

Disability Inclusive Emergency Planning and Disaster Management

Western Australia and Northern Territory Forum

1 December 2023

Citation:

Mellifont, D., Chang, J., Crawford, T., Villeneuve, M. (2023). **Disability Inclusive Emergency Planning and Disaster Management Plenary Forum: Western Australia & Northern Territory 1 December 2023**. Centre for Disability Research and Policy. The University of Sydney, NSW, 2006.

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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 17 participants from the Northern Territory and Western Australia at this forum. Participating stakeholders included 7 government, 6 emergency services personnel, 1 person with disability/representative, 1 community service provider, and two other participants who did not specify their role.

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 training module/programs:

“...we're trying to actually build a bit more **training**, so...the regional team will probably **champion P-CEP** [Person-Centred Emergency Preparedness] going forward”.

“We do **bush fire awareness sessions**, and we can do it for their staff and we can do it for the clients as well”.

“But generally, in **Red Cross**, we've got **community sessions** that are adapted for easy English and for older people”.

“We do have **program for addressing bushfire** at the moment...it's called **B-Safe**”

Participants discussed applying preparedness tools and preparedness support services:

“...the resource or **tool** that springs to mind, and I'm not sure if this is the sort of thing you're thinking of, but it's our **vulnerable people lists** in our remote communities”.

“So, since May, we've been obviously engaging with, you know, **local service providers...**”
Participants spoke about using guidance documents in support of emergency preparedness:

“And the **be safely early plan**, the **bush fire safety guide** for direct care givers”.

“Where we're talking today, we have **guidelines...**around identifying those vulnerable populations, people with disabilities and how we can support them being sheltered...or if we have to relocate”.

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

“I think **workshops and forums** where people can connect”.

“So, we run a full calendar of **community-based events** throughout the year”.

Participants spoke about the important role of champions in promoting emergency safety:

“...start having those **people that will champion** and just go, hey, this is a real problem”.

“Yeah, absolutely...**champions are the key...**”

“**The answer...**it often does rely on **champions**”.

Participants discussed various communication and consultation strategies as well as community supports to increase the safety and wellbeing of people with disability in emergencies:

“**Auslan interpreters** as well as interpreters for other languages if required”.

“Best way to **connect** with these folks...Yeah...I think it's **face to face**”.

“...**speaking to people**, you know, **in remote communities**”.

“For me, I need to connect with arts and artists in the community...so having something like the **community arts network** close to me”.

Lessons learned about tools, programs and resources

Participants recognised a need to co-design and co-develop resources:

“Could help to build resources that are **more inclusive of people with disability** in that space”.

“So, if we can sort of like go with the beat and **include people...** so go with that rhythm”.

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

“...accessing inclusion plan is due for renewal and as an organisation they need to **improve their internal awareness of access**”.

“Allow everyone to be able to **access** that **important emergency information** they need before an incident so that they're prepared”.

Participants called for emergency management resources to be collaboratively developed:

“...so we could, for example, bring together an emergency management group with the group that is supporting disabilities in local government areas to **share their knowledge and understanding**”.

“...part of my reason for coming to sessions like this is to figure out if there's already a group of people out there doing something that I can be supporting **rather than starting from scratch**”.

Participants noted a need to apply standards and principles across jurisdictions when developing resources:

“And obviously in terms of all the oversight that goes on, because all this is **linked to the Australia's disability strategy** and other types of broader planning as well”.

“Yeah, there certainly has been in our agency **works across jurisdictions**”.

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

“Community resilience and preparedness as well... it's really something that requires people to be doing the work with people and so that's **resource intensive**”.

“One of the communities that we've just worked with this year, they **still don't have any internet** out there”.

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., seniors, people with disability, the homeless):

“got those in our community that, you know, **experiencing homelessness**”.

“include **seniors, people with disability** and so on and so forth”.

“yeah, again, **people with disability**”.

"I'm worried about **the elderly**".

Participants were anxious for people who are isolated, living in rural and remote locations, people without close supports or social connections, and people from culturally and linguistically diverse (CALD) communities:

"...if you would ask me who worries me the most is the people that **don't have any social connections**".

"So, you've got also those environments where people go to these areas **to get away from society**...they don't want communication".

"Could be anybody in the in the community who is **isolated**".

"**Remote communities**...the support providers are very, very thin on the ground".

"People with disability, **our CALD community**, obviously in terms of an emergency, there's language barriers there".

Participants were worried about people who are lacking NDIS and services emergency support:

"There's a **failure of the NDIS** in our remote communities..."

"...**people who are retirees** but don't even have any service providers".

..."**the services are sporadic** and sometimes hard to be maintained".

Participants mentioned holding concerns for the carers who care for people with disability:

"I just want to make sure that I also add **carers** into the group that we're worried about..."

"For me, the carers are actually the people that are being missed as well because **they're not necessarily getting the information** on how to support themselves and you know, partners or people that they're caring for".

Participants raised concerns about people who do not see themselves as being in high risk in an emergency event:

"**People just don't understand** that they are at risk".

"I think those in Metro are even **less inclined to think they're at risk**...you know, they're in hilltop subdivisions, but they're next to Bush".

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

Participants spoke about resourcing gaps that exclude the needs of people with disability in emergency management:

“Yeah, once you make them aware, they do want to get empowered and work with us, but it's just **resources and you know that's another barrier...**”

“...in our **resourcing** with Red Cross, something that we can **improve on**”.

Participants warned of policy and planning failings:

“**Policy needs to change...**to enable us to have accountability across public sector agencies and support agencies”.

“It appears to me that then you're just dealing with what's happening with what you have at that time rather than, you know...**you could have a plan...**”

Participants spoke about a lack of support and perceived challenges around intersectionality and diversity:

“So, I think considering the **intersectionality** of that **for people with disabilities** is going to be a **real challenge** because we're already struggling with, you know, one identified higher risk factor...than when you're **combining risk factors** together, how are the resources interacting with each other to be inclusive across the board”.

“Obviously in terms of an emergency, there's **language barriers** there”.

Participants noted people with disability in communities that are hard to contact and support:

“You know like if you leave it just to a **state agency** like DFES or Department of Communities...people, you know, they **don't necessarily have that direct person to person contact**, and they don't necessarily have the relationships to raise the awareness so the information will just bypass people”.

“...it is hard to try and connect with so many different people that have so **many different needs**”.

Participants discussed communication gaps in promoting and receiving emergency information:

“I agree with the barrier in terms of the **communication materials not being necessarily promoted** through the right kinds of mechanisms and forums”.

“So, from our experience last week with the Wanneroo fires, it was really clear during an emergency that we **don't have good options or communication** for people with severe physical disabilities”.

Participants raised that some people distrust of information and sources of information:

“Community members still **aren't aware that Emergency WA** [website] **is the one source of truth** and it's the one website that you should go to”.

“The **time** that you need to put into **building trust**”.

Respondents cautioned of a lack of collaboration among stakeholders:

“...so I think collaboration, the barriers, I mean, **we are not working together**”.

“**across emergency management** in terms of how we work with who and where roles and responsibilities sit”.

Respondents spoke about people in communities who are experiencing engagement fatigue:

“**Engagement fatigue**...communities are just being asked the same questions over and over again and not seeing actions come about and that kind of can lead to a lot of fatigue in that process of engagement”.

“Yeah, **people are just so busy**...okay, day-to-day life, they don't have the time and energy to put into another thing, even though it's important”.

Respondents raised a lack of support for the needs of people with physical and mental disability:

“They're **hard [of] hearing** and can't hear the emergency warnings or the sirens that are happening in the environment around them”.

“yeah, the **emotional barrier**... I think that's a big one”.

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

Respondents talked about the inclusive value of community centres and “grassroots” engagement activities:

“We have that **Autumn Centre**, which is our dedicated facility for people over the age of 55...the people that come along were super engaged”.

“And yeah, **engage people into the room** and have that conversation so we can start to get that community buy in... you know, plan it from the bottom up”.

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

“And you know, I think if people have those **social connections**, they're in a much better position for being able to respond”.

“I think if you can **correct that connectivity issue**, alright, if you can crack that connectivity issue, you're probably 50% of the way there”.

Respondents mentioned planning activities to include people and groups:

“It's been based on the fact that we have communities that have repeatedly flooded... and they've actually got a **really good plan**”.

“We see...the importance of connection in people having **successful plans**”.

Respondents raised clear and accessible communication as helping to include individuals and groups:

“One thing I've noticed is when you can demonstrate that you're **willing to listen**, people can be really generous with their experiences”.

“I think...the real **pathway raising awareness...communicating**”.

Respondents discussed the importance of collaborating and networking with stakeholders in terms of including people and groups:

“And one of the community members said I had no idea all of you agencies **work so closely together** behind those four walls”.

“We're **working on the networks** that we've made already with the service providers”.

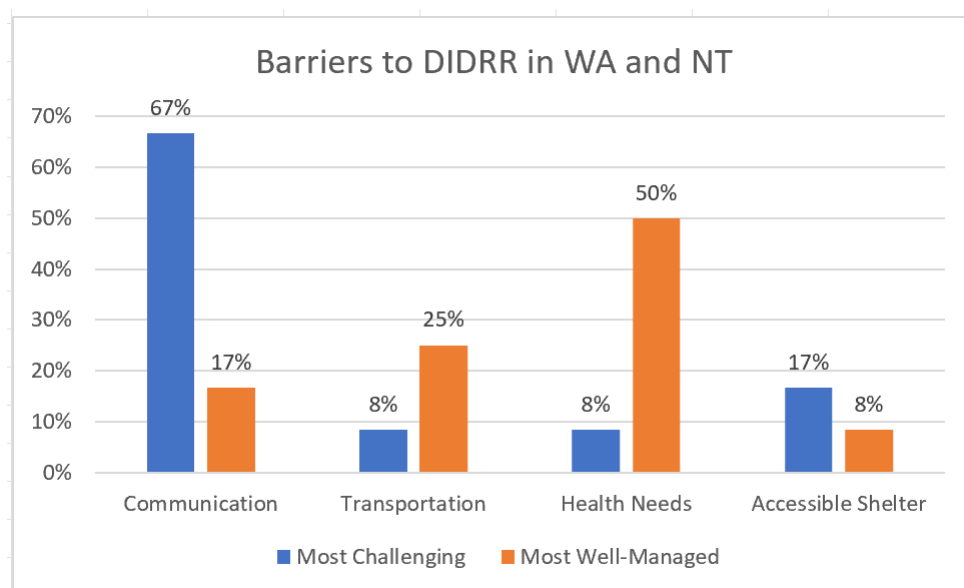
Respondents spoke about having a culturally aware approach to including individuals and groups:

“When we did the **CALD [Culturally and Linguistically Diverse] community work**...people are actually interested in the information which you were giving out to them...the refugees and asylum seekers”.

“We're still working on things like translation for cultural linguistically diverse groups, but also making **planning culturally appropriate** as well for CALD groups, but also **Aboriginal Torres Strait Islander population**”.

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).



Participants identified communication as a significant challenge in both WA and NT (67%), There is a perception that health needs are relatively well-managed (50%). Transportation,

though less challenging (8%), was also considered reasonably well-managed (25%). Accessible shelter, while a challenge (17%), was perceived to be less well-managed in these regions (8%), indicating potential areas for improvement in DIDRR strategies and implementation.

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, health, communication, and transportation barriers:

“Governance to support...any of these factors that we're talking about, transport, communication, health...”

“...always comes back to governance and the mechanisms to leverage”.

Participants reported about plans to support the transport and health needs of people with disability:

“So, we pre-plan our transport options and we look at redundancies within that as well...**especially in rural and remote Western Australia”**.

“We actually ensure that we have individual health plans for the people within our care within our hospital communities. So, we've got a much better idea about what their functional needs are”.

Participants reported about continuing to provide access to health management services in emergencies:

“we're assessing right from the start when people come in, what are their needs and how can we pair them up with the most appropriate services”.

“Training staff to identify, earlier, some of the challenges that people may have and if people aren't being forthcoming with that, being able to perhaps see early signs and symptoms”.

Participants spoke of providing clear, accurate and accessible emergency management information:

“So, communication is better in regards to how we respond to the emergency situation”.

“From a communications perspective...providing the opportunity...to be recorded and understood”.

“...it's really trying to target the communication so they're as accessible as possible... so early days in trying to do that”.

Participants described the use of technologies to advance emergency preparedness and responses:

“We had a **register of accessible accommodation options** that was shared across the sector, so different providers would indicate where they had respite rooms”.

“...a **24-7 ops app** which now is in existence”.

Participants noted networking and collaborating with stakeholders to address health management barriers:

“...it's just **tapping into your local networks** that are already there, really”.

“Of **working together** rather than you know, that's a different service provider... if they can work together...”

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

Participants called for the future implementation of Disability Royal Commission recommendations relating to inclusion and emergency management involving people with disability:

“So yeah, just to note...a **specific recommendation** in the **Disability Royal Commission** as well, that we have a consistent national plan around **how we can communicate in emergency times with people with disability**”.

“...and really that **recommendation** of the **Disability Royal Commission** particularly the one on **governing for inclusion**”.

Participants supported development of emergency management policy at a national level to address barriers relating to communication, management of health, and access to transport and emergency shelter:

“It needs to be **nationally driven**...so it needs...**policy and funding behind it** to resource it”.

“...in the **Australia's disability strategy**, so there's some sort of levers to hopefully, you know, if you look at these barriers to you know, improve them”.

Participants called for less government red tape and complexity in emergency management administration:

“Some kind of a platform which will make it easier to **cut down the bureaucracy** and to kind of nail it down and **make it simpler**”.

“**Find a way** through that bureaucracy”.

Participants expressed a need for more resources to support emergency planning and preparedness and to bring in NDIS funds:

“...needs **funding** behind it”.

“It's down to **resourcing**”.

“When you look at the NDIS [National Disability Insurance Scheme] item numbers...that wonderful work on P-CEP [Person-Centred Emergency Preparedness] that's been done...there's ways that you could **fund this with the NDIS**... it would be really nice to have that clearly articulated that there's particular funding explicitly for disaster preparedness activities or planning education”.

Participants wanted to see improved collaboration and networking among stakeholders and improvements in preparedness planning for people with disability:

“Trying to **do it by ourselves** individually within our own organisations **won't work**”.

“And we often talk about that, but often we practice in isolation...maybe this is a little bit blue sky, especially when it comes down to resources and time...but to be able to **get together on a regular basis** and say okay, we are 3 months out from our high-risk heatwave season, how we're going to look after our community”.

“**Working together** with emergency service agencies to **develop those preparedness plans**”.

One participant highlighted a greater role for technology in assisting access to emergency shelter for people with disability:

“And accessible emergency shelter you know...**the role of GPS**”.

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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Acknowledgement

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

Funding

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