Disability Inclusive Emergency Planning and Disaster Management

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What did we do?

We facilitated five state/territory plenary online forums on disability inclusive emergency planning and disaster management. Each plenary forum was two hours duration.

Plenary Forum	Date
Victoria and Tasmania	30/11/2023
Western Australia and Northern Territory	01/12/2023
South Australia	07/12/2023
Queensland	07/12/2023
New South Wales and Australian Capital Territory	11/12/2023

Our **aim** was to:
- share findings from a three-part scoping study on Emergency Management Capabilities in **D**isability **I**nclusive **D**isaster **R**isk **R**eduction (DIDRR)
- discuss the relevance of the findings in each jurisdiction.
- tell about the project and next steps.

Before the forum, we shared three summary documents that overview the Scoping Study.
1. Overview
2. Purpose, Methods & Findings
3. Recommendations

During the forum, Associate Professor Michelle Villeneuve presented a high-level overview of the scoping study findings. Findings were shared in three parts aligned to the scoping study recommendations which were:
I. Inclusive practices
II. Inclusive plans
III. Inclusive information

After each presentation, participants were engaged in a facilitated discussion using the online "breakout rooms". These discussions were facilitated by members of the research team. Participants were randomly assigned to breakout discussions. We tried to mix the groups so that participants could talk with different people in each breakout discussion.

Before the last breakout discussion, we held two online polls.

To capture the depth of what was said at each of the plenary forums, we:
- recorded the breakout discussions which produced transcripts of the discussion.
- checked the transcripts for accuracy and completeness.
- removed identifying information.
- imported the transcripts into a computer software program called NVivo.
- applied thematic analysis by repeating the following three steps for each plenary:
  1. reading and coding each plenary transcript line by line to identify the main idea.
  2. grouping codes into main ideas or categories (adding/deleting/merging/re-naming/and creating a hierarchy of codes/emerging key ideas)
  3. reviewing emerging ideas and naming them as key themes or findings
- continued repeating these three steps until no new information was found (i.e., there was no new ideas or benefits to be had from doing any further analysis).
- chose illustrative quotes to help to tell the main idea of each theme.

What did we ask?

Breakout Discussion #1

1. What tools/resources/programs are used in your community to increase the safety and well-being of people with disability in emergencies?
   - *Tell us more; How is that tool/resource/program being used?*

2. What other tools/resources/programs should we know more about?
   - *Why do you recommend that tool/resource/approach?*
   - *What could make that tool/resource/program more inclusive of people with disability?*

Breakout Discussion #2

1. Who are you worried about in terms of their safety and well-being before, during, and after disaster?
   - *Who are these individuals/groups being overlooked?*
   - *What helps you to include these individuals/groups?*
   - *What successes have you had in your community?*
   - *What are the challenges or barriers?*

2. What are the barriers (things that exclude these individuals/groups)?

3. What are the enablers (things that help to include these individuals/groups)?

Poll #1

Which barrier to DIDRR development is the most challenging in your jurisdiction?

a. <u>Communication</u> emergency information in an accessible way.
b. <u>Transportation</u> options for people and their equipment during evacuation.
c. <u>Managing people's health</u> needs during emergencies.
d. Finding <u>accessible emergency shelter </u>that accommodates the diverse needs of people with disability.

Poll #2

Which barrier to DIDRR development is the most well-managed in your jurisdiction?

a. <u>Communication</u> emergency information in an accessible way.
b. <u>Transportation</u> options for people and their equipment during evacuation.
c. <u>Managing people's health</u> needs during emergencies.
d. Finding <u>accessible emergency shelter </u>that accommodates the diverse needs of people with disability.

Breakout Discussion #3

1. What <u>practical strategies</u> are currently used to address the following barriers?
   a) Communication
   b) Transportation options
   c) Management of health needs during emergencies
   d) Accessible emergency shelter

2. Which strategies could work best in the future to address the barriers? And why?

Who was involved?

We invited participation from stakeholders who have knowledge and experience relevant to emergency management and disaster recovery planning that supports safety and well-being outcomes for people with disability.

The groups that were invited included:
- government and emergency services personnel
- community, health, and disability service providers
- disability representatives and advocates

The plenary forums were facilitated by the Collaborating4Inclusion research team at the University of Sydney. The team is led by Associate Professor Michelle Villeneuve.

These plenary forums were made possible with funding from the National Emergency Management Agency (NEMA). NEMA is leading a program of work to guide DIDRR development in the emergency sector. The scoping study and plenary forums were the first part of this program.

There were 24 participants from NSW and ACT at this online plenary forum. Participating stakeholders included 8 government, 5 emergency services personnel, 5 people with disability/representatives, and 6 people from the community, health, or disability services sectors.

What did we learn?

Breakout Discussion #1

Tools/resources/programs used in your community to increase the safety and well-being of people with disability in emergencies that are <u>similar to</u> scoping study findings.

Participants spoke about their use of preparedness tools that included electronic/communication tools, workbooks and brochures:

> "The **Bush Fire Fact videos** that we've got, which we have. We've had the styling and animation of them is such that it is really simple to watch and read. So, the idea is that it's easy for people, of different kinds of capabilities. So, and there's also a range of translated versions of those bushfire fact videos they're like 30 seconds to a minute long and we just recently had them redone so they're quite good and useful. I think it's about 12 or 13 up there. They're the ones that I can think of that are sort of very broad and quite high quality".

> "…we do **P-CEP** in different parts of this oh, **at the RFS**, different brigades and individuals are running it. In the Hawkesbury, for example, in the Blue Mountains, we've had, so just a bit random, and that's one of my jobs is to try and create some sort of consistency with that piece".

"…we've got some funding for **P-CEP program**. So, we're effectively using the university tools that were developed, which is just probably our "go to", as our main framework. But then we find a lot more of the **local resources** that are available from our like RFS and things. So, **fact sheets** and whatnot and again that's a very extensive list so I wish I could actually, haven't had an opportunity to go through them before today's meeting but yeah get but we're using this and that".

"**Bushfire risk information** in more accessible formats… they're on YouTube there and we use them on our Facebook pages a lot. There's social media and they're very short, there's everything from grass fires to preparedness to…"

"…there's an **emergency preparedness handbook** for people living in social housing that we have available at the moment, that we worked with Inner Sydney Voice to develop and I know we have a current project being run, actually assist people to fill out those plans and to get them in place. I know our homelessness team does a little bit but it's nothing formal and really, I think us joining this group is an opportunity to learn about what is available".

"…a **social cohesion practitioners guide** that the city of Sydney put together alongside the Premier's department… Yeah, we were using it quite a lot to inform the state disaster mitigation strategy aspects of social cohesion".

"…lots of local tools there, **flood maps** and all sorts of things to, you know, equip them with knowledge and [risk] information, a lot of the online **social media apps"**.

However, one participant spoke of a lack of resources in NSW and ACT:

"So, I work with whole of government emergency management. I've been doing this now for a couple of years but prior to that I have got 20-years experience in state emergency service and whole of government emergency management in Queensland. So, I got a little bit of experience. I think what we're seeing here and this is a perfect example. We actually don't have very much. **New South Wales is a long way behind a lot of the other states** when it comes to this sort of space. So, I think that's probably what one of the biggest issues is and this is exactly what we're seeing here just in this conversation. No one's putting their hand up saying we've got any great resources because we don't. But the only thing I've seen recently is the work that I know a couple of my colleagues up in Newcastle and then in Coffs Harbor have done. And they've done some really good work with regards to the whole disability in disaster space by hosting these [Disability Inclusive Emergency Planning] forums and then actually working in the community. That other than that as a whole of government thing, there is very little".

Participants discussed preparedness support services that were available:

"We rely on the wider **ACT government resources** to support us and this is done through the emergency services agency public information and engagement team".

"We're developing a **social recovery framework** here in the **ACT government**, you know, for the ACT and one of the things that's come out is for and you know us going to place us reaching into the community rather than expecting people to come to us. So, it's that people-centred but place based as well. So, to our Indigenous communities and different cohorts to reach them and hear from them. So, moving away from this idea of everyone coming to us through their services and to get their help".

"But what we have done since in Coffs is, started a **P-CEP Connect**. So, trying to connect everyone that has done the P-CEP course. And that's been going quite well. We've had a mixture of emergency services. Okay, care workers or people working in that care space and other staff and really notably we've had like Red Cross volunteers, in our guest volunteers, which has been really great".

Participants spoke about the benefit of webinars and training modules as a primary source of information and training programmes aimed to increase the safety and wellbeing of people with disability in emergencies:

"The department of customer service in New South Wales put together a crisis preparedness piece of research on **how to communicate** to people and, disabilities in there".

"Flinders Research Centre of palliative care, death and dying… they run a couple of good websites, national ones, care search is probably one you're most familiar with they have access for a range of people so health practitioners as well as community members. So, it's not focused solely on a emergencies. However, I know during covid that that was a huge focus and some of that can be drawn out across disasters, and I know they're moving to you know build that up in terms of **preparation for disasters** as well. The content there and working on making it really inclusive of disasters as well… and accessible".

Tools/resources/programs used in your community to increase the safety and well-being of people with disability in emergencies that are <u>different to</u> scoping study findings.

Participants mentioned a pilot programme aimed to increase the safety and wellbeing of people with disability in emergencies:

"I am with a Carer organisation as well as Care to Prepare pilot. We're about 18 months old now. 3-year pilot and the tool that we're developing and just beginning to roll out is a household readiness program. So, it's a home visiting program being piloted in 3 local government areas in New South Wales, and we have a part-time household wellness officer who is working 3 days a week and goes into the home and sits down with people who are people with disabilities, people who are carers, people that living with chronic health conditions.

"And something else have completely forgotten, vulnerable people, **and sit down and help them one-on-one over about 3 visits, sometimes 4, to develop their own plan which is responsive to their individual complex needs** often the people who have additional complex needs and so we found after our own consultation and gap analysis that the generic disaster plans just weren't comprehensive enough for their needs".

Lessons learned about tools, programs, and resources.

Participants reflected on a need for resources to reflect a person-centred approach:

"…to just give somebody a resource is not enough. Because **you still need to have that personal contact** and that's the fundamental basis of working. With this person-centred approach, it's about the person that's not about anything else and unless you sit with them

and work with them. To help them make the decisions. There'll be no ownership and or some connection... So, and I don't think, and I go from my own experience in... so it would be much the same in terms of supporting people in the context of their own lives and their own communities. And sticking with it and being there for them. But then the thing for me in all of this is we still need policy".

Breakout Discussion #2

Who are you worried about in terms of their safety and well-being before, during, and after disaster?

Participants expressed concerns about people with disability, intellectual disability in particular, and who rely on carers and services for support. Those who don't have services were also mentioned:

"...people even work with an **intellectual disability** and have lack of response and support".

"I'm really concerned with the people with **intellectual disability and also with informal carers** and the people they care for and that relationship and how that works in disaster planning".

"Those with **intellectual disabilities or mobility issues** is a big one for me. I'm sure we all know fires can move pretty quickly. So, and we don't get much notice for them. So, for people with mobility issues, I am worried that people get left behind if we don't have access to be able to get them. Get them transport and all of those types of things. And they're not always easy to organize".

"...advocates have found is people with **intellectual disability** are being left behind, including on the in the bushfires, we're not assisted to go to evacuation, evacuation centres. People that **aren't linked in with services**, so not everyone is on the NDIS, not everyone has support or carers".

"...everyone that has those kinds of additional functional supports but **isn't in the NDIS or a community aged care program"**.

"People like him who are in this transition point and **not yet connected** into support services".

"So, people who rely on certain modes of **transport which might be unavailable** in an emergency such as wheelchair taxi. People who will hold off leaving for reasons related to the **disability sensory environment** of an evacuation centre, all those who need **specific equipment** for using bathrooms, etc".

Of concern were those who received assistance from services but who would also be affected by the disaster and not be able to attend to the person with disability:

"So, and they all rely, quite a number of them rely quite heavily on community-based care programs, home care, personal care and that kind of thing. So, it's a double whammy for them, not only are they cut off, but **they also cut off from their, at times, life-saving services** that that can that keep them going and things like medications as well".

Some participants raised concerns about vulnerable people they were not aware of in order to provide adequate support:

> "Some of the groups that we were concerned about were the people with disabilities living out in the community that **we didn't have any visibility of**. Particularly if we needed to do relocations, etc. As was mentioned in the other. In a bigger group, not knowing what their needs were either, particularly in relation to mobility. It is a big concern for us. I think there are organizations that were in our emergency coordination centre that probably are responsible for certain individuals with disabilities that a community base. But getting access to that information…"

> "…our big concern is **knowing who the people are**, where they are in the community. What plans they might have, what arrangements they might have and what their expectations are of emergency services. And then having early access to information. So, where we are required to assist, but better able to do that".

> "…those people **who aren't in the system** then too, and I don't know how we actively go out and reach and find those people who don't fit into a formal sort of service system and help them get a little bit more prepared".

> "And heatwaves and it's something that we're looking at the moment on how we can support not only people with disability, but people living in **social housing, elderly and frail age**. Or people who are **homeless** as well…".

Participants who were new to the country and had language barriers were discussed by a few participants:

> "…people who are actually **recent migrants**, so in immigrants who come to Australia and have limited ability to understand and communicate in English in the first instance to even be able to receive some information and understand the context of where they are to know what to do coming into these high-risk by the business".

> "They're a, an **ethnic minority, a refugee** minority. And they they're sort of somewhat insular in a way and that's the sort of challenge".

> "…that **language barrier**, people not having access to that kind of information, people not having access to that kind of information".

> "…people with the **language barriers** is a big concern for us".

Participants were anxious for people who are socially isolated and without close supports or social connections:

> "…those people who live in isolation who don't have those really strong networks".

> "…if they're **out of the loop** of official advanced communications. Whether they got good planning or not, they can be left behind".

> "So, I think **without that key communication**, and being in place. Whether you are participating in the aged care NDIS care supports or not. You can be left behind".

"I would say someone that **doesn't have any kind of support**. It means family members who or she doesn't have any relation with neighbours or with the community in general".

"Individuals, they **aren't really conscious of the world**, their environment, what's going on around them, you know, watching TV, pulling the blinds down, but there's a fire outside".

Physical isolation was also a cause for concern:

"…49 villages spread across the coast that feed off the highway so and they're all mostly heavily forested roads as well, so lots and lots have **one road in out of communities** that cut off those communities for days. I mean in the [20]19-20 [bushfires] as many of those villages were cut off for 7, 8 days communication, totally completely cut off. So that's a major that **road access issue is a major concern** for us plus we have the highest internal migration of people over 65 here in the Shoalhaven where everyone comes here to retire so we have a very disproportionately high proportion of people who are aged and frail age and they're living in these communities as well".

"Clients that **live at the bush**. Yeah, I can have one road in one right out and You know, some of them are elderly and stubborn and white".

What are the barriers (things that exclude these individuals/groups)?

Policy, planning, and programme failings were discussed as barriers for people with disability, for example disaster planning that fails to consider people with disability with individual needs, or frequent staff turnover and lack of communication/consistency:

"…the disability providers will say, you know, we have disaster plans and their participants think they have a disaster plan. But when we ask some questions, the plan is for the organization. It's for the peer group on that day. It's for the respite cottage on that day. It's for the group. **It's not for the actual individuals**. And so, what we've observed emerging in the last couple of years is perhaps a false sense of security that some people may have, thinking that their service provider has a disability plan for, I'm sorry, a disaster plan for them. When in fact they don't, **they have one for the organisation**".

"As a planner, I think the biggest problem is the fact that it's not on the radar. Like **disability planning is not something that comes into emergency management**… It's always the greater good for the greater population. Disabilities are not really on the agenda at all. To the point where I was actually working with 2 local governments last Thursday. And **disabilities didn't even get a look in**. Not a word. So that's 2 local governments plans and there's no word, no mention at all. So, I think that's actually what the biggest issue is the fact that as emergency planners it's not there. As somebody who trains emergency planners. The actual training that we deliver for disabilities is too sentences. In 4 days of training, 2 sentences. That's all it is. That's the amount of visibility that disability and disaster has".

"I guess when you're talking about an evac centre, it's consideration. There is no, **no real consideration of people disabilities in the emergency service world**. Hey, with disabilities are considered to be in a wheelchair".

"...you get these good people in place and you get programs moving on and then we get some kind of **staff turnover** whether it's in government, Community disability or other sectors".

Resource limitations are a barrier that was discussed, both for individuals but also for organisations:

"...financial, you know, if you don't have the money to, if the warnings are escalating but you **don't have the financial wherewithal to leave** and you know to drive and find accommodation elsewhere. Somewhere safe. I think that's a real barrier. We, you know, we constantly say, you know, plan ahead, if you're going to leave, leave early, and we want people to leave early and not put themselves at risk, but then if you're constrained with finances and you're counting every single dollar and you've got a family that's really hard for people. And the financial assistance comes after the impact not before. So, I think, you know, that's a key issue".

"...about having resources or about, you know, what happens in a rural area where you only have, you know, one disability taxi in the entire town".

"There are some organisations doing amazing things. We're not sharing information with each other. We're **not resourced to do emergency planning**. So, we're trying to fit it in amongst those things that we are resourced to do, constantly trying to justify why this is important to our funding bodies, which is very frustrating".

Lack of support for the needs of individuals and their carers in relation to evacuation was discussed with information shared about the fatal consequences of limited options:

"I heard quite traumatic stories of things like people, you know, people knocking on the doors, firefighters to ask people to evacuate and of course because of that person had mobility issues **they didn't get to the door**. And unfortunately they died, and that was a person at end of life. Now this is not an uncommon situation".

"...people with autism particularly like teenagers too big to throw in the car who will have a meltdown because it's time to evacuate. But you know, that's not the routine and we're changing the routine and we're absolutely not agree to go and this the family or the carer who's up with that situation and there have been you know lives off lost when people have **chosen to stay or to leave that person behind**".

"...some additional work with emergency services about that evacuation process because another situation we hear about carers New South Wales is **young carers**. So registered carers who may be 13-14 years old, they have all the adult responsibilities in the home, they might be caring for a parent with some sort of disability, mental health issues, whatever, and they're responsible for making whatever happen, but when emergency services knock on the door to say it's time to evacuate, they won't speak to them because they're not over 18. And in that situation as well, they're not getting the information that they need as well. So, there are these groups of people who have these **additional needs** that emergency services could probably do a bit more work in around the evacuation process".

"Big barriers that I'm finding is that the **services aren't able to provide** a lot of the service that they have planned for these people".

"So, informal carers I heard so many stories they **cannot actually leave the person** with disability with mobility issues, they can't get at them out and it's like a flood situation and therefore they're stuck with them".

Communication gaps were discussed in relation to the provision of emergency information that is not accessible or understandable to people with disability as well as information sharing between service providers:

"I think **accessible communications** is. Particularly I think there's opportunities to improve communications for people with intellectual disability, you know also for other people who might have communications. As well. Yeah, I just think in terms of preparedness, information and communication could be key".

"So, I've also noticed that so we have so many amazing services working in the disability sector. But there's a huge lack in transport services. There's a **huge lack in information sharing**. You know, it's the services that we need to be able to do these preparedness exercises that we're actually lacking in. And it's really hard to build on those plans and have them actually be accessible plans, right?"

"But something else that we've come across in Care to Prepare (a new preparedness support program) in trying to engage with people who are frail-aged and socially isolated in our communities is I guess you call it some of the **gatekeeping by some of the service providers**, some of the community aged care service providers. So, I should give you an example wanting to do some household visits with elderly people who are living in independent living communities over 55 villages is a lot of them here and coming across. Managers who won't let us come in and do that because it might confuse people because the village has a plan".

Participants noted some communities and individuals that are hard to contact and support:

"...barriers can be things like **social exclusion** and we're just talking about how there's a big focus on individual responsibility".

"I think definitely social isolation. I've said loneliness. People are more, you know, the, the data is showing us that, you know, there are cohorts that are more and more lonely and **less connected and that puts them at more risk and harder to reach**".

Not knowing where vulnerable people are was a barrier to providing support and an issue that local councils were grappling with:

"...the barriers? Is **access to information**, personal information on individuals. Without breaching privacy conditions and things like that. Obviously in the middle of a declared emergency there are provisions for that but that's not really the time for sharing that information. **We need to have it earlier so that we can put it into our planning process**. Because I think there's a big expectation, particularly on ambulance services. To assist with relocations and things like that. We don't have the capacity to be doing those things.

Engagement fatigue or a lack of engagement was mentioned as a barrier to disaster preparedness and safety:

"I think I might have to put my hand up to a feeling of compounding disasters in the last 4 or 5 years, have feeling like there's so many disasters that **you start to lose the edge** around

them. And whether that means **you prepare less**, or less heightened, in your understanding…"

"Because I think that a lot of the people who are putting out **messaging around climate change that it will have the opposite impact** on, well that they're like, oh my god, better prepare because this is going to be more frequent, more intense".

What are the enablers (things that help to include these individuals/groups)?

Participants talked about the importance of informal community connections and networks as important enablers for disaster preparedness:

"…the enablers obviously, are those you know really harmonious **community networks**. That they're so lovely, you know, wonderfully rely on, but then are they always available to at a time that they might need like we're hitting holiday season right now without a doubt everyone's got a neighbour who's going to disappear and go away. So, you know what is the plan B, plan C for people".

"…having the backups like their **social support** so that people know to who might be missing or who might need that care I think is fundamental for all people with disability any kind of vulnerable groups, CALD groups, people at end of life people with additional needs".

"You know, so I just think it's encouraging those who can. And have the ability to, including people with a disability who have access to carers and supporters and elderly people who have **networks to utilise** those and plan for it and be prepared, then frees up the services we have, which are becoming harder and harder".

Communication and collaboration between government services, service providers, and people with disability was seen as important for inclusive disaster preparedness:

"**Local brigades will often have really good understanding** of who's in their local community, especially those outside the city. And so, they might well know about those group homes. That could be something and they might have had a communication with them. I'm not saying this is standardized or really done consistently, but when you're looking for things that do work, there's those local connections and networks. In communities that include things like the RFS brigades or SES units and things like that. So, some of those things do work and that we and we also have found in different other at-risk communities that doesn't really work for us to do that at a state level. But those things are better done at the local level. Because of the issues around privacy and, also, just how much information changes and people move. That there's a sort of there's some value there and that really local information and knowledge of it any kind of community. So, we sort of try and **empower our brigades and volunteers to understand their community better** and then are able to respond better rather than trying to see it as some large government organisation".

"So, I think when the disaster strikes, you know, there's got to be real **awareness of those vulnerabilities** in the communities and **kind of social asset mapping**, but the psychosocial supports actually a buffer and prepare and protect against".

"I think probably the biggest thing helping that discussion, from a government perspective, is I think the **communication channel with our other government agencies** about this issue.

So that we become, from an ambulance perspective or an emergency services perspective, more aware. All who's out there that might need our assistance. And also assisting for those other agencies to understand what our limitations are".

"We need to know it well, in advance of an emergency. So, opening those communication channels is, has been really beneficial. And having a better understanding, understanding of some of the privacy conditions around sharing certain bits of information. I mean, we might be able to get access to that. And I guess using other government departments such as our, community services directorate and ACT Health to **reach out to some of the disability providers** that support people out in the community and **using them as a conduit**".

"...there are potential implications for governments with the NDIS taking over supports for people with disability. So being able to **readily access details** of people living in group homes, for example, is now not information kept at a state territory level".

"...people with disability and advocates are sure that **planning at the policy level** at the showing leadership for government. But it's also very much about supporting people to do **planning on the ground**".

Clear and accessible communication was identified as an important enabler:

"...we actually have a **video resource that are broken down into really simplified English with captions**. And that is so that we can reach not only intellectual disabilities and hearing impaired but also for our multicultural communities so it's a great resource to dip into and share across. Communities I've also started using it within Indigenous communities and I'm trying to kind of rebrand it to be a bit more deadly".

Poll #1 & 2 Results

The poll invited participants to consider the top barriers to Disability Inclusive Disaster Risk Reduction (DIDRR) that were identified in the peer-reviewed research (Scoping Study Findings Part 1). First, participants considered which barrier is most challenging in their jurisdiction. Then, they were asked to consider which barrier is most well-managed (see Figure).

Barriers to DIDRR in NSW & ACT
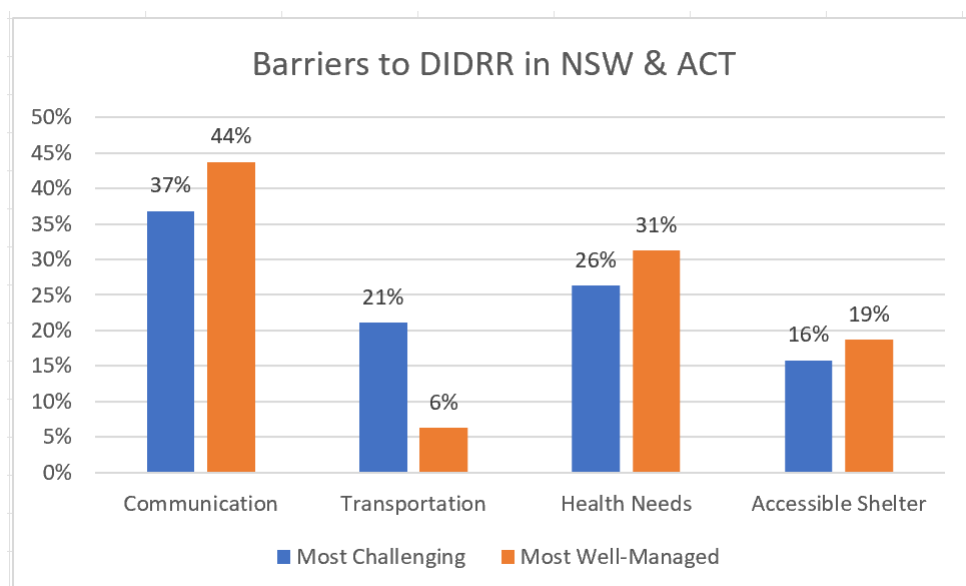
Communication was considered as a significant challenge by 37% of respondents in the NSW & ACT group. Interestingly, a larger percentage (44%) believes that it is the most well-managed aspect among the specified barriers. Transportation appears to be a more significant challenge (21%) than a well-managed one (6%). This suggests that there may be room for improvement in managing transportation-related issues. The management of health needs and accessible shelter, while considered challenging by some (26% and 16%, respectively), is generally perceived as relatively well-managed by a notable portion of respondents (31% and 19%, respectively).

Breakout Discussion #3

What practical strategies are currently used to address the following barriers?
a)   Communication
b)   Transportation options
c)   Management of health needs during emergencies
d)   Accessible emergency shelter

Participants recognised the role of technologies in communicating:

> "…they [a disability service provider] do a lot of work with people adults with intellectual disability and after the 19-20 [bushfires], they've been developing a growing suite of tools for mainly for people with intellectual disability and particularly around communication so they've **developed a communication board**. A disaster preparedness plan that's both in pre and on phone that **on their phone on an app** that can be shared that's very accessible for people with cognitive disabilities and has also been taken up by people like stroke survivors and other people as well. So, they've done a lot in the communication space and just quickly another thing that they've done here that you might not be aware of is that they've created some kits for evacuation centres".

Strategies to make sure that communications were accessible to people with disability and those without access to technology was discussed:

> "…in terms of communication, a lot of disability organisations do have their own **news bulletins and resources** that they put out to their in our case members. So, as well as clients of their advocacy services. So, if there are. In terms of communication and opening up or increasing the accessibility of that. That's one area that emergency services could be linking into. …it's really around the **accessible communication**".

> "Yeah, so in the event of an emergency or even a pending emergency we have had like a dedicated communications team that stood up. And so that can allow for really targeted information to be put together quickly and come through sort of a, you know, **trusted channel**. I think one of the things that, you know, you misinformation and that sort of thing. So, there is that. The layers behind that that's being supported by, you know, websites that are set up to be **accessible to web content** accessibility guidelines, which is definitely a positive thing compared to the potentially inaccessible website. Yeah, there's I suppose a bit more of a strategy around the communications there".

> "Communications as well is a sort of the awareness of the need for things like easy, English.

Easy English versions of documents that are available in terms of the preparedness and that sort of thing. Our team definitely supports the production of those resources. The way the information is communicated in plain English is another one that's I think becoming more and more just built in to what we do. And yeah just the **considerations to the various forms of communication** out there. I suppose in 2 ways as well having a way for people to contact for information as well".

"So we've seen in the last few years a big shift towards things like apps and online, like a lot of the disaster planning tools are interactive now. They're online interactive. You need to do it online. You need to have full use of all your fingers and you need to have a smartphone. You need to have devices. You need to have a tablet. You also often need to have a printer to be able to print it off. **So there's this kind of this new barrier now**. Of technology, which prevents a lot of people, not just with disabilities, but people who are older people living at home. To receiving that information, in the way that they may be used to ABC radio and that sort of thing. So I think that's what we're saying is **part of the problem**. We do need to also **consider about how people are receiving that information"**.

Valuing the lived experience of people with disability was discussed as an important strategy:

"…what is very clear is that **people with disability need to be front and centre in the discussions and the planning**. You know, looking at the different barriers that people within our local area face and then coming out with the strategies and solutions in collaboration with emergency services".

Some emergency and disability services have recognised the importance of informal social connections and formal collaborations to support people during a disaster and manage health:

"I suppose from experience it's been very much on **building with our local partnerships**. So, in the most recent floods where they came through very quickly and people have very little time to repair where we're a community service provider…calling us directly saying we've got family we've just found a husband and wife living with Parkinson's and dementia, what do we do? Evacuation centre wasn't appropriate. We knew who to call. We were calling Health care facilities at 2 o'clock in morning bypassing evacuation centre and come up with some really creative ways to alleviate the stress and fear in these particular situations. But worked really, really well with the state of everything else at the time. So, I think the partnerships and then getting to know what jurisdictions we've all got and what we can do or what resource we have available in one time because yes you can have a plan that's written from front to back. There's always gonna be something that comes up that doesn't fit in that plan. So, I think **knowing you can call on this partnership is so vital** in terms of the unknown and unplanned situation".

"**Community engagement**. Or resilience and that includes people. In remote areas. Isolated areas as well as people around the township and organizations as well as individuals".

"So, I've actually put a lot of these strategies in place previously when you come to things like evacuation centres. By **working with the primary health network**, getting doctors and practice nurses into EVAC centres to be able to manage people's health needs. So, I've done that previously. The other thing we've done is, hospital staff work really well in hospitals. They don't work so well in evac centres. So, the idea of actually being able to take people to hospitals was another thing that I used last year fairly extensively in Lismore floods. And we had a lot of presentations that we needed to take to the hospital. They couldn't be treated in

the little, we had a clinic set up, it was running all the time with doctors and your average GP, but people had more needs than that. Then we actually managed to take them to the hospital where they could see doctors, they could have tests, like do everything they need to do. And we actually managed it that way. So, it's a good way of doing it. Health are not good in evac centres themselves. First aid is really important in EVAC centres. So that's probably the way to look at that management of health".

Participants reported a number of partnerships, plans and projects to support accessing emergency shelter and managing the health needs of people with disability:

"So, thinking about communication, the cabinet just passed the first ever **state disaster mitigation plan** in New South Wales and one things is to have a big get ready campaign that's quite similar to Queensland and one of the key outputs from that is a **website that is accessible** for everybody that tells us what are our risks so we can be aware? And then secondly, what can we, what practical things can we do to prepare? I think that the evacuation planning stuff, another example at a policy level is **making sure that the combat agencies talk to each other and together**. So, understanding the capacity of the roads and understanding the needs and the different profiles of the communities and then planning for that. So that's one of the things **and working a lot with transport for New South Wales** on this. Another thing could be or is social cohesion. So that **network mapping at the local level** and using that in local emergency management committee is using it in recovery committee is using it. For council in their everyday planning and then maybe finally something on the disaster the [new] DIDRR framework. We have an action to implement that framework in New South Wales".

"We have 4 official evacuation centres here in the Shoalhaven and **each one has been stocked with a with a kit** that includes things like those blenders that puree food so it's in liquid form for people who can't follow, sensory, tense and noise cancelling headphones with sensory issues, all that kind of stuff, you know, in a bag and a kit and each one of our evacuation centres has one of those as part of the emperor initiative".

"We did have a major fire that nearly burnt down the whole of the Shire in 2020 so in the last 3 years we found … there's been a massive increase in we have, you know, **business continuity plans** for... to communications having improved. We use all sorts of far **social media**. As well as the **constant use of radio**… All the disabilities providers and that have been working with their individual clients to have escape plans or **evacuation plans**, you know, that so they know exactly what to do, where to go and if they need to go to the hospital, whether they need to go. I know, now in [town name] there's **several different evacuation centres depending on the needs**. Some people might have animals, they go to one area, some people might have wheelchairs, they'll go to other places that are accessible with accessible bathrooms and that sort of thing. And then the emergency centres again. They're working very hard with the individual towns to make sure that if that is the facility that needs to be used, that it can be used. For whatever the disability is like I said before. Even to the fact that people on the spectrum can now have quiet rooms. As part of the evacuation, cause we knew that's one lesson we learned was people with the spectrum and, evacuation sound with all the noise that just made things work so we have been able to identify and I think you know now we're much more prepared for the next hopefully won't happen for years but sorry we are a lot more prepared".

"Transport options are pretty good down there, with **government bus network incorporated into the emergency incident planning**, with government bus network incorporated into the

emergency incident planning. ACT and through planning with ACT education, **schools are identified as evacuation sites".**

"I'm just aware that there's a couple of trials happening with **drone projects to deliver urgent medications** where communities have been cut off and isolated in floods and bush fires. I think there's one in Victoria at the moment".

Which strategies could work best in the future to address the barriers?

Participants expressed a need for **more resources and commitment by councils** to support people with disability in an emergency:

 "So yeah, but I also think **training of advocates**. So, I would like to see P-CEP rolled out that that's resources, person centred emergency planning is rolled out in every community and that assumptions are not made that people know actually what to do. Because often people don't and yeah, so I just think they're rolling that out on a very practical level resourcing that, whether it be through local government".

"…one of the issues that could be adopted by councils everywhere or local government, because one of the issues that we have is that like for example here we know that there are a certain number of wheelchair accessible vehicles but they are owned by disability providers and in an emergency they're going to utilize them for their own people so the pool of vehicles is very limited and we have other road access issues. So, if we have more, you know, existing actual **publicly available accessible vehicles** in the pool, then we're going to have more options for that transportation problem that we all have".

I'm sure it's our state island community. We have real challenges reaching out and connecting with them. They don't feel welcome at evac centres they've told us and so I think there's a whole piece of work so I think yeah blue sky is more people, **more resources to actually be able to reach out and into those communities** and have that connection so that when the times have when it's needed. We know what we know who's who and yeah".

Participants supported future co-design of programs with contribution of people with disability and **projects led by people with disability**:

"Having the policies in place thinking about **people with disability as valued contributors**. It very much also is about that on the ground planning, and I think if you had the resources where **local authorities could be engaging with disability community** through representative organizations, service providers. Including those in residential services. That, where we can really have that forward planning that would address all these areas".

"And every local government has an inclusion and access advisory committee, right? They all, most of them do. **So that's made up of people with lived experience of disability mostly** and also some service providers in that space and they're always their role is to provide advice to the local council about disability access issues. If they're anything like mine that's really limited to things like disabled parking and footpaths and access to shops. I recently re-joined after 20 years, and the agenda was literally exactly the same as it was 20 years ago. I think they're a really underutilized vehicle. I think they could be used much more hand in glove with local emergency management Government is tasked with having. I think they could, they're an existing resource. They're also, there's a requirement that councillors participate. They're quite a powerful, potentially powerful active communities already exist. We don't have to go out and create new committees and have somebody to support them

and all the rest of them. So, I think there's potential there **for local emergency management committees, LMCs within local councils to work more closely with their own and advisory committees** and give them that kind of role in it in forming the LMPs that Michelle [plenary facilitator] was talking about at the beginning about the annual process, the review process of the local emergency management plan that's part of that that committee has some input and some direct advice around that as part of the process. Not a difficult thing to put into place".

"I'm thinking about local emergency management committees and **having disability representatives on there or the informal structures for coordination like the community resilience networks** that are popping up, thinking about the recovery centres and how we need to also focus on that side too, not just the evacuation centre".

"…it's not just people centred, but it's place-based as well. So, it's how we reach into communities. So, you know, and further strengthen that that that connection and trust so that we can support people when they need it and they through all of this".

Participants wanted to see improved and **accessible communications** with communities:

"So, communication you want your **general communications to be accessible as possible** which sort of captures the using plain language, using maybe, you know, accessible platforms, you know, lots of the website set up excessively and that sort of thing, but making sure that the modes and formats and the other ways that people get information have been considered. So is the access to, Braille and, yeah, easy English, large print audio versions, know all those sorts of things as well".

Participants discussed **planning for emergency shelter and transport options** to ensure they are accessible for people with various disabilities:

"Perhaps part of the, emergency shelter is that is the thinking about how to get there as perhaps part of transportation as well but in our conversations with people, there was also apart from where do you go, there was the how do you get there, and some of the carers we talked to had gone back and written new plans as part of that they've actually planned their plan around disability. **Accessible toilet stops** because to get to, you know, to get far enough away from the fire or the flood, you have to go significant distance and of course you have to consider that as well. So, part of that overall planning is also about mapping the accessible toilet and **making those facilities available** to people during emergencies as well. I heard that's an app about you know the accessible toilets".

"**So, someone who with physical disabilities, but a different perspective to someone with cognitive disability, hearing**... So just as an example of best practice. You know, just a standard accessible toilet would meet the needs of many people with physical disabilities, but it's not going to meet the needs of people who require a changing place, or an it's a thing built into a legislation that's got a different name to change in place, accessible adult changing or something like that. You know that includes you know extra space a high adjustable change table and or waste and that would make an EVAC Centre more accessible to people who require those equipment or the additional room for 2 care assist, for example. There are people who will F the general ambience of an evacuation centre. Way too much in terms of their sensory threshold. So, you know quiet rooms and quiet spaces. Those sorts of considerations, hearing loops or in acquiring so people can hear and just be looking into what [another participant] was saying in terms of disability awareness training as well".

"So, communication it would have particularly transport evacuation centres, we're thinking ahead where those are, how can they be improved?... So or to **come together as a disability community and share what we would find as useful** to mobilize our members and our clients".

What happens next?

We encourage participants to read and share this plenary summary with their networks. We want you to use this summary, tell others about the plenary discussions, and activate interest in your state/territory.

We will synthesise and share what we learned across all the plenary forums in one report so you can learn what is happening on DIDRR development across Australia.

We would like to involve you and people you nominate in the next steps of this project which aims to co-produce National Guiding Principles and Standards for Disability Inclusive Disaster Risk Reduction (DIDRR) practice. In doing so, we will develop a toolkit for doing DIDRR that uses best practice programs, research, and resources.