

Disability Inclusive Emergency Planning and Disaster Management

South Australia Plenary Forum

7 December 2023

Citation:

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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 **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?*
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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)?
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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.
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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.
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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 14 participants from South Australia at this forum. Participating stakeholders included 7 emergency services personnel, 4 government, 2 service providers from the community, health, and disability sectors, and 1 person with disability/representative.

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 conducting emergency planning and preparedness training:

“I would say that there is some scope there to do some **training** in terms of... **interacting** with the person with a disability”.

“And then we do **bush fire safety sessions** for workers within the disability sector”.

“And **information and discussion sessions** around emergency planning”.

“We're going out to organisations in the sector doing some **free workshops and education sessions** which were really good”.

Participants discussed the availability of emergency information resource hubs:

“We have **audio files** available on the **CFS [Country Fire Service] website** as well for those needing them”.

“But just having a **South Australian site** to find that information I think is important because you know, like, you guys do amazing work”.

Participants raised the use of emergency preparedness support services and preparedness tools:

“Oh, we've also got a resilience relief and recovery network that's made up of **local community services** and groups like **Men Sheds** and **Community Houses...**”.

“And obviously the **translation service** can be used for folks...”.

“Also again, a **tool** for us as an organization...we do a lot of **community in practice work** that targets different community groups, and one of them that we're working on at the moment is for **people with autism**”.

“**Person-Centred Emergency Preparedness...**There's a workbook and **toolkit**”.

Participants spoke about guidance documents to increase the accessibility of emergency information that goes out to communities, and guides that help with personalising emergency preparedness planning for people with disability:

“I know that we have an **easy English guide** as part of our **bush fire safety** resources for the community here which is available both digitally and in hard copy versions”.

“We have some **good practice guides** internally as an organization around any print materials that go out **for people with disabilities**”.

“...having reviewed the **P-CEP** [Person-Centred Emergency Preparedness], so that is one of our **source documents** in terms of how we develop that personalised emergency plan”.

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.

Participants mentioned promotional events, audits, and communication strategies to increase the safety and wellbeing of people with disability in emergencies:

“And **showcasing some good practice** about how to prepare your organisation and your clients for disasters”.

“So, you know, 20 months ago or something like that now, I did start trying **to map...anything that the community can utilise...**and it was so massive that it's still a work in progress”.

“Whenever there were new restrictions coming into place, we would try and translate those into **easy readers** quickly as we could...we were getting lots of contact from our members with **intellectual disability** that they were really scared....so, you know, would really like to see that kind of change in the future for people to be able to have that **easy- to-understand information**”.

Lessons learned about tools, programs, and resources.

Participants reflected on a need for emergency management resources to be accessible:

“And I think, the question is how, you know, what could make those two **resources more inclusive of people**...because I think as pointed out, they're all printed”.

“Information that we issue like **general warnings**, etc, if it's on a digital platform, we have accessibility policies and we're **legally obliged to ensure that it's accessible**”.

“If you had **one place** where people could go **to find the resources** they needed...and a shared kind of space for all the different organisations putting resources together would be very helpful.”

Participants called for emergency management policy, resource, and service gaps to be filled:

“But we've just pulled up our **community emergency management policy** and there's **no mention of people with disability**”.

“...so in that grid where there's actually **no resource available**, that's probably, you know, a good point to go, well, okay, we've got an abundance in this area, but in these other areas, hardly anything”.

“But the **service provider** doesn't necessarily mean somebody who's got **24-7 responsibility**...you know like I go to a program once a week for an hour, does that person or that organisation have responsibility?”.

Participants want to see emergency management resources collaboratively designed and co-developed:

“Yeah, we're on the border with Barossa, so we probably need to **interact together**, I think to come up with a plan for the **neighbouring councils**”.

“Hence why I'm here today, but yeah...we are very passionate in, in our council, about community-led work in this space and certainly, having that **disability Inclusive lens**...”.

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 who are at most risk (e.g., people who are elderly, people with disability, people with addictions):

“There's a couple of other groups...obviously **people who are elderly** and living alone and frail...”.

“Where the fire is imminent...making **old people** go stand out in the sun and hope that somebody is going to come past and not run them down before they stop”.

“But in particular, yes, we're quite concerned about **people with disability...**”

“Through, you know, what we've heard when we've been working across the whole of the community services sector...is around **people with addictions...**to get a daily dose from a pharmacist and if it's 48 degrees every day and nobody will give them a week supply, then they're actually having to go out into extreme weather in order to get it”.

Participants were anxious for people who are isolated, people living in rural locations and people living in areas with high risk of experiencing fire events:

“...it comes up time and time again around **isolated people...**so, if you if you don't have someone that's coming and checking in on you or knocking on your door...it's really hard for people to know”.

“Touched on those **people who are isolated** and don't have great supports would be the people that worry me...Yeah”.

“And, **if they're isolated**, that makes it **more complex** if they're living with a disability”.

“I guess **semi-rural areas** as well because that's often where people will be living because it's lower cost in terms of housing...”.

“A high risk of fire events as well...yeah, I'm probably realizing that they're living in an area of **high risk** in terms of **bush fires**”.

Participants showed concern for people who are vulnerable, people in lower socio-economic groups and people from different cultures:

“there are **people who** are independent but **have some vulnerabilities** and live alone...”

“...**costs of living**... trying to, you know, look at how they will get through these days”.

“People with **different languages**...I'm thinking you know, a lot of people were displaced from their properties”.

Participants were worried about people who are not supported by the National Disability Insurance Scheme (NDIS):

“We have come across people who aren't on the NDIS...one lady in particular, she **used to be supported by NDIS**, had a case manager who she had regular contact with...”.

“Yeah, those other kinds of people that we're really worried about...the **NDIS review report** has come out today”.

“Those are the people that we are most concerned about are the ones that **just have a little bit of support**”.

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

Participants warned of emergency management policy failings and resourcing gaps:

“...in regards to making any anything accessible, you know, **more accessible for a variety of people** seems in the **too hard basket**”.

“So, if you're talking about people in retirement villages...for **people who own retirement villages**, they have **no responsibility** whatsoever for the people that live in their facility...so there needs to be some work happening there”.

“And always **because of money and funding** then there's a conversation about well that should be health that should be disability, that should be the local council, that should be whoever”.

Participants raised concerns about communication gaps involving the sharing of emergency information as well as not knowing where vulnerable people are located:

“...the **information** that's out there **is all over the place**”.

“I think we are still **not quite communicating in a way that's accessible** to a whole range of people”.

“So, there was **a lot of to and fro...around getting information** between us, local council, emergency supports”.

“Think it is going to be **really difficult** in the future because we're **integrating more SDAs** [Specialist Disability Accommodation] **into society**”.

Participants were troubled by people living in remote locations who are hard reach:

“But about having a way of identifying **remote geographic locations** for people and where they live”.

“...can't find any consistent information about **how you go about supporting those people in those remote locations** to make themselves easily identifiable”.

One participant raised distrust of people with addictions as a barrier to inclusive emergency management:

“And when it comes to **people with addiction issues**, then often it's about **discrimination**, you know, like if there're an addict, then **they can't be trusted**”.

“We can't give them a week's dose because, you know, we can't trust them and **rather than trust people they would prefer to put them at risk** by making them go out in extreme weather when they really should not be”.

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

Participants talked about the inclusive value of community workshops and engagement activities:

“**Red Cross** have a **series of workshops** that the community go through with, you know, the facilitator”.

“**Door knocked** in the end to get **face to face** with them and say, try and explain what's going on”.

Participants discussed the value of informal community connections in reaching vulnerable people:

“So, it's going to be your **neighbour** who'll keep an eye on you type thing”.

“...was really encouraged to find that I didn't speak to a single person that day that didn't have **at least 3 contacts on their street.**”

Participants mentioned program and planning activities to include people and groups:

“So, the **Red Cross** have got a **program called Ready Communities**, I believe that's what it's called nationally now, and that is really about supporting the community...to look at their connections”.

“And this is where some work that's happening with the **Office for Data Analytics** in South Australia might be beneficial...how can we **help with supporting individual people at risk...**”.

Participants raised clear and accessible communication as helpful to including individuals and groups:

“...mentioned **easy read information** before, we would definitely promote that”.

“So that might be something we can improve on is our **communication** with people to try and ensure that it's well, first of all, **really accessible to people**”.

Participants mentioned education and training to support the inclusion of people:

“the **education component is a major one**, which stems down from every level of government”.

“So, **any kind of training** that people can have **to help them prepare** is also really great”.

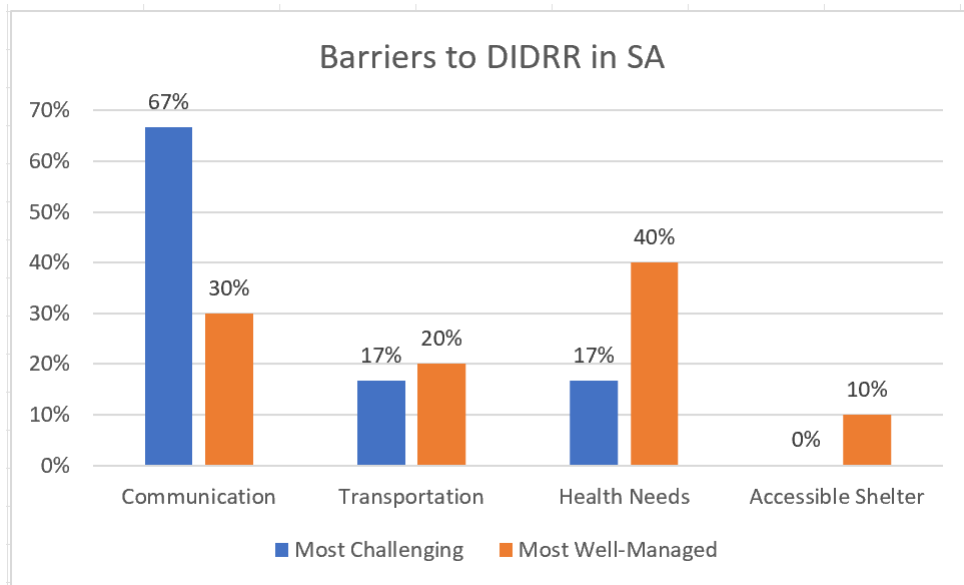
“**Community education** is the enabler”.

One participant spoke about the inclusive value of having a holistic and culturally aware approach to emergency management:

“**Red Cross** have a **series of workshops...** and they actually look at all of the possibilities and all of the different types of, you know, young people, **culturally diverse people**”.

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).



Communication was identified as a significant concern, with a majority (67%) considering it the most challenging barrier.

Transportation and health needs were perceived as less challenging (17% each), but there was a desire for improvement in managing transportation issues. On the other hand, managing health needs was considered the best-managed area.

Accessible emergency shelter, while not seen as highly challenging (0%), has room for improvement in terms of 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 described applying policy and planning measures to help to redress barriers to emergency management:

“We've put in a grant application to **rewrite the people at risk and emergencies framework**”.

“The functional support group is a small **group of expert people** who **guide the emergency management sector** during or preparatory to an emergency”.

Participants spoke about providing clear and accurate emergency management information:

“So, when the floods happened, we decided that there should be some learning from how people who are most at risk were supported during that event, and yeah we developed a

report that had recommendations in it that related to **communication and information** but also about **people with language barriers**, for example”.

“I guess just in regards to **communication**, one of the things that our team has been doing is working directly with **CFS [Country Fire Service] around their community programs** and looking at the content that they're delivering and seeing if we can add to any of that”.

Participants noted advocacy efforts and collaborating with key stakeholders as supporting access to emergency accommodation:

“...**needs...those are advocated for** to various stakeholders to make sure those needs are met”.

“And **speaking to other providers** to talk about sharing resources or helping each other's clients if it comes to that”.

“**Liaison with other providers**, and speaking to emergency services, local councils and different people to make sure the structures are around people, particularly those people who are perhaps not in our 24-7 accommodation, but we support them”.

Participants described the use of technologies and the research efforts of another jurisdiction (i.e., QLD) to address barriers through emergency preparedness:

“Trying to I guess **increase the uptake of P-CEP [Person-Centred Emergency Preparedness]** as we've been talking about... so people, would actually...have a good conversation about what their needs are and **prepare**.”

“So, say for example that **Queensland...this amazing research program** around understanding what would work really well for their community in regards to helping them be prepared”.

Participants discussed engaging with disability service clients, maintaining access to services, and service providers meeting their emergency planning responsibilities as addressing barriers to the managing of health needs:

“Think a lot of our practical strategies involve our regional teams doing a lot of on the ground work in terms of welfare checking calls, some **face-to-face work**, that's **with our clients** who need support...”.

“Or and with **walk-in help needs**...that we can **provide that service** to the community”.

“**Registered service providers** having a **responsibility** to support their clients to have an emergency plan...”.

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

Participants supported enhanced **policy** and **preparedness planning** to redress barriers to accessing transportation and emergency shelter:

“Those **evacuation issues**...we've got to have some **better strategies** around those”.

“...to assist those people in the community like so that there are **high-level strategies** in place there”.

“**We need you to have a plan**...we need to have something in place so they're not relying on the day for something to happen...”.

Participants called for more resources to support people with disability in an emergency:

“We're **funded differently**, aren't we? Yeah, we are more piecemeal...like in Queensland, they have the **Queensland Reconstruction Authority** that **has a lot of money**”.

“Yes, there are the **communication passports**, but if they could be modified in an accessible way so that **money is not a barrier**”.

Participants wanted to see improved communications within local communities and better collaboration to address transportation and emergency accommodation barriers:

“And it's having that **conversation with the folks that they're supporting** to say, hey, this is what's going to happen”.

“So, I think **working together to come up with some better strategies**...alternative places for people to go if they evacuate and the transport to get them there is probably something that just gets cobbled together at the last minute and isn't coordinated more widely”.

“I think I'm following on from what I mentioned earlier on **partnerships with other agencies** or **data sharing agreements**, etc”.

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:

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