to set it up. We have a list of everybody in the area, their PACs, their kids, access to machinery they've got, where their water sprinklers on their roof turn on and off, all this sort of thing. We also have an arena. People next door have an arena, a horse arena. We've arranged for them to use it as a mustering point for any children that are in the area, whilst their parents are not there. Because then the parents know where to go for them. Okay, now you hope that they have enough sense as teenagers to not muck around and go.” (Mundaring_G2)

“But I did speak to somebody who lives with disability, and it was just really interesting to hear they have a plan, and they work as a team. She only has 9% vision. Her husband has no vision, and so he's very good at listening. So he does the listening, she does the looking. They understand each other's strengths and work to them. But I said, "What happens if you're not together?" And she said, "Well, we're both on our own, and we just do the best we can." (Mundaring_G2)

Other people have thought about preparedness steps only.

“And the fourth one had a plan in their head, but not written down. So when I started probing, just saying, "What if you're not home? And what if your son is not home, and your husband is not home? Do you have something in the car? Are you going to go back all the way?" "Oh, yeah, good point. We never thought of it."(Mundaring_G2)

“It [DIEP forum] made me think about my own personal plan for either personal issue in my home and then broadening that out to the community as well. So I think I'll go home and make a plan.” (Mundaring_LG)

“I spoke to DFES, I spoke to WACOSS, I spoke to Mission Australia, and then I spoke to an individual with a disability. And I'm a carer myself, so that's given me the whole picture. What I learned was that although my husband and I have a plan in our heads, that we've discussed the bushfire plan, for instance, we haven't actually put in an item. We haven't got up anywhere to remind us.” (Mundaring_G3)

Experience of disaster influences people's preparedness actions.

“And the next one was an older lady who is not from the local area but she has care of her disabled child. And she talked about previous experience of living in the Blue Mountains where there were bush fires, et cetera. And so she had a plan, she had a package for taking all your important documents, et cetera, or copies thereof. So taking that context to our local one then her planning was there. She talked about preparation.” (Mundaring_G1)

“So her experience with disasters is mainly with cyclones. And with cyclones it's the timing of them and not if they're going to happen, but when as they do up there. As was discussed before that she felt as though that the disasters relating to cyclones because they're used to them up there that it became normalised. So people only started to prepare when the cyclones were virtually upon them and very little individual pre-planning.” (Mundaring_G1)

Making plans involves knowing about local risks.

“Their plan is to leave. "Yep, that's great. But how are you planning to leave? You're on the top of a ridgeline. Fire doubles in speed for every 10 degrees of slope. So you see a fire at the bottom, and by the time that you've packed the car, it's at the top of the hill. You don't have time to leave." Those different factors of not understanding the topography, the fuel load, the weather, and all those different conditions. It means that you don't have the tools to prepare properly, because the information is old or delayed.” (Mundaring_G2)

“So many people... Like in the hills, we got the direct impact as the fire impacted property. But the indirect impact of smoke. "Oh, I need to turn my air conditioner off. I'm filling my house with smoke." "I've got health issues, lung issues." "All right, now I'm needing support

from a different organisation to the hazard." Or embers getting into air conditioners and going up." (Mundaring_G2)

Organisations must also make emergency preparedness plans and take actions.

"Likewise, with our participants, we have the same situation where we do run regular drills. We do have emergency plans for each participant we have." (Mundaring_G4)

"One spoke about at the organisation level and how they have plans for their vulnerable at-risk clients, and how they've got a register where they assess which are the highest-needs clients. Then they have plans and folders for them, with their medication need, primary needs, guardian details. So that if something happens, they can grab that and go." (Mundaring_G2)

3. Preparedness support

There are existing supports and resources available in the community that are established.

"So we don't just have a generic My Bushfire Plan. We have one for people with disabilities as well. It's called Be Safe and Leave Early plan, because we encourage people with additional needs to leave early because they need that extra time to get organised. So yeah, be safe and leave early plan." (Mundaring_G3)

"Darlington has the maximum Bushfire Ready Groups and maximum Bushfire Ready Facilitators. 85 of them. How amazing is that?" (Mundaring_G2)

"So they have bushfire ready groups, which is education in the community. So they actually have those conversations one way or another." (Mundaring_G1)

"Yeah, bushfire ready is a great way to help deliver that and support that, where it's applicable. Because as [Name] said, lots of people don't have good connections or support, but it's a good place to start. I know one of my neighbours, the husband is in a wheelchair, so in terms of our street plan, it's all about making sure that if they need help... If there's enough time, because there's a lot of ifs in there, but they're all things that you can put in place. And I think we're all kind of guilty of talking about fire around the table. Because there's lots of other types of emergencies we might want to think about. Because these sorts of people need help with heatwave. We've all been through COVID, and people and people with disabilities have had, some get help from neighbours and support for shopping and all those sorts of things when we had those issues." (Mundaring_G3)

"Red Cross run, I don't work for them anymore, but they run carers workshops, and I know DFES are getting into that as well. So it should be an outcome of this, so that sort of thing happens on a regular basis. Because there's turnover, et cetera, but if they get them all into a room, then you can find out what's at that centre. My clients have these needs, my clients have... they'll go through all the basics of prep, but then maybe talk specifics." (Mundaring_G3)

"Then [Name] from the Red Cross. So they focus on the psychosocial side of things. So are you mentally prepared? It's just a different perspective I suppose in preparedness, which was really cool." (Mundaring_G1)

“And also apparently the health department does an early warnings phone call system for when we have air pollution emergencies and things for people on oxygen tanks and stuff like that. So that was from [Name] from Rocky Bay that talked about that, and she was just talking as well about how school counsellors or support groups often will provide that psychosocial element of support in emergencies and also families. And I think that's an important element that we forget. I mean we're all about psychosocial preparedness, so preparing mentally as well.” (Mundaring_G4)

“Parky Care, they're located in Parkerville, but they also extend out into other regions of the hills. They're not specifically for disabilities, but they have supported a variety of different people with high needs. So individual high needs, whether that's just because we had a lot of older residents exposed to a real bushfire who couldn't maintain their property and were quite concerned. So they actually went out and did some work for them and some of them had disabilities, some of them was just age related... I guess you can't would call them disabilities. So yeah, they were really great support. That's local to this area.” (Mundaring_G4)

“So it was everything like mainstream supports, local government supports, the Department of Fire and Emergency Services. They were the real generic support, but the general consensus is that people are self-reliant, self-resourceful. They either have their community of friends and family, but other than that, every single person said that they're self-reliant, self-resourceful and unaware of extra supports, external supports outside of mainstream.” (Mundaring_G4)

There are existing supports available in the community that are bring piloted.

“We've already always had these things called area of community engagement focus, which was basically a programme where there was a bushfire, an area that was at high-risk, and we had a community preparedness advisor tasked to that area to work with that community to develop this programme. It didn't really work very well, because, one, we've only got four community preparedness advisors across the state anyway, and they're only in the south, so it was relying on them. So we're trying to do basic community development. It's not brain science, it's just the basics of how you would go into a community and work with them, get a working group of all the important leaders in that area first. Kind of what we're doing here today, but on a wider scale with the whole community, and upskill them enough so that they can implement their own resilience programme and keep it running themselves. Because we don't have the resources to be everywhere, but the idea is we're upskilling those communities to be able to foster their own resilience and do it themselves. So you would know about Fred down the street that's in a wheelchair, and he's got no other support mechanism, so we look after him first in an emergency, whatever it is.” (Mundaring_G3)

Individuals /family carers undertake preparedness steps according to their support needs. Everyone has unique needs.

“The next person I spoke to was [Name]. She's a person living with disability in a group home with three other female residents. The support for [Name] are actually in preparedness but also the neighbours and the broader community to ensure that they get the information they need in a clear concise manner to enable and make informed decision to keep them as safe as they possibly can. She spoke about having all of those primary contacts programmed into her phone so as during the time of emergency she can basically grab her phone and call for help. And past experience, her parents have rocked up to get her to a safe place along with the other residents in the home. “ (Mundaring_G1)

“My mate over there, [Name] is another amputee. He lives up here in the hills. He's got horses just down the road. His experience with fire is going to be a lot of different than mine. So it's not about one person, it's about the whole collective, which is I found, very interesting.
(Mundaring_G4)

“And she said that parents can be very overwhelmed by the person they're supporting with a disability and the logistics of supporting that person with a disability versus how they support the other siblings that don't have a disability. And having to try and have this internal battle in how do we support our kids equally or fully and that's hard enough. And then throw an unpredictable emergency event on top of that, they have to do more thinking and more sleepless nights over how best we can support our family.” (Mundaring_G1)

4. Communication and information gathering, sharing

People require individual support around information gathering and communication.

“I don't do social media. I've got two older children who do social media. So they're our social media. If there's something they see, something that they think we need, then they'll let us know, they'll see some inquiry, let us know about it so we can investigate it, talk to them about it.” (Mundaring_G3)

The dissemination of information to the community enables people to make informed decisions and choices.

“I actually have lived in the City of Wanneroo for 20 years and I've never heard of one of these bushfire ready groups. I am going to follow that with the disability access reference group because I don't even know if they're there. I would assume that they're there, but they're not very well promoted. So I think a lot of it comes down to education promotion.”
(Mundaring_G4)

An example of cross sector communication and collaboration is seen in the quote below.

“So the first person I spoke to, we talked about Wooroloo fires and he works for Shire of Mundaring and he said what has worked well and what has happened since then is that they have through WALGA, their local government, they've set up three evacuation centres within the Shire of Mundaring, and they've communicated those locations to the community. So depending on where the fire is or which direction it's coming from, the community knows already they can put that in their plan and they can say, if it's coming from the east, we go here, if it's coming from here, we go here. So then they can also plan out their evacuation routes and stuff like that. So I thought that was a really great outcome.” (Mundaring_G1)

Communication from a trusted source is important.

“I spent a lot of time working with the deaf and hard of hearing community, and I still sit on some subcommittees in that space, and I think there's various people that will be trusted community members. So if they share that information, people know it to be true. And we're now in the day and age of conspiracies, and what can we believe and what can't we believe, and stuff like that. So I guess honing in on those people and using them as a resource to share that information back to the vulnerable communities.” (Mundaring_G3)

Meaningful information needs to be communicated in an accessible way.

“You see the information, there is way too much out there, and nothing at the same time. You don't really know where to go. And again, providers also probably, when I talk about provider, people providing disability services.”(Mundaring_G3)

“And I suppose we spoke about having the right information in a very simple, really, really refined sort of simple, because I think the tendency to just swamp people with information and do all the thinking for them is definitely there and that sort of takes away from the fact that one word can trigger a whole pile of thought in someone's own head. So you don't necessarily need to do that and they won't necessarily engage with all the information. So he spoke about asking simple questions and providing very practical functional answers, which was cool.” (Mundaring_G1)

“So I first spoke to [name] and [name] came up with something really interesting. [Name], she's a qualified Auslan interpreter and she doesn't work as an interpreter, but she's talked about alerts for the deaf and the hard hearing. And in particular, using technology that we use FaceTime and stuff like that. So for people with Auslan who use Auslan as their first language can see the emergency because obviously they can't hear them and they're not going to hear sirens, they're not going to hear radio broadcasts, stuff like that. So technology in that space plays a really big part. (Mundaring_G4)

“People like myself, we have the option of hybrid meetings. We can go to a meeting in person or we could do it via Zoom. And doing a Zoom meeting I can get the captions, I can get Auslan interpreting, I can get live captions, which is more accurate, and I can get information sent to me in PowerPoints and before the meetings, that sort of thing.” (Mundaring_G1)

“She talked about having to provide information in a range of accessible formats and going back to language that's understandable and consistent, which is what you guys were talking about.” (Mundaring_G1)

“There was positives and negatives around state government information. So you also mentioned information and how it's clear and concise. So in some cases that was clear and concise and it was good to have that mandate because you had a boundary, whereas in other cases it was a bit-muddled and not access accessible.” (Mundaring_G1)

“Yeah, accessing the information and the right information, it can be very difficult. We realise at our table, that messages are not shared in an accessible way these days or just only just about. And also it can be very complex. You have to go and look at the alerts on the website. Not everyone has access to that. Also in term of the word in use, it can be very complex, so easy English, lots of very clear step-by-step information will be great so that it reaches everyone.” (Mundaring_LG)

“Especially the hills. We have so many black spots where there's no reception.”
(Mundaring_G2)

“There was one who reported that the level of communication is not accessible. So if they're deaf and blind, if the community isn't aware that this number 18 on their street is deaf and blind, they will be either the ones to die at the front door or in their bathroom. And she actually shared the stat with me, but I can't remember what it was, of how many people with disabilities or the people that die in that scenario.” (Mundaring_G4)

“That was just the one that's where that individual is what worked for them. So the way we communicate information, whether or not it's an accessible format. So, for people that are deaf or hard of hearing, and or blind as well, that we don't even have captions for them on our ads and things like that. So the bushfire plan, that's all great to say it, but you need to have captions as well. And that we talk about ringing phone numbers, but then we don't display the phone number. And that most people don't use websites if they're deaf, hard of hearing or blind.” (Mundaring_G3)

5. The challenge of evacuation

Participants discussed the factors that influence their decision to evacuate.

“They asked me if I would be comfortable going to a community centre as an evacuation point. And I would be myself, but I don't think my husband would, and I don't think my eldest son would. So for us, the first point would be to go down to Bunbury to my son's house. My daughter's in Brabham, but she's just had a baby and there's no room for our son in a wheelchair, let alone anything else.” (Mundaring_G3)

“She said that post COVID many aged people were concerned or still hesitant about circulating with other people. Maybe this is due to the lack of really informed and clear communication. So they talked about all sorts of emergencies. During some fires they weren't sure whether they wanted to leave. So it's this big issue of I'll stay and protect my home rather than I'll leave and protect myself.” (Mundaring_G1)

“My husband is now 81, I'm 80 next year. So as we get older, the fact that our house is very defensible, we may decide not to stay and do it because we don't have the ability or the strength to suffer from the heat. Because there's intense heat with it. We might feel that we are not capable at that stage of doing that, and we will just go.” (Mundaring_G2)

“We have a generator at home and when we had the house built, we had it so we plugged the generator into the outside of the house. And every room in the house has a plug I can use from the generator. So the fridge, everything keeps going. But we ran out of fuel. And they wouldn't let us through the barrier to come back. We were declared in a hot zone and my husband said, "But that's ridiculous." He said, "I'm coming straight in and straight out." (Mundaring_G2)

“I also wasn't aware that DFES can provide you with a bushfire plan, and a suggestion as to when is the best time to leave, which in our minds, we don't want to be leaving when everybody else is leaving. We would rather leave before they do, so we make that early decision to get out, get ourselves organised.” (Mundaring_G3)

Limited access can influence decision making for people.

“But she said that for people that are deaf-blind, transport becomes an issue, because everybody needs a taxi and there are none and there are roadblocks”. (Mundaring_G2)

Support needs at during evacuation and/or at evacuation centres.

“So my thinking is, again, that assumption that when people go to evacuation centres, they will bring their support person with them if they need extra assistance, but having worked in

the sector, where I stand, I think it's impossible. It's impossible to expect a provider to provide that staff person to the client at an evacuation centre.” (Mundaring_G3)

“So I think there is a true disconnect, I think, between the parties, where they assume that person will come with extra support, when actually others expect the government to provide the support.” (Mundaring_G3)

“And that's my lived experience, is that people don't come to centres with the support staff. They are either actually stuck at home, and can't actually get out, which has happened a huge number of times. There's this assumption that the support workers already know, as you said, when they don't.” (Mundaring_G3)

“I spoke to one lady, she had a son with a wheelchair disability, and she said she wouldn't even consider going to the local evacuation centre. Because between her son and her elderly husband, it would be too overwhelming, and it would be too difficult. So she would, if possible, go straight down to her son in Bunbury. She wouldn't even consider an evacuation centre.” (Mundaring_G2)

Experiences of evacuating in groups (e.g., Supported Independent Living).

“Yeah, so that if you had a home care group for example, and they were in a fire zone, they could then move to another facility and being able to work with their partners to facilitate that evacuation more smoothly and comfortably to make sure people are going to a place that has the assistive technologies, et cetera that people require, which I thought was quite cool. (Mundaring_G4)

“I live in a group home with four other ladies. And what happened, there was a fire at my house and what we did at my house is I'm the emergency... Now, does someone like emergency person, so what I am. I'm like mostly lady that helps these ladies to get out of the house. But what we did, we call on her phone and I've got my phone and I rang my parents and said, "Mum, [Name], there's a fire at my house." "Oh, how do we get out? Can you come and rescue us?" So what happened we... Us four went down on our knees slowly, I got my phone and I got everyone out. But told them, "You go down on your knees." So I put them all down on their knees and they hold onto see this thing here here....We had a coattail and mine was red and now all the rest that hang on the coattail and I would throw in the lead and all out to the community. And what happened is I rang my parents, it was down the road and said, "My mum and [Name], could you come and pick up the four of us from the house placed straight away today." They came and pick us up from the house and they gave us a little emergency thing, go down to my parents' house and stay at my parents' house for a while. So we went to my parents' house for a while and we only stayed there for a bit. Till we all calm down and know about the community and knowing what to do. And we just did that all by ourselves. So that's what we did.” (Mundaring_LG)

6. Supports needs during recovery

People talked about support needs and challenges experienced in the early stages of disaster recovery.

“She talked about the supports that people need after the immediate evacuation or the immediate emergency, the difficulties in accessing government information, government supports, having to prove yourself, having to tell your story, having to justify why you are contacting the government. Same going with accessing disability supports from government,

Centrelink, NDIS, that's really difficult. And then to a lesser extent trying to access services and supports from disability service providers who should be supporting people with disabilities." (Mundaring_G1)

"There were a lot of people that I liaised with after the Wooroloo fire whose houses and properties weren't damaged, but they were evacuated. And the stress and the angst they went through, worrying. It's almost like, "Yeah, how do we get people to flip it and not spend all that time worrying? And then hopefully, the recovery is better for them." (Mundaring_G2)

"People who stayed, they weren't prepared to stay. They didn't have the resources for the entire week or whatever it was." (Mundaring_G2)

"There were a couple of very vocal people within the Wooroloo townsite who stayed to defend, and yeah, it was very hard for them." (Mundaring_G2)

"There were two ladies came to interview us. And the one thing I stressed to them was, "Nobody checked afterwards on the elderly people that were in the hot zone, like us. Whether they needed medication or food. Nobody. If you've got medication and you are due to have a script filled two days from now, and there's a fire, you're stuck." (Mundaring_G2)

7. Covid positively impacted organisational practice to preparedness activities.

Covid was said to have positively impacted organisations in their preparedness capabilities and technology.

"She was a worker in a shared community home with people with disabilities. And that as a company, a group, she felt that the planning was quite good. Her planning related more to what we had in COVID as in preparing for COVID with all the PPEs and all the other paraphernalia that comes with that, their individual and company response to COVID and their evacuation plans as well." (Mundaring_G1)

"The third person I spoke to was from the NDIS, the National Disability Insurance Scheme, so disability supports and funding. And she talked mostly from a COVID experience of going from really inflexible working situations to because of COVID it did become more flexible, working from home, Zoom meetings, different ways of communicating, giving people extra time to respond to emails, and different ways of participating in meetings and providing information. She said that was really good learning and she'd like to see that continue. COVID has even improved systems, processes, and access to information for people with disabilities." (Mundaring_G1)

"And my fourth person worked for a disability service provider that looked after children. She talked also about how COVID has changed the way we do things and meeting in person, meeting online and much more flexibility. Flexible hours for meetings as well. We are not doing everything between 9:00 and 5:00 anymore. We are taking into account people do work extra hours or need to have a meeting at 6:00 PM rather than 4:00 PM." (Mundaring_G1)

"So the first lady I spoke to was from a disability service organisation and she started talking about COVID. She said the access to PPE was initially challenging but then became a game changer and allowed frontline staff to do the job in the most professional and comprehensive way that she knew. So she wanted to make the point that rather than trying to catch up, she now feels because of COVID-19 we are in a place where if it were to happen again or an

alternative virus were to break out we are in a better space to deal with it and we know what needs to be done.” (Mundaring_G1)

“The last person I spoke to was from the Shire of Mundaring. And basically what came out to him through COVID was Zoom and keeping connected with his colleagues and other agencies to discuss what's happening, what each are doing to be address the concerns and the outcomes being achieved. And he said very simply everybody was super resilient and just got on with doing whatever it was that needed to be done.” (Mundaring_G1)



Image: Three people sitting together in a small group discussion.

Summary

1. When accessible communication, information, and preparedness support are provided, it enables people with disability to be aware, safe, and prepared before, during and after emergencies.
2. When people with disability are informed and given opportunity to practice emergency preparedness, they feel more empowered to act.
3. Connection to community is a key factor in the resilience of people with disability. Many community members feel isolated, however opportunities for connection in everyday life will help build networks of support that could be relied on.
4. Greater connection between community members at greater risk and emergency services could build the capacity of both groups. The community will gain awareness and preparedness skills, and emergency services will build their capacity to understand the needs of the whole of community.
5. The COVID pandemic prompted service providers to think more about developing flexible ways of working with their staff and the people they support. They began embedding “check-ins” and planning into their business activities, which could be built upon to support people to have well developed plans.

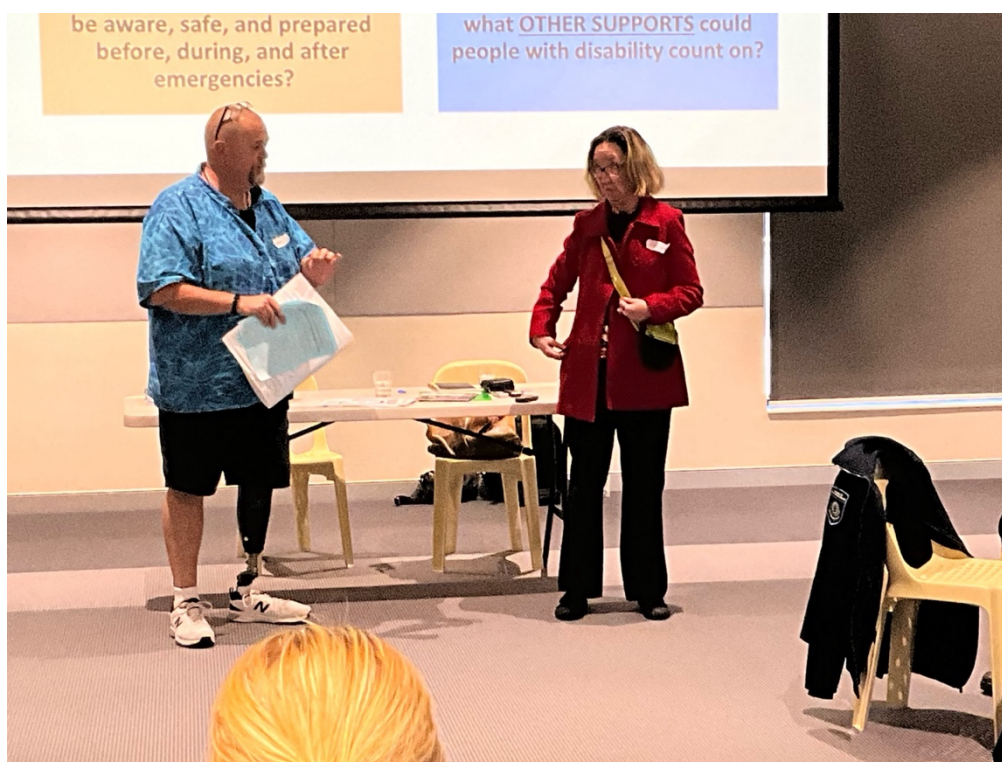


Image: Two people standing at the front of a room, presenting findings from the DIEP forum.

This DIEP Summary was produced by the University of Sydney Impact Centre for Disability Research and Policy. It was supported by Ivy Yen, Research Assistant, who synthesised learnings from transcripts and documents that captured the voice and perspective of participants in attendance at this forum. Clare Gibellini, Lived Experience Co-researcher also supported this report.