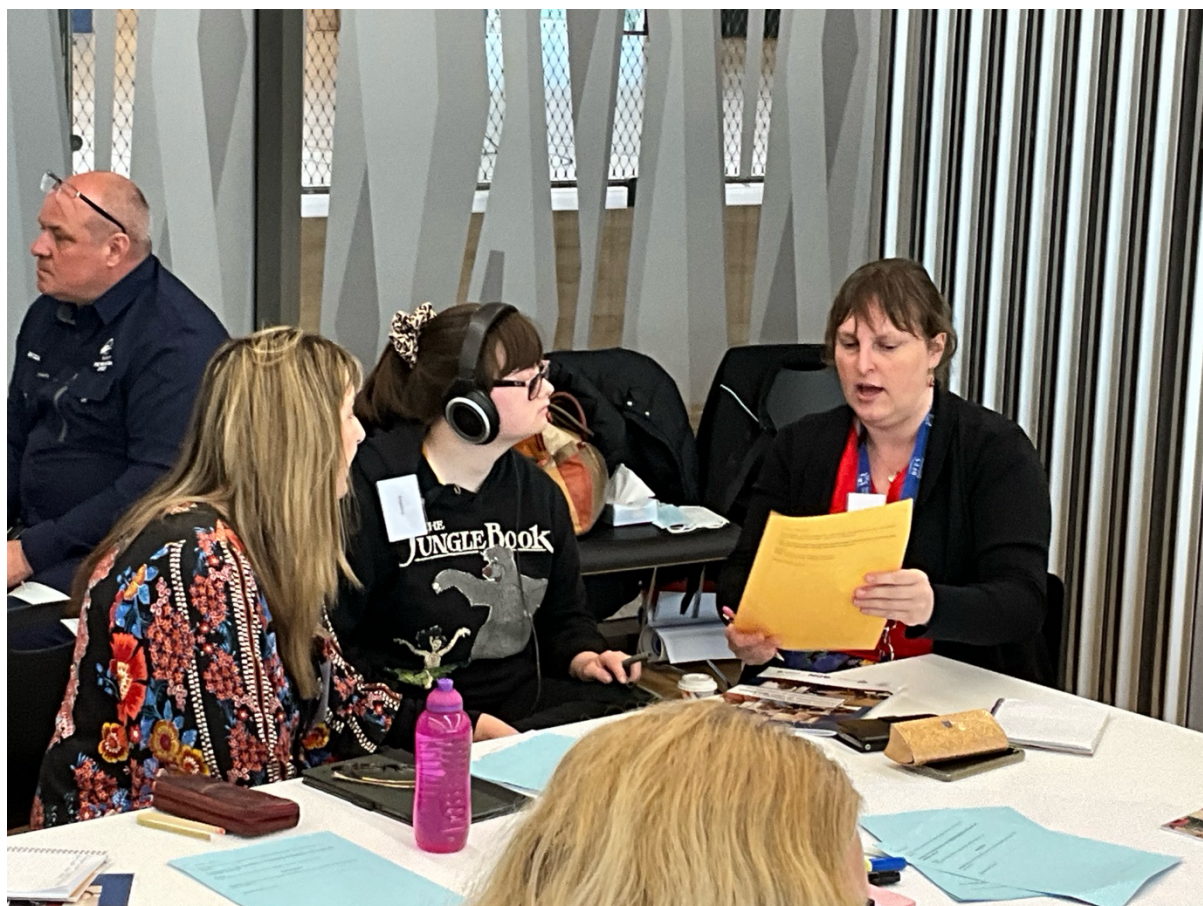


Disability Inclusive Emergency Planning (DIEP) Forum Summary of Learnings:

Rockingham DIEP (13 September 2023)



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



THE UNIVERSITY OF
SYDNEY

Purpose

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

The focus of the DIEP forum was on learning together about factors that impact the safety and well-being of people with disability in emergencies.

Participants were invited to share their perspectives on:

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

Participants

As the DIEP host, local government partners invite multiple stakeholder participation, striving for equal representation of:

- People with disability, (informal) carers, and representatives and advocates
- Community, health, and disability organisations that provide community-based services
- Mainstream emergency services including non-government organisations involved in community resilience and disaster recovery work; and
- Government staff with diverse roles involving emergency management, disability access & inclusion, community development and engagement

The makeup of participants in each DIEP forum reflects the nature of the Local Government's connections to their community as well as the availability, willingness, and capability of participants to attend. Participation can be impacted by other factors including competing demands on one or more stakeholder group and unexpected events that impact attendance of individuals (such as illness) or an entire sector (such as community-level emergencies).

There were 38 participants at this DIEP Forum, broken down as follows:

People with lived experience of disability	13
Informal Carers	1
Government	8
Emergency Services	5
Community, Disability, Health Services	11
Total	38

Method

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

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

The first phase involves a series of one-on-one interviews conducted by the participants themselves. An interview guide, prepared by the facilitator, consists of four questions. On arrival, participants are assigned to a group and each group is assigned one interview question. The interview matrix is structured so that each participant has the opportunity to ask their assigned question of three people and respond to a question posed by three other participants.

Participant interviewers are instructed to ask their question and listen to the response without interrupting. They are also asked to record responses in writing on a form provided.

To support dialogue between participants, pairs take turns asking their interview question over a 10-minute duration. Additional time is provided for participants who needed more time to move between interviews or who require more time to communicate or record responses. The process is repeated until each participant has interviewed one person from each of the other groups. The facilitator keeps time and guides the group so that participants know how to proceed through the matrix.

To extend opportunity for interaction and dialogue, we add a fourth “wildcard” round whereby participants are asked to conduct one more interview with someone they do not know, who they haven’t yet interviewed, and who is not in their “home group.”

The second phase involves each group coming together to discuss, review and summarise the individual responses to their assigned question. Following their summary of responses, group members are encouraged to add their perspective to the small group deliberation.

The small group discussion involves information sharing and deliberation, where participants assimilate information provided by others, express their viewpoint, develop shared understanding, and potential solutions.

To prepare a synthesis of findings to their question, each small group is invited to identify the main findings to be shared in the large group plenary. Each of these small group discussions are audio recorded.

The third phase involves a large group plenary discussion which begins with each group presenting their main findings followed by a facilitated discussion with all participants. The presentations and plenary discussion are audio recorded.

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

Interview Questions Guiding this DIEP forum

Group 1: From bushfires to COVID-19 to floods, Australia has had its share of disaster events. How have disasters impacted you, your organization, and the people you support?

Probe: What worked well? What helped that to happen?

Group 2: We all need to prepare for emergencies and disasters triggered by natural hazards. What steps have you taken to prepare for emergencies?

Probe: If you have, tell me more about your plan. If you haven't what could you do? Is there anyone who could help you get started?

Group 3: In a disaster in your community, some people with disability will have extra support needs that impacts how they manage in an emergency. How do you or your organization enable people with disability to be aware, safe, and prepared before, during, and after emergencies?

Probe: What resources, tools, training helps you? What resources, tools, training are needed?

Group 4: Emergency services is usually the first support people think they will rely on in a disaster. In a disaster in your community, what OTHER SUPPORTS could people with disability count on?

Probe: Think about where you live, work, and play and the assets near you.

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



What did we learn together?

Key learnings are summarised below with quotes from DIEP participants. They are organised as follows:

- (a) Preparedness planning actions
- (b) Role of family carer
- (c) Preparedness support
- (d) Evacuation
- (e) Resources and support

1. Preparedness planning and actions are undertaken in the community

In Rockingham it was identified that people currently undertake preparedness planning and activities. Examples of preparedness actions that people have undertaken are seen in the quotes below.

“I had one person who has started the Redi Plan... Which I hadn't heard of before yeah [which] involved also having an emergency kit at home, which I translated as a first aid kit and it wasn't till later in our conversation that I realized that it's like, clothes, food, dog food, dog leashes. Like, it's what I think of as a go bag. If I did evacuate, do I want to make sure I take with me? Yeah. So I thought that was fantastic. And then someone else from that that idea came up of like if you put say nappies in it, and you borrow nappies the kid one day when you're out of nappies, remember you would have to replenish.” (Rockingham_G2)

“Making sure there's like a go bag that captures your essentials too. So double ups of your medications if that's possible, or at least the script. If you're a sensory user, making sure that you have like a bag that's almost double up with your sensory things and also like powerbanks and things like that. If you use headphones and music to help calm.” (Rockingham_G3)

“Another one that was brought up as well as just being prepared, so always making sure you've got fuel in your car. I know I'm shocking at that, I'm like oh look at that I've got ten k's left, I'll do it in the morning.”(Rockingham_G2)

“We talked a lot about go bags, we actually found that a few of us were able to talk to people with disability or their carers. And that actually was such good positive to see that people were talking about what they have on hand. But one thing that did come out was that you know. I'm doing my best. So for example, you may have a go bag at home or you may have a card that explains all your medical needs, who your contacts are, who your support, but does that go with you everywhere you are, and what happens if there's an emergency and you can't get back home to get that information.” (Rockingham_LG)

People also consider and make specific **plans for pets**.

“So somebody I spoke to has a dog and their prior foster care of that dog is relatively nearby and it's a very big dog so at one point when she and her partner couldn't get home, the foster carer was able to come and pick up the dog. I spoke to the same person. And she said you could just ask any random stranger to come and pick up this enormous dog.”
(Rockingham_G2)

“And then we had conversations particularly around pets, like looking into Airbnb or caravan parks was we've got animals you can't necessarily go to the evacuation centre and also how do you transport them? I've got five cats? Yeah, and also they each need individual carriers because none of them are bonded pairs so they don't get along. So they're here. So somebody had like two dogs, two cats, two kids. So you need a plan for around that.”
(Rockingham_G2)

People also make specific plans around technology to **enable ongoing communication**.

“We probably thought about broadband, I put a backup battery system on that. So it only lasts a couple of extra hours probably as long as the NBN battery runs out. But after that phone towers are down, we got no way, apart from the radio of knowing what's going on. And people don't have home phones anymore. And they run through the NBN anyway, the home phones, well most of them I think all of them do now.” (Rockingham_G1)

“Well, that was another thing that came up with me actually power banks. Power banks charged up Yeah. Because a lot of people with intellectual disability and invisible disability rely on their devices to stay calm and just sensory stuff too. Sensory stuff so if there's a power outage. Even electric wheelchairs and things you know.” (Rockingham_G4)

“And having a radio with batteries in it. In the house. You know, like, I mean there's always if it's ABC or they always have it right on the, what's happening.” (Rockingham_G2)

“Because we live in Jarrahdale, we have a backup battery. Electric camping battery, which is always on trickle charge to use immediately. If the iPad are working, we can use the internet, so we still have communications. Have you got a generator out there? Yes, we have a generator as well that gives me time to set up run the cables to the fridge and the laptop modem and then again, that keeps the 11-year-old really quiet. We can communicate with the outside world while we're getting bored and turn some lights on.” (Rockingham_G1)

Enabling **social connections** was also identified as an area that people include in their planning and preparedness actions.

“I've got a group chat in my neighbourhood, in my street. A group chat on WhatsApp”.
(Rockingham_G1)

“I actually think I do this subconsciously because I live on my own and I'm in a wheelchair, that I'll go to bed at night and you know, worst case scenario cortisol builds up. Could be a fire. How would I get out blah, blah, blah. So, I am one of these people that make

relationships that are around me, almost. So, every answer to my question, every question, every answer to everybody's question. Today I was I have a group chat in the street. So if anyone gets broken into, you know, something gets stolen or, but also I just think I've got people to reach out to, Kununurra we all know each other." (Rockingham_G1)

"So the first thing almost everyone said was neighbours, or their social network, their friends, their family, and that's even like, um having your street WhatsApp chat, as well, you know, so people that you know, and then people spoke about service providers. So that could be, you know, the carers, it could be support workers, it could be, you know, the chemist, the GP, people that you go to for your health care or even your personal training. There might be people that you can call. The next one was about community groups. So some of that's your formal community groups, some are perhaps more informal. Again, I go back to the street chat, but having the, you know, like the sporting clubs and also having some of those volunteer groups go around, buildings came up." (Rockingham_LG)

"They also created their own emergencies without service providers helping because they felt like they could get a lot more out of it as a family units. So one family member actually created a street group chat. And they actually communicate within the street as well as in the community. So I thought that was actually really, really amazing. They don't really get on with their neighbours, but they actually communicate with the whole street. So if an emergency comes in, they're all checking in with each other." (Rockingham_G3)

People make preparedness plans around their **health care needs** and act accordingly.

"There was one lady that had a daughter on a ventilator. So it was a lady that had a daughter that was on a ventilator. So if the power goes out the ventilator. So what she did is she stressed she went once you're out of hospital or they're on their own. So basically she utilized she rang, she just uses their own resources to ring the energy company to make sure that they're on a priority list. And she said but people don't well, aren't aware that that's what they actually do. So to get that information out to you know, I can't think of another example but to utilize that that people do put in place like it's actually there for people to help to help people in various situations like that. So when the power did go out, they actually got a phone call from ambulance and Western Power. So that was really good to know." (Rockingham_G1)

We learned that **organisations also undertake preparedness planning and activities**. The following quotes show examples of preparedness actions in a supported accommodation context. Actions include safeguarding the home and supporting people with disability.

"I look after two homes 24/7 care, so they live there, but I also have some clients that live in the community with their guardians. They must be higher needs the ones that are 24/7. Yeah, they're higher needs... We have fireies that come around and maintain all our alarms in the house. And our fire extinguishers and our fire blankets and all that are maintained, and

all our staff have been trained in fire extinguishers. Not that we'd use it. We'd run."
(Rockingham_G4)

"We do like exercise monthly in within the houses with all the clients and we get Yeah, we get them out to the letterbox. And what's after that? Well, we have before got them in the van and driven off and gone to the places that we need to do but we don't do that every month and the staff are trained. We have them all trained." (Rockingham_G4)

"Yeah, so one of the other service providers that were really well prepared was (organisation name) they've got supported houses for people, disability group homes, and they've got emergency evacuation procedures. They've got fire evacuation exercises, they do monthly drills. They've got a grab bag with clients, medication profiles, contactless support plans, maps of where they're going food, water torches and at the back of each client's room door they've got their own evacuation kit with what activity calms that person down. So it might be favourites music CD or colouring-in activities whatever you know, they feel like comfortable. Yeah, individual so that they can if they need to evacuate, they can take their own". (Rockingham_G3)

"Talking about probably one of them was more proactive than others, but it's just the nature of what they do. So reviewing plans annually with individuals and as an organization, having emergency services come out and do drills with people or just to meet them so that it's not that scary. When they come out. It's not that scary thing that's happening. Drop in supports for people who are living independently still need some work, but it's something that they're Yeah, that they're working on. Yeah. that's right. A lot of talk about paperwork. Yeah, paperwork when on-boarding people with care plans disaster plans, risk assessments." (Rockingham_G3)

2. The role of the family carer.

Family carers of people with disability shared their lived experienced of disaster and how they increased awareness in others about preparedness planning.

"Oh was she the one with the daughter with Down Syndrome? Yep. Right and she she was very eloquent about being caught in fire in a real fire not having a real plan and having to keep her daughter calm and having to work it out as she went. So as she has since learnt the importance of having a plan and definitely inspired me the importance of me having a plan. Oh, she was amazing. She said she's the fire prevention education officer where who I'm hoping she'll help people like me." (Rockingham_G1)

"Somebody mentioned bushfire it was the DFES lady in community support. Forced evacuation plan. And they have a lived experience already with being up in the Kimberley. So they're on that team that goes up to well goes up to any natural disasters in WA, there's two of them her is chosen here. Where they had to try and convince the council that they're there to help not to take over and tell them what to do and help facilitate that. There was a bit of issues with that sometimes, and them trying to get used to it and then communicating amongst all the different

people within the demos and having them sat in the same room rather than telling people what they're going to do and really coming up with the best ideas and think that they need rather than what they're actually asking for and what's the priority. Yeah communications a big one.” (Rockingham_G1)

“One of the people I interviewed talked about having children so they have younger children and they talk at dinner so if they use the word emergency that can distress their daughter. So instead they talk about different things that could happen if you remember when it flooded down the road and afterwards we made paper boats what might we do? Once? And to try and sort of de panic like to bring it down as a more just standard. It's just a thing that happens. And then she also said about the adults working on modelling calmness, because if they're not calm, that the kids aren't calm and then you kick off the whole situation. So practicing for themselves.” (Rockingham_G2)

“Both my kids are autistic and if it hasn't happened it hasn't happened. So if I try to talk to my daughter about bushfire planning she says, look, we haven't had a bushfire. Yeah but we might, but we haven't. So well, how can you find some language to go? So I actually just say to her, can you just humour mum? This is a mum thing Can you just humour me with a bit of info but like trying to find ways to overcome that. But it's not going to happen to me. Or to find language to go but let's do it anyway.” (Rockingham_G2)

The dual support needs of aging carers were also highlighted.

“Yep both are really different because I interviewed people from all from different aspects I suppose so [Name] she was an elderly lady who's supporting her daughter. So she's in a carer role, but she's also got mobility issues. She's not got a car. So what she identified was, you know, their risk factors and how they would be more reliant on people around them the networks, rather than emergencies. And yeah, and what she's done so that's what I was actually trying to get to.” (Rockingham_G1)

Preparedness actions taken by carers are seen in the quotes below.

“One of the other carers said that her main safety mechanism is just that being prepared. So making sure that she's always on Emergency WA. She is always making sure that her car is full of petrol. Making sure she knows her neighbours and what their capacity is just in case there's an emergency. Making sure things like her mobile phones always charged access to technology and then knowing her services. So she's very much about the make sure I've got all the information and then go from there.” (Rockingham_G3)

“I spoke to a lovely lady who's a carer and so transport was a little bit of an issue for her but she has really good connection to her neighbours. So knew that you know, she had people that she could contact in an emergency. So that was it was the difference I think in people's confidence to deal with a situation whether they were connected or not.” (Rockingham_G3)

“Like my daughter would take forever just to process to get in the car, especially if there's an emergency going. She would like, freak out. And so yeah, just working out. You know, leaving early will be better.” (Rockingham_G3)

“That's what I'm sort of thinking because my son's a sensory seeker. So he's going to be going around he's got no personal space, you know, so he's gonna be going around getting your phone using it and yeah, and that's just gonna escalate people already tense and worried.” (Rockingham_G4)

3. Preparedness support

The Rockingham DIEP forum prompted participants to think about the types of supports that may be required to help people prepare for emergencies. There was acknowledgement that supports should be **tailored to individual needs** and differs for people because support needs are unique.

“So emergency planning, it's not just a one size fits all approach, we must recognize every person with a disability is unique. And it starts by acknowledging that they has to have individual needs. And the individual abilities within those needs as well. To plan should be tailored for and have specific requirements, ensuring that no one's left out, no one is left behind. Planning is not a solo thing it needs to be done within a family within a friendship circle within a community as well. It's a collective effort.” (Rockingham_LG)

“A lot of talks about trust and communication and relying on that resource to be there for ongoing support. There was one family member that was saying that you can't actually say the word emergency in the household so your emergency is a trigger point for them. So depending on their types of disability, if they can't see the emergency, they can't process why are we setting up for an emergency when an emergency hasn't happened? So it puts them in a state of mind of a panic so they actually have to go around so that person to create a plan within the support network without that person knowing but then thinking about it and talking about it, they're like that's probably not the right way to go because that person you could reword it in different ways then to be prepared, but do it in a way that they feel comfortable.” (Rockingham_G3)

“So within my family once we're under pressure my husband couldn't communicate with our daughter. It's just going to end badly. So just to get back. So as long as I'm available. I need to be the one communicating with the daughter, but he can communicate to the son. So there's like we have nuances around like once dad's voice raises he needs to stop communicating with my daughter whereas my son just goes “whatever”. (Rockingham_G2)

“And does each provider then again, I could see the benefits that each provider we have three core providers, for one of my children. They might all need to know it. Some might not have support providers, some might only have a therapist so it's like who? Who? “ (Rockingham_G2)

The process of preparing involves **risk awareness** of local hazards. The last quote shows the universal nature of thinking about risk, in that it is not just disability risk.

“So people understood that you know, if they were in a high bushfire zone areas, compared to like living on the coastal area where they were probably may be exposed to coastal inundation or flooding. So people were quite aware of the level of risks. So they talked through that scenarios, what that look like for them. There's quite a good awareness around what would happen in the event of if my husband wasn't here or my social my carer was here, what that would look like and who they could then connect with so people kind of aware of what that might look like if you know in the event of emergency,”
(Rockingham_G2)

“Somebody else mentioned like to exit roads. Like you need an exit. So because like I live in Woodbridge in Rockingham and we've got one road in and one road out and I was following emergencies. Yeah, things like that. You don't think about them at the time. Because you think you're gonna be safe.” (Rockingham_G2)

“So my role is all hazards coordinator for the at risk program. And at-risk communities it's just not people with disabilities. It's seniors, its CALD communities, it's remote communities, homelessness, people who do not want to be connected with anybody. And I was delivering these sessions to refugee and asylum seekers from the CALD communities. And I was doing the course as well at the same time. And the more I went back to it, the more I said everything would apply to them as well...But that's where I felt that it could fit everywhere. Anybody can use any at risk community can use it so that is something which was also being used in the CALD communities.” (Rockingham_LG)

Participants at the forum considered **health support needs**, such as medication.

“And in fact to add important documents if you keep your own scripts, because our scripts are at the chemist, but my son has about six different diagnostics in the next month for all those referrals. I wouldn't necessarily think of them as important documents but it would be a bit of a mess around to get them again so I could keep them next to the back door, which might also mean that my husband stops forgetting them when they go to one without me.”
(Rockingham_G2)

“I wonder whether, so some of our, so I have ADHD medication, which is restricted medication. So if I lose my script, it's a world of trauma. So I wonder whether I might need like an accompanying letter or something for my treating psych. So yeah, but planning ahead. How can I do that in store on the plan, so it doesn't matter. Talk too yeah talk to your doctor, they'll help you out.” (Rockingham_G2)

Health support needs extend to those with life threatening conditions that increase risk.

“Another thing personally that I hadn't realised, my daughter has kidney failure, and she has dialysis three times a week at Fiona Stanley Hospital, and I hadn't sort of realized that she can't

live without that. And so, you know, like I mean, wherever if roads blocked or you can't get to a hospital, that puts her in a danger sort of thing" (Rockingham_G2)

The **psychosocial support needs** of individuals were also thought about.

"There's another person that had a child that lives with autism. During COVID, trying to get food that that child likes or was used to the routine without setting any anxiety was a big thing...Having both parents at home out of the normal routine also gave that child lots of anxiety as well so managing that change as well." (Rockingham_G1)

"But for me, what really stood out with COVID as an example was just everybody's different experiences. So you had a service provider and her experience was a lot about that mental stress, whether it was from the clients or the support workers. And then the next person I spoke to was a person with disability and for her it was about her support workers were just taken away so that was a different kind of stress. And they spoke to someone else who said we loved it, we loved it because we didn't have to see anyone". (Rockingham_G1)

The **supports required during recovery** was also discussed.

"So the recovery supports that exists which are really important, and also making sure communications are accessible not just during, but after the fact and knowing how to communicate with service providers to push them through to be able to do referrals. They also work with their residential care facilities to make sure that when people are allocated to temporary accommodation, that's appropriate accommodation for them, which includes not just accessibility but also is close to their service providers is close to their families is not so far. removed from their environment that it's scary, and they also work with the LEMCs to develop the LEMA's or the local emergency management arrangements. (Rockingham_G3)

"Social Connectedness is so important, the psychosocial aspects of a person's recovery and they can help facilitate that. So if they know where people like to hang out and what services exist in space post an emergency, they can make sure that they're still fulfilling that service. Even if that service may have been destroyed or damaged. How can we get something similar into that person's life?". (Rockingham_G3)

"Because some people, these virtual ones like Facebook Lifeline may not be the first ones during disaster when it's happening. It's more which is more in the after-recovery space where you need those kind of support systems to help you. And then the different channels you would use during which is mostly the physical support, like your neighbours, or volunteer groups, local volunteer groups. And there are different ones, which is after in your response that you can go counselling and other things. So that came up and interesting was the virtual and the physical difference, because both are supports available, but at what time in that space, because what you use is what's important, because the before is such a big piece of this puzzle. And that's where the evacuation centres we spent a lot of time talking with, if you have a plan where the plan is to go to friends and family and then a Plan B to go to somebody else before we decided

to be at the Evac Centre, there's all the before conversation, support groups that can play a big role in influencing and helping you with this." (Rockingham_LG)

4. Evacuation

In Rockingham DIEP we learned that **evacuation supports** are provided at evacuation centres.

"Yeah, one of the things that we do, as well as is that if someone comes through an evacuation centre, so their elderly, we might see if we can book them into commercial accommodation. If they've got an accessibility issue, then we try to look at where we could accommodate." (Rockingham_G4)

"I was saying before we had an elderly couple at the Woorooloo, the evacuation centre. And, you know, there's issues of catheters things like that it's not a comfortable space for people to be, and people get triggered but sometimes people disability the dignity is compromised, you've got dementia in there too." (Rockingham_G4)

"We've got a range of facilities we can go to with people. So during COVID, one of the things that our Office of Disability did was coordinate accessible accommodation that could be used for isolation of people. So they've made this 72 places that could be used. Oh right. And that ranged from really high care like high accessibility to moderate accessibility." (Rockingham_G4)

The **support needs** required during evacuation was also considered.

"My daughter lives in apartment building and she's not able to leave the apartment unaccompanied she can't she's she has panic attacks. But we've never thought about talking to her neighbours. They had a fire drill. I'm only 12 minutes away but I am twelve minutes away. So if they have a fire drill my kids not going to leave her apartment. But she has a neighbour on that floor that she gets along with. So I actually need to be making that connection and planning in case of a fire drill. You know, Bob is going to knock on your door. So it's really interesting to me that providers, NDIS providers, nobody's, we're two years in. We haven't had these conversations. So for me part of my planning is going back to her NDIS team and going can you do this? Because it's going to come much better from her support coordinator who's a champ than it is from Mum. If Mum tries to say it then it's automatically wrong." (Rockingham_G2)

"First individual I spoke to with disability I think my main concern was actually yes, I'm probably prepared but could be more prepared, based on information received this morning. But if she was at home when they need to evacuate or something. Husband can obviously help her out or whatever but if he wasn't around what would she do. Doesn't have any connection to neighbours not a lot of close friends or family. So that network isn't really there. It's down to like, really only one person. And how would she notify someone that she's stuck at home and who do we notify I think was the other thing." (Rockingham_G3)

Un-timely evacuation actions can pose risks to others.

“One of the things I remember with [Ryan] who’s our step up for the east metro area, talking about evacuating a retirement village and a one time and you would think that people will be very keen to go but they all spent their time trying to hook up their boats and their caravans and trailers and so on and so took about three hours to get most of them to the you know, just creating this massive roadblock because that mentality of getting out wasn’t there.”,
(Rockingham_G4)

5. Existing resources and supports in the community.

In Rockingham we learned that there are existing resources and supports in the community. It was identified that constraints on supports and/or resources can create barriers. These constraints tend to sit outside the responsibility of the individual. An example being physical constraints such as transport.

“Transport is a big consideration in say the instance of evacuating schools, the Education Department contracts with bus companies in bits and pieces, but if it's a widespread, wide ranging and then everyone's going to try and grab the services that they need so it can be problematic than resorting to like you were saying before, maybe just getting the City of Rockingham’s fleet of just passenger vehicles and going to you know.” (Rockingham_G4)

“Transport people without vehicles and then I noticed that came up no car mobility care of social networks, social networks.” (Rockingham_G1)

Organisational constraints such as workforce capability.

“Training around support workers and this is one of the things that came up was because of the shortage of staff. You're having inconsistencies in your support coordination of who's showing up and that person might not have gotten the notes. You might have the best emergency management plan. But not everyone has that information so that transparency across the organization to make sure that everyone has theirs.” (Rockingham_G3)

“And volunteer transport was another big thing. And because if you can't get around, that was something that was being relied upon for delivery of foods and for people going into hospital appointments.” (Rockingham_LG)

“So the other one was Red Cross. So an organization that's helping with disasters. Feedback from them was the burnout and the staff shortages due to disasters, especially COVID. And that's something a theme that goes right through disability, the personal impact to people who have got compromised immune systems, and then also emergency services that you know that their services have reduced for the fact that there is minimum workforce, so that's had an impact on them. Same again, with Disability Services, the impact of the short staff, PPE being able to have the equipment that they needed, that that was an impact and being prepared, especially when you've got to evacuate people from supported accommodation to another accommodation. You've got to be mindful of their needs and their equipment.” (Rockingham_G1)

“And I think that's where that conversation needs to be had because, at the same token, you know, someone said that before that maybe it should be support coordinators. I'm thinking I'm like, you can say that but there's only actually a percentage of people who have support coordinators. So on top of that, if you've got a plan and part of that plan is community connections. This is your community.” (Rockingham_G2)

“One of the other people who's a carer and a support providers says that there's a nasty cycle where an emergency happens, and let's say we use COVID or fire so you have a person with disability lives in Baldvis and their support worker is in Baldvis. Baldvis has a fire. That support worker is not available to go and help that person prepare because they're protecting their own house. So then there's an increased demand on the family or the support networks and then that might not have been considered as wide as it needs to be and then all of a sudden you do have that person with no immediate support to help them. So making sure that when you are working with someone that you do establish this support network, and make sure it's in depth enough that if those people live locally, do you have someone that's still going to be able to provide that support, which was shared responsibility?” (Rockingham_G3)

Concurrent disaster events impact resources and individual preparedness.

“A lot of the same things that were said words that the disasters or the severity of them are getting bigger, and they're getting more frequent. The frequency and severity yeah...And also that concurrent Disasters are happening. So yeah, a lot of people mentioned the resources have been taken up. Yeah. So they're getting stretched” (Rockingham_G1)

“What she was saying is, you know, when she was younger, she lived on a property and fire risk was the main issue. Well, they thought coming into the city that that was reduced. But then she realized, as with everything that we've said, the increased frequency and types of disasters that are happening, you've got to be more prepared for all of those.” (Rockingham_G1)

In Rockingham, resources and/or supports are identified as **people and places in the local community**. This is seen in the following quotes.

“And one more I'll share and then I'll stop was local churches, place of worship because that's a group people rely on as well.” (Rockingham_G4)

Friend networks, chemists supplying medication especially with Webster packs and things and they do delivery to Yes, yeah. Possibly food banks as well. And just Centrelink, like in an emergency situation do Centrelink have a direct contact as well because for you know like the emergency payments and things they usually put the information out after.” (Rockingham_G4)

“The library, safe space and community centres and that, when evacuation centres are full are not allowed to take pets local government transport service neighbours, neighbours, community centres informal support, support workers.’ (Rockingham_G4)

“I was thinking like other supports about like, you know, providers, like taxi services and stuff, whether they'd all pull together and offer their transport, though, you know, that's kind of the way I was sort of thinking as a community, you know, yeah.” (Rockingham_G4)

“And the other one that came up was that was so GPs and other health care providers.
“(Rockingham_G4)

“There’s local volunteer groups. Yes. That’s a good one. It's what we have access to at that time. And you know what I'm also realizing there's some formal support and there's some informal supports sometimes because of disaster you come together.”(Rockingham_G4)

“the other one that came up. Oh, is actually about shopping centres. You know, if something came up and being able to go somewhere that generally accessible, its generally people are out there too so not really sure how that would actually work in practice. I don’t know whether it would be good for sensory issues or not, support group as to what support with shopping, perhaps a shelter. (“Rockingham_G4)

“But one of the other discussions that we had was the importance of churches and places places of worship, and also libraries. Because they can be quiet. So if people have sensory issues, then being in a library and having access to power banks, can be really important.
“(Rockingham_LG)

“I think the other you know in terms of people with invisible disabilities places like local libraries Can be a great refuge, they’re quieter, less stimulating they have recharging facilities, they have recharging facilities which for us is a huge thing.” (Rockingham_G4)

There are **existing programs** of support that are available in the community, that people may or may not know about.

“So we had respite services and we had like virtual services like Beyond Blue and Lifeline”
(Rockingham_G4)

“One of the things that the city does as well and we've got these Neighbours Unite program that if you hold a little like street side, driveway event you can be reimbursed up to \$250 so if you want to do a little sausage sizzle, you just write into the City and they reimburse you for all the costs. And that and then also they kind of recommend that you kind of exchange numbers as well like the WhatsApp. What programs that? Neighbours Unite. Yeah. So they've got that facility so you don't have to be out of pocket if you do want to organize a little, gets people together.” (Rockingham_G2)

“I didn't know Western Power has a service for disability. You can talk to them. If you have somebody with a disability medical need power. Yeah. So then they will call you and say power's out. What do you need to know how long the generator and that you have priorities for ambulance as well? This was systemic stuff I didn't know about.” (Rockingham_G2)

“Like a group called Side by Side to call you know something's missing and someone is in a really bad spot. The other one apparently I hadn't heard of called Mighty Mums.” (Rockingham_G4)

“And then I spoke to your colleague at DFES whose also in community preparedness, and she was just sort of talking to me about what what do you guys do like, you know, awareness sessions, stop prep sessions, Silver Chain clients, do presentations, things like that.” (Rockingham_G3)

“What I learned with other supports which people with disability could count on. There were a few that could manage school which came up because one of the carers daughters goes to the school and she said the school has an emergency management plan and if something goes wrong, she trust the school to take care. She also said the bus provider because it's a different bus service who drops and picks from the school. She also said she goes for sports, swimming and a sports group. So that's another place she thought of sports swimming and support group like a small sport group swimming most of the people said neighbours and friends' family.” (Rockingham_G4)

“.... lot of people's employment might be able to help out with certain things as well. Especially with counselling and things, because a lot of works provide that now.” (Rockingham_G4)

“I had a enquiry the other day from a business they said they've got a person with a wheelchair now have to have an emergency evacuation plan. Do they need to register with DFES we said no that's a building manager role. And usually, buildings like office buildings have a panel there and the front there they put the plan and say this person is in wheelchair that section so that when firefighters come for a structure fire, exactly where to get them from but then it's just one type of disaster which we do.” (Rockingham_G4)

There are **technology-based** resources that people identified.

“One person I spoke to had a bushfire app on their phone with all the emergency numbers and all that on it.” (Rockingham_G2)

“Now another one that came to pretty important one I think this in this modern world is social media. And, you know, Facebook networks can often be the first one people reach out to. (Rockingham_G4)

“I've got a medication app. It's got all my medications on there and then I just order it.” (Rockingham_G2)

“...there was variations in what people use to help them like people talk about the apps. Again, coming back to bush fire or emergency WA that's a bit broader.” (Rockingham_G2)

“So most people were sharing their experience around utilizing social media before they would recognize Emergency WA, which is our single source of truth. So that was something that and obviously DFES has done a lot of promotional work around and it's very much bread and butter in the work that [Name] and I and our team do, but even in this room full of really educated and switched on people. Emergency WA was not people's first thought. So that that's a real concern for us. And we need to think some more around how, that becomes second nature to people to think oh, yeah, just check what's going on today. Just out of interest. How many people checked Emergency WA with this storm stuff going on today? I checked. I checked RAC. You checked RAC? “ (Rockingham_LG)

““I'm not sure it's covered but being in contact with local community groups. On social media and also just in general. Having contact with the community. Like I'm part of the local community group on Facebook, and I get all the news and it's fascinating. All the DV or the break ins, yeah”. (Rockingham_G2)

There are other types of resources available in the community. Resources can help raise awareness in the community and help people to prepare.

“... but the Red Cross do a neighbour's book. Where they we can get numbers, you know, pass your card on you they can do a neighbour's, you know, details and that sort of stuff handed out to each other.” (Rockingham_G2)

“So I'm one of the people with sensory disabilities and a very short attention span usually but but what I like about it is as the different ways I've seen people use it, so I know someone who has an intellectual disability, he's got his PCEP plan. And that came about with good support and good conversation around the coffee table. It isn't here's a workbook sit and fill it down. Fill it in. It was around someone like yourself who understand that individual very well.” (Rockingham_reflection)

“There's one of these bushfire safety guide for direct caregivers we're actually going into people's houses providing services and what they should have in their car and if they're driving and see smoke, they should not be going in because that's the safety of the service providers. We're also doing an agency guide under review, perfect timing.” (Rockingham_reflection)

“Although when I spoke about the resources that DFES does have most people weren't necessarily aware of even things such as emergency WA which does concern me because so you know, there's our website has made the impression A has had some pretty large Scale things. It's been in the media a lot. A lot of campaigns yep. All of those sorts of things but that's not peoples first thought. People's first thought and I'm not saying this is wrong but people still first thought was going to, jump into social media, like we do have our own social

media, we do have our comms team they're amazing. But, I'd much rather people go to that single source of truth and for some reason, there's still that widespread disconnect."
(Rockingham_G3)

"I think some of the individuals I spoke to were really prepared to self-educate themselves. So it was because I spoke about some of the resources are available and they weren't aware of different things. So I know Terrans got some cool stuff. And obviously DFES has. So it was just it's yeah, there's lots of resources out there but they didn't know how to get those resources. So I guess that's a gap that we kind of need to sort out somehow."
(Rockingham_G3)

Resources need to be **accessible** for it to be meaningful to the wider audience.

"The organization talked about they share a lot of provision of information from the government. But when I probed further to say is that in a format that's receivable because not and I know DFES does do a fair amount, but we don't do read for everything. For example we've got Yeah, not yet. We do have some that are amazing, but we often don't do it and that's no different to anyone else. So asking them, this is a resource that your clients need. Do you then change it into or work with them to understand it and they recognize that's a gap that not everything comes to them in a way that's actually receivable. Regular training came up again. And then just making sure that there's that planning with the client about different hazards and the translation of that across multiple supports."
(Rockingham_G3)

"So one of the one of the concerns was the difficulty with getting families to share information. So you know, yeah, there's so much information overload and, you know, a lot to contend with being a carer of someone with a disability or so to get that information to make it easy and accessible and just make it quick and easy to share is one of the questions you know, important things that we need to consider." (Rockingham_G3)

"So for example, the use of different formats as training tools, so social stories and other visual formats. Audio recordings of what you can do."(Rockingham_G3)

"...the information overload for the carers and people with disability that can quite often be very heavy-handed for them. And we've got to understand that their processing may be different to other people." (Rockingham_LG)



Summary

1. The impact of disaster affects everyone in this community. People from at greater risk groups have extra support needs in emergencies.
2. Accessible communication and information provision enables people with disabilities to be aware, safe and prepared before, during and after emergencies. People with disability and their support networks can be supported to develop messaging and plans that suit their unique needs, or the needs of those they support.
3. There is a commitment from the local government to build community connections and people at greater risk can be supported to engage in these activities. Through building community connection in everyday life, people can build informal networks that can support them during an emergency.
4. In Rockingham, individuals and organisations demonstrate capabilities and actions in disaster preparedness activities. Leveraging existing knowledge, skills and actions will benefit the community.
5. The community was aware of the need for preparedness, and although there was varying levels of action taken, there was a strong desire to learn more and collaborate with local government to build better awareness in the community.

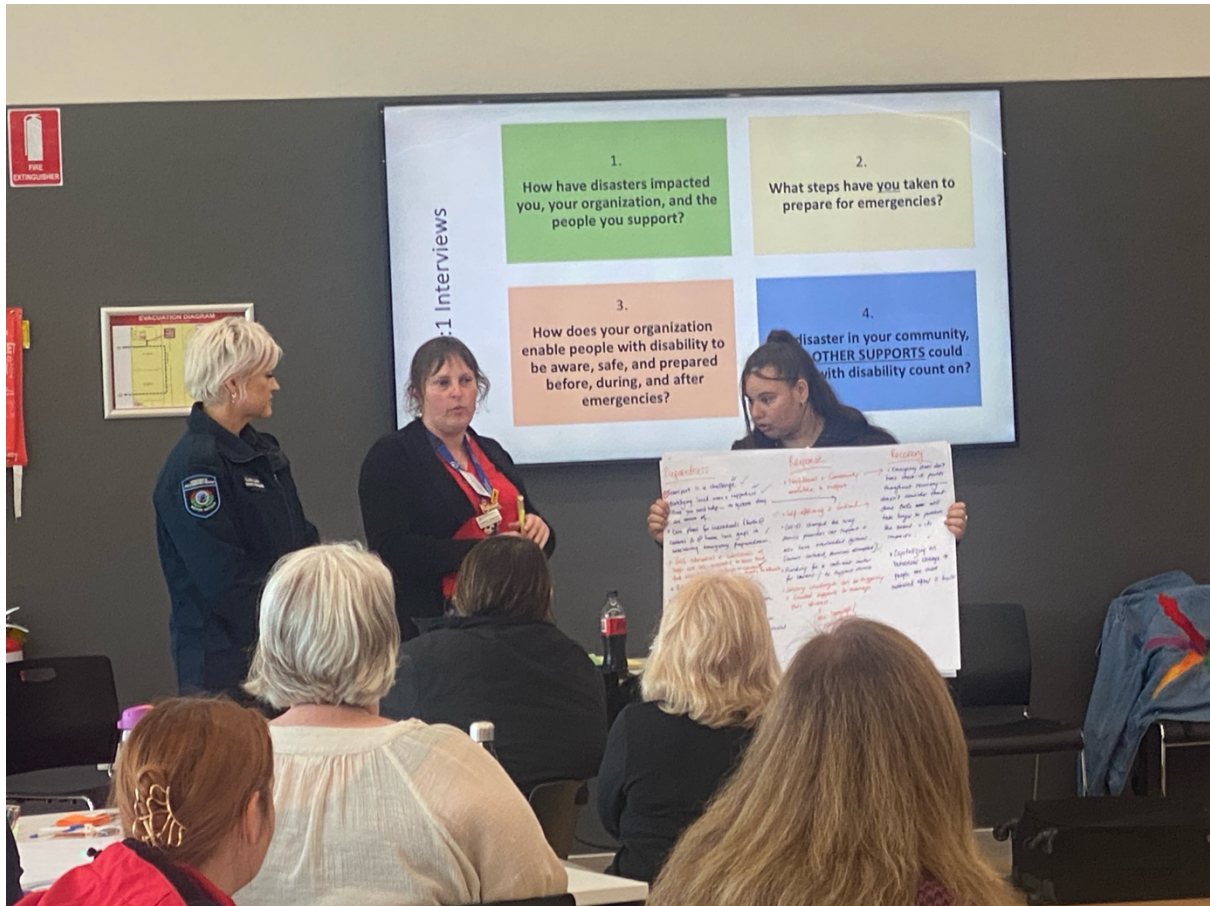


Image: Three people standing at the front of a room, presenting findings from the DIEP forum.

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