

Disability Inclusive Emergency Planning and Disaster Management

Victoria and Tasmania Plenary Forum

11 November 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?*

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 25 participants from Victoria and Tasmania at this forum. Participating stakeholders included 12 government, 6 emergency services personnel, 4 people with disability/representatives, and 3 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 programs and resource hubs:

“...a **program called residential risk referrals**...so we try and work with primarily with, organizations that are providing services to people in their homes”.

“It's been the **community centres** that have been, you know, a wealth of information, really supportive”.

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

“We provide advice and support to individuals...we can do things like **home visits** and installing [smoke detectors], and things like that”.

“And **some of the tools** that I used to share warnings with communities, making sure that those are in both appropriate language and appropriate format for use with things like screen readers and other tools that will improve inclusion and accessibility”.

“The tools that we're currently using is a Tasmania Fire Service program which is called **Bush Fire Ready Carers**... so it is, targeted specifically at bushfire preparedness”.

Participants spoke about research brief/guidance documents and videos to increase the safety and wellbeing of people with disability in emergencies:

“...our home **fire safety booklet** which is available in lots of different languages and the like”.

“What my team leader has created is an **in-house training module with videos** that interviews different people from different population groups, including people with disabilities and just asking them about what sorts of things that might need to be considered”.

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 inclusive procedures to increase the safety and wellbeing of people with disability in emergencies:

“So, we were just at the **Melbourne Disability Expo** and we've done that for a few years...”

“Also spoke at a **recovery forum** that we had down here that was **facilitated by NEMA**.”

“Some **audits of our evacuation centres** with the disability groups to see how they could be improved.”

“So, for emergency relief centres we've got **standard operating procedures** that include a little blurb about different population groups and what things to consider.”

Lessons learned about tools, programs, and resources.

Participants called for resources to be collaboratively developed and co-designed with people with disability:

“We're working with NAS providers in home aged care providers and it's a **joint activity** between CFA and Red Cross”.

“We also have a **partnership with Carers Victoria** and have one just specific to informal and unpaid carers...”

“...being able to **include the lived experience** focus would be really beneficial”.

“To build awareness and create change... so we'll be **more inclusive** and the way we approach things”.

Participants reflected on a need for resources to be accessible, understandable, and widely promoted:

“So, we've got **easy English resources** up and available and we take them with us”.

“...information or those resources, you know... **make them accessible** for people”.

Participants noted a need to apply standards and principles when developing resources to reflect a person-centred approach:

“how we can use, you know, those [Person-Centred Emergency Preparedness] **principles**...integrate that more into how we develop our resources...”

“I think it's also the same for our communities, no matter which community [it] is, that they're getting the **same information**”.

“Through a “*centred process*” that **puts the person in front** and asks them what they need... is the **most important**”.

“Emergency plans which are **relevant to their situation**”.

Participants called for resource and service gaps to be filled:

“You know we have a **very small staff** and trying to, I suppose, bring in volunteers to assist us...”

“There are **huge amounts of gaps in** in their **service delivery**”.

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 frail, people with disability):

“We quite often see people who might be **living with the disability...to be frail**...we have concerns there, particularly with their **abilities to leave early** in a bushfire scenario or evacuate if something happens”.

“We know that **people with disabilities** are among the **most vulnerable** groups to be heat impacted”.

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

“People who are yeah **isolated**, they were not connected to supports”.

“But there are there is a small cohort of people in some very **rural and isolated communities** that don't have that connection”.

“My concerns are people that **don't have the family connection...or friendship connection**”.

“People who are **not connected**...so any kind of planning is really difficult”.

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

“So, a lot of people just **make the assumption** that if someone's got a disability, they'll automatically be getting support through NDIS and it's just not the case...it's a **really small proportion of people** with disabilities **that have a NDIS package**”.

“We see things, like for example, with specialist disability accommodation that says you've got to have an emergency plan but then there's **no funding** around that”.

Participants raised concerns for people with disability who also have caring responsibilities:

“The cohort that comes to mind that would be **most at risk** are people with disabilities who also have **other caring responsibilities**”.

“...may have **additional challenges** to self-mobilizing themselves to safety, but then on top of those challenges, they also have to really consider these **other people that they care for**”.

Participants mentioned being worried about people with disability who are not on any register (including visitors to areas):

“Firstly, from a local government agency, we have **no register** in our municipality. Of people with disabilities”.

“So, we have a lot of people moving in and out of the area in a **transient** way that quite quickly can be caught up in an emergency situation...**we don't know about these people**, so we really don't know what we're trying to help assist or respond to”.

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

Participants spoke about resourcing gaps that do not meet the evacuation needs of people with disability:

“We have **no resources** to help people with disability evacuate. We have **no vehicles capable of carrying them or assisting them**”.

“You still **have to have the resources** to be able to **transport** them and that's why people are not so keen on having registered registers”.

Participants warned of policy and program failings:

“I think sometimes we have a job that we want to get done and we **don't always consider the whole**”.

“I think there's a **big gap in the NDIS** and you know the availability of funds to support people to develop plans...and what those plans actually look like and whether they're realistic”.

“**Not everyone** is connected to a support provider”.

Participants raised concerns about not knowing where vulnerable people are located:

“In terms of an **attempt to do a register** that covers everything...don't think that's ever going to happen across Australia”.

“There is **no register**...there is nothing that actually identifies these people are in a certain area”.

“We had someone from our local emergency services come along...we said is there a register for people who have difficulties being evacuated...he said, oh yes, it's got about 5 people on it, and we don't want it anymore because **it's too complex**”.

Participants spoke about perceived challenges and support gaps surrounding topics of intersectionality and diversity in the community:

“We **talk about CALD communities**...there is work that needs to be done in my opinion”.

“I think when you start to pile on intersectionality when you start piling **complexities**”.

Participants noted communities that are hard to contact and support:

“Yeah very, **very hard to reach**”.

“**...tricky to reach** sometimes”.

Participants discussed challenges in successfully communicating emergency information to vulnerable people. Two key issues named were ability to access the information and trust in the information:

“**Couldn't read**, so therefore any information that was given them on a handwritten document was not going to be of any use”.

“It's not just, oh, we sent out a text message...you know, **not everyone's got the capacity**”.

Participants raised vulnerable peoples' distrust of information and sources of information:

“But there was a **huge mistrust for information**...and it wasn't about emergency services or councils, it was about scamming”.

“They weren't actually really looking at the alert system because they **didn't know if it was fake or true**”.

“Yeah, **government**...there's always gonna be an **element of distrust**”.

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

Respondents talked about the inclusive value of community groups and engagement activities:

“We've got about **90 community groups** and services on that meet every 3 months”.

“To go out and **visit people**, help them build emergency plans”.

Respondents discussed the importance of informal community connections and networks in reaching vulnerable people:

“So, there's people who are **not necessarily affiliated** with a particular agency, but do go around their local community checking [on] everybody”.

“But there is a **small cohort of people** in some very **rural and isolated communities** that don't have that connection and they've sort of come to light through things like neighbourhood houses...who play a part in helping”.

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

“Yeah, we see that as well in terms of identifying the people who need support through the **programs** like the **Emergency Plan and Buy Service**”.

“And what they're really able to do is **speak to people about their plans** gently... challenge them when they need challenging and help them get more information if necessary”.

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

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

“...the way that people **get information** and the way that people are **given information**”.

Respondents spoke about having a holistic and culturally aware approach to including individuals and groups:

“But what we really need is, is to say, **communities as a whole**”.

“Completely agree and I can see that approach also being much more appropriate for...our **First Nations communities** as well”.

Respondents supported a strength-based, inclusive approach to emergency management:

“They're moving away from the vulnerable word and using more **strength based language**”.

“...continuing to label people or can we have an **inclusive plan**”.

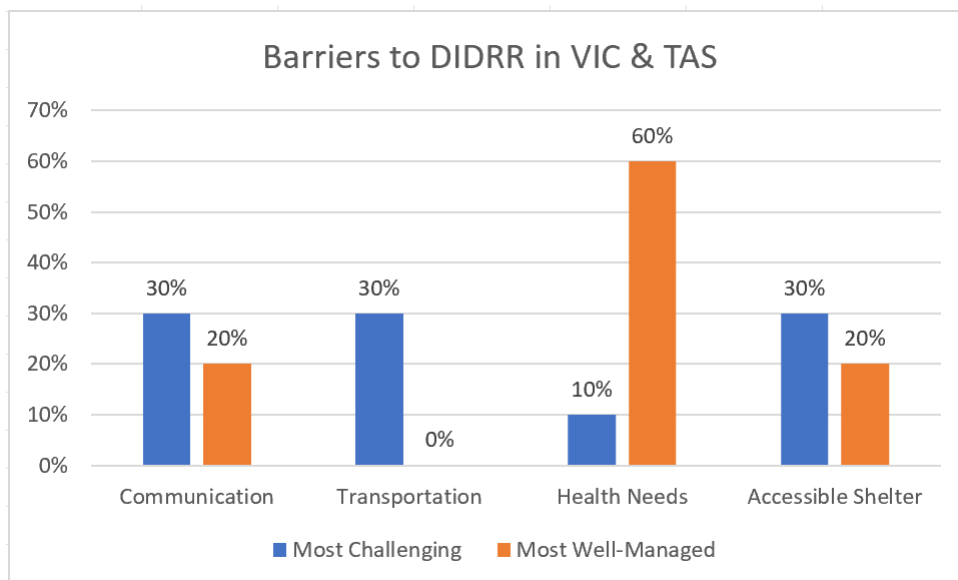
Respondents mentioned education and training to support the inclusion of people:

“We've just done, about well probably about **15 preparedness sessions** in the last couple of months and we've had ambulance Victoria come along and their main topic that they've covered is heat health...so that's been a fantastic way of reaching people and really hammering home that message”.

“Wilderness responses and to **train people**...you know, a scenario and what resources you have and how you might need to work together to find, you know, solutions, survival solutions... when they get the chance to practice something, they start to feel more confident and they start to feel more connected”.

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 and finding accessible shelter were identified as the most challenging barriers by 30% of respondents each. Transportation is a perceived challenge by 30% of respondents, and none report it as well-managed.

Managing health needs during emergencies was considered less challenging, with only 10% identifying it as the most challenging barrier, and it is reported as the most well-managed aspect by 60% of respondents.

These results suggest that while there are challenges in communication and shelter accessibility, the management of health needs is relatively more successful in the VIC and TAS group.

The lack of reports regarding well-managed transportation indicates a potential area for improvement in disability inclusive disaster risk reduction.

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 policy and governance towards redressing emergency shelter/accommodation and transportation barriers:

“And accessibility to emergency shelter so we've recently **developed an emergency accommodation policy...**”

“One of the things that we are doing, which is the same as I spoke about in the last session is about using that **impact assessment model** which comes from gender impact assessments, but we're broadening that to have like a logical way of thinking it through and so I think for all those things whether be transportation you know, communication as we're **introducing a new policy or reviewing a service**”

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

“We're currently undertaking **audits of our evacuation centre** in my municipality through accessibility consultants and also using some local, we have an accessibility working group at council and also linking in with some various groups, disability voices, Tasmania, etc.”

“In terms of management of health needs during emergencies I do know there's a really good **program** through the **care gateway** to essentially develop emergency plans for an individual person with care needs prior to an emergency event”.

“In addition to being able to nominate any specific health needs that need to be triaged and escalated, we've also been **reviewing our recovery plan** at the state level to ensure that we have arrangements in place”.

Participants spoke of providing clear and accurate emergency management information:

“providing information in a **reliable, regular** format”

“You know, again getting a **single source of truth** is music to my ears. That's been one of our, that is a bug bear particularly when you're in the middle of an event”.

Participants described the use of technologies to advance emergency preparedness:

“One of the great ideas for managing health that's come up in some of the preparedness sessions is the **good Samaritan app**”.

“So, from a health perspective, we have developed a **statewide registration app** that includes some health medication needs etc at registration points so we can easily identify those people that might have additional needs and we can manage those needs”.

“She's popped it in the chat that they're developing a new **evac centre registration app...**”

Participants noted advocacy efforts for emergency shelters to be accessible to people with disability, collaborating with key stakeholders, and service provider supports enabling access to emergency accommodation:

“So, I'm not quite sure whether that's part of it, but in terms of engage and trying to **advocate for change**”.

“We were **meeting every week** for several weeks”.

“...they have a list of accommodation providers that are willing to **provide emergency accommodation** in the event of flood fire...and they review that annually and that was enacted in the October, 2022 floods”.

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

Participants saw a **greater role for technology** in assisting emergency management for people with disability across all ages:

“to have a **screen readers**...using impairment app”.

“You know, and the young people with disabilities, like...I'm not up to date with **TikTok** and all that.”

“...a whole **range of communications** and that appeals to all ages”.

“...to make sure that every person who is at risk actually has a piece of technology that means that they will get the message because a lot of my community don't have **devices** because they can't afford it”.

Participants wanted to see a **register of accessible vehicles** in emergency events:

“I think that's what we were talking about accessing those vehicles fit for purpose, finding a **register** of them around the community so that you know where they are at a moment's notice”.

“a **register** of where we can get those vehicles at short notice”.

“Could there be some kind of **protocol**, a generic protocol that people can sign up to say in an emergency we will make our vehicle available...to help get people out. Could we put that as a blue sky?”

Participants supported future **co-development of emergency policy** and the **co-design of programs**:

“**Ideas led by community** and with community plan and things like that”.

“...we need to move beyond a communication strategy and think about something like an **empowerment strategy**”.

“to have people that are living with different kinds of disabilities in the space that are actually **designing the disaster programs**”.

Participants expressed a need for more resources to support people with disability in an emergency and to bring in NDIS funding:

“And Jody has popped in here **more money, more resources** to support people with disability”.

“Maybe look at **funding alternatives** or ways that we can work with other groups”.

“And the other thing that I think we need that that would address barriers in the future would be to **bring the NDIS in** on this and to have funding”.

Participants wanted to see improved communications with and informal collaborations among local communities:

“I kind of think, you know, where, **we just need to listen**. We need to **be more curious** with our communities... bringing them forward and listening to them intently rather than trying to give them our response, but **listening intently to learn**...that would be my input there”.

“All strategies that will improve peoples’ **circles of support**, especially informal support, will help with all 4 of those areas”.

“I actually went and **visited my neighbours** and talked to them about, hey, you know...this is my situation, and this is what I’m trying to prepare for”.

Participants raised the prospect of having emergency shelter open days in the future:

“That’s my massive wish list is [that] we break apart all these silos of government and sit down and have an **open day** and bring their, emergency services to all the evacuation centres, open them up, let people go in there and have a look at them”.

“**opening up an evacuation centre** for people to come and see it”.

Participants called for better emergency shelter and transportation planning and provision for people with disability:

“...is a national scandal and the fact that we still don’t have proper regulations to make sure that **new housing is built to a proper standard** despite many, many years of advocacy by disability sector and lots of others over many, many years...you know, if 50% of houses were accessible, it wouldn’t be so hard to find a friend where you could visit and go to the toilet”.

“I’d like to be able to get out of my house if it catches fire...and if that’s what they say, then we have the ability to actually **put plans into place** to support those wishes, that’s what I’d like to see.”

“It's okay to say go early, but they're on a disability pension and they can't walk into a hotel and or a motel and they don't have family it can be challenging...so working out how to **overcome those barriers** is really important”.

“Yeah, and I suppose it's also ensuring that you know if we're really thinking about blue sky stuff that those **vehicles are adapted**...to be able to accommodate people with all different disabilities”.

One participant called for self-advocacy in emergency management:

“**Autonomy over ourselves** even in disaster management and particularly I think in disaster management this is about how we keep ourselves safe... sorry, I know that's difficult, right?...I understand the can of worms, but I think it's a really important shift in perspective”.

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.

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