

Community Conversations Forum Report: Emergency Planning with Older People in Bundaberg

21 May 2025



Image description: A group of forum attendees standing together.

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1. Introduction

The Bundaberg Community Conversations forum about inclusive emergency planning was held at the Bundaberg Multiplex on 21 May 2025. Bundaberg Regional Council organised the event and Dr. Tonia Crawford of Collaborating4Inclusion facilitated the forum. Annette Farrar from Bundaberg Regional Council also presented at the forum. The focus of the event was to bring together a diverse group of people to learn together about person-centred and organisational emergency preparedness strategies that could be implemented by both the disability and aged care services providers to positively impact the safety and wellbeing of all older people in emergencies.

In Bundaberg, some disability service providers have enhanced their practices by adopting Person-Centred Emergency Preparedness principles, tools, and approaches. These leaders, in attendance at this forum, are a valuable resource for sharing emergency preparedness strategies with other sectors, such as aged care and health.

Forum attendees were invited to share their perspectives on the following:

- Emergency preparedness actions that organisations (particularly aged care, disability and health service providers) can take to make sure older people and their support needs are at the centre of emergency management planning.
- Barriers and enablers to safety for older people in disaster events.
- Ways that local communities can work together to ensure people with disability are aware, safe, and prepared for emergencies.

1.1 Purpose of this report

This report summarises discussions at the Community Conversations forum in Bundaberg, organised into key learnings. Local Government and community partners are invited to share this report with people who attended the forum and their networks. The key learnings of this report can be used to support inclusive emergency planning at the individual, organisational and community level. Please note that not all conversations were recorded and are therefore not included in the findings of this report.

2. About the Forum

The Community Conversations Forum: Emergency Planning is the first stage of the Partnerships for P-CEP Implementation Project, which is being conducted in the Local Government Areas (LGAs) of Bundaberg, Cairns and Hinchinbrook Shire. In each of these locations, the project team are seeking leaders, advocates and supporters who will champion P-CEP implementation in their community.

The Community Conversations Forum in Bundaberg was held 21st May with a diverse group of key stakeholders, including older people, First Nations people, people with disability or long-term conditions and the people, organisations and community groups that support them. There was a particular emphasis on aged care service providers and

other relevant organisations who can contribute to building inclusive emergency planning. The forum was an opportunity to learn from others in the Bundaberg community about the preparedness, capabilities and support needs of older people and the emergency preparedness of organisations that support them. It was a chance to tell, show and learn about good practices being implemented across different sectors, organisations and groups. All who attended had something valuable to contribute to inclusive risk reduction in their communities and shared a desire to improve the safety and wellbeing of all older people in emergencies.

During the forum, attendees were invited to identify local disaster risks and discuss their preparedness for emergency events, as individuals and as representatives from various organisations with responsibilities to the people they support and to their staff.

Two tools to enable preparedness were discussed at the forum: one designed for personal preparedness and another designed for organisational preparedness.

Person-Centred Emergency Preparedness	Organisational Emergency Preparedness
<p><u>Discussion:</u> Forum participants discussed the Person-Centred Emergency Preparedness (P-CEP) Framework as a tool to build disaster resilience for people with support needs.</p>	<p><u>Discussion:</u> Forum attendees were introduced to the Organisational Emergency Preparedness (OEP) self-assessment tool to help them evaluate their service continuity readiness and accessible assets for risk reduction in emergencies.</p>
<p><u>Action:</u> Attendees were invited to register their interest to participate in the second stage of this project: undertaking the P-CEP Online Certificate Course.</p>	<p><u>Action:</u> Attendees were invited to complete the online survey in discussion with other attendees from their organisation and other local organisations.</p>
<p><u>Link to P-CEP Course EOI:</u> https://redcap.sydney.edu.au/surveys/?s=MTW7JHWHY84MNRXK</p>	<p><u>Link to OEP survey:</u> https://redcap.sydney.edu.au/surveys/?s=JF8YTL4J4EFEA8DK</p>

2.1 Forum objectives

The objectives of the forum were:

- To assess the current level of organisational preparedness and identify strengths in the aged care sector.
- To foster strategic partnerships between council and organisations to improve emergency management for older people.
- To promote participation in the P-CEP Online Certificate Course for capacity building.

2.2 Forum attendees

As forum host, Bundaberg Regional Council worked with their established networks to engage people from three stakeholder groups and invite them to attend the forum. These groups are:

- Aged care, disability, health, and community service providers.
- Emergency services and government staff involved in disaster management and inclusion.
- Older people and carers, including First Nations Elders and leaders.

44 people registered for the forum and 34 attended on the day.

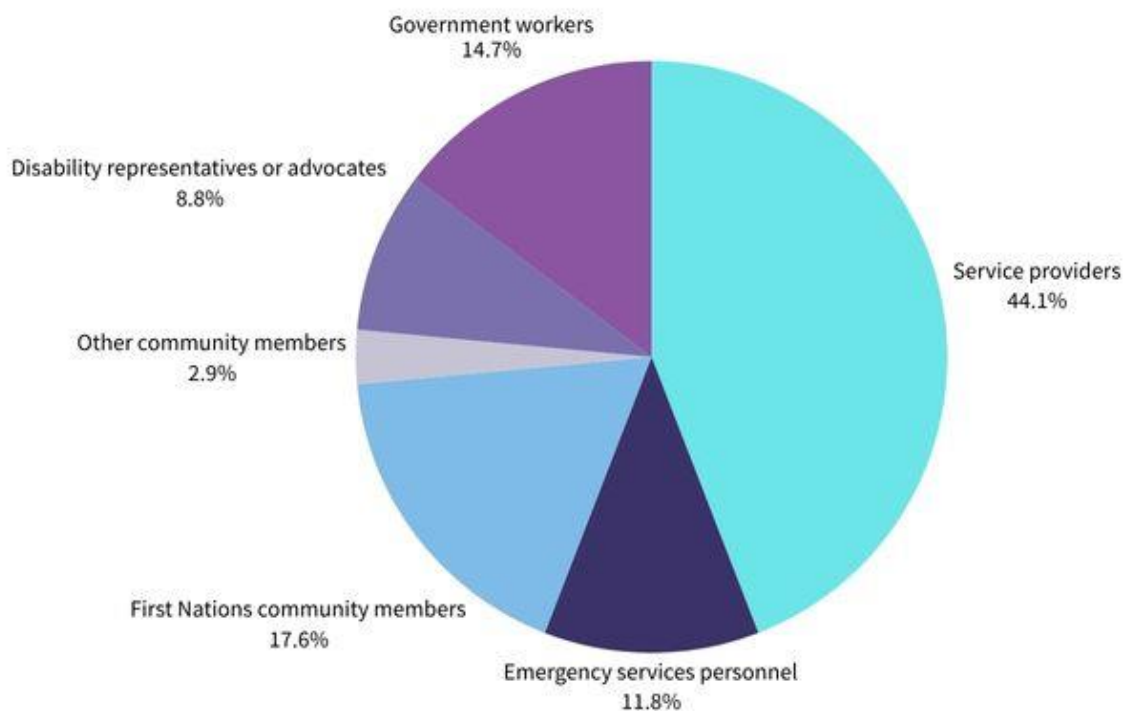


Figure 1: Distribution of stakeholder groups by percentage

Forum Attendees



34 people attended the Bundaberg Community Conversations Forum, representing a range of organisations and roles.

Aged care providers

Representatives from Meilene Residential Aged Care Home (Anglicare), CatholicCare Central Queensland and Ingenia Gardens.

Emergency services

Representatives from Red Cross, State Emergency Services (North Coast Region), Queensland Fire and Emergency Service (North Coast Region) and Queensland Police Service.

Health service providers

Representatives from Wide Bay Hospital and Health Service, QLD Health and St John Ambulance.

Disability service providers

Representatives from Careinbundi.

Government

Representatives from Bundaberg Regional Council, Southern Downs Regional Council, Dept. Aboriginal and Torres Strait Islander Partnerships and Department of Families, Seniors, Disability Services and Child Safety.

Disability Representatives or Advocates

Representatives from Spinal Life Australia and Matters of Dignity.

Community Groups

Representatives from Elders Yarning Circle.

Other

Representative from Central Queensland University.

3. Forum Content: Emergency Planning with Older People

3.1 Disproportionate Risks for Older People in Emergencies

Older people face disproportionate risks in disasters, including higher rates of injury and death. Those with overlapping vulnerabilities (e.g., older First Nations people, people with disability) are at even greater risk. The forum highlighted the need to remove systemic barriers and take an intersectional approach to inclusive disaster planning.

3.2 The New Aged Care Act 2024

The forum reviewed Outcome 2.10 of the *New Aged Care Act 2024*, which mandates that aged care providers prepare for emergencies. Attendees reflected on how their organisations could implement these new requirements, recognising the need for tailored support, cross-sector collaboration, and ongoing capacity building.

3.1 Enabling Preparedness with P-CEP and OEP Profile

Two practical tools to enable preparedness were discussed at the forum. Person-Centred Emergency Preparedness (P-CEP) is designed to support individual preparedness and the Organisational Emergency Preparedness (OEP) Profile is designed to evaluate and improve organisational preparedness. The aged care, disability, community and advocacy sectors can use these two tools to improve the safety, wellbeing and preparedness of older people. Collaborating government organisations and emergency services can also use P-CEP and share the OEP with others in their community.

a.) Person-Centred Emergency Preparedness (P-CEP): A framework to support individuals in creating customised emergency plans.

- P-CEP is a conversation tool that facilitators can use to match emergency planning to the supports people need for their health and safety in emergencies.
- Learn more about P-CEP in this brief introduction at the Collaborating4Inclusion website: <https://collaborating4inclusion.org/pcep/pcep-tools/>
- Learn more about P-CEP implementation with these webinars and case studies: <https://collaborating4inclusion.org/pcep/pcep-implementation-revised/>

Person-Centred Emergency Preparedness (P-CEP)

Discussion:

Forum participants discussed the Person-Centred Emergency Preparedness (P-CEP) Framework as a tool to build disaster resilience for people with support needs.

Action:

Attendees were invited to register their interest to participate in the second stage of this project: undertaking the P-CEP Online Certificate Course.

Link to P-CEP Course EOI:

<https://redcap.sydney.edu.au/surveys/?s=MTW7JHWHY84MNRXX>

B.) Organisational Emergency Preparedness (OEP) Profile: A self-assessment tool to evaluate and enhance organisational readiness.

- The OEP survey was designed to help organisations reflect on and document:
 - their current level of emergency preparedness
 - their organisational and resource capabilities
 - their preferred way to collaborate with government and emergency services
 - the individual and collaborative actions they can take to reduce disaster risks for people with disability and other groups with additional support needs in natural hazard emergencies.
- This information can be used to identify action-oriented steps to improve their preparedness as an organisation. It also enables them to share information about their needs, capabilities and assets with partnering organisations and agencies.
- We encourage government organisations, emergency services and other agencies to share the OEP Survey with organisations in their community so that they can better understand the preparedness, assets and needs of their partners.

Organisational Emergency Preparedness (OEP) Profile

Discussion:

Forum attendees were introduced to the Organisational Emergency Preparedness (OEP) self-assessment tool to help them evaluate their service continuity readiness and accessible assets for risk reduction in emergencies.

Action:

Attendees were invited to complete the online survey in discussion with other attendees from their organisation and other local organisations.

Link to OEP survey:

<https://redcap.sydney.edu.au/surveys/?s=JF8YTL4J4EFEA8DK>

4. Key Learnings and Promising Practices

4.1 Overview of Key Learnings

Key learnings and promising practices from the forum:

Key Learning	Promising Practice
1 “You can’t rely on somebody coming to your door” for emergency warning or rescue	Community education about disaster risks

2	There are people in the Bundaberg community who need support to make effective emergency plans	Hold P-CEP workshops in the community
3	Older people face barriers to risk information	Communicate directly with clients during disaster events
4	Experience has taught people to prepare for the worst-case scenario	Conduct surprise drills
5	Evacuation centres should be places of last resort	Connect with neighbours and community to increase disaster resilience
6	Emergency preparedness must be embedded in organisational culture	Resilience programs for clients

The following sections overview the key learnings and promising practices from the forum discussions.

4.2 Detailed Summary of Key Learnings and Promising Practices

Thematic analysis of forum discussions produced six key learnings:

Learning 1: “You can’t rely on somebody coming to your door” for emergency warning or rescue.

Older people must actively prepare for disasters, as emergency services may not always be available to assist.

Attendees recognised the need for everyone to have a personal plan, tailored to their support needs and capabilities, to reduce their own disaster risk and reduce reliance on emergency services. They emphasised that older people should not expect emergency services to be available to assist them and should be prepared for disasters before they strike.

That's why we need to get in and get them working on this type of readiness, so that they know what to do, but others know they're there, too. But at the end of the day, you can't rely on somebody coming to your door either. You have to work, you have to rely on your own planning. (G1)

It's got to be in the preparedness. By the time the disasters come in, it's too late. (G1)

Some attendees explained that lack of personal preparedness put further resource strain and risk on emergency services personnel. Other attendees described personal emergency preparedness in terms of disaster resilience and empowerment for the individual and their families. They acknowledged that familiarity and documentation of plans could be reassuring in a crisis:

People in that situation, in time of crisis, don't often have the capacity to think of who I'm supposed to call. Whereas if it's written down in their plan, they go, "Oh, that's right, if this happens, I'm going to call this person and here's the number. And if they don't answer, I can call these people." (G3)

Preparedness plans were necessary for older people living in the community, especially if they had support needs, required assistance to evacuate, or lived in flood-prone or other high-risk areas.

Forum attendees from aged care and disability organisations stated that a personalised plan was typically made with clients during intake and regularly reviewed. One attendee noted that older people's support needs could change rapidly and that it was important that information was regularly updated.

Somebody might come in independent in our village and be fine 12 months ago, but actually they've gone downhill since, and it's really important for the people within those roles to be very aware of where your residents and people are. You have to make sure that paperwork is done. (LG)

However, not all aged care facilities had worked with their clients to enable preparedness and reduce disaster risk. One attendee offered an example where older people received no support from the organisation supporting their care about emergency plans:

My mother lives in a village that is privately owned. And the manager doesn't live there anymore. And all they've got there is a phone to ring 000. (LG)

Promising Practice: Community education about disaster risks.

Forum attendees were aware of disaster risks and hazards in the Bundaberg area. However, they understood that many people in their community did not have strong local knowledge and previous disaster experience. Many people lacked risk information, geographical and historical knowledge of hazards in their area, and resources to support them to plan well. Attendees suggested that community education was needed—and that it specifically needed to target people living or working in flood prone areas.

If someone is in a flood prone area, they also need to make a lot more preparation, and I think that maybe there needs to be a lot more education in those flood prone areas: letterbox drops, hall meetings and all the rest of it. (G5)

Attendees explained how education about their increased risk may motivate people in these locations to make more comprehensive plan and take preparedness actions.

Learning 2: There are people in the Bundaberg community who need support to make effective emergency plans.

Tailored support is essential for older people who require medical equipment, mobility aids, or accessible evacuation options.

Older people and their networks can be assisted to develop emergency preparedness plans that meets their needs, or the needs of those they support. In the forum, it was acknowledged that because older people may require specific equipment, medication, medical care, support workers, accessible transport, accessible and/or specialised facilities, the assistance of formal and/or informal supports, and access to power, they may require extra support to plan for emergencies and make arrangements for contingencies. Attendees acknowledged that some people living in the community did not already have plans and were not connected with people who could support them to make one. Some forum attendees were concerned that there were older people in their community that were isolated and not seeking support:

She has no one come and do any service for her. She lives alone. She's got two children, but they live far away. She has MyAgedCare and they have done a couple of bits for her, but she doesn't have anyone come around and she says – and these are her words – I don't ask for help. (G3)

If they don't have anyone to do a plan. That's what I'm saying. There are people out there. (G3)

There are older people in the Bundaberg community who require outreach for preparedness support. They need somebody who can work with them to build a person-centred plan and connect them with people or organisations that can fill any gaps in their preparedness. One example that attendees spoke about was a lack information about places to evacuate to.

In terms of disaster management, what I'm hearing from the individual residents, it's hard to develop an effective plan if you don't have all the information about where are those centres that provide those inclusive services? So, I think there might be an opportunity in terms of communication within the community around where do those people go, such as places to evacuate to, so then they can include that in their plan? (G5)

*You can't make any personal decisions if you don't know what's available. [...]
What does an evacuation centre look like, and the reality of it? (G5)*

Throughout the forum, attendees identified some of the many community assets in Bundaberg that had been (or could be) used to accommodate people—particularly those with support needs—in a disaster. However, attendees questioned whether older people in the community knew what alternative options are available. Preparedness support could help to bridge this knowledge gap and enable older people to make effective plans.

Promising Practice: Hold P-CEP workshops in the community.

Attendees spoke about having P-CEP conversations in social settings within their communities. They discussed targeting people who did not have anyone to support them to make a plan, making arrangements to transport them to the venue, and holding multiple sessions to ensure the plan was thorough and the person's needs were heard.

We were talking about doing a workshop, a social workshop, where you can get the plan done whilst they're having cake and coffee... And if you break it down, maybe you only answer three of questions. Yeah, then have cake and coffee and they do something really entertaining. And then we can come back next week. So, by the end of it, they have a plan. And they have the time to talk about their needs. (G3)

Attendees listed some of the ways that person-centred emergency preparedness, being a conversational approach, could overcome barriers to planning:

1. Focuses on listening to the person:
"Seniors that have a speech issue, it might be post-stroke. It takes a very long time for them to formulate the answers and you don't want to be jumping in and doing it for them." (G3).
2. Conversational approach does not require the person to read:
"Because some of them don't read or can't read. And they've come to me and said, I don't want to embarrass myself in front of everybody. Just so you know, I can't read." (G3).
3. Language is adapted to fit the person:
"As well, the language that they're using in these types of things. It's office talk. It's overwhelming." (G3).

This practice has been implemented in communities across Australia and could be tailored to best suit Bundaberg communities and the older people who require preparedness support.

Learning 3: Older people face barriers to risk information.

Digital exclusion and hearing impairments often limit access to critical risk information.

Forum attendees described some of the barriers and challenges to safety faced by older people living in their community, particularly those who are not receiving support around emergency preparedness from service providers. When recalling previous disasters, attendees noted that some people could not access accurate and timely risk communication, due to their lack of digital literacy:

We had a lot of clients that couldn't access the disaster dashboard because they didn't have the technical skills to do so or the comprehension to understand what it was they were looking at. (LG)

I thought the government website was great. Having that kind of one disaster page. It works really well for us. [...] For us, not so much for our clients in some cases though. (G3)

Attendees acknowledged that some people did not use the internet or social media. This was sometimes due to lack of internet or mobile phone service:

They may not necessarily use that medium. And if they live out of town, they may not have the service to access it. (G2)

Once again, it's these people who don't access social media, but the social media side of it, I thought was really good. But it would be no good to my husband or my mother, who don't use it. (G2)

One attendee explained to their group that word-of-mouth was the primary way that many older people learned about approaching natural hazards and other risk communications.

[Name] did a workshop last year which focused on elderly people down in the Fraser Coast. And one of the questions she said to them was "How do you find out about disasters?" And a lot of them said, "Word of mouth." A family member will bring it up with them, saying, "Oh, I see you've got a big storm coming or you've had a big storm. Are you OK?" (G2)

The attendee also recognised that difficulty hearing also impacted older people's access to information.

Another thing I found interesting was there was one couple and she said, "My husband's deaf, he won't have the radio on." And so she was very limited as to how she found out information. (G2)

Being disconnected from critical risk communications about disaster events impacted people's safety and wellbeing, particularly if they could not rely on other people to convey this information to them.

Promising Practice: Communicate directly with clients before and during disasters.

A key strategy that organisations used to ensure their clients were safe, prepared and informed during emergencies was through direct communication. This often involved contacting them on the phone to enquire about their wellbeing and to connect them to risk information, which they may not otherwise receive. Hearing from a trusted and familiar person about hazards and emergency warnings ensured older people had access to reliable, up-to-date information. This direct communication allowed service providers to make arrangements if their clients needed to be evacuated or required further support.

Having a person that they normally speak to anyway, on the phone saying, "Hey Beryl, we've just had a look in the area. Yep, look, I can see this is going on. Are you feeling okay? They are saying the cyclone's going to cross the coast in seven hours' time or whatever it is." That connected them to the information. (LG)

We put in place a system during TC Alfred, where we were actually calling out to clients. And so even though they weren't getting out and about, we were engaging with them. We were doing wellbeing calls to make sure people were actually OK. (G3)

She knows their mobile phone, because we've got all the records, what you got to do is pick up the phone and make a call. It really is that easy and quite often everything is so over complicated. But the reality is, we know there's going to be a fire over this location? Well, we know who lives there. Pick up the phone, ring them. You say do you want to pop into the program centre? We'll look after you for a few days. Usually give us a flood coming you have three or four days' notice or warning so you can put all of that into place really quite quickly and easily. (G1)

Some attendees emphasised the importance of making sure this direct communication around potential disasters began early.

That's where we're communicating with the staff, with your customers, making sure that if the worst happens you're ready for it. Now 80% of the time you do that and, thank god, you don't need to. But, if the one time you don't, is the one time you do need to...? So, I think the key thing is really early communication. (LG)

Numerous attendees from disability and aged care services explained the importance of this practice as part of their organisational emergency response.

Learning 4: Experience has taught people to prepare for the worst-case scenario.

Past disasters have shaped local knowledge and contingency planning in Bundaberg.

Attendees strongly valued knowledge of the local area, including roads and history of water-levels and flood zones. Previous disaster experience was key to this local knowledge. What attendees have learned from past disasters has shaped their personal and organisational planning, preparedness, triggers for action, and responses. Attendees said that many people in the Bundaberg community were aware of disaster risks, particularly around flooding.

Most people in Bundy do have that sense of it can happen. (G4)

I think local knowledge is really important. To have your team leaders able to say to people, "You need to go now because you're not going to get through that road in two hours." (G3)

We have a high level of that knowledge, because we've got local drivers, in particular. And our local team leaders, they know the roads, right, they know the areas. So, we've got a lot of local knowledge in that way. (G3)

Attendees understood that, in the past, assumptions had led people to become complacent about the severity of disasters and their impacts of infrastructure. They recognised that historic knowledge of previous events involved understanding the local area and its hazards, as well as understanding the need to listen to warnings and recommendations to evacuate, and to plan comprehensively for contingencies. Experience had taught them that it was possible for disasters which are “so out of the ordinary and almost on a biblical scale” to occur (G5).

People need a better understanding of voluntary evacuation as you get yourself out when the recommendation is to evacuate. Rather than waiting for the waters to keep rising and rising and rising until it's too late. We get people saying, “Oh, well, yeah. I didn't think it would happen.” But all the warnings were there. (G5)

I think that occurred a little bit too, in 2013, from what I've heard. People go, “Oh, it's never, it's never come up past there.” You know, they had a point of reference in their mind from previous times. It went straight past. I guess, in a disaster, you've got to look at, personally: What can we do? We can stay; we can leave. But if we stay, what does that mean? Historically, does your house become inundated? That should make part of your planning process? If we leave what exactly, where do we go? Have that addressed as part of your planning process. Does it have the facilities? (G5)

When we do this personal planning, sometimes it feels really far-fetched to be going, “Oh, but what happens when the water gets to 15 meters?” Will that ever happen? Well, who knows? You sort of have to think about what could happen ever in the history of the world. We know what would happen based on what happened with the 2013 floods, but if the water then was two meters higher, what does that look like? If the water was a meter higher than that, what does that look like for us? And work through that in a staged approach. (G5)

Attendees recognised the importance of plans and contingencies. They understood that plans did not always go as expected and that each disaster event was an opportunity to build stronger, more robust and comprehensive plans. They described learning from disasters as ongoing.

And we're also part of our local government disaster response. We were a co-designer with that so. We know what's supposed to happen. Whether it does or not. You know, every disaster is a learning curve and you learn from that, don't you? You know, you might not do it so well. Like we learnt a lot from Alfred. (G3)

Promising Practice: Conduct surprise drills

Forum attendees recognised that it was best practice to review emergency plans regularly. One attendee explained the value of unannounced practice drills, where workers could test their

procedures, for their organisation. Although the service provider was very prepared, the attendee described how surprise drills still uncovered areas for improvement.

The only thing we need to do is to have surprise practices more. We've had one practice, but we need to practice it more because something always comes up that you didn't expect. (LG)

We've had one practice with our risk team from head office, which was a desktop type practice. And they're planning a surprise. [...] We need to get better at that. We need to have more unannounced ones. (G4)

This strategy could be adopted by other organisations, too. It added to the knowledge and experience of both staff and clients.

Learning 5: Evacuation centres should be the last resort.

Evacuation centres often lack accessible facilities and may not meet the needs of older people.

Some attendees spoke about evacuation centres and detailed the various ways that these spaces were inaccessible and inadequate for people with support needs, including older people and people with disability:

1. Loud noises:

“Often, it's about a whole heap of people coming together with different needs. So, some who will want to make lots of noise. Others will need quiet. So, they are a tricky space for people to manage.” (G5)

“Everyone in together just does not work. [...] And the noise. And then people have more issues happening for them.” (G3)

2. Unsuitable facilities:

“They had no facilities, like [you had to] bring in beds and hoists and stuff. We couldn't put my mum down on the bed, yeah, because she was on the floor, and then couldn't get back up. She can get down, but she can't get up again.” (G1)

“Take a quick look at this place. The toilet seats are too low for a person in a wheelchair to push up. There's no shower facility for person in a wheelchair. We've got a multi-million dollar building that is totally practical for person in a wheelchair.” (G5)

3. Physical barriers to access:

“Most hotels say they're accessible to get their entry. There's usually a floor mat you can't get over. There's a step, and sometimes the only way you can access the shower in a wheelchair is to back in. And then it's not totally appropriate. In one place I've nearly taken the door off.” (G5)

“Actually, now that you've mentioned the toilet blocks here, even just walking into the toilet blocks, the doors like so heavy. The last cubicle, the doors only that big. And we all know that wheelchairs are various sizes, so they're not all just a standard door size.” (G1)

4. Lack of medical professionals:

“Outside, under the shelter shed, you'd have people who were in the hospital beds under severe conditions. It looked a little bit like he'd gone back to 1950. Totally inadequate. And the service, the staff there, I said to them, ‘Do you have a medical practitioner here to monitor the condition of the people?’ Because I knew a doctor who was over North, who could've driven out over there. I got a very hostile answer, ‘We're quite capable and don't interfere.’” (G5)

Additionally, attendees noted that buildings and facilities were often labelled as accessible, but people with disability were still not able to use them: “They say its accessible, but it's from the point of view of a mobile person, and you rock up there and its totally inadequate.” (G5) One person used the example of the building which the forum was being held in (the Bundaberg Multiplex): “In the bathroom, the last cubicle is supposed to be suitable for a person with wheelchair who needs a rail [but the toilet seat is too low]” (G1). The centre did not have the currently have the facilities to accommodate the needs of a person in a wheelchair. In an emergency, people with access needs may go to an evacuation centre, only to realise afterwards that they do not have the facilities to enable them to stay there.

Following this, forum attendees explained that evacuation centres should be seen as the last resort for people—particularly those with additional support needs—in a disaster event. They emphasised that part of the preparedness process involved planning with personal networks and community supports to understand what alternative options are available if you evacuate and how to access these options.

But, for me, it's about having a plan at all those levels. So, community and individual level, in your neighbourhood, and then cascading up to things like evacuation centres as your last choice of place. (G5)

You really don't want to go to an evacuation centre, because they're not nice places and nothing like what you're used to. So, if you plan, if your plan is a staggered plan, like if we stay, what does that mean? If we go, where do we go? Who do we contact? Have that actual plan in your plan, so that you can progress through those steps. And really an evacuation centre is really the last part of the plan. (G5)

Together, attendees learned that multiple places, with various facilities, were required to ensure the various and specific needs of people in their community were met in evacuation.

Promising Practice: Connect with neighbours and community to increase disaster resilience.

Forum attendees encouraged others to grow their support networks by connecting with neighbours and people in their community. One attendee described what this could look like and how these networks could be leveraged in an emergency to increase people's options in an emergency, particularly around evacuation and transport:

In your neighbourhood, do you talk to each other? [You could say] this is who I am, if there was a disaster, could I call you? I think Bundaberg is still small enough that most people do tend to know their neighbours. But again, I'll be talking to our neighbours from a disaster perspective, saying, you know, who might come knock on

my door to check if I'm okay? If I need help getting across the river, can any of the neighbours help me? So, for me, I often think sometimes it's about having the best use of personal networks to help do our planning as well. Especially when you've got a disability. (G5)

Communicating and collaborating with people who neighbours, family, and other potential supports in an emergency is a key preparedness action. One attendee described the importance of having explicit conversations about gaining support in an emergency.

At intake, we do speak about, if there was some kind of natural disaster, would you have the capacity to come and collect your loved one? Or if our staff couldn't get in, would you have the capacity to come and provide care for your loved one? And we were really surprised with a really high percentage of people that wanted to help. People that said, well, you know, if I'm not affected, I will certainly come and get them. But almost definitely the best response was that people are willing to come and help. But we've asked the question and I've never been so surprised. I thought people would say, "No, that's your job" or whatever. So, I think that's really important as well within our community. Even if you knocked on the door of a neighbour of a vulnerable client and said, "Would you be willing to help?" And they might say, "Absolutely. But if they don't know, they won't. (G4)

Although the attendee was talking about having these conversations as a worker in a residential facility, the same practice could be taken up by older people living in the community and the people and organisations that support them.

Learning 6: Emergency preparedness must be embedded in organisational culture.

Preparedness requires ongoing conversations, leadership, and staff commitment.

Many forum attendees recognised that organisational emergency preparedness was not an occasional or singular activity; it needed to be embedded into the routine and culture of an organisation. Attendees described some of the ways and reasons that this happened.

1. Emergency preparedness conversations happened regularly.
"We have a monthly residents meeting, and we have two bi-monthly staff meetings. It's a standing agenda item: emergency response, business continuity. So, the residents have a sense of, oh, someone knows what they're doing, they've planned for it." (G4)
2. Workers are well-trained on an initial and ongoing basis.
"We have everything here, we know what our roles are. And especially for new staff... you know what to do." (G4)
3. Workers are committed to emergency preparedness and the safety of clients.
"[Without me there] I think with the key leadership team that I've got at the moment, I think it would still stick because they're not pretending to be interested. [...] They took this seriously, not because I told them to." (G4)
4. Supportive and communicative leadership

“Because Head Office is in Sydney, so for example with Alfred, it was two calls morning and afternoon and it was talking about it and running through the plans and sense-checking what you’ve done and haven’t done. And it was really great.” (LG)

“Each of our leaders was responsible for talking to their team and reporting back up that they had made contact. And, you know, ‘Hi, I’ve got a team of eight people, three of them without power, one’s flooded in, but she’s doing okay.’ You know, we had our planned leadership conferences twice a day through Alfred, where all of our leaders would get into the call. And that way we got updates about everybody else. And there was also the disseminated information both up and down.” (LG)

Forum attendees elaborated on the importance of good leadership in embedding organisational emergency preparedness. Some attendees recognised that this required a top-down approach at the outset. It was essential that those in leadership positions set the precedent.

It depends on the agency of the people that are in charge. I take it very, very seriously, so now all the staff do. (G4)

Attendees highlighted that it was important that those in leadership roles listened to and supported those doing direct work. Information, communication and support needed to happen both ways for effective outcomes and wellbeing of staff and clients.

I think that point about up and down is really important. And we’re fortunate we’re really small, but we’ve got a board and they’re really engaged in what we do. [...] If it’s taken seriously and directed down, when you’re actually on the ground floor doing the work, knowing that it’s going back up to that level is really important as well, because you’re not just paying lip service to a piece of paper, but you’re actually being tested and held accountable by senior managers on a regular basis. (LG)

And supported though. So, it’s not just tested and being accountable, it’s the support that goes in both directions. I mean, if it’s being done right. The staff feel that they’re being cared for, they feel that they’re being heard, which makes them do better, right? Mental health, job performance, all the bits, right, there’s literally no downside to good communication. (LG)

Promising Practice: Resilience programs for clients.

Members of one organisation introduced a program they run for their clients. This provided an excellent example of individual preparedness support. They described how regular preparedness support programs for clients also benefited the organisation and its staff. They also acknowledged the importance of reviewing and updating plans on an ongoing basis.

We’re a disability organisation. We run a program for our clients reasonably regularly. We try to do it at least every six months. Where we invite the Emergency Services and others to come in and give presentations. We do our P-CEP planning with them on an individual basis and constantly reviewing those. So, for our clients, the key is continued conversations, continued familiarity with people in uniforms, with some of the things that might happen, things they’re going to hear on the news

or on the radio. So that, should something actually happen, it's not going to be a foreign concept for them. And that constant communication and constant reinforcement of that is not only good for them. But it's good for us and our staff because we're constantly reviewing who lives where, who's going to need what, who's got an animal. Those kinds of things. So, we just do that constantly, relentlessly and repetitively. (LG)

We are just constantly talking to each other and importantly to our clients about what we might do should something happen, so that when it does, they have some understanding of why we're saying to them, grab your bag, grab the pillow, grab your pet, let's go. It's not: "Where are we going? What's happening? What's changing?" There's some familiarity. Our clients are learning. They're taking it on board, which is great. (G1)

This practice could be adopted by other organisations who are seeking to embed organisational emergency preparedness and build disaster resilience in their clients, staff and organisation.

5. Next Steps

The Partnerships for P-CEP Implementation Project has four stages. The forum and this report comprise Stage One.



The Collaborating4Inclusion team invites all forum attendees and their networks to be involved in Stage Two of the Partnerships for P-CEP Implementation Project.

Stage Two: Training P-CEP Facilitators

The project offers 30 local champions from the Bundaberg region the opportunity to undertake the P-CEP Online Certificate Course. For this project, the course is targeted at facilitating disaster preparedness with older people—including older First Nations peoples and older people with disability and long-term conditions, as well as the services, communities, networks, families and carers that support them. Person-Centred Emergency Preparedness (P-CEP)

Facilitators work with people in the community to make personal emergency plans for how they will manage their support needs and act together with their support network before, during and after a disaster. The course is self-paced, online and involves interaction with other P-CEP learners in the local government areas of the study. The course will also integrate local content relevant to Queensland's disaster management resources.

Every learner will leave the course with a personal emergency preparedness plan and the capability to facilitate P-CEP in partnership with older people, including older First Nations people and older people with disability, in their local community. All P-CEP facilitators will also finish the course with an implementation plan that will support and guide their preparedness support efforts and their collaborative action with other stakeholders.

During the forum, forum attendees were provided with the details to register an expression of interest to enrol in the P-CEP Online Certificate Course as part of the project. Interested people can still register to undertake the course here: <https://redcap.sydney.edu.au/surveys/?s=MTW7JHWHY84MNRXX>. Further information about the course can be provided by the research team at Collaborating4Inclusion at collaborating.4inclusion@sydney.edu.au.

Stage Three: Building a Community of Practice

Learners who complete the P-CEP Online Certificate Course will be invited to participate in and build a Community of Practice (P-CEP Connect) that aims to continue the conversations about person-centred emergency preparedness and provide a forum to support with each other while taking these conversations to people in their communities. People who have already completed the P-CEP course, but would like to be part of the Community of Practice can contact Emma Cooper at emma.cooper@sydney.edu.au to register their interest.

6. Concluding Remarks

Older people, particularly older First Nations peoples and older people with disability or long-term conditions, face increased risk during natural disasters. Emergency plans must be tailored to their needs and coordinated with the people, services and communities that support them. Participants recognised that preparedness support was needed to ensure all older people in their communities had personal emergency plans. While the participants from aged care and disability organisations were experienced in making and reviewing person-centred emergency preparedness plans with their clients, many older people living in the community were not being supported to make effective plans. Participants recognised that there was some reliance on emergency services to “come to people’s doors” in an emergency. Some forum participants had also assumed that evacuation centres would be able to accommodate for people with additional support needs; however, this was proven wrong in a disaster. While people may be able to access alternative options to evacuation centres within their community and amongst their support networks, they may not know that they need additional and accessible options—and that these need to be pre-planned, communicated with others and tested for efficiency.

There are service providers in Bundaberg with promising preparedness approaches, strategies and initiatives, and while there is a range of preparedness among the organisations present

including those from the aged care sector, many are very well prepared. The promising practices implemented by these organisations could be adopted by organisations with less experience in this area. Embedding organisational emergency preparedness (assisted by the OEP profile) with supportive and communicative leadership and disaster resilience programs could drive progress in the aged care sector which will support emergency services and the council in knowing the capabilities and level of preparedness of disability, aged care and community organisations.



Image description: People sitting around a table having a discussion.

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