

NATIONAL CONSULTATIONS SYNTHESIS REPORT



Emergency Management Capabilities for DIDRR



THE UNIVERSITY OF
SYDNEY

Citation:

Villeneuve, M., Mellifont, D., Crawford, T., & Chang, J. (2023). *Disability Inclusive Emergency Planning and Disaster Management National Consultations Synthesis Report*. Centre for Disability Research and Policy. The University of Sydney, NSW, 2006



Contact:

Michelle Villeneuve, Associate Professor
Collaborating.4Inclusion@Sydney.edu.au



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Table of Contents

PURPOSE OF THIS REPORT	3
EXECUTIVE SUMMARY OF FINDINGS	4
Resources and Utilisation	5
Research Gaps	5
Priority Cohorts and Risk Factors	6
Enablers of DIDRR	6
Practical Strategies for DIDRR Development	7
Person-Centred Emergency Preparedness (P-CEP) Framework	7
Accessible Communication and Evacuation Strategies	7
Conclusion	7
Key Recommendations	8
INTRODUCTION	9
Emergency Management Capabilities For DIDRR: A Scoping Study	9
Study Context	10
METHOD	11
Recruitment	11
Participants	12
Procedure	13
Data Analysis And Reporting	13
Stage 1: Summarising Stakeholder Consultations From Each Plenary	14
Stage 2: Synthesising Plenary Findings	14
FINDINGS	14
Resources And Their Utilisation	14
Lessons Learned About Tools, Programs, And Resources	16
Priority Cohorts, Factors That Increase Risks, And Enablers Of Didrr	17
What Are The Barriers?	17
What Are The Enablers (Things That Help To Include These Individuals/Groups)?	18
Poll Results	19
Practical Strategies For Didrr Development	20
Develop Nationally Consistent Policy Guidance And Governance Mechanisms	20
Facilitate And Fund Preparedness Support Initiatives	23
Ensure Accessible Communication And Information For All People	25
Develop Inclusive Evacuation Strategies	28
DISCUSSION	30
Resources And Their Utilisation	30
Priority Cohorts, Factors That Increase Risks, And Enablers Of Didrr	31
Practical Strategies For DIDRR Development	32
APPENDIX A: PLENARY QUESTIONS	34

Purpose of this report

This report shares a synthesis of findings from five Disability Inclusive Emergency Planning and Disaster Management plenary forums that were conducted online between November – December 2023 involving 92 multi-stakeholder participants from each jurisdiction in Australia.

It was the second part of a scoping study designed to understand emergency management capabilities in Disability Inclusive Disaster Risk Reduction (DIDRR).

This synthesis report:

- Confirms the baseline scoping study findings on emergency management capabilities in DIDRR,
- Provides a national picture of progress toward disability inclusive disaster management in Australia,
- Identifies priority areas for the development of National Guiding Principles and Standards for DIDRR.

Executive Summary of Findings

This synthesis report provides a comprehensive overview of key findings and insights derived from national consultations on Disability Inclusive Disaster Risk Reduction (DIDRR) with representation from all Australian states and territories, targeting a diverse audience, including:

- government
- emergency services personnel
- disability representatives and advocates
- community, health, and disability service providers

The report highlights areas requiring critical attention and offers practical strategies for the development of effective DIDRR policies and practices.

Overview

In 2022 – 23, we undertook a study on Emergency Management Capabilities in DIDRR focused on the emergency management sector and what is known/needed to develop their capability in DIDRR.

The report centred on the relevance of the findings to the Australian emergency management context.

Recommendations were framed within contemporary theory informing development of the interdisciplinary field of DIDRR. This theory, which emphasises human rights and capability-focused approaches to DIDRR aligns with Australia's vision of shared responsibility which is embedded in national policy frameworks for disaster risk reduction.

To shape national priorities and support consistency in DIDRR development, we then conducted a series of plenary forums for comprehensive national consultations. These forums facilitated deliberation among stakeholders in each jurisdiction.

The aim was to assess the relevance of the scoping study findings and recommendations and pinpoint real-world needs, priorities, and concerns. Ultimately these discussions aimed to provide precise direction for future development of DIDRR in Australia.

This report provides a comprehensive synthesis of findings from the national consultations. In keeping with the objective of giving voice to the diverse stakeholders who participated in these consultations, this report details their viewpoints in depth, providing numerous direct quotes to share their views. In alignment with our commitment to faithfully represent the diverse perspectives from the national consultations, this report meticulously delves into the viewpoints of participants. It goes beyond the conventional policy report to offer an extensive exploration, incorporating numerous direct quotes that serve as compelling evidence supporting the synthesis and recommendations presented.

Key Findings

Resources and Utilisation

Plenary participants reported current engagement with DIDRR resources revealing promising efforts but notable deficiencies. Current community engagement has three main objectives: 1) to inform; 2) to educate; and 3) to facilitate preparedness support. Not all engagement activities, however, are purposeful in their inclusion of people with disability and the named tools or approaches were not intentionally designed for universal access to information by people with diverse learning, communication, access, and support needs. The inconsistency in the availability of inclusive

resources, particularly in community forums and expos conducted by the emergency sector, underscores the need to ensure that resources developed (e.g., risk information and communication) are readable, accessible and actionable by people with disability. All participants called for inclusive involvement of people with disability in resource development, review, implementation, evaluation, and improvement processes to enhance accessibility and use of emergency information by people with disability.

Research Gaps

This report highlights research gaps in DIDRR resource evaluation, emphasising the lack of formal monitoring. Notable exceptions in the Resource-Gap Map, like the Person-Centred Emergency Preparedness Toolkit, show ongoing evaluations. Despite insights into resource maturity, independent studies are crucial for evidence-based expansion, revision, or removal of resources. The Resource-Gap Map should be used to identify needed resources with investment support for their ongoing inclusive development where the involvement of people with disability is lacking. This is particularly evident in calls from plenary participants for enhanced accessible communications. A starting point will be to raise awareness about the available resources and require evaluation of their uptake, implementation, and outcomes.

Priority Cohorts and Risk Factors

In addition to identifying specific risk factors that increase disaster risks for people with disability, participants expressed **safety concerns for specific disability groups** including people with:

- intellectual disability, particularly those who lack support networks who can help them to plan and respond in an emergency,
- sensory impairments, particularly those with vision or multiple sensory impairments,
- mobility impairments, and
- comorbid health conditions.

Participants described **specific risk factors** that they believe increase disaster risks for people with disability, including:

- a lack of social connectedness,
- a lack of understanding of disaster risks, because of a cognitive impairment, illiteracy, or they do not speak, read, or understand English,
- inability to evacuate without support due to mobility issues, dependence on electricity/power, or regular reliance on carers for daily living support,
- getting cut off from support services during an emergency,
- receiving services from unprepared service providers, and
- thinking that their service provider (e.g., community, health, disability, others) has a plan for them when they do not have a plan, or the plan is insufficient for their support needs.

Across the five forums, the following **additional priority groups** were consistently identified, including people who are:

- not connected to services or who have limited access to formal services and supports, including people with substance abuse and addiction, people experiencing homelessness, and those vulnerably housed people,
- geographically or socially isolated from other people and sources of supports, including people who choose to live apart, but particularly those who live in areas of greater disaster risk (e.g., in known areas of significant flood or bushfire risk)
- not connected or insufficiently connected to formal services and supports,
- elderly, particularly those living alone in the community,
- from Culturally and Linguistically Diverse (CALD) communities, and

- carers and young carers who provide informal supports and services to family members, neighbours or friends with disability, chronic health, or mental health conditions, and who may not have adequate access to emergency information and supports themselves.

The report calls for further research to understand the safety issues for other groups and further identified individuals with lived experience of substance abuse and addiction as a priority cohort that is not mentioned in the DIDRR Scoping Study. Structural barriers and situational factors contributing to disaster risks for people with disability are explored, with additional research opportunities identified.

Enablers of DIDRR

Aligning with the Scoping Study, the report underscores the importance of cross-sector communication, collaboration, and person-centred conversations as enablers of DIDRR. Recommendations include actively listening to and learning from people with disability, embracing a strengths-based approach, and providing public awareness and education programs with genuine engagement that includes the lived experience of people with disability in the design and implementation of engagement strategies.

Practical Strategies for DIDRR Development

The report advocates for nationally consistent policy guidance and governance mechanisms to support DIDRR development. Empowering people with disability as valued contributors to policymaking is crucial, emphasising the need for inclusive policy-making to identify and address disability support needs effectively.

Person-Centred Emergency Preparedness (P-CEP) Framework

The report highlights strong support for the expansion of person-centred emergency preparedness initiatives, stressing the importance of inclusive emergency preparedness strategies to address structural barriers that affect safety for people with disability during disasters. Funding challenges for preparedness support initiatives is consistent with the Scoping Study findings that showed preparedness support is a key strategy to enable people with disability to take ownership of their plans while also ensuring their rights to safety in emergency situations. Preparedness support, however, is currently an emerging practice that is developing unevenly across jurisdictions.

Accessible Communication and Evacuation Strategies

Communication strategies, including accessible emergency information and the use of technology, are crucial enablers of effective DIDRR which was reported in both the Scoping Study and across jurisdictions in the plenaries. The report emphasises the need to address communication barriers and calls for studies to investigate evidence-based ways of better communicating emergency information to people with disability. Inclusive evacuation strategies, including accessible shelters and the role of technology are explored, with identified knowledge gaps requiring further research.

Conclusion

In conclusion, stakeholders provided valuable insights and actionable recommendations for the development and enhancement of DIDRR initiatives. The findings presented aim to inform government decision-makers, guiding future policies and practices that include people with disability in all stages and prioritise their safety and well-being outcomes in the face of disasters.

Key Recommendations

Key priority areas for government attention encompass the following recommendations, which have emerged from the collective perspectives shared by participants during the plenary sessions.

1. Establish a comprehensive framework for Disability Inclusive Disaster Risk Reduction (DIDRR).

Recognising the need for a unified and nationally consistent approach, participants recommended to develop a robust policy framework and governance mechanisms for DIDRR. This overarching initiative will serve as the cornerstone, providing strategic direction and coherence to all subsequent efforts to develop, monitor, and evaluate inclusive disaster preparedness, response, and recovery.

2. Invest in preparedness support initiatives.

Acknowledging the critical role of proactive measures, it is recommended to actively support and allocate funds for preparedness initiatives that use person-centred, strengths-based, and holistic strategies as the foundation for developing tailored emergency preparedness plans with people with disability and other at-risk populations of concern. Person-centred approaches ensure that the individual has agency, choice and control in the process and facilitates networked linkages to others when needed to take effective actions during an emergency. This includes the development and implementation of capacity-building efforts for the delivery of inclusive emergency preparedness support by others (e.g., community and disability service providers; disability advocates; government; emergency services).

3. Ensure inclusive communication strategies.

Emphasising the importance of accessible communication, participants unanimously called for this as a priority area of DIDRR development and improvement. This involves the creation of communication materials in various formats, ensuring information is available in accessible languages and mediums. Collaboration with disability organisations and communities is essential to tailor communication approaches that are universally understandable and cater to the diverse needs of people with disability.

4. Formulate and implement inclusive evacuation strategies.

Highlighting the necessity for inclusive and equitable evacuation plans, participants recommended to develop strategies that account for the diverse needs of citizens, including those with disability. This involves establishing accessible evacuation routes, providing transportation options that accommodate various support needs, including evacuating with needed equipment. It demands the integration of expertise of disability representatives and advocates in the planning and execution of evacuation procedures.

Throughout the formulation and implementation of these recommended actions, it is imperative to underscore the principle of meaningful inclusion. That means that people with disability must be active participants and stakeholders at every stage of development, implementation, evaluation, and improvement. This will ensure that DIDRR is not just a goal but a lived reality.

Introduction

Disability Inclusive Disaster Risk Reduction (DIDRR) means making sure that people with disability have the same opportunity to:

- access emergency preparedness information,
- participate in emergency preparedness programs in their community, and
- be included as valuable stakeholders in local community disaster risk reduction programs.

Disaster Risk Management (DRM) has four interdependent and overlapping phases referred to as: Prevention, Preparedness, Response and Recovery (PPRR). DRM is defined in terms of how governments and emergency services anticipate and manage risk. This includes how they work with individuals, families, and communities so that everyone is prepared and safeguarded from emergencies and their ability to recover from them. To be included, people with disability need information, tools, accommodations, and effective mechanisms to support their full participation and contribution to DIDRR across all DRM phases.

Emergency Management Capabilities for DIDRR: A Scoping Study

In 2022 – 23, we undertook a study on Emergency Management Capabilities in DIDRR focused on the emergency management sector and what is known/needed to develop their capability in DIDRR.

The report and two companion documents provided the results of the three-part scoping study to:

- present evidence of emergency management DIDRR capabilities obtained from: (a) the international peer reviewed research; (b) review of Australian emergency management plans and guidance documents; and (c) mapping of existing DIDRR resources supporting the development of “good practices” in Australia,
- provide direction to the National Emergency Management Agency (NEMA) about tools, methods, and programmatic guidance on how to include people with disability in emergency management planning.

The report centred on the relevance of the findings to the Australian emergency management context. Recommendations were framed within contemporary theory informing development of the interdisciplinary field of DIDRR. This theory, which emphasises human rights and capability-focused approaches to DIDRR aligns with Australia’s vision of shared responsibility which is embedded in national policy frameworks for disaster risk reduction.

Emergency Management Capabilities for DIDRR Report:

Villeneuve, M., & Chang, J. (2023). [*Emergency Management Capabilities for Disability Inclusive Disaster Risk Reduction \(DIDRR\): A Scoping Study*](#). Impact Centre for Disability Research and Policy. The University of Sydney, NSW 2006. Includes two companion reports as Appendix A and B.

Companion documents:

Villeneuve, M., & Chang, J. (2023). [*Emergency Management Capabilities for DIDRR: Scoping Study Part 1 Evidence-Gap Map*](#). Impact Centre for Disability Research and Policy. The University of Sydney, NSW 2006.

Villeneuve, M., & Chang, J. (2023). [*Emergency Management Capabilities for DIDRR: Scoping Study Part 3 Resource-Gap Map*](#). Impact Centre for Disability Research and Policy. The University of Sydney, NSW 2006.

Stakeholder consultations are an important component of scoping studies. Stakeholder involvement adds credibility to the study process and findings. Throughout development and execution of the scoping study, a national-level multi-stakeholder expert advisory panel played a crucial role. The advisory comprised representatives from national government departments (e.g., emergency management, human and social recovery, disability, local government), a jurisdictional representative for the emergency services agencies, national peak bodies representing the diverse perspectives and lived experience of people with disability. These advisors aided in formulating the scoping study questions and procedures, deliberated on findings collaboratively, and contributed to crafting the recommendations to enhance their practical applicability and alignment with policy.

To shape national priorities and support consistency in DIDRR development, we conducted a series of plenary forums for comprehensive national consultations. These forums facilitated deliberation among stakeholders in each jurisdiction. The aim was to assess the relevance of the scoping study findings and recommendations and pinpoint real-world needs, priorities, and concerns. Ultimately these discussions aimed to provide precise direction for future development of DIDRR in Australia.

Study Context

The scoping study and national stakeholder consultations that followed took place within a broader context of DIDRR development in Australia that has been ongoing since 2015. The research program is led by the Collaborating4Inclusion research team at University of Sydney Centre for Disability Research and Policy.

The unique feature of this research is continual engagement that brings multiple stakeholders to learn and work together in participatory action research cycles to co-produce new ways of working and support knowledge integration into policy and practice decision-making.

Since 2015, this participatory research program has engaged multiple stakeholders (individuals and groups) in numerous action-oriented projects to co-produce methods, tools, and programmatic guidance on DIDRR development and test operations at the local community level. New tools and approaches have emerged from these collaborative efforts, namely, Person-Centred Emergency Preparedness and Disability Inclusive Emergency Planning. These new approaches are grounded in human rights and capability approaches to implementing DIDRR.

Method

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

Recruitment

Following research ethics approval¹, 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. We were intentional about inviting state/territory-level representation from each stakeholder group.

The groups that were invited included:

- government
- emergency services personnel
- disability representatives and advocates
- community, health, and disability service providers

We disseminated details about the plenary forums and extended invitations for voluntary participation through email invitations and flyers, including an Easy Read version. With guidance from the expert advisory panel, we reached out to a diverse array of stakeholders within each jurisdiction, encompassing all the stakeholder groups we aimed to invite. These stakeholders, in turn, shared the information extensively through their networks, utilising channels such as email, newsletters, social media, and direct communication.

People with interest in participating completed an expression of interest survey. There was a link in the expression of interest form to the participant information and consent forms. Survey questions enabled collection of the name, email contact, role, jurisdiction, and any accessibility requirements of prospective plenary participants. This information was used to support further recruitment of participants to support representative participation in each stakeholder group. It was also used to send out the plenary invitation by email and provide participants with a link to the online platform where each plenary forum was hosted. The participant information and consent forms were also included with the email invitation.

¹ The ethical aspects of this study were approved by the Human Research Ethics Committee (HREC) of The University of Sydney [Project Number: 2021 452] in accordance with the National Statement on Ethical Conduct in Human Research (2007).

Participants

There were 92 participants in total across the five plenary forums (Figure 1 and 2).

Participating stakeholders included the following state-level representatives.

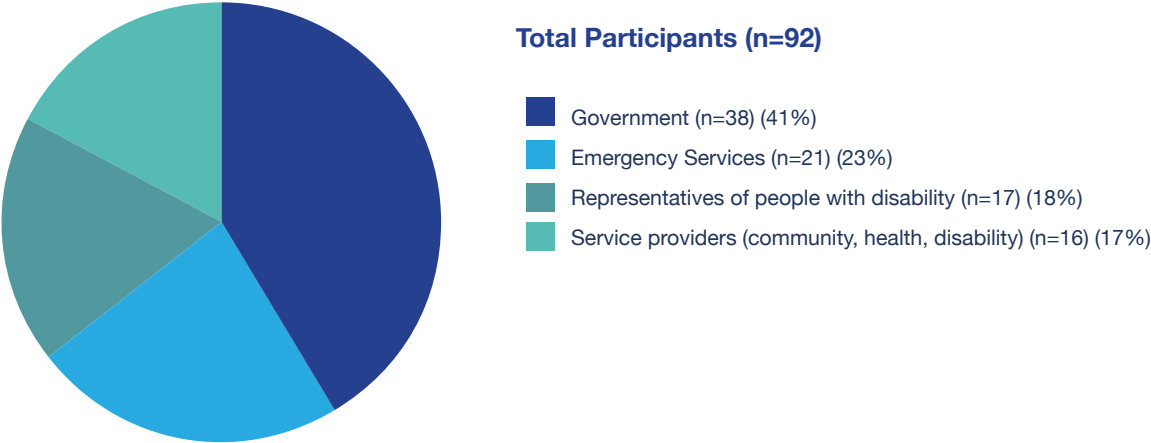


Figure 1. Total participants by stakeholder group.

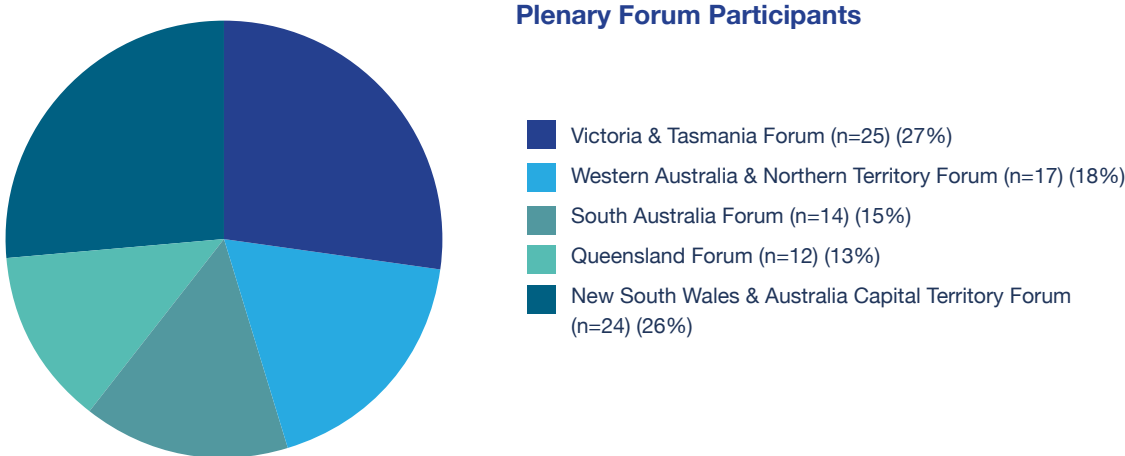


Figure 2. Number of stakeholders involved in each plenary forum.

Procedure

Before the forum, we shared three summary documents that overviewed the Scoping Study.

- [Overview](#)
- [Purpose, Methods & Findings](#)
- [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:

1. Inclusive practices
2. Inclusive plans
3. 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 and participants were randomly assigned to breakout discussions. We mixed the groups so that participants could talk with different people in each breakout discussion. Before the last breakout discussion, we held two online polls. The discussion question and polls are included in Appendix A. All breakout discussions were recorded and transcripts were generated automatically and saved.

Data Analysis and Reporting

Analysis and reporting took place in two stages:

Stage 1: Summarising stakeholder consultations from each plenary

The aim of this stage was to produce a comprehensive and coherent summary of each consultation provided back to all participants who were encouraged to share and discuss the summary with their networks.

To capture the depth of what was said at each plenary, we:

- recorded the breakout discussions which produced transcripts of the discussion,
- checked the transcripts for accuracy and completeness,
- removed identifying information.

The second and third authors:

- 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,
- shared [plenary summaries](#) back with all participants in each jurisdiction.

Stage 2: Synthesising plenary findings

The aim of this stage was to bring together findings from the national consultations to:

- identify priority cohorts of greatest concern,
- clarify the current focus and use of any DIDRR programs, tools, and resources identified by participants at each plenary forum, and confirm whether resources were already on the Scoping Study Resource-Gap Map,
- identify stakeholder priorities and practical strategies for the future development of DIDRR.

To synthesise the findings across the five plenary forums, the first, second, and third authors:

- applied thematic analysis as described above to each of the plenary forum summaries,
- compared each jurisdictional plenary forum to identify similarities and points of difference,
- reviewed findings and deliberated to generate a discussion and interpretation of findings.

The findings were reviewed with the multi-stakeholder Advisory group so that the final report would effectively communicate the synthesis for multiple audiences and retain the depth of perspectives shared by plenary participants.

Findings

Table 1 offers a concise summary of the findings and their organisational structure, followed by an in-depth exploration of the findings.

Table 1. Summary of Findings

Main Findings	
Resources and Their Utilisation	Lessons learned about tools, programs and resources
Priority cohorts, factors that increase risks, and enablers of DIDRR	What are the barriers?
	What are the Enablers?
Poll Results by Jurisdiction	Barriers to DIDRR
	Most well-managed barriers to DIDRR
Practical Strategies for DIDRR Development	Develop nationally consistent policy guidance and governance mechanisms
	Facilitate and fund preparedness support initiatives
	Ensure accessible communication for all people
	Develop inclusive evacuation strategies

Resources and their Utilisation

During the plenary forums, participants were introduced to the Resource-Gap Map² and shown how to use it. This was followed by facilitated breakout discussions to facilitate dialogue about resources, tools, and method that are currently used increase the safety and well-being of people with disability in disasters.

² The Resource-Gap Map outlines 160 Australian resources that can be used to implement and advance DIDRR in Australia. https://collaborating4inclusion.org/wp-content/uploads/2023/07/Companion-Documents_Resource-Gap_FINAL.pdf

No new resources were uncovered. Some participants discussed their engagement with existing tools and resources, each of which is already included in the Resource-Gap Map. The nature of these conversations involved plenary participants who were involved with the resource or its implementation sharing information with others about the resource, program or tool. For example,

- Care2Prepare Household Readiness Program, developed by Carers NSW, a representative organisation for carers,
- The Ember App and associated resources developed by The Flagstaff Group, a disability organisation,
- CFA Victoria's Emergency Planning Advice Service that is implemented in partnership with Red Cross,
- The Australian Institute for Disaster Resilience Recovery Modules developed by the National Emergency Management Agency and collaborators that feature one module on disability inclusion in disaster recovery,
- Person-Centred Emergency Preparedness (P-CEP) toolkit developed by the University of Sydney. The P-CEP was discussed by various stakeholders who were implementing it in their practices (see below for more information).

Synthesis of learnings about resources and their utilisation revealed that current community engagement has three main objectives: 1) to inform; 2) to educate and 3) to facilitate preparedness support. Not all engagement activities, however, are purposeful in their inclusion of people with disability and the named tools or approaches were not intentionally designed for universal access to information by people with diverse learning, communication, access, and support needs.

Inform

First, participants used resources to provide information or raise awareness (**inform**) about disasters and communicate emergency warnings, information, and updates (e.g., via disaster dashboards, emergency apps, SMS messaging of emergency warnings, bushfire fact videos housed on an emergency services website and YouTube, flood maps). **There was frequent discussion at each plenary about how hard it is for people with disability to access emergency information and use it to take effective actions.** There were some discussions about attempts to improve information access. This was dominated by discussions about making the resources available in multiple languages and ensuring the resource met web accessibility guidelines.

Educate

Second, participants engaged in activities to **educate** people about their disaster risks, particularly bushfire risks. **Community forums and expos were identified as the main method to educate communities. These were not intentionally designed to be inclusive of people with disability** but did include anyone from the general population in attendance. There was no mention of how information about these exhibitions and forums was communicated to increase their accessibility and the participation of people with disability, carers, and their support networks.

Noteworthy education activities included the use of videos and training programs directed at service providers in the emergency or community sectors (e.g., learning modules featuring lived experience perspectives of people with disability; bushfire training for disability service providers, a pilot program to develop disability awareness for emergency personnel). If not already included on the Resource-Gap Map (e.g., CFA Victoria bushfire learning modules for service providers), these programs included “in-house” resources that are not available for access outside of the organisations where they were developed/trialled. The primary goal of these resources is to educate others who have routine contact with at-risk groups (e.g., via their disability support roles). **Videos featuring lived experiences of people with disability appear to be used to educate emergency personnel**, who engage with the community at large, to raise awareness about people with disability in the emergency sector. Carers Queensland developed and piloted a workshop to raise awareness about disability among emergency personnel in Queensland.

Facilitate Preparedness Support

Third, participants described their use of resources to **facilitate preparedness support** with people with disability and carers². The P-CEP toolkit and its implementation was discussed at all five forums. Various sectors (such as emergency services, disability services, carer organisation, and disability organisation) implemented P-CEP in different ways including, community-based home safety visits, group activities, workshops, and outreach to help people with disability and other groups (e.g., elderly, carers, service providers) make an emergency plan tailored to their support needs and local disaster risks. Many programs that have been developed to facilitate preparedness support are based on the P-CEP process tool, framework, and step-wise approach. For example,

- [Care2Prepare](#) Household Readiness Officers are required to complete the [P-CEP Certificate](#), and the program applies a conversational approach using the P-CEP Capability Wheel to support household planning with carers.
- The [Emergency Planning Advice Service \(EPAS\)](#) is a program developed by CFA Victoria and delivered in partnership with Red Cross, local councils and their interagency groups. It was designed as a vehicle for the delivery of planning advice with people at greater bushfire and housefire risk in Victoria using the P-CEP toolkit.

Others spoke about preparedness support programs for the general population, including people with additional support needs like the elderly, people with disability and/or chronic conditions (e.g., Red Cross community sessions with older people using the RediPlan). The disability inclusive versions of the RediPlan (e.g., dementia-friendly, Easy Read) are already on the Resource-Gap Map.

Guidance Needed

Participants spoke about the need for guidance documents or their involvement in developing needed guidance to support more inclusive emergency and disaster management planning such as good practice guides on translating information into Easy Read and good practice guides *“that include a little blurb about different population groups and what things to consider”* when operating relief centres, or guidelines for *“identifying vulnerable populations”* and how they can be supported when sheltering. Guidance for social cohesion (NSW) and social recovery frameworks (South Australia) which focus on inclusion of diverse cohorts at greater disaster risk were also identified.

It is important to recognise that there was no mention of monitoring and evaluation of DIDRR practices or resources at any of the forums.

Lessons learned about tools, programs, and resources

These discussions helped us to understand what participants at these forums value in tools and resources for DIDRR, including:

- availability of guidelines and standards to follow for effective and efficient DIDRR. For example, guidance on how to make emergency information more accessible to people with disability,
- accessible resources shared through hubs, learning communities, and educational programs that draw primary insights from the experiences and practical knowledge of others, including people with disability,
- person-centred and strengths-based resources,
- tools, programs and resources that are co-designed and inclusive of lived experience insights.

³ The Resource-Gap Map outlines 160 Australian resources that can be used to implement and advance DIDRR in Australia. https://collaborating4inclusion.org/wp-content/uploads/2023/07/Companion-Document_Resource-Gap_FINAL.pdf

Priority cohorts, factors that increase risks, and enablers of DIDRR

Participants were invited to discuss the people, situations, or issues that most worried them in terms of safety and well-being outcomes in disasters.

Disability **groups of particular concern** included people with:

- intellectual disability, particularly those who lack support networks who can help them to plan and respond in an emergency,
- sensory impairments, particularly those with vision or multiple sensory impairments,
- mobility impairments, and
- comorbid health conditions.

Participants described **specific risk factors** that they believe increase disaster risks for people with disability, including:

- a lack of social connectedness,
- a lack of understanding of disaster risks, because of a cognitive impairment, illiteracy, or they do not speak, read, or understand English,
- inability to evacuate without support due to mobility issues, dependence on electricity/power, or regular reliance on carers for daily living support,
- getting cut off from support services during an emergency,
- receiving services from unprepared service providers, and
- thinking that their service provider (e.g., community, health, disability, others) has a plan for them when they do not have a plan, or the plan is insufficient for their support needs.

Across the five forums, the following **additional groups** were consistently identified, including people who are:

- not connected to services or who have limited access to formal services and supports, including people with substance abuse and addiction, people experiencing homelessness, and those vulnerably housed people,
- geographically or socially isolated from other people and sources of supports, including people who choose to live apart, but particularly those who live in areas of greater disaster risk (e.g., in known areas of significant flood or bushfire risk)
- not connected or insufficiently connected to formal services and supports,
- elderly, particularly those living alone in the community,
- from Culturally and Linguistically Diverse (CALD) communities, and
- carers and young carers who provide informal supports and services to family members, neighbours or friends with disability, chronic health, or mental health conditions, and who may not have adequate access to emergency information and supports themselves.

What are the barriers?

When considering barriers (things that increase disaster risks for these priority cohorts), **several structural factors that increase disaster risks were identified** by the plenary participants, including:

- people with disability not being on the emergency sector's radar (i.e., not planned for, not included in emergency planning decision-making),
- not understanding who takes what level of responsibility for people with extra support needs in emergencies,
- inaccessible emergency information and communication and/or having access to too much information that is difficult to make sense of and use to take actions,
- lack of trust in authorities who provide emergency information and supports,
- lack of collaboration,
- "gatekeeping" by other services that makes it hard to reach into communities to provide preparedness support with some people (e.g., aged care; housing communities),

- lack of funding, resources, staffing, and support to make a tailored emergency plan,
- difficulty accessing people who are hard to reach to help them learn about their risks and take preparedness actions (because they don't know where they are, because they live remotely, or because there are insufficient resources/staffing/time to provide outreach to these people),
- inability for some people to access transportation to evacuate early and safely.
- emergency services not knowing who needs what level of support in an emergency and/or how to provide it,
- ineffective plans made by individuals, organisations, or governments that do not include support needs as informed by people with disability and other groups at greater disaster risk.

Participants further described **two situational factors** that negatively impact people's engagement with emergency information including:

- **engagement fatigue** due to the increasing incidence and cascading impact of disasters in recent years leading to multiple disaster impacts and long-term recovery in many parts of Australia,
- programs that stop because of **staff turnover** across multiple sectors including government, disability, community, and other sectors.

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

There was congruence across all plenaries concerning actions that can be taken to increase the inclusion of people with disability and other at-risk groups in DIDRR. These enablers align with what stakeholders said they value about tools and resources for DIDRR. They included:

- ensuring clear, reliable, and accessible communication and information channels,
- developing informal community connections and networks of social connectedness, community-based care and support comprised of people who will actively reach out to people who need help in emergencies,
- providing community education through face-to-face grassroots engagement and person-centred conversations to help people to make tailored preparedness plans and take effective actions to increase their safety during disasters,
- taking a strengths-based and holistic approach that recognises the intersectionality of people with disability and other characteristics such as language and cultural identity to improve inclusive disaster risk reduction,
- being willing to listen and learn from each other (across-sectors), and from the lived experiences of people with disability.

Poll 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 (Figure 3). Then, they were asked to consider which barrier is most well-managed. The following figure compares the results from each of the plenary forums (Figure 4).

All five groups of plenary participants identified 'Communication of emergency information in an accessible way' as the most challenging barrier, with participants from Western Australia/Northern Territories, and South Australia forums rating it the most challenging (67%).

Figure 3. Barriers to DIDRR

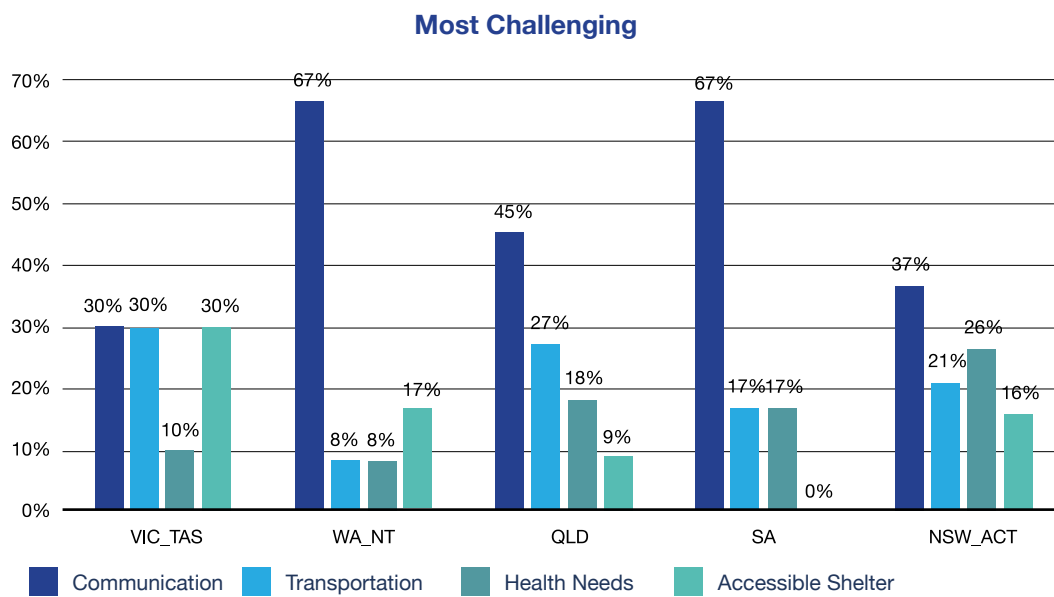
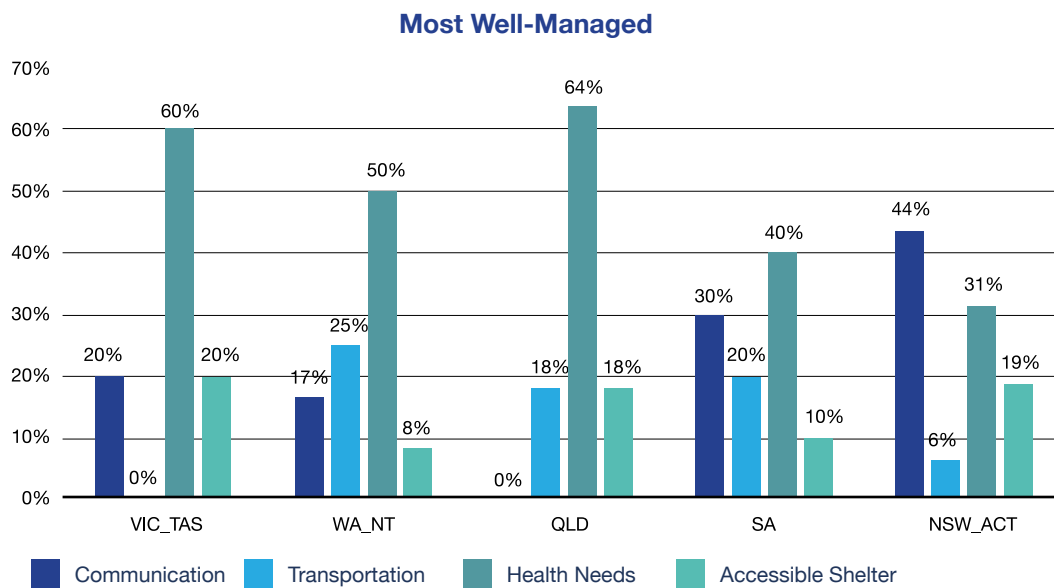


Figure 4. Most Well-Managed Challenges to DIDRR



“Managing people’s health needs during emergencies” was perceived to be the most well-managed issue based on the poll responses. Poll results in three jurisdictions considered it the most well managed, with Queensland rating it highest (64%) and New South Wales/Australian Capital Territory rating it lowest (31%).

Practical Strategies for DIDRR Development

Participants were invited to share their current strategies and ideas to overcome barriers to safety and well-being for people with disability in emergencies. While discussions were dominated by things that should happen in the future, their suggestions were often anchored in their practical experiences and steps they were beginning to take.

Participants consistently emphasised the need for nationally consistent policy guidance and governance mechanisms for effective DIDRR. This urgent necessity is expanded upon below, along with three other priority areas that were identified for DIDRR development, namely:

- facilitate and fund preparedness support initiatives,
- ensure accessible communication and information for all people,
- develop inclusive evacuation strategies.

Develop nationally consistent policy guidance and governance mechanisms.

There was consensus on the **need for nationally consistent policy guidance** and governance mechanisms to support the development of effective DIDRR through consistent processes and sustained funding support.

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

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

“As a planner, I think the biggest problem is the fact that it’s not on the radar. Like disability planning is not something that comes into emergency management... It’s always the greater good for the greater population. Disabilities are not really on the agenda at all. To the point where I was actually working with 2 local governments last Thursday. And disabilities didn’t even get a look in. Not a word. So that’s 2 local governments plans and there’s no word, no mention at all. So, I think that’s actually what the biggest issue is the fact that as emergency planners it’s not there. As somebody who trains emergency planners. The actual training that we deliver for disabilities is two sentences. In 4 days of training, 2 sentences. That’s all it is. That’s the amount of visibility that disability and disaster has”.

In all forums, **emphasis was placed on the value and importance of the following empowerment strategies to overcome barriers to DIDRR**. This underscores the need for these aspects to be included in the development of national guiding principles for practice, including:

- *“tapping into local networks”* and *“working together”* with the “place-based” people and resources *“already in communities”*,
- using collaborative methods to work *“proactively”* across agencies on *“co-designed strategies”* long before the disaster strikes, and
- *“involving people with disability at every step”*.

Each of these aspects is described below.

Participants **called for local, place-based collaboration that crosses organisational responsibilities** and sectors.

“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”.

“Liaison with other providers, and speaking to emergency services, local councils and different people to make sure the structures are around people”.

“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”.*

*“...it’s **not just people centred, but it’s place-based as well**. So, it’s how we reach into communities. So, you know, and further **strengthen that that that connection and trust** so that we can support people when they need”.*

*“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**”.*

“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”.

Practical Examples

Participants shared examples of ways that **policy, governance, and funding mechanisms** could value the role and contributions of disability representatives. For example,

*“Having the policies in place **thinking about people with disability as valued contributors**. It very much also is about that “on the ground” planning, and **I think if you had the resources where local authorities could be engaging with [the] disability community through representative organizations, service providers**, including those in residential services. That’s, where **we can really have that forward planning** that would address all these areas”.*

*“...what is very clear is that **people with disability need to be front and centre in the discussions and the planning**. You know, looking at the different barriers that people within our local area face and then coming out with the strategies and solutions in collaboration with emergency services”.*

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

Recognising that plenary participants identified **health management** during emergencies as most well-managed, the following practice-based examples provide insight into how these partnership values and priorities have been put into action. It is important to note that all of these examples are in a response and recovery context, which may explain the limited proactive partnership with people with disability in these scenarios. For example,

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

“So, I’ve actually put a lot of these strategies in place previously when you come to things like evacuation centres. **By working with the primary health network, getting doctors and practice nurses into EVAC centres to be able to manage people’s health needs.** So, I’ve done that previously. The other thing we’ve done is, hospital staff work really well in hospitals. They don’t work so well in evac centres. So, the idea of actually being able to take people to hospitals was another thing that I used last year fairly extensively in Lismore floods. And we had a lot of presentations that we needed to take to the hospital. They couldn’t be treated in the clinic, **we had a clinic set up, it was running all the time with doctors and your average GP,** but people had more needs than that. Then we actually managed to take them to the hospital where they could see doctors, they could have tests, like do everything they need to do. And we actually managed it that way. So, it’s a good way of doing it. Health are not good in evac centres themselves. First aid is really important in EVAC centres. So that’s probably the way to look at that management of health”.

“I suppose from **experience it’s been very much on building with our local partnerships.** So, in the most recent floods where they came through very quickly and people have very little time to prepare where we’re a community service provider...calling us directly saying we’ve got family we’ve just found a husband and wife living with Parkinson’s and dementia, what do we do? Evacuation centre wasn’t appropriate. We knew who to call. **We were calling Health care facilities at 2 o’clock in morning bypassing evacuation centre and come up with some really creative ways to alleviate the stress and fear in these particular situations.** But worked really, really well with the state of everything else at the time. So, **I think the partnerships** and then getting to know what jurisdictions we’ve all got and **what we can do or what resource we have available** in one time because yes you can have a plan that’s written from front to back. **There’s always gonna be something that comes up that doesn’t fit in that plan.** So, I think **knowing you can call on this partnership is so vital** in terms of the unknown and unplanned situation”.

Other ideas showcased how **local resources and existing community structures** aimed at enhancing disability access and inclusion could be utilised for inclusive emergency management planning. For example,

“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”.**

“And **every local government has an inclusion and access advisory committee,** right? They all, most of them do. So **that’s made up of people with lived experience of disability** mostly and, also, some service providers in that space... **their role is to provide advice to the local council about disability access issues.** If they’re anything like mine that’s really limited to things like disabled parking and footpaths and access to shops. I recently re-joined after 20 years, and the agenda was literally exactly the same as it was 20 years ago. **I think they’re a really underutilized vehicle.** I think they could be used much more hand in glove with local emergency management Government is tasked with having... They’re an existing resource. They’re also, there’s a requirement that councillors participate. **They’re quite a powerful, potentially powerful active communities already exist.** We don’t have to go out and create new committees and have somebody to support them and all the rest of them. So, I think there’s potential there for Local Emergency Management Committees, LEMCs within local councils to work more closely with their own and advisory committees and give them that kind of role in it in forming the LEMPs [Plans]...the annual process, the review process of the local emergency management plan that’s part of that; that committee has some input and some direct advice around that as part of the process. Not a difficult thing to put into place”.

*“I’m thinking about **local emergency management committees** and having disability representatives on there or the informal structures for coordination like the community resilience networks that are popping up, thinking about the recovery centres and how we need to also focus on that side too, not just the evacuation centre”.*

*“**Local brigades will often have really good understanding of who’s in their local community**, especially those outside the city. And so, they might well know about those group homes... and they might have had a communication with them. I’m not saying this is standardized or really done consistently, but **when you’re looking for things that do work, there’s those local connections and networks**. In communities that include things like the RFS brigades or SES units and things like that. So, some of those things do work and that we and we also have found in different other at-risk communities that doesn’t really work for us to do that at a state level. But **those things are better done at the local level**. Because of the issues around privacy and, also, just how much information changes and people move. That there’s a sort of **there’s some value there and that really local information and knowledge of it any kind of community**. So, we sort of try and **empower our brigades and volunteers to understand their community better** and then are able to respond better rather than trying to see it as some large government organisation”.*

Facilitate and fund preparedness support initiatives.

Participants across all forums advocated the development of “*people-centred*” preparedness plans and “*improved planning support*” in partnership with people with disability and their support networks. They suggested expanding this approach across Australian communities, sustained through consistent funding.

*“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.”*

*I would like to see P-CEP rolled out - that resource, person-centred emergency planning is **rolled out in every community**, and **that assumptions are not made that people know actually what to do**. Because often people don’t. So, I just think they’re rolling that out on a very practical level resourcing that, whether it be through local government”.*

Consistent with person-centred approaches, participants with disability stated the importance of self-assessment and personal ownership of emergency preparedness resting with the individual. For example,

*“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”.*

Participants recognised, also, that some people with disability and carers will need support to prepare.

*“...people with disability and advocates are sure that planning at the policy level at the showing leadership for government. But **it’s also very much about supporting people to do planning on the ground**”.*

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

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

Service providers shared information about preparedness support programs that are currently being used to facilitate person-centred self-assessment of emergency preparedness and tailored planning that takes into consideration the individual's support needs and risk situation. These programs are increasingly being developed and strengthened by the evidence base that has informed the Person-Centred Emergency Preparedness (P-CEP) framework, principles, and process tools. The P-CEP was co-produced, implemented with multiple stakeholders across numerous Australian communities, supported through a nationally consistent Certificate course, and evaluated for its effectiveness. Consistent with its evidence-base, participants reported that different sectors (e.g., carer organisations, NGOs, emergency services) are leading P-CEP implementation.

*"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**".*

*"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".*

*"Yeah, we see that as well in terms of **identifying the people who need support** through the programs like the Emergency Planning and Advice Service (EPAS)".*

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

They described the impact that preparedness support is having on people's planning. For example,

"...In our conversations with people, there was also apart from where do you go, there was the how do you get there, and some of the carers we talked to had gone back and written new plans as part of that they've actually planned their plan around disability.

Participants also recognised both the contributions and responsibilities that service providers and peer leaders can make to enhancing personal emergency preparedness with the people they support.

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

*"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**".*

*"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**".*

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

Participants spoke further about proactive inclusive emergency planning in partnership with people and their support services as a strategy for identifying, triaging, and escalating supports to ensure arrangements are in place for people's safety.

*“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**”.*

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

*“We have 4 official evacuation centres here in the Shoalhaven and **each one has been stocked with a with a kit** that includes things like those blenders that puree food so it’s in liquid form for people who can’t swallow, sensory needs, and noise cancelling headphones with sensory issues, all that kind of stuff, you know, in a bag and a kit and each one of our evacuation centres has one of those as part of the emperor initiative”.*

Resilience and recovery service providers further contributed information about how person-centred approaches extend to the conduct of welfare checks with people who need additional support during emergencies.

*“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...”.*

Ensure accessible communication and information for all people.

Widely providing communication that is accessible, reliable, and actionable is a persistent challenge. This was reinforced in all jurisdictions via the poll results and elaborated upon in the small group discussions.

Forum participants **stressed the importance of accessible information for the public**. They also highlighted two aspects of information sharing for the emergency sector. *First*, they wanted access to information about people (e.g., where they are) and their support needs for more effective emergency response during an emergency. *Second*, they advocated for improved communication channels for sharing information between government and agencies, including service providers from various sectors during emergencies. Discussion of communication barriers dominated the discussion at each plenary. For example,

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

“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”.

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

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

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

“So, we have got clients who have got low vision to nil vision... So, our main constant really is that when we are out and about delivering service to our clients, we talk about disaster preparedness of our concern is our clients and if they get left behind with information because during a disaster a lot of information on the go and it changes so frequently... For **our clients because with low vision, they might not be able to access a print material** for example when materials are not accessible for screen readers and so then they miss out in terms of information”.

“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”.

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

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

“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”.

“I think probably the biggest thing helping that discussion, from a government perspective, is I think **the communication channel with our other government agencies about this issue.** So that we become, from an ambulance perspective or an emergency services perspective, more aware of who's out there that might need our assistance. And also, assisting for those other agencies to understand what our limitations are”.

“...**our big concern is knowing who the people are, where they are in the community.** What plans they might have, what arrangements they might have and what their expectations are of emergency services. And then having early access to information. So, where we are required to assist, but better able to do that”.

“...the barriers? Is access to information, personal information on individuals. Without breaching privacy conditions and things like that. Obviously in the middle of a declared emergency there are provisions for that but that's not really the time for sharing that information. **We need to have it earlier so that we can put it into our planning process.** Because I think there's a big expectation, particularly on ambulance services. To assist with relocations and things like that. We don't have the capacity to be doing those things.

*“We need to know it well, in advance of an emergency. So, opening those communication channels is, has been really beneficial. And having a better understanding, understanding of some of the privacy conditions around sharing certain bits of information. I mean, we might be able to get access to that. And I guess using other government departments such as our, community services directorate and ACT Health **to reach out to some of the disability providers that support people out in the community and using them as a conduit**”.*

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

*“Some of the groups that we were concerned about were the **people with disabilities living out in the community that we didn’t have any visibility of**. Particularly if we needed to do relocations, etc. As was mentioned in the other - In the bigger group, not knowing what their needs were either, particularly in relation to mobility. It is a big concern for us. I think there are organizations that were in our emergency coordination centre that probably are responsible for certain individuals with disabilities at that community base. But getting access to that information...”*

*“...**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**”.*

While there was no clear consensus on how to address the complex challenge of accessible information for all, plenary discussions did offer some key insights on possible ways to get started. In all 5 forums, participants referred to accessibility policies, plans and guidance documents as an effective way to get started on making information more accessible. For example,

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

*“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 organisation around any print materials that go out for people with disabilities”.

“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”.

Participants also shared their initial stages of enhancing the accessibility of emergency information and offered some examples of how they were approaching the challenges by making information available in multiple formats. For example,

*“...we actually have a video resource that are **broken down into really simplified English** with captions. And that is so that we can reach not only intellectual disabilities and hearing impaired but also for our multicultural communities so it’s a great resource to dip into and share across. Communities I’ve also started using it within Indigenous communities and I’m trying to kind of rebrand it to be a bit more deadly”.*

*“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”.*

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

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

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

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

“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”.

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

Develop inclusive evacuation strategies.

Participants called for improved evacuation strategies. They emphasised the need for better planning for emergency shelter and transport options to ensure they are accessible for people with various disabilities. These discussions extended to suggestions about increasing options for accessible accommodation for people with disability during evacuation, particularly those with complex or high support needs. Participants agreed that people with disability need to be involved in planning those improvements.

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

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

“So just as an example of best practice. You know, **just a standard accessible toilet would meet the needs of many people with physical disabilities, but it’s not going to meet the needs of people who require a changing place**. You know that includes you know extra space a high adjustable change table and or waste and that would make an EVAC Centre more accessible to people who require those equipment or the additional room for 2 care assist, for example.”

“...it would have particularly **transport evacuation centres**, we’re thinking ahead where those are, how can they be improved?... So, or to come together as a disability community and share what we would find as useful to mobilize our members and our clients”.

“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.”

Innovative strategies promoted at three plenary forums focused on developing registers for “mapping accessible transportation and accommodation”. They included Victoria and Tasmania, Western Australia and Northern Territory, and New South Wales and Australian Capital Territory forums.

“...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”.

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

*“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?”

“...one of the issues that could be adopted by councils everywhere or local government, because one of the issues that we have is that like for example here we know that there are a certain number of wheelchair accessible vehicles but they are owned by disability providers and in an emergency they’re going to utilise them for their own people so the pool of vehicles is very limited and we have other road access issues. So, if we have more, you know, existing actual publicly available accessible vehicles in the pool, then we’re going to have more options for that transportation problem that we all have”.

Participants also advocated a greater role for technology. It is important to note that there were few examples with limited elaboration, suggesting that this is an area that warrants further examination, research, and development.

“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 state-wide 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...”

“I’m just aware that there’s a couple of trials happening with drone projects to deliver urgent medications where communities have been cut off and isolated in floods and bush fires. I think there’s one in Victoria at the moment”.

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

Participants recognised that using technology introduces other challenges like ensuring people have digital access or not relying solely on digital solutions, particularly for emergency warnings and emergency information designed to keep people safe during evacuations.

“...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”.

Discussion

Key learnings are summarised into three areas: (a) resources and their utilisation; (b) priority cohorts, factors that increase risks and enablers of DIDRR; and (c) practical strategies for DIDRR development.

Resources and their Utilisation

Engagement with Disability Inclusive Disaster Risk Reduction (DIDRR) resources, as indicated on the Resource-Gap Map from the Emergency Management Capabilities for DIDRR Scoping Study, is underway, however unevenly across jurisdictions. In addition to the need for greater awareness about the availability of DIDRR resources, current shortcomings involve inconsistent availability of resources designed and accessible for people with disability. For instance, while educational videos and training sessions for emergency personnel incorporate individuals with lived experience of disability, the same level of inclusion and consideration is lacking in the design and execution of community forums and expos, which are crucial sources of disaster risk education for communities.

Moreover, a crucial aspect to bear in mind regarding the Scoping Study's recommendation to leverage existing tools and resources for advancing DIDRR is that the mere availability of a resource doesn't ensure its inclusive design or automatic accessibility for people with disabilities. Therefore, in adjusting the recommendations from the original Scoping Study, it is paramount to prioritise the inclusive involvement of individuals with disabilities in the review, implementation, evaluation, and improvement processes. This aligns with the DIDRR mechanisms outlined in the Scoping Study report, ensuring that resources are enhanced through their participation and accessible to individuals with disability.

This synthesis report brings to light several research gaps concerning resources for DIDRR, their utilisation, and effectiveness. Plenary participants did not mention any formal monitoring or evaluation of resources, emphasising the urgent need for attention and investment in evaluating emergency management resources nationwide. It is important that studies be conducted to assess the impact of existing resources. Investing in evaluation, as a crucial final step in the policy lifecycle, enables evidence-based expansion of effective resources and the revision or removal of ineffective ones, preventing repeated mistakes across jurisdictions.

Importantly, the Resource-Gap Map shows exceptions, with some resources having extensive evaluation studies (e.g., Person-Centred Emergency Preparedness Toolkit and Certificate Course) and others currently undergoing evaluation (e.g., Emergency Planning Advice Service), these variations provide insights into the maturity level and effort required to raise awareness among key stakeholders about the availability of DIDRR resources, facilitate their translation into practice, and evaluate outcomes.

There is a need to increase awareness of preparedness support resources and services that are documented in the Resource-Gap map to raise awareness of these existing resources. Knowledge about the availability of such tools and opportunities was uneven across jurisdictions.

Furthermore, the Resource-Gap Map serves as a tool to pinpoint required resources that warrant investment for their inclusive development. This is especially clear in the context of calls for improved accessible communications.

Priority cohorts, factors that increase risks, and enablers of DIDRR

In line with the Scoping Study's discovery that people with disability are often categorised among various 'vulnerable groups' in state and local emergency management documents, participants in the five plenaries highlighted several groups facing structural barriers affecting their safety during emergencies. While state and emergency documents generally made broad references to disability (such as medical conditions or special needs), plenary participants expressed specific concerns about certain types of disabilities (like sensory impairments and intellectual disabilities and individuals with comorbid health conditions). Additionally, the Scoping Study did not mention another group of concern: people with lived experience of substance abuse and addiction. Future research is necessary to gain a deeper understanding of the emergency safety challenges faced by this specific group.

In line with the findings of the Scoping Study, plenary participants commonly emphasised structural barriers contributing to heightened disaster risks for people with disability. Examples include challenges in accessing emergency information and communication, as well as difficulties in reaching individuals in geographically remote areas. It's important to note, however, that plenary participants identified additional structural barriers, such as a lack of trust in authority and planning that doesn't adequately consider the expressed support needs of individuals with disability at heightened risk during a disaster.

Moreover, the plenary groups brought attention to two situational factors believed to limit the involvement of people with disabilities in emergency management information. These factors are engagement fatigue and staff turnover, aspects not covered in the barriers discussed within the Scoping Study.

Plenary participants did not explicitly provide advice on addressing safety barriers for people with disabilities in state or emergency management plans. However, the Scoping Study recognised guidance documents as essential tools for offering strategic direction in enhancing collaborations with community services and delivering emergency preparedness supports tailored to meet the individual needs of people with disability. Participants across plenaries also highlighted cross-sector communication, collaboration, and person-centred conversations as key elements for DIDRR implementation.

The Scoping Study emphasised the goals of emergency management plans, including providing accessible emergency warnings and increasing social connectedness. Plenary participants echoed these sentiments, stressing the importance of clear and accessible emergency communications and the value of informal community connections in reaching people with disability. DIDRR enablers identified by plenary participants included guidance documents and emergency management plans, each focusing on the inclusion and valuing of people with lived experience of disability.

Together, these DIDRR enablers underscore the significance of actively listening to and learning from people with disability. They advocate for a strength-based, holistic approach that recognises the intersectionality of people with disabilities, emphasising the importance of 'face-to-face' community education and genuine engagement with individuals with disabilities. Research opportunities exist to explore the extent to which those conducting emergency community education and engagement activities have lived experience of disability or collaborate with disability representatives to enhance lived experience contributions in delivery.

Practical Strategies for DIDRR Development

The Emergency Management Capabilities for DIDRR Scoping Study recommended developing DIDRR governance mechanisms for national consistency. Plenary participants concurred with this recommendation, emphasising the need for nationally consistent policy guidance and governance mechanisms to support the development of DIDRR. The Scoping Study also highlighted the crucial role of including individuals with lived experience of disability in emergency management policymaking. Plenary participants echoed this emphasis, stressing the importance of empowering people with disability as ‘valued contributors’ to DIDRR policy.

Failing to fund and support the inclusion of lived experience in policymaking poses a risk of developing emergency management policies that overlook crucial issues for people with disability. Additionally, excluding lived experience of disability in policymaking activities could lead to the undesirable and unsustainable outcome of selecting and implementing emergency risk reduction measures that do not adequately address the needs of individuals with disability.

The Person-Centred Emergency Preparedness (P-CEP) Capability Framework, as highlighted in the Scoping Study, places a key focus on training stakeholders in its approaches to mitigate emergency risks for people with disability. Plenary participants from various jurisdictions strongly endorsed the development and accessibility of person-centred preparedness support initiatives. While the Scoping Study pointed out the importance of planning for the transport needs of people with disability during and after a disaster, plenary participants underscored the significance of proactive and inclusive emergency supports by pre-planning transport options.

Participants expressed concerns about the inconsistent availability of funding for preparedness support, hindering the national rollout of this crucial DIDRR initiative. Recognising the need for formalised person-centred emergency preparedness to be adequately resourced and widely accessible across jurisdictions, disability representatives in the plenary also emphasised the importance of personal agency in emergency preparedness, urging individuals to take personal responsibility for their safety.

Survey research has commenced in Australia to explore the extent to which people with disability⁴ and carers⁵ take responsibility for their own emergency preparedness and the outcomes achieved. However, further research is needed to consider the potential risks involved for people with cognitive and intellectual disability and those who are isolated and with fewer supports. This research is crucial, as plenary participants noted several priority groups that may require support to create an effective plan.

Plenary participants from various jurisdictions discussed strategies to ensure accessible communication, aligning with the communication enablers outlined in the Scoping Study. These strategies involve disseminating emergency information in accessible formats and leveraging technology to effectively communicate crucial details. In addition to the communication enablers identified in the Scoping Study, plenary participants stressed the significance of information sharing among DIDRR stakeholders, including government entities, agencies, and service providers.

The emphasis placed on communication barriers underscores an ongoing national DIDRR policy challenge. This challenge revolves around addressing these barriers, also identified in the Scoping Study, in a timely manner. These barriers encompass issues such as emergency information not being accessible to people with disability, low understandability of the information, and low readability of emergency materials. The national focus on communication barriers, with limited discussion around enablers, across plenaries highlights the need for studies to investigate and provide evidence-based recommendations for improving the communication of emergency information to people with disability.

⁴ Chang, K. Y. J., Villeneuve, M., Crawford, T., Yen, I., Dominey-Howes, D., & Llewellyn, G. (2023). Disaster Preparedness, Capabilities, and Support Needs: The Lived Experience Perspectives of People with Disability. *Disabilities*, 3(4), 648-665.

⁵ Crawford, T., Yen, I., Chang, K. Y. J., Llewellyn, G., Dominey-Howes, D., & Villeneuve, M. (2023). How well prepared are we for disaster? The perspectives of informal carers of people with disability. *International Journal of Disaster Risk Reduction*, 103785.

Inclusive evacuation strategies, discussed by plenary participants, align broadly with the emergency management enablers outlined in the Scoping Study. For instance, the study advocated for enhancements in existing planning arrangements to address the complexities of various emergency evacuations. Participants also emphasised the need for improved evacuation strategies to assist people with disability considering these complexities. While the Scoping Study supported including individuals with lived experience of disability in evacuation plan consultations, plenary participants underscored the importance of actively involving disability representation in all aspects of evacuation planning.

Additionally, plenary participants reiterated the need for accessible emergency shelters as an enabler in DIDRR, emphasising the importance of accommodating people with disability during evacuations. Beyond the evacuation enablers identified in the Scoping Study, participants highlighted the role of technology, specifically ‘apps’ (software applications), as an inclusive evacuation strategy. Although participants provided brief details about the current use of technologies, acknowledging potential access and equity issues, future studies are required to fill these information gaps and critically assess the capacity of technological measures to enhance inclusive and efficient emergency evacuation for people with disability.

APPENDIX A: Plenary Questions

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?

Acknowledgement

We would like to thank our research team for their assistance: Ivy Yen (Project Manager), Emma Cooper, Farhana Nila, Clare Gibellini, and Parvathi Subramaniam.

Funding

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



Contact:

Michelle Villeneuve, Associate Professor
Collaborating.4Inclusion@Sydney.edu.au