

Disability Inclusive Emergency Planning and Disaster Management

Queensland Plenary Forum

7 December 2023

Citation:

Crawford, T., Mellifont, D., Chang, J., & Villeneuve, M. (2023). **Disability Inclusive Emergency Planning and Disaster Management Plenary Forum: Queensland, 7 December 2023**. Centre for Disability Research and Policy. The University of Sydney, NSW, 2006

Contact:



Collaborating.4Inclusion@Sydney.edu.au



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 **Disability Inclusive Disaster Risk Reduction (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. Communication emergency information in an accessible way.
 - b. Transportation options for people and their equipment during evacuation.
 - c. Managing people's health needs during emergencies.
 - d. Finding accessible emergency shelter 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. Communication emergency information in an accessible way.
 - b. Transportation options for people and their equipment during evacuation.
 - c. Managing people's health needs during emergencies.
 - d. Finding accessible emergency shelter that accommodates the diverse needs of people with disability.
-

Breakout Discussion #3

1. 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
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 12 participants from Queensland at this online plenary forum. Participating stakeholders included 4 government, 6 people with disability/representatives, and 2 service providers 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 similar to scoping study findings.

Participants spoke about their use of communication tools that includes electronic/communication tools used by local government and insurance companies to support disaster awareness and information sharing so that people can take effective actions for their safety. For example:

“...from a direct perspective, we have our **disaster dashboard platform** which we rely on people in the community, including people with disability [to use this platform] as a single point of truth about disasters in our region”.

“And how us as council can support the community in times of need and knowing where to get the relevant information. We also have a platform, you're probably aware that most local government agencies have a disaster management platform as is called the **Disaster Hub** and that is a centralized point where we have all relevant information, to support our whole community in times of need as well”.

“**Text messaging** that we get. And the local council has access to the service. I think the state government also has one as well. And my insurance company who I insure my cars with also

give up this is an emergency in the local area or my you know. Insurance company so you probably get like 3 or 4 texts from the same Emergency stay or weather all that”.

Workbooks and brochures were also discussed that included the Person-Centred Emergency Preparedness (P-CEP) workbook among other resources used to help with pre-planning for emergencies:

“...**person centred emergency preparedness**. There's a workbook and toolkit. If you go to the collaborating for inclusion website you'll be able to find on there”.

“I'm literally surrounded by **P-CEP resources** as in they're all around my desk and I use them all the time in show and tell, with meetings. So, the [P-CEP] workbook. The conversations data cards we have these sets of cards that are used as part of the [P-CEP] grid game”.

“...we also use the **P-CEP**. Not so much the booklets but the **conversation starter card** and promote that significantly through all of our networks”.

“The **emergency medical information books**. They're very fairly basic. They're really only to capture your medical information. But at least if they're, capturing that medical information and they have it readily available, that's one step towards planning. But totally, you know, on board with the **P-CEP**, just finding and encouraging people to have a plan and I'm having that conversation. We love the conversation starters”.

“...whether it's in a **P-CEP book**, whether it's in a **Red Cross Rediplan books**, we use those as well”.

“...the resource out of South Australia, which is an **emergency management little brochure**. That's a very basic thing, but in the absence of someone not doing anything, that's something that I know a number of councils have used and our council has used. That, that it means that they might record some personal contact information they might use the fridge magnet to put that on the fridge. They might record their medications and that's something that's better than nothing because we're finding more so that people are using nothing so that almost anything that encourages them to do a plan, the, **Red Cross Rediplan** is another good resource that I've used for some people because it's not as complicated”.

Participants also discussed the importance of planning for continuity of supports and services to people with disability:

“We've been doing P-CEP workshops with people with disability. At [my organisation], I've been doing business continuity. Planning, cause like I said, the other. Part of how we increase the safety and wellbeing of people with disability in emergencies is that focus on service providers. To make sure they've got. You know, those **business continuity plans** in place to continue essential services”.

Disability representatives spoke about the increasing the safety and wellbeing of people with disability in emergencies through targeted programs that enable them to work with communities to support personal emergency preparedness planning:

“...we're part of a program doing ‘**Get Ready Plan Ahead**’ across Queensland. So that is running Person-Centred Emergency Planning workshops. For other people with disability. So

going into communities, working with groups of, you know, around 10, I think it's been as small as 6, as large as 20-25”.

“We're also doing **‘Building Inclusive Disaster Resilient Community’** programs over 2 years. So, working with the wider community. To so that they can sort of self-determine what's going to help their community. Become more resilient”.

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

One service provider mentioned a program that aims to increase disability awareness among emergency personnel:

“So, within our partner in the community role, we have a, one project called **Emergency Services Community Connect**... And through that project we're working with emergency services personnel and helping them to be more aware of the needs of people with disability at times a disaster... So, it's a training program. In evolution; commenced and evolving as we connect with different emergency services personnel. So, in its infancy at this stage...So, there is any opportunity for **collaboration**. Would be something that would benefit. Tailoring it to our community but at the same time being able to expand it across Queensland”.

Lessons learned about tools, programs, and resources.

Participants, particularly disability representatives, reflected on a need for resources to be accessible and understandable:

“Like a lot of our paraphernalia that we have is in multiple languages. However, a lot of the material you have, it doesn't accommodate for all of our community members. And we also find that a lot of the materials aren't accessible to our clients. Because when you have, and you give them a piece of paper, it means nothing to them. It's not created in the **accessible manner** that they are able to read”.

“I guess you know the text messages that we get are all sort of in text so I guess ... in terms of **easy read and using pictorials** and things like that would be ... helpful. I guess when it comes to that kind of important information that needs to be communicated with an intellectual disability”.

“It doesn't help everybody but for **vision impaired** people on our disaster dashboard. Now there's an ability to increase the font size. There's a contrast function so that it takes away the colours and just goes in black and white so that people who are colourblind can see it. There's about 130 languages uploaded so that the **CALD community** can [access it]; most of the CALD community. Unfortunately, not the Pacific Islanders who we have most of, but everybody else's language is pretty well on there. But those things are happening and we're asking the provider that most Councils use this product... And we're asking them to have our text to voice function. So that it can start to help people who have a **hearing impairment**. So that it's using technology”.

“But you know, there's **so much information in some of those text messages** that it's a little bit hard to process and I don't think a lot of people would actually you know, take a lot of that information. I mean, you might get 5 or 6 messages about that one emergency event. And if you look at some of the emails or the links, text messages, They're just, they're written by somebody [who] reports on the weather. [For] people with disability, I mean, already there's a barrier to communication”.

Participants called for information and resources to reflect a person-centred approach that addresses individual needs without making assumptions about peoples' capabilities and understanding:

“People are trying to deliver something that doesn't suit the community and so there needs to be some understanding of how, what is the **culture of communities** and that can be quite unique to location or unique to disability... So, I think some of that needs to be part of the understanding in the design process”.

“...everyone's gone off with great intentions and done a great work but what we've got now is **over communications** and I think Yeah, I just delete them and don't even read them any longer and... this information, people with disabilities or the communication doesn't work for a lot of them”.

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 in general who rely on carers and services for support, as well as some who are at risk due to their particular circumstances:

“The ones that I'm really concerned about are those that are most vulnerable that **rely on carers to assist** them during times of needs and things like that. And we've got to be mindful too these carers have also part of our community as well and they could be impacted by these disasters or events as well. So, if they're impacted. How can we then provide support to those that are really most vulnerable as well”?

“So, I worry about people who rely on **NDIS service providers who are sole traders** and not registered providers because those sole traders are **not required** under the NDIS legislation to have any kind of **emergency plan**”.

“...people who **rely on power devices** to stay alive and stay well. So, you know, the typical story from my community is somebody who is on a pressure relieving mattress. The power is out for 3 days in Cyclone Debbie and he spent the next 2 years in hospital”.

“...people who live in **risky places and situations**. So, people whose housing falls through gaps. So, you're talking about people living in caravans on blocks of land that's owned by somebody else out in the bush somewhere. And we're talking about people on boats in the Gold Coast, in those water ways where you've got a couple of 100 people living on unseaworthy vessels and because of their disability. They're likely to not work, their pensioners, so that over income to pull themselves out of that, that situation, but they also

are not eligible for a lot of other housing solutions and they're falling through gaps. So, you have the combination of the disability plus the really risky living situation that they're in".

Participants were anxious for people who are isolated, living in rural and remote locations, and without close supports or social connections:

So, there's actually quite a lot of people who have unusual beliefs, fringe beliefs... So, what might happen is that someone has a property and there's one way in one way out. So, it's supposed to be like a farmhouse where you've got one family within, but instead they've invited people to live there and they might have a few dozen people who were living and it's a complex living situation and often those people have disability. And because, all complexity, **no one really knows they're there**. And I was talking to someone from the Southern Downs, she said, oh yeah, they, basically they're looking at this huge fire risk a few of them. And I have extremely **low trust** in anyone outside their community. So, they don't tell anyone they're there because they're worried about all being pushed off. They don't have anywhere else to go. Their level of support and care. It's very, very low".

"...they're not being served by any support services because of where they live. Their access to those services is incredibly limited. They **lost all contact with family members** over the years. They're not coming into town. But, I thought people with, like, social disabilities, the similar reason, you know".

"I guess people with intellectual disability may not have access to NGOs supports and they just **don't have a lot of supports** at all".

"Some of the people I worry about the most are people with intellectual disability because I think even if they've got a plan, if there's **no one there to help them** implement the plan".

"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".

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

Communication gaps were discussed in relation to emergency information that is not accessible or understandable to people with disability:

"...**how information is also provided**... a lot of the information that you know just the general population receives is just hard to decide on, let alone for someone with a disability. So, I think it is just, you know, how that is provided... a lot that needs to be considered when it comes to, you know, people who are using, things like, and assistive technology and things like that".

"I think we need something consistent in terms of all of our messaging and. Marketing and promotional material to **accommodate all community members**".

"I think people with **intellectual disabilities** sometimes don't see or don't comprehend the warning".

"So, we have got clients who have got low vision to nil vision... So, our main constant really is that when we are out and about delivering service to our clients, we talk about disaster

preparedness of our concern is our clients and if they get left behind with information because during a disaster a lot of information on the go and it changes so frequently... For our clients because with low vision, they might not be able to access a print material for example when materials are **not accessible for screen readers** and so then they miss out in terms of information”.

Participants discussed resourcing gaps that impede the inclusion of individuals and groups:

“Locally, obviously with the Queensland disaster management arrangements, we can only do so much locally with our **financial constraints**. So again, I think it comes back. I'm putting on pressure at the state level in the national level to support our vulnerable communities in your space as well. Yeah, for me it's a real big financial risk. Not getting that right support”.

“And the level of **poverty** means that daily you're using all of your energy and your creative energy and whatever to make sure like this food on the table. You don't have energy left over to think about all of that stuff. And yeah, there's a lot of like I think self-advocacy often required. To make things happen that I don't know”.

“Poverty. I'm when it comes to things like housing that we're talking about. I think there is that piece in the NDIS... they **can't purchase equipment** typically with your funding if it's something that you would **only use in an emergency**. So that that person with a pressure relieving mattress should have a generator or a solar panel on the house... That is paid for as part of their package”.

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

“These areas that had the fires are typically in an isolated region where people go to live because **they want to be isolated**”.

“The other cohort of those who I'm concerned about maybe not necessarily reaching but those I'm concerned about are those who live in our rural areas that may have a **service provider or carer** who comes and visits them daily but don't live with them. So, my concerns are when they're **isolated or cut off**. Ipswich floods and we also have a high fire risk in some of our rural areas”.

“...we don't have practitioners at regional base in regional all the time we send them out to the regions so they **may not be familiar** with the region so that's one of our challenges that when we get there, how the clients **find the resources** and then making sure that the resources are accessible”.

“It's not people with a disability or another vulnerability but about one third of our community is **not connected** to the internet at home even on a mobile device. the digital divide is huge, isn't it? ...and there are people that don't even have smart devices like mobile phones, tablets, or anything like that”.

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

“... there's millions of people who are not on NDIS and don't have formal supports in place. So, there's lots of people who aren't getting their psychosocial support, they don't have formal networks. And don't have these supports to even think about. Being prepared

because they don't even have daily core activity supports. That's a hard cohort to reach. Some of that cohort don't want to be identified. So, it's really difficult. So, I'm thinking that potentially in terms of delivering this in a mainstream sense to potentially capture some of that cohort that **don't necessarily identify in the realm of formal disability supports but still really would potentially require assistance**. So, removing some of those barriers in terms of approaching community more broadly. Rather than specific target, to try and capture them and **a lot of this cohort do access community organisations so potentially going to where we know that they access informal supports rather than formal supports** and trying to funnel through that way”.

“...with this the mindset that everyone is responsible and everyone needs to play the part. You know, **councils are wanting to know** where people with disabilities are, you know, how can we, local management, disaster management groups, you know, how do we know where people are in the community”?

“...people who generally, socially isolated. So, people who might be living independently but, maybe don't well connected to their community. And it's a big unknown”.

Participants also spoke of a lack of support for the needs of individuals who have complex health needs or risky situations:

“People with the **criminal justice system**... in and out of the health system and those touch points with the health system, whether it's primary practice and all hospitals. And how that's a pathway that, we can potentially. Use as a way of helping people get information”.

“That is with comorbidity, so a **multitude of different health issues** makes it a lot more complex when they're considering not only getting out of where they are in their house if they're in a dangerous position but then have they got all their medications that they got all their aids, mobility things etc. And those that may be, a bit more reliant on the health response, expecting that an ambulance officer might turn up at the door to help move them from a transport perspective and then also that the health facilities, Queensland Health for example, keeping records on them and reaching out to them because the data capture of that is a little bit inconsistent at times. They might have only presented to ED once and it might not have been noted on their child that they had a disability, so therefore they don't have that outreach from the public health, the network out to keep an eye on those peoples”.

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

“For some of them in terms of the barriers it's that they always **think it's going to happen to someone else**. They may ignore the warnings. They may think that the flood or the fire is not going to be as bad this time or it's not gonna impact them personally”.

“...a couple of people in my family who live in a bush fire prone area but won't do a plan because they **think that's being negative** rather than thinking positively”.

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

Respondents talked about encouraging people to connect with their local council and the including people with lived experience of disability in emergency preparedness activities as important enablers:

“Wanting to **encourage people to connect** with their local council. So that they can at least receive those alerts directly in a timely manner at times of disaster”.

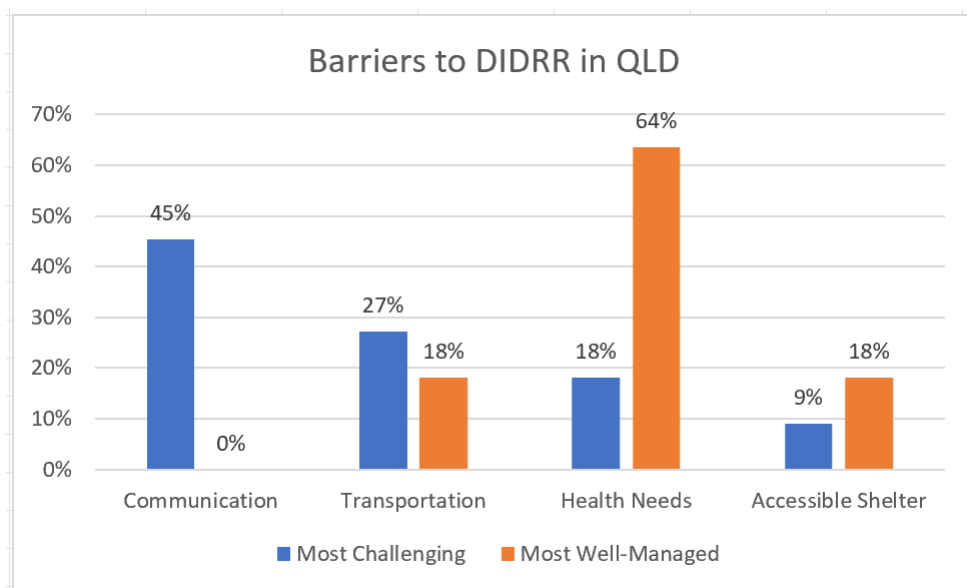
“**Connecting** to existing information and resources”.

“It'd be great to have **someone within the disability sector working** in our [local council] team. And they're so focus could be obviously that community”.

“...it's always, it's where people with disability who are at the centre. Things go better”.

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).



In summary, the results indicate that managing health needs during emergencies is both the least challenging (18%) and the most well-managed aspect (64%) of DIDRR. Communication and transportation are perceived as more challenging (45% and 27% respectively), with participants viewing transportation as having a moderate level of management (18%). Participants considered accessible shelter less challenging (9%), but their response to the poll suggests there is room for improvement in its management.

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 with the public about disaster management, particularly as relating to the disaster dashboard:

“...the biggest thing that we use is the technological one, which is the **disaster dashboard** that council has”.

“Go on **the dashboard** and there's got all the detailed local information which is just fabulous so that's where they're going to be able to know”.

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

“...members to consult on the Australian warning systems and they're doing some pilot work and they want to partner with us [a disability representative organisation] around **working with some people with disability** around strategies that not only raise awareness with them about the new Australian warning system, but also work on a practical standpoint and helping people receive the messages. And so that's about actually like **peer-to-peer communications and local people sharing** on, okay, here comes the warning system. Here's the latest warning. How do we share that locally to make sure everyone who's deaf or hearing impaired in our community receives that message, those sorts of things”.

“So, we've been working with our strategic communications branch, which is run by the Queensland Health, the Department of Health. On working in different comms. Options to reach out to different people. So obviously **considering a wide range of people** within that. I know it's always hard, Neil mentioned about people who, you know, don't have access to TV or internet and things like that. So just looking at things like local newspapers, social media posts, different avenues to reach that wider audience”.

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

“And I think also you do have some people who are like, have, you know, the experience **peer leaders and people with experience** who are sharing that information online who aren't on the coal face”.

“...we have set up part of our organization called [to support access to people with disability as consultants] because government would always come to us and say you know **we need people with disability** to come and tell us about this or give us some advice about this. And so, we've set up [this] business, we've got a 40 people with disability with diverse disability”.

“...**inclusion of people with disability** in every stage of this stuff listening to people with disability”.

Some disability services have recognised the importance of informal social connections and have engaged with their clients' neighbours to support this:

"So, some of them have been a local service provider in a small community and their NDIS participants saying we're gonna run a street barbecue for everyone in our street because we want to **get to know our neighbours** because neighbours are people who can help bridge gaps".

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

"...from a health perspective, we're trying to get other people involved like **occupational therapists coming out on site to the evacuation centres** to be assessing people and helping them out going to appropriate accommodation. Some people who weren't appropriate to be in those areas due to mobility and other issues, disabilities were moved to other areas as they couldn't access".

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, funding for equipment, and encourage thinking about and disaster planning from a young age by including it in the school curriculum:

"Having dealt with this in an evacuation centre myself. If there was endless resources we'd have **specialist care**. Evacuation centres or safe places or funding for hospitals to deal with people. Or **support people with complex care needs**".

"...**emergency plan** has part of the Queensland **school curriculum**. So, or even something that is offered to all students, in the high school. So, before they graduate, they've done a P-CEP course. Because that's just something that you know it's a cohort where we have all Queenslanders go to high school. Most Queenslanders go to high school. Funding government funding for things like generators and for things like emergency kits. Sorry, rather than people who are in poverty trying to fund those themselves. You're able to have an **emergency kit funded**".

"...resources on the ground that fund a peer support person to come and host more **P-CEP workshops** or something in local government to keep up. Resourcing and making sure that, agencies, someone in the NDIS to make sure that these agencies are doing what they're supposed to".

But in terms of we need people, you know, you need that. **Consistent commitment** by councils and other organisations to, you know, to show that they're continuing to make sure that this is an ongoing conversation because absolutely right it doesn't it doesn't stop. It doesn't, suddenly we don't have the right formula and we all get to go and retire. And but certainly making sure that communities do have **accessible recovery centres**. Is, you know, is key, you know, so if people need to be evacuated, then they don't want to be, if they don't have any options for places to actually go. So, you know, continuing again, infrastructure is really important that we keep that updated. And fit for purpose for the whole of the community. So there needs to continue to be resources certainly put in that area.

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

“I think for me having **people with disability actually working on these teams**, not just, can you come in for half a day and provide us some advice for free? Actually employed, I think, employing people with disability is as consultants. I mean, we're happy to throw, I mean, I'm talking from the government angle, happy to throw hundreds of thousands of dollars at these consulting firms. Who may or may not have particular expertise, and provide reports that probably no one ever looks at more than once. Yet we don't, we won't do that for disability groups where people have that expertise and that lived experience. And actually **make them part of the team**. Give them a contract for 18 months or whatever, you know, give a team of them a contract”.

“continuing to make sure people with disability, **leading things**”.

“So, there should be **specific allocated disability roles**. Because I've been part of the difficulty of collaborating going into communities is there's no one doing specific just a specific disability role on council and so it's fallen to disaster. Recovering officers who are already like over them with a huge amount of work”.

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

“...but you know in terms of that sort of central hub where people can get that information and it being you know not just in format, you know, the **people who can read** that in video format as well potentially. So, you know, they can people with. You know, we don't have those, I guess, literacy skills can also access the, as well. And, and also in certain areas as well, **culturally appropriate** because by some communities respond to disaster... I can just talk from personal experience where you've got maybe 60 cultures or one neighbourhood. People do respond differently. So, it's important that we take that into consideration”.

“The central point in terms of all the communication and paraphernalia and all the messaging can be fed into each of those local government authorities. So, they've got the information”.

“...make sure all emergency resources are in **accessible formats like easy English** and hardware”.

“... regular thing but you know if in the local community you could you know have sessions where people with disability and intellectual disability could go and they could **practice what they need to do in a bushfire** and a whatever else we have here, flood, whatever it might be, know where the emergency hubs are and no and I guess keep them and just know what to do, I guess. And, where to go. I'm being able to practice that on regular devices. I don't know who would run that whether it is get ready or whether you know organizations like us would get the training to be able to deliver it to our cohort of communities”.

Participants discussed **regulation** for new housing to mitigate disaster risk:

“Move anybody who is in a disaster and a high-risk disaster place. But particularly people with high care needs away from that. They just shouldn't live in a flood zone anymore. Full

stop. It's, it's too complicated when it gets there so that if there's and this is It's too late to wait for one the disaster happens”.

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.

Citation:

Crawford, T., Mellifont, D., Chang, J., & Villeneuve, M. (2023). **Disability Inclusive Emergency Planning and Disaster Management Plenary Forum: Queensland, 7 December 2023**. Centre for Disability Research and Policy. The University of Sydney, NSW, 2006

Acknowledgement

We would like to thank our facilitators: Ivy Yen (Project Manager), Emma Cooper, Farhana Nila, and Clare Gibellini.

Funding

This project received funding support from the National Emergency Management Agency.