

# Western Australia (WA) State-level Disability Inclusive Emergency Planning (DIEP) Forum Report

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**Image description:** Forum participants sitting in small groups at round tables, discussing disability inclusive emergency management.



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## Introduction

Emergencies and disasters affect all members of the community, but people with disability are disproportionately impacted due to systemic barriers, fragmented support networks, and inaccessible planning frameworks. The Disability Inclusive Emergency Planning (DIEP) Forums, facilitated by the Collaborating4Inclusion (C4I) research team, were established to strengthen cross-sector collaboration and build capability for inclusive emergency management.

In Western Australia, the Department of Fire and Emergency Services (DFES) has taken a leadership role in progressing disability-inclusive emergency management. DFES is committed to person-centred and capability-based approaches that reflect the diverse needs and strengths of Western Australians. The WA State-Level DIEP Forum was convened as part of this commitment and intentionally brought together State Government agencies, disability representative organisations, advocacy bodies, emergency management partners, and community organisations.

The forum focused on identifying the needs of people with disability and exploring strategies that support inclusive emergency planning. Participants also recognised that many lessons and priorities extend to other at-risk groups—including culturally and linguistically diverse (CALD) communities, older adults, people in remote regions, and people experiencing homelessness.

This State-level forum forms part of a broader collaboration between DFES, local governments, service organisations, and community networks to strengthen preparedness across Western Australia. To support accessible and inclusive participation, DFES applied invitation templates, venue guidance, and outreach materials provided by the C4I research team. Key stakeholders included:

- People with disability and other at-risk groups, along with their carers, advocates, and representatives
- Service providers from the community, disability, aged care, health, and social welfare sectors
- Emergency managers from government and non-government organisations
- Disability representative and advocacy organisations, including Deaf and multicultural disability organisations

Participants were introduced to the Disability Inclusive Emergency Management (DIEM) Toolkit, including the Guiding Principles, Practice Standards, the Maturity

Framework, and the Organisational Emergency Preparedness (OEP) self-assessment. The C4I team facilitated discussions on the DIEM Practice Standards—Inclusive Planning, Strategic Partnerships, and Accessible Resourcing—and introduced community-based service providers to the OEP to support them to identify continuity-of-service actions. The forum began with a Person-Centred Emergency Preparedness (P-CEP) activity, linking individual preparedness with organisational and State-level planning. Participants also completed a feedback survey capturing key takeaways and planned actions using the DIEM approach.

DFES continues to support local governments and service organisations to use the DIEM Toolkit, complete self-assessments, and start developing action plans. DFES is also completing its own State level DIEM self-assessment and action planning process. Doing this at the same time allows DFES to demonstrate the same inclusive practices it encourages across the sector. It also ensures that lessons from the State level work help shape DFES organisational development and the advice provided to councils and regions. DFES is supported in their efforts by councils who hosted local DIEP forums and by a forthcoming synthesis report on what we learned about inclusive emergency management in WA.

To further support capability building, participants were provided access to DIEM eLearning resources. Local and State Government partners were invited to participate in the DIEM Certificate Course, an online introduction to the DIEM Toolkit and self-assessment process.

## Purpose

This report captures the experiences, insights, and reflections shared during the WA State-Level DIEP Forum. It aims to support continued progress with DIEM self-assessment and action planning at the State level and provides foundational insights for the forthcoming WA-wide synthesis. These insights will assist DFES and other State-level partners to strengthen their support for local governments and regional communities.

### **Supplementary Online Discussion**

A supplementary online session was convened to expand participation across the State. As is typical of online formats, contributions were more structured and less interactive than the in-person forum. For this reason, insights from the online session were used to validate, expand, or clarify themes emerging from the face-to-face forum, rather than serving as a standalone data source. No new

themes were generated; instead, online reflections reinforced and added nuance to the findings. Registration and attendance figures are included in the final participant summary at the end of this report.

## Overview of the Forum

The WA State DIEP Forum convened a diverse group of state level stakeholders, including disability representative and advocacy organisations, aged care and disability services, local governments, community organisations, emergency management professionals, and individuals with lived experience of disability. DFES brought these partners together to strengthen cross sector collaboration and build momentum for embedding disability inclusion across the emergency management system.

Participants engaged in facilitated discussions across four key topics:

- **Understanding Emergency Plans of Service Providers:** Exploring organisational preparedness, continuity planning, and the practical implications for people with disability during emergencies.
- **Inclusive Planning:** Embedding person centred approaches—including PCEP—into every phase of emergency management.
- **Strategic Partnerships:** Building and strengthening collaborative networks across sectors to support consistent, disability inclusive practice.
- **Accessible Resourcing:** Ensuring equitable allocation and deployment of resources to meet accessibility needs, including inclusive communication and evacuation supports.

Through these discussions, participants shared experiences, identified gaps, and explored practical solutions that State agencies, service providers, and community organisations can draw upon to strengthen disability inclusive emergency practices across Western Australia.

## Key Themes and Lessons Learned

Discussions during the forum revealed a rich set of insights about the current state of disability inclusive emergency preparedness in Western Australia. The themes below reflect the lived experiences, professional perspectives, and shared reflections voiced by participants. Each theme is illustrated with direct quotes, that recognise participant contributions and ground the findings in their real-world experience.

## Important Note on Participant Reflections

The findings in this report present participants' views and experiences as they were shared during the WA State DIEP Forum. Quotes reflect participants' perceptions and understandings, which may include areas of misunderstanding or incomplete information. These reflections are included because they offer important insights into how responsibilities, legislation, and emergency management processes are interpreted within the system.

**This report does not verify the technical accuracy of all statements; system level accuracy will be addressed in the statewide synthesis report.**

## Organisational Preparedness, Communication Gaps, and System Complexity

Across the forum, participants reflected on the preparedness of community, disability and social welfare services. They highlighted significant challenges in organisational preparedness and communication. Many described organisational-level emergency plans that were unclear, inconsistently shared, or not tailored to the person, leaving families and individuals without the information they needed.

Participants also noted that the service system is complex and involves NDIS providers, local government, state emergency services, and community organisations. This complexity leads to unclear roles, duplicated efforts, and missed opportunities for coordinated support.

- *"We do emergency planning really poorly as service providers... we do what we think is best, to protect the business model and ensure compliance, rather than centring on the real needs of the people we support." (OEP Group 1)*
- *"Parents are very rarely aware of what the emergency plan is or how it would be activated by the service provider. That's a real issue because there's no compliance mechanism." (OEP Group 1)*
- *"There's still a lot of misunderstanding around what the NDIA's role is versus the community, versus the State..." (OEP Group 1)*
- *"Evacuation centres are a place of last resort. They're not your plan. It really relies on organisational preparedness, as well as individual preparedness, and having alternative arrangements." (OEP Group 3)*
- *"How do we get communication from everybody about who is funded, where they are, who needs help, so that we can actually assign people to the right areas?" (OEP Group 4)*

## **Sub-Theme: Economic and Operational Realities**

Participants recognised that many of these gaps were influenced by organisational pressures—particularly for smaller or unregistered providers who face funding constraints, workforce shortages, and competing priorities.

- *“If organisations aren’t funded to prepare for emergencies, how can we expect them to do this well?”* (OEP Group 4)
- *“Most organisations are already stretched thin just trying to deliver basic services. Emergency preparedness feels like an extra burden.”* (Accessible Resourcing)
- *“Unregistered providers don’t have the funds or training to handle emergencies... but people really rely on them.”* (OEP Group 2)

## **Key Insight**

Without clear communication, aligned responsibilities, and the resources to support preparedness, people with disability and their families are often left to manage emergencies alone. This may increase risk to safety and well-being.

## **Person-Centred Emergency Preparedness (P-CEP): From Compliance to Co-Design**

P-CEP was widely recognised by participants as an effective and promising approach for strengthening preparedness. At the same time, participants emphasised that P-CEP is still relatively new in Western Australia and is being introduced into organisational systems that have traditionally relied on one-way information dissemination and provider-led emergency planning.

As agencies begin shifting toward two-way, person-centred conversations, levels of organisational readiness, capability, and cultural acceptance vary considerably. This broader context helps explain why P-CEP implementation is currently inconsistent across organisations and regions. Participants described planning processes that often felt rushed, tokenistic, or shaped more by compliance requirements than by meaningful engagement with the person.

## **Sub-Theme: Planning “With” the Person**

Participants stressed that genuine person-centred planning starts with understanding the individual’s lived experience, preferences, supports, environment, and goals.

- *"Are the plans being made with the person, or are they being made for the person? That's a big difference."* (OEP Group 2)
- *"Plans are often made without sitting with the individual. They don't know about my personal situation, my dog, my assistive devices. So, what happens to me in an emergency?"* (OEP Group 4)
- *"Having those conversations where people say, 'This is what matters to us,' is essential."* (OEP Group 4)

### **Sub-Theme: P-CEP Awareness and Implementation Gaps**

Participants described a significant gap between the intent of P-CEP and how emergency plans are currently developed in practice.

- *"It is a requirement under NDIS, but the experience is, 'Sign here, tick the box.'"* (OEP Group 4)
- *"Providers shouldn't just do this for compliance. P-CEP is meant to empower us to say, 'This is what I need.'"* (OEP Group 4)
- *"We need to bridge the gap between what's written in these fancy plans and what we can actually do in an emergency."* (OEP Group 2)

### **Key Insight**

Participants recognised the value of P-CEP but highlighted that its success depends on the organisational environment surrounding it. As agencies transition from traditional, one-way emergency communication toward more collaborative, person-centred approaches, there is a need for plans that are created with the person, updated regularly, shared appropriately, and grounded in real-world circumstances.

## **Fragmentation, Coordination, and Responsibility Confusion**

The forum revealed persistent confusion about who is responsible for what during emergencies. Participants described a service landscape where responsibilities are spread across agencies, but coordination mechanisms are unclear or inconsistent.

### **Sub-Theme: Confusion About Roles**

- *"There's a lot of misunderstanding around what the NDIA can do versus what the community or the State is responsible for."* (OEP Group 1)

- *"Who's supporting people with disabilities who don't meet the NDIS criteria? That's a huge gap."* (OEP Group 4)
- *"If your service provider doesn't keep a record of your plan, who knows you're there in an emergency?"* (OEP Group 2)

### **Sub-Theme: Limited Coordination Across Sectors**

- *"How do we bring all these parties together to have meaningful conversations and make real progress? No single organisation holds the responsibility."* (Accessible Resourcing)
- *"Even if the plans exist, if they're not shared or coordinated, they're useless during an actual emergency."* (OEP Group 1)

### **Key Insight**

Fragmentation across systems leads to unclear expectations and gaps in support. Participants consistently expressed the need for stronger coordination and shared responsibility.

## **Staff Capability, Training, and Workforce Limitations**

Participants emphasised that staff at all levels (from disability support workers to emergency responders) need training to feel confident and prepared. However, workforce pressures, limited training time, and high staff turnover create barriers to embedding preparedness into everyday practice.

- *"How many organisations actually train their staff on emergency procedures during onboarding?"* (OEP Group 1)
- *"We need to give staff the tools to feel confident in emergencies—otherwise they freeze."* (OEP Group 4)
- *"High turnover means we lose knowledge; preparedness needs to be part of induction and ongoing training."* (OEP Group 1)
- *"A lot of staff have English as a second language... expecting them to read a 40-page emergency plan on shift is unrealistic."* (OEP Group 4)

### **Key Insight**

Workforce capability is foundational. Preparedness needs to be embedded, practical, accessible, and ongoing to support confident and safe responses.

## Barriers to Accessible Resourcing

Participants identified a range of barriers to accessible resourcing that impact the safety and inclusion of people with disabilities during emergencies. These barriers were discussed across several dimensions, including evacuation centres, assistive technology, accessible communication, and challenges specific to regional and remote areas. The findings reveal that addressing these barriers requires purposeful planning, tailored solutions, and collaborative efforts across sectors.

### Sub-Theme: Gaps in Accessible Evacuation Centres

Evacuation centres were frequently described as inadequate for meeting the diverse needs of people with disabilities. While these centres are intended as places of last resort, participants noted that they often lack the physical infrastructure and inclusive features necessary to accommodate people with specific mobility, sensory, or other support needs.

- *"Evacuation centres are a place of last resort. It really relies on individual preparedness, organisational preparedness, and the system working together."* (OEP Group 3)
- *"We try and cater for as many different needs as possible, but where we can't accommodate someone, such as for mobility or sensory challenges, we often provide alternative accommodation."* (OEP Group 1)
- *"Cyclone-proof aged care facilities in Fitzroy Valley are a great example of how infrastructure can reduce the need for relocation during emergencies."* (OEP Group 3)

### Key Insight

Evacuation centres must be planned with accessible infrastructure and inclusive design in mind, but participants also stressed the importance of preparing alternative arrangements for individuals who cannot be effectively accommodated in these settings.

### Sub-Theme: The Role of Assistive Technology and Specialist Equipment

Although only mentioned once, an important concern was raised about the lack of planning for assistive technology and specialist equipment in emergency preparedness and response. This includes addressing the needs of individuals who rely on devices such as ventilators, power chairs, and communication aids.

- *"Assistive technology is critical. But as a service provider, we haven't thought about what we'll do when we get to the shelter and people need specific equipment."* (OEP Group 2)

### **Key Insight**

Emergency planning must include provisions for the transport, storage, and use of assistive technology and life-supporting equipment, as these are essential for ensuring the safety and dignity of people with disabilities during crises.

### **Sub-Theme: Accessible Communication in Emergencies**

Accessible communication was identified as a critical gap in emergency preparedness. Participants noted that existing communication systems often fail to provide real-time, inclusive alerts and guidance that accommodate the diverse needs of people with disabilities.

- *"Our digital systems and emergency management platforms are not currently inclusive or user-friendly, especially for people with disabilities or diverse linguistic backgrounds."* (Accessible Resourcing)
- *"Captions aren't enough. We need Auslan interpreters for emergency announcements. It's frustrating that this isn't just standard practice everywhere."* (Accessible Resourcing)
- *"Some people need Easy Read formats, others need visual supports, and others need things in multiple languages."* (Accessible Resourcing)

### **Key Insight**

Emergency communication must be multi-modal and accessible to reach people with varying needs, including those with sensory impairments, cognitive disabilities, and language barriers.

### **Sub-Theme: Regional and Remote Accessibility Challenges**

Challenges in regional and remote areas were emphasised as particularly acute, with limited infrastructure, sparse resources, and geographic isolation exacerbating barriers to accessible resourcing.

- *"In regional areas, the environment is sparse, and if an emergency occurs, we may not even know someone lives in a particular area. That isolation is a real barrier."* (OEP Group 1)

- *"Regional and remote areas face even greater challenges when disasters hit. Often the workers themselves are affected, leaving entire communities without support."* (OEP Group 4)
- *"In smaller communities, locals are more likely to think about and check on people who might fall through the gaps. In the city, that doesn't happen as much."* (OEP Group 2)

## Key Insight

Regional and remote areas require tailored strategies and investments to address infrastructure gaps, workforce shortages, and challenges posed by geographic isolation.

## Summary of Theme

Addressing barriers to accessible resourcing requires a comprehensive and inclusive approach that incorporates assistive technology, inclusive infrastructure, accessible communication, and regional disparities. Participants highlighted that without purposeful planning for these multi-layered needs, many individuals with disabilities will continue to face significant risks during emergencies. Equitable preparedness demands proactive measures and collaboration across all levels of emergency management and service provision.

## Overlooked Populations and Gaps in Coverage

Participants expressed concern that many individuals do not fit neatly within existing systems of support, meaning they are often invisible in planning and response efforts. These examples highlight how being outside formal service systems (or not being recognised within them) can create significant gaps in preparedness and safety, as emergency plans, communication pathways, and support mechanisms rarely account for people who are not already connected to services. The discussion revealed participants' insights about groups that are often overlooked in emergencies.

- *"We're missing a huge part of the disability community—those who aren't NDIS participants."* (OEP Group 4)
- *"In regional areas, we may not even know someone lives in a particular place."* (OEP Group 1)
- *"Invisible disability means people think you're fine, but you might be completely isolated."* (OEP Group 4)

- *“Unregistered providers aren’t required to have emergency plans—that’s a big risk.”* (OEP Group 2)

### Who Gets Overlooked?

- People with disability who are **not NDIS participants**
- People in **regional and remote communities** who may not be known to services
- People with **invisible disabilities** whose needs are underestimated
- People supported by **unregistered providers** without emergency planning obligations

### Key Insight

Inclusive preparedness requires strategies that reach beyond formal systems to identify, engage, and support people who might otherwise be missed—because invisibility in planning often translates directly into vulnerability during emergencies.

## Empowerment and Collaboration: Shifting from “Help” to Partnership

Participants highlighted the importance of supporting people with disability to participate actively in their preparedness, while ensuring systems are in place to back them up. Across discussions, emergency management and service provider representatives expressed a desire to move toward shared responsibility and partnership-based approaches. However, reflections also revealed a tension familiar across the sector: although participants recognise the limits of emergency services and the risks of placing full responsibility on individuals, they often continue to work within the constraints of their defined roles, making it difficult to realise the collaborative models they describe.

This tension did not appear as criticism from participants, but rather as an honest acknowledgment of the challenge of turning shared-responsibility intentions into shared-responsibility practice.

- *“It’s not just about what we can do for people—it’s about what they need to be able to do for themselves.”* (OEP Group 3)
- *“Stop assuming people are passive recipients of help.”* (Inclusive Planning)
- *“We can’t rely on emergency services to ensure everyone is accounted for.”* (OEP Group 4)

- *"It's about striking a balance—empowering people while ensuring they're not left alone."* (Accessible Resourcing)

## Key Insight

Preparedness is strongest when individuals, families, communities, service providers, and agencies work in partnership—but achieving genuine partnership requires organisational support, clarity of role boundaries, and shared mechanisms for action. The forum discussions highlight both the commitment to partnership and the structural challenges that make it difficult to enact in practice.

## Diversity and Intersectionality in Preparedness

Participants drew attention to the additional barriers faced by people who live at the intersections of disability, culture, language, and remoteness. The forum included strong representation from disability advocates, multicultural disability organisations, and Deaf community representatives—voices that have not traditionally been centred in emergency management conversations. Their reflections highlighted that, while emergency sector stakeholders often recognise the need to "include diversity," the practical pathways for doing so are still developing. This creates a pattern where calls for cultural or linguistic inclusion are voiced, but concrete mechanisms for action remain limited.

Participants emphasised the need for emergency systems that recognise and respond to cultural and linguistic diversity, and they highlighted the importance of inclusive communication, culturally safe approaches, and equity across regions.

- *"We need cultural competency training for emergency services—not just disability awareness, but CALD awareness."* (OEP Group 1)
- *"Indigenous communities are often evacuated, but it needs to respect cultural preferences."* (OEP Group 3)
- *"Captions aren't enough—what about Auslan interpreters or translations?"* (Accessible Resourcing)
- *"There's no consistent definition of 'safety' for CALD communities."* (OEP Group 3)

## Key Insight

Intersectional approaches ensure that emergency preparedness is culturally safe, linguistically accessible, and inclusive for all people with disability. Forum discussions suggest that meaningful progress will require both continued recognition of diversity and deeper development of the practical tools, partnerships, and organisational capability needed to act on this recognition.

## Emotional and Psychological Impacts of Inadequate Preparedness

Participants described the emotional toll of unclear planning, system gaps, and past negative experiences. Many of the reflections came from people with lived experience of disability, carers, advocates, and allies who articulated how exclusion (or the absence of reliable plans) affects their sense of safety, confidence, and agency. These emotional impacts are not separate from preparedness; they shape how people anticipate emergencies, how they act (or feel unable to act), and how deeply they trust the systems designed to support them.

- *"It's exhausting being a carer and stepping into the gap when services don't deliver."* (OEP Group 3)
- *"You feel forgotten... it's like you don't matter."* (OEP Group 4)
- *"Invisible disability is not taken seriously—people don't see what I rely on."* (OEP Group 4)
- *"It's disheartening when the system isn't working together."* (OEP Group 4)
- *"Not knowing what will happen next time makes me anxious."* (OEP Group 1)

## Key Insight

Preparedness must address psychological safety as well as physical safety. When people experience exclusion or uncertainty, it affects their confidence, their willingness to engage in planning, and their trust in emergency systems. Reducing uncertainty and acknowledging emotional impacts is therefore a core component of inclusive preparedness and a catalyst for stronger engagement.

## Lived Experience, Disability Leadership, and Advocacy

While this theme did not dominate every table discussion, **the voices of people with lived experience, advocacy organisations, and allies** were highly

present and influential at the forum. Participants consistently acknowledged the importance of disability leadership, even as they also highlighted the systemic and practical barriers that limit meaningful involvement.

**Much of this insight surfaced at the edges of broader conversations**, rather than as a central topic, but the points raised by lived-experience participants and disability advocates were powerful. These reflections reveal both an aspiration for genuine co-leadership and an awareness that emergency management systems have not traditionally included disability organisations or advocates in planning or decision-making.

The data suggests a system that is **beginning to recognise** the value of lived experience but is still **developing the structures, resources, and mechanisms** needed to embed disability leadership into practice.

### **Sub-Theme: Valuing Lived Experience**

Participants reflected on the importance of including people with disability in planning and decision-making roles, emphasising that they bring expertise grounded in everyday experience.

- *“Co-design is critical—we can’t achieve anything without people with disabilities at the table.”* (OEP Group 4)
- *“People with disabilities are the experts in their own lives. Why aren’t they leading this?”* (OEP Group 4)

### **Sub-Theme: Critical Role of Advocacy Organisations**

Advocacy groups described their role as connectors, educators, and drivers of systemic change. Participants acknowledged their contributions but noted that advocacy is often under-resourced or excluded from emergency management planning.

- *“We can point to best practice and advocate for change, even if we’re not service providers.”* (OEP Group 2)
- *“Advocacy is undervalued—without someone pushing for inclusion, it doesn’t happen.”* (OEP Group 2)
- *“We’ve done work with local governments to show gaps—but scaling this is a challenge.”* (Strategic Partnerships)

## Sub-Theme: Barriers to Disability Leadership

Several reflections highlighted the practical and structural barriers that prevent disability leaders, advocates, and lived-experience contributors from engaging fully in emergency preparedness work.

- *"We need to pay people with lived experience for their time."* (Strategic Partnerships)
- *"As a small advocacy organisation, we physically can't do everything."* (OEP Group 2)
- *"The system isn't set up to include us—how do we fix that?"* (Inclusive Planning)

## Key Insight

Lived-experience leadership is widely recognised as essential to inclusive emergency preparedness, yet the mechanisms to embed it meaningfully are still emerging. The reflections shared in this forum highlight both the growing recognition of disability leadership and the need for clearer structures, resourcing, and collaborative pathways to ensure that people with disability and advocacy organisations can shape preparedness in practice (not only in principle).

## Critical Questions for Cross-Sector Reflection

Throughout the WA State DIEP Forum, participants raised a series of thoughtful, self-critical, and forward-looking questions. These questions did not seek immediate answers; instead, they reflected an honest attempt to grapple with the complexities of disability-inclusive emergency preparedness across systems, sectors, and levels of government.

The questions illustrate a shared desire to strengthen collaboration, deepen inclusion, and build more effective emergency preparedness for people with disability. They also highlight areas where coordination, clarity, and collective ownership are needed.

These questions are presented here as they were voiced—*not as recommendations, but as prompts to guide ongoing dialogue, cross-sector planning, and system learning*. They represent rich opportunities for reflection and collaborative action.

## State-Level Leadership and Responsibility

Participants reflected on the role of State agencies in modelling inclusive practice, setting expectations, and enabling consistent approaches across Western Australia.

### Questions Raised

- How can State-level agencies ensure that disability inclusion is embedded in all emergency planning frameworks and policies?
- How can State and local governments work together to create consistent standards for emergency preparedness that align with the DIEM Toolkit?
- How can State agencies better model accountability and inclusion in their own emergency practices to guide local governments and service providers?
- What legislative or policy changes are needed at the State level to address gaps in emergency preparedness for people with disability?

### Participant Quotes

- *"If the State gets this right, it will filter down to local governments and service providers. But it has to start with us."* (OEP Group 3)
- *"We need to look at whether our State and district planning is inclusive of people with disabilities. If it's not, that's a huge oversight."* (OEP Group 3)
- *"How do we move beyond pilot projects in a few shires to a more consistent, State-wide approach to disability-inclusive emergency management?"* (Strategic Partnerships)
- *"Why isn't this a legislative requirement yet? We're leaving it up to individual organisations, and that's where the system fails."* (OEP Group 2)

## Inclusive Planning at the Individual Level

Participants questioned how individual emergency planning can be strengthened and made more genuinely person-centred—particularly for those not connected to formal disability services.

### Questions Raised

- How do we ensure P-CEP plans are created with the person, not imposed for the person?

- Who is responsible for keeping individual emergency plans updated, shared, and accessible?
- What tools and resources best support individuals to develop and maintain their own emergency plans?
- How do we ensure individual plans are realistic and implementable in real emergencies?

### Participant Quotes

- *"Are the plans being made with the person, or are they being made for the person? That's a big difference."* (OEP Group 2)
- *"What happens to people with disabilities who don't have a service provider or aren't NDIS participants? Who's supporting them with planning?"* (OEP Group 4)
- *"How can we avoid individual plans being just another tick-box exercise? They need to actually work during an emergency."* (OEP Group 4)
- *"What tools can we use to get people started on their own plans? And how do we make sure they actually follow through?"* (Accessible Resourcing)

## Coordination Across Sectors and Levels of Government

Participants highlighted ongoing challenges in coordination and information-sharing across service providers, local governments, State agencies, and emergency responders.

### Questions Raised

- How do we create stronger connections across sectors to ensure seamless support during emergencies?
- What mechanisms allow plans to be shared across organisations while respecting privacy?
- How can local governments and communities identify and support individuals who are not connected to formal services?
- How should unregistered providers be held accountable for emergency preparedness?

### Participant Quotes

- *"How do we bring all the different agencies together to have meaningful conversations and make real progress? No single organisation holds the responsibility for this."* (Accessible Resourcing)

- *"If the service provider doesn't share the plan, how is anyone supposed to know what the individual needs when an emergency happens?"* (OEP Group 1)
- *"Who do I contact if something happens? Who is responsible for disability support in emergencies?"* (OEP Group 4)
- *"How do local governments keep track of people with individual plans in their area? It's not clear who's responsible for this."* (OEP Group 2)

## Addressing Systemic Barriers

Participants openly acknowledged a range of systemic limitations, including legislative gaps, inconsistent mandates, and funding challenges. They questioned how to move forward despite them. Some reflections also revealed areas where understandings of legislative requirements varied, which is common in a system where responsibilities are split across emergency management, NDIS, aged care, service providers, and community organisations.

As participants explored these issues, a familiar pattern emerged: systemic barriers were often described as lying "somewhere else" in the system, reflecting the challenge of navigating shared responsibilities across multiple agencies. These questions offer insight into how complex the emergency preparedness landscape feels to stakeholders, and why clarity, coordination, and practical tools such as the Disability Inclusive Emergency Management (DIEM) Toolkit are so important.

### Questions Raised

- How can we advocate for legislative or policy reform that makes inclusive emergency preparedness a systemic priority?
- How do we address the lack of national or State consistency in emergency preparedness for people with disability?
- How do we ensure systemic barriers do not become excuses for inaction?

### Participant Quotes

- *"There's no legislation that says emergency planning is mandatory for service providers. How do we fix that?"* (OEP Group 2)
- *"How do we move beyond systemic barriers like funding limitations and make real progress with the resources we already have?"* (Accessible Resourcing)
- *"It's frustrating when organisations just pass the buck. How do we hold each other accountable instead of deflecting responsibility?"* (Strategic Partnerships)

## Sustaining Momentum and Building Capacity

Participants reflected on the difficulty of maintaining momentum for disability-inclusive emergency preparedness, particularly when preparedness is not yet embedded into routine organisational practice. Much of the discussion highlighted how preparedness work can feel ad hoc or dependent on particular staff members, making it vulnerable to change or disruption.

Several reflections also pointed to a broader systemic pattern: when preparedness is not built into the way organisations work, responsibility can feel diffuse or external to one's role. This contributes to a cycle where participants recognise the need for shared responsibility, yet continue to struggle to integrate inclusive preparedness into everyday systems and workflows. These tensions help explain why preparedness efforts often lose traction over time.

### Questions Raised

- How do we ensure preparedness is not treated as a once-off exercise?
- What strategies prevent loss of knowledge due to high staff turnover?
- How can government support smaller organisations in building preparedness capacity?

### Participant Quotes

- *"How do we keep the momentum going when there's such high turnover? It feels like we're starting from scratch all the time."* (OEP Group 4)
- *"How do we make emergency planning part of organisational practice, not just an extra job?"* (Inclusive Planning)
- *"What's the best way to support service providers who don't have the resources to develop these plans?"* (Accessible Resourcing)

## Cultural Competency and Accessibility in Emergency Preparedness

Participants raised questions about how emergency systems can better serve culturally and linguistically diverse communities and people with disability. While issues of cultural safety and language accessibility also appeared in the broader findings, these questions highlight that emergency services and government agencies are still seeking practical ways to embed cultural responsiveness into everyday emergency planning. The reflections suggest a growing awareness of

these needs but also indicate that concrete mechanisms for action are still developing.

### Questions Raised

- How can emergency services strengthen cultural competency and disability awareness?
- How can emergency communications be made more accessible, including Auslan and alternative communication methods?
- How can intersectional needs—disability + culture + language + remoteness—be addressed in planning?

### Participant Quotes

- *"We need cultural competency training for emergency services, not just disability awareness."* (OEP Group 1)
- *"Captions aren't enough for many people. We need interpreters for emergency announcements."* (Accessible Resourcing)
- *"We've cyclone-proofed the aged care facility in Fitzroy Valley—but how do we scale this kind of inclusive infrastructure?"* (OEP Group 1)

## Reflexivity: Considerations for Moving Forward

The WA State DIEP Forum created space for honest discussion about the complexities of disability-inclusive emergency preparedness. Participants reflected not only on what is working, but also on misunderstandings, tensions, and areas where responsibility and practice are not yet aligned. These reflections do not represent definitive judgments; rather, they highlight opportunities for deeper thinking, shared learning, and collaborative improvement across systems and sectors.

The following reflections are grounded directly in participant contributions and invite continued exploration as organisations progress through the DIEM self-assessment and action-planning process.

### State-Level Leadership and the Need to Model Inclusion

Participants recognised that State-level agencies and peak bodies have a unique opportunity (and responsibility) to model disability inclusion within emergency planning. Several reflected that they had not previously realised the degree to

which State plans lacked explicit attention to disability, nor how strongly this absence shaped local and organisational approaches.

- *"It wasn't until today that it dawned on me that our State planning wasn't inclusive as a whole. It didn't specifically consider people with disabilities."* (OEP Group 3)
- *"As a State agency, we need to model inclusion and work with local governments so they understand it's a priority. If it's not coming from the top, why would they prioritise it?"* (OEP Group 3)
- *"If State-level planning includes disability considerations, it sets a standard for everyone else."* (Strategic Partnerships)
- *"We're prepared internally, but how does that fit within the bigger picture? It feels like a missing link."* (OEP Group 3)

## Key Reflection

Participants recognised a disability leadership gap at the State level. When disability is not embedded in State planning frameworks, inconsistent interpretations and practices cascade downward. Modelling inclusion at the State level was seen as an essential starting point for systemic change.

## Balancing Individual Autonomy and Organisational Responsibilities

A significant tension discussed at the forum was the challenge of balancing a person's right to make their own decisions with an organisation's responsibility to uphold safety (e.g., for the individual, staff, and the broader community). Participants shared difficult real-world dilemmas where these responsibilities collide during emergencies.

- *"People say, 'I'm staying here. This is my home.' What do you do in that situation? You can't make them leave."* (OEP Group 2)
- *"We were told not to send staff because it was too dangerous... but what about the people who rely on those services?"* (OEP Group 4)
- *"Legislation might force people to evacuate, but it puts everyone in a tough spot."* (OEP Group 2)
- *"Where do you draw the line between staff safety and client needs?"* (OEP Group 3)
- *"How do you ensure people have control and dignity, while also keeping them safe?"* (OEP Group 3)

## Key Reflection

Participants wrestled with a genuine ethical and practical dilemma: respecting autonomy while managing risk. This tension highlights the need for clearer guidance, shared decision-making processes, and practical protocols that support staff to navigate these situations.

## Misunderstandings About Roles, Responsibilities, and the Scope of Organisations

The forum revealed persistent misunderstandings about who is responsible for what during emergencies, particularly in relation to the NDIA, service providers, local governments, and state agencies. These gaps reportedly contribute to frustration, unmet needs, and inconsistent preparedness across the disability community.

Several reflections showed a common system misunderstanding: that the NDIS is the primary or only mechanism for supporting people with disability during emergencies. Participant discussions revealed that this perception is widespread across sectors. However, the Australian Disability Strategy outlines outcomes for all Australians with disability (many of whom are not NDIS participants) which means preparedness responsibilities extend well beyond the NDIS system alone.

In discussing these issues, participants also described a dynamic where responsibilities are often pushed “upward” or “across” the system, reflecting how difficult it can be to locate clear accountability in a multi-agency environment.

- *“There’s still a lot of misunderstanding around what the NDIA’s role is versus the community, versus the State jurisdiction, versus the service provider.” (OEP Group 1)*
- *“Not everybody with disability is an NDIS participant. Who’s supporting them with preparedness?” (OEP Group 4)*
- *“We talk a lot about what NDIA funds, but not about procedures for emergencies—there’s a massive gap there.” (OEP Group 1)*
- *“The NDIS Act doesn’t require providers to have emergency plans. That’s a huge gap.” (OEP Group 2)*
- *“For unregistered providers, there’s no regulation—no one is holding them accountable.” (OEP Group 2)*

## Key Reflection

Participants recognised that unclear or fragmented responsibilities undermine preparedness. The reflections in this theme highlight the need for clearer shared language, better alignment across organisations, and tools (such as the DIEM Toolkit) that support agencies to move beyond ad hoc approaches and toward structured, disability-inclusive practice for all people with disability, not only those in the NDIS.

## Resourcing, Access, and Inequity Across Regions and Communities

Participants reflected on the disparities between metropolitan and regional areas, and between disability service users with different kinds of support and technology needs. Many expressed concern about how resource limitations (e.g., physical, informational, and human) affect the safety of people with disabilities.

- *"If there's no generator or assistive tech, what do we do? I hadn't even thought about some of these gaps until today."* (Accessible Resourcing)
- *"Regional areas are still a challenge—isolation and limited resources mean we may not even know someone lives there."* (OEP Group 1)
- *"Evacuation centres don't work for many people with disabilities."* (Accessible Resourcing)
- *"We try to steer people away from evacuation centres because we know they're not inclusive."* (Accessible Resourcing)
- *"It's not just physical resources. It's knowledge, skills, and networks—we overlook those."* (Accessible Resourcing)

## Key Reflection

Participants called attention to inequities in resource availability and the urgent need to improve accessibility and readiness across all settings. This includes rethinking evacuation practices, improving assistive technology availability, and strengthening knowledge and skills.

## Responsibility Dynamics: Avoiding Deflection and Strengthening Shared Ownership

Throughout the forum, participants reflected on how systemic barriers—such as legislative gaps or unclear mandates—can unintentionally support responsibility deflection. Several noted that while systemic issues are real, they cannot become excuses for inaction.

- *“How do we keep momentum when there’s such high turnover? It feels like starting from scratch.”* (OEP Group 4)
- *“Emergency planning is often treated as a one-off activity—that’s where the gaps start.”* (Inclusive Planning)
- *“We need champions at every level to keep this front of mind.”* (Strategic Partnerships)
- *“Continuity is hard, particularly in regional areas.”* (Accessible Resourcing)

### Key Reflection

Participants expressed a strong desire to shift from “who should do this?” to “what can we do together?” This mindset creates opportunities for collective problem-solving and reduces the risk of critical responsibilities being overlooked.

## The Challenge of Sustaining Momentum and Embedding Inclusive Practice

Participants reflected honestly on the difficulty of maintaining momentum for disability-inclusive preparedness; especially with high staff turnover, limited organisational capacity, and competing priorities. Across discussions, it became clear that the challenge is not only about workload or turnover, but about the absence of organisational systems that make preparedness part of “how we work,” rather than an additional task. When inclusive preparedness is not embedded structurally, responsibility can feel diffuse or easily deferred, leading to the familiar cycle where progress depends on individual champions and stalls when those people move on. This pattern is common across emergency management and community services.

- *“How do we keep momentum when there’s such high turnover? It feels like starting from scratch.”* (OEP Group 4)

- *“Emergency planning is often treated as a one-off activity—that’s where the gaps start.”* (Inclusive Planning)
- *“We need champions at every level to keep this front of mind.”* (Strategic Partnerships)
- *“Continuity is hard, particularly in regional areas.”* (Accessible Resourcing)

## **Key Reflection**

Participants recognised the importance of embedding preparedness into systems, policies, and culture—not just individual roles—to ensure that inclusion is sustained over time, even as personnel change.

## **Overall Reflection**

Across the WA State DIEP Forum, participants demonstrated a willingness to question assumptions, confront tensions, and reflect critically on their own practices and systems. These reflections reveal both the complexity of disability-inclusive emergency management and the collective appetite for improvement. By embracing shared responsibility, modelling inclusion at all levels, and staying engaged in ongoing conversations, stakeholders can continue building toward a more inclusive, consistent, and resilient emergency management system.

## **Reflecting on Assumptions and Misunderstandings**

Several reflections highlighted that participants sometimes held assumptions or partial understandings about legislation, roles, or organisational requirements. Rather than viewing these misunderstandings as errors, the forum discussions revealed that they are an important indicator of how complex the preparedness landscape is, and how difficult it can be for stakeholders to navigate or interpret responsibilities.

These moments of misunderstanding offer valuable insight into where clearer communication, guidance, or shared language may be needed across the system.

## Promising Practices and Early Examples to Build From

While the WA State DIEP Forum focused primarily on identifying challenges, gaps, and responsibilities, participants also shared several early-stage examples of practices that show promise for strengthening disability-inclusive emergency preparedness. These examples are not yet fully developed or consistently implemented across Western Australia; rather, they **represent emerging, aspirational, and practice-informed strategies** that participants are beginning to explore in their own organisations and communities.

Although these practices are still in early phases (e.g., often piloted locally, or applied inconsistently) they offer **meaningful direction for State-level planning**, and can guide future implementation, resource development, and cross-sector coordination. They also illustrate what is possible when disability advocates, emergency services, service providers, and local governments work together.

The following early examples are drawn directly from participant contributions and reflect practical actions that can be built upon through the DIEM Toolkit, self-assessment processes, and future collaboration.

### Co-Design and Inclusive Planning Approaches

Participants shared several examples of how co-design and collaborative planning can strengthen preparedness and ensure that emergency plans reflect the priorities and lived experiences of people with disability. These practices highlight the value of engaging stakeholders early, grounding planning in real local risks, and enabling people with disabilities to shape the outcomes that affect them.

#### Emerging Practices

- **Co-design workshops** with people with disability, service providers, and emergency agencies (e.g., Rockingham and Mundaring).
- **Joint planning sessions** that bring emergency liaison coordinators together with community members to explore local hazards.
- Providers shifting from compliance-driven planning toward **conversation-first, person-centred approaches**.

## Participant Voices

- *“In Rockingham, having the emergency liaison coordinator present was useful. We could talk about local hazards and connect with the people who live in the community.”* (Strategic Partnerships)
- *“Co-design is critical... we can’t achieve anything without people with disabilities at the table.”* (OEP Group 4)
- *“People with disabilities are the experts in their own lives—they need to lead these conversations.”* (OEP Group 4)

## Why this Matters

These early examples demonstrate how co-design strengthens preparedness by centring lived experience, increasing relevance, and building trust across organisations and communities.

## Inclusive Infrastructure and Accessible Evacuation Supports

Participants at the WA State DIEP Forum discussed the challenges and potential solutions for improving the accessibility of evacuation centres and emergency environments for people with disabilities. While current evacuation centres are often described as **places of last resort**, there was a clear recognition of the need for greater focus on inclusive infrastructure and accessibility in emergency planning. Participants emphasised that evacuation centres must be better equipped to meet the diverse needs of people with disabilities, including those with mobility, sensory, and other support needs.

## Current Challenges and Opportunities for Improvement

Participants highlighted several barriers to accessibility in evacuation centres, but also shared ideas and examples for improving inclusivity:

- The need for accommodating diverse mobility and sensory requirements was frequently noted.
- Improvements in infrastructure, such as **cyclone-proof aged care facilities**, were recognised as reducing the need for evacuation in certain situations.
- Alternative accommodation options were identified as a necessary consideration when evacuation centres cannot meet specific needs.

## Participant Voices

- *"Evacuation centres are a place of last resort. It really relies on individual preparedness, organisational preparedness, and the system working together."* (OEP Group 3)
- *"We try and cater for as many different needs as possible, but where we can't accommodate someone, such as for mobility or sensory challenges, we often provide alternative accommodation."* (OEP Group 1)
- *"Cyclone-proof aged care facilities in Fitzroy Valley are a great example of how infrastructure can reduce the need for relocation during emergencies."* (OEP Group 3)

Evacuation centres must become more inclusive, with planning that addresses mobility, sensory, and other accessibility needs. However, participants also recognised that evacuation centres are not always the most appropriate solution for people with disabilities. Investments in alternative accommodations, tailored infrastructure, and universal design principles must be prioritised to ensure both safety and dignity during emergencies.

## Strengthening Cross-Sector Coordination and Information Sharing

Although coordination challenges were a major theme, participants also noted emerging practices that support stronger collaboration between State agencies, local governments, disability organisations, and service providers.

### Emerging Practices

- Using **community-based hazard mapping** as a shared planning tool.
- Bringing emergency services and local government together with disability advocates to **align roles and expectations**.
- Beginning to explore **shared information pathways**, including what data can be appropriately shared during emergencies.
- Some providers taking steps to **share individual emergency plans** with support networks or local governments (where consent is provided).

### Participant Voices

- *"How do we bring all these parties together to make real progress? This forum is a start."* (Accessible Resourcing)
- *"When we connect local hazards with people's actual lives, the planning suddenly makes sense."* (OEP Group 4)

- *"If people don't share the plan, no one knows what the individual needs."* (OEP Group 1)

### Why this Matters

These early coordination practices lay groundwork for more consistent, State-wide collaboration and help reduce responsibility confusion.

## Enhancing Workforce Capability Through Training and Joint Exercises

Participants described several ways that organisations and emergency services are beginning to build staff capability in inclusive emergency response.

### Emerging Practices

- Including emergency procedures in **induction training** for disability support staff.
- Partnering with emergency services (DFES, Red Cross) to provide **joint activation training**.
- Trialling **scenario-based training** with staff to build confidence.
- Identifying **internal champions** to maintain momentum within organisations.

### Participant Voices

- *"We need to give staff the tools to feel confident—otherwise they freeze."* (OEP Group 4)
- *"High turnover means we lose knowledge; preparedness must be embedded in induction."* (OEP Group 1)
- *"DFES and Red Cross do this—why aren't all service providers doing the same?"* (OEP Group 4)

### Why this Matters

Workforce capability is foundational to preparedness. These early practices show ways organisations are beginning to build confidence and consistency.

## Technology, Communication, and Assistive Tools Supporting Inclusion

Participants highlighted several emerging technologies and communication tools that support accessibility in emergencies.

### Emerging Practices

- Deployment of the **Convo app** in ambulances to support Auslan access during medical assessments.
- Improvements underway to **Emergency WA** to enhance accessibility.
- Growing awareness of the need to **register lockbox codes** and other critical information.
- Early discussions about **centralised registries** (acknowledging these raise privacy and feasibility considerations).

### Participant Voices

- *"We've rolled out Convo [Deaf-owned interpreting service/application] to all our ambulances so people who are hearing impaired can get an assessment in a crisis."* (OEP Group 2)
- *"We're working to improve Emergency WA to make it more accessible—but digital tools won't work for everyone."* (Accessible Resourcing)
- *"Registration of things like lockbox codes is important but not widely known."* (OEP Group 4)

### Why this Matters

Accessible communication and technology can reduce risk and increase independence during emergencies—but must be paired with alternatives for those who cannot access digital tools.

## Advocacy and Disability Leadership as Drivers of Change

Participants emphasised the role of advocacy groups and lived experience leaders in pushing for inclusive practices.

### Emerging Practices

- Advocacy organisations partnering with LGAs to conduct co-design sessions.

- State and regional advocacy groups providing best-practice guidance to councils and agencies.
- Advocates identifying gaps in planning and sharing solutions.
- Growing support for paid roles for people with lived experience to contribute expertise.

## Participant Voices

- *"We can point toward best practice and advocate for this work to be done better."* (OEP Group 2)
- *"Advocacy is undervalued—without someone pushing for inclusion, it doesn't happen."* (OEP Group 2)
- *"We've worked with local governments to highlight gaps. It's a start."* (Strategic Partnerships)

## Why this Matters

Disability leadership strengthens emergency planning by bringing critical knowledge, lived experience, and community insights to decision-making.

## Overall Reflection on Promising Practices

The examples shared at the WA State DIEP Forum are early steps, but they demonstrate clear momentum:

- State agencies and advocates are beginning to collaborate.
- Disability organisations are leading co-design.
- Inclusive infrastructure pilots are underway.
- New technologies are being explored.
- Staff training and induction practices are evolving.

These emerging practices can be strengthened, scaled, and integrated through the **DIEM Toolkit**, State-level self-assessment, and coordinated implementation across sectors.

## Next Steps

The insights shared through the WA State DIEP Forum point to clear opportunities for strengthening disability-inclusive emergency preparedness at both State and local levels. Participants emphasised the need to move beyond

ad hoc or individual-driven efforts toward approaches that are embedded, coordinated, and sustainable. The DIEM Toolkit and Maturity Framework provide practical guidance to support this transition.

The following next steps draw directly from the reflections shared during the forum and highlight areas where State-level leadership, modelling, and consistent standards can enable meaningful progress across Western Australia.

## 1. Model Inclusive Emergency Planning at the State Level

Participants expressed a strong desire for the State to demonstrate inclusion within its own plans, structures, and practices. This leadership is essential for building clarity and confidence across sectors.

### Practical Starting Points

- Embed disability inclusion explicitly in **State-level emergency planning frameworks**, including risk assessments, State Support Plans, and hazard-specific arrangements.
- Review existing State-level planning documents with a disability-lens to identify gaps and opportunities for improvement.
- Use the **DIEM Maturity Framework**
- to assess current State-level capability and identify priority areas for development.
- Share State-level lessons learned with local governments to support consistent practice across regions.

## 2. Build Shared Understanding of Roles and Responsibilities

Forum discussions highlighted persistent misunderstandings about who does what (especially beyond the NDIS system). Clarifying this is foundational to effective collaboration.

### Practical Starting Points

- Develop simple, shared language tools (e.g., role maps, quick-reference guides) that outline responsibilities across emergency management, community services, disability services, and advocacy organisations.
- Facilitate cross-sector briefings or workshops to strengthen shared understanding of the **Australian Disability Strategy** and its relevance for all people with disability, not only NDIS participants.

- Use DIEM action planning sessions to support agencies to define their role and contribution clearly and realistically,

### 3. Create Structures for Ongoing Collaboration and Co-Design

Many participants recognised the power of co-design but noted uncertainty about how to activate it sustainably.

#### Practical Starting Points

- Establish recurring **State-LGA-advocacy organisation co-design forums** to work on shared problems (e.g., communication, evacuation planning, resource gaps).
- Embed lived-experience advisory roles into planning cycles, supported by appropriate remuneration.
- Draw on promising early examples (e.g., Rockingham, Mundaring) as models for how co-design can be initiated and scaled.

### 4. Strengthen Inclusive Infrastructure and Accessible Communication Pathways

Participants shared early examples of promising approaches (e.g., accessible toilets, interpreters) but also highlighted inconsistencies across the State.

#### Practical Starting Points

- Develop guidance on **minimum accessibility expectations** for evacuation centres, drawing from early pilots shared in the forum.
- Work with CALD, Deaf, and Indigenous organisations to identify **priority communication access needs**, including interpreter availability and alternative formats.
- Conduct local resource audits (mobility equipment, sensory supports, assistive tech availability) using DIEM tools.

### 5. Embed Preparedness into Everyday Organisational Practice

Participants emphasised that preparedness often stalls when dependent on individual champions or ad hoc efforts. Sustainable practice requires organisational systems—not individual goodwill.

## Practical Starting Points

- Integrate inclusive emergency preparedness into induction, supervision, and refresher training within service organisations, so that preparedness becomes part of “how we work,” rather than an optional add-on.
- Encourage service organisations to use the Organisational Emergency Preparedness (OEP) tool, part of the DIEM Toolkit, to identify practical ways to embed inclusion into everyday processes (e.g., onboarding, risk assessment, service planning, documentation).
- Support smaller organisations to access shared training, templates, or regionally coordinated resources, recognising that capacity varies significantly across the sector.

## 6. Support Local Governments and Regions Through State-Led Coordination

Participants emphasised the need for practical support rather than additional responsibilities. This is a critical area for State-level leadership, where enabling and modelling inclusion can reduce local burden and promote consistent practice across Western Australia.

### Practical Starting Points

- Provide LGAs with **consistent guidance, tools, and templates** drawn from DIEM.
- Use insights from this forum (and the forthcoming WA-wide synthesis) to prioritise State-level work that will directly support councils—especially those in regional and remote WA.
- Enable region-wide initiatives (e.g., shared communication tools, regional resource pools, local hazard mapping linked with co-designed P-CEP planning).

## 7. Move from Self-Assessment to Action: Using the DIEM Toolkit and Maturity Framework

The WA State DIEP project has already engaged deeply in the reflection and self-assessment needed to understand current strengths, gaps, and system patterns. The next step is to shift from understanding to **action** such as using the DIEM Toolkit and Maturity Framework to embed disability inclusion into everyday practice across agencies and regions.

Participants expressed readiness for practical steps that strengthen capability without adding administrative burden. The co-designed DIEM tools support this shift by providing **light-touch, ready-to-use templates and guidance** that help organisations move from ad hoc efforts to structured, sustainable practice.

### Practical Starting Points

- Use the insights generated through this forum as the foundation for state-level DIEM action planning, focusing on specific, achievable changes that can be implemented in the next 6–12 months.
- Shift from further self-assessment to doing, using the DIEM Maturity Framework to guide practical improvements in priority areas identified through the State-level discussion (e.g., communication pathways, inclusive infrastructure, collaboration mechanisms).
- Encourage partner organisations and agencies to use the DIEM Toolkit’s existing co-designed templates and tools. These tools were co-designed including local council input. They were intentionally streamlined to reduce burden and support implementation.
- Share emerging promising practices identified through the forum (e.g., “Convo” app deployment, co-design workshops in Rockingham and Mundaring) through DIEM Communities of Practice to support cross-sector learning and scale early successes.

## Participant Demographics and Participating Organisations

This forum report has been shaped by the expertise and contributions of those who participated. DFES extended invitations to participate through their networks. To expand engagement across the state, DFES also hosted an online WA State-level DIEP Forum.

The in-person DIEP forum was held on 28 October 2025 at the Pagoda Resort and Space in Como, Western Australia. 38 people from 22 organisations and groups participated in this DIEP forum, having the following roles:

<b>Participant Role</b>	<b>Number</b>
Federal Government worker	2
State/Territory Government worker	9
Local Government worker	1
Emergency Services Personnel	9

Disability Service Provider	2
Community Service Provider	0
Aged Care Service Provider	0
Health Service Provider	0
Worker/Member for Disability Advocacy or Representative Organisation	11
Community member with lived experience of disability (not representing an organisation)	1
Other:	3
<b>Total</b>	<b>38</b>

The online DIEP Forum was held on 26 November 2025 via videoconferencing. 54 participants from 28 organisations registered for the online forum, having the following roles:

<b>Participant Role</b>	<b>Number</b>
Federal Government worker	1
State/Territory Government worker	8
Local Government worker	2
Emergency Services Personnel	10
Disability Service Provider	8
Community Service Provider	5
Aged Care Service Provider	0
Health Service Provider	2
Worker/Member for Disability Advocacy or Representative Organisation	13
Community member with lived experience of disability (not representing an organisation)	2
Other	3
<b>Total</b>	<b>54</b>

## List of Participating Organisations

### In-person DIEP Forum

- 1 Australian Red Cross
- 2 Deaf Connect
- 3 Department of Communities
- 4 Department of Fire and Emergency Services
- 5 Department of Health

- 6 Disability Assembly WA
- 7 Disaster Relief Australia
- 8 Gender and Disaster Australia
- 9 Kin Disability Advocacy Inc
- 10 Mental Health Commission WA
- 11 MercyCare
- 12 Mission Australia
- 13 National Disability Insurance Agency
- 14 Nulsen Disability Services
- 15 People with Disabilities Western Australia
- 16 Physical Disability Australia
- 17 St John Ambulance WA
- 18 Uniting WA
- 19 WA Health
- 20 WA Police Force
- 21 Western Australia Local Government Association (WALGA)
- 22 Western Australian Alliance to End Homelessness, Homelessness  
Commissioning Reference Group

### **Online DIEP Forum**

- 1 Advocacy WA
- 2 Australian Red Cross
- 3 Avivo
- 4 Dementia Australia
- 5 Department of Communities
- 6 Department of Fire and Emergency Services (DFES)
- 7 Department of Health
- 8 Department of Health, Disability and Ageing (DHDA)
- 9 Department of Primary Industries and Regional Development
- 10 Disability Assembly WA
- 11 Empowering People in Communities (EPIC)
- 12 Enable WA
- 13 Far North Community Services Ltd
- 14 Gender and Disaster Australia
- 15 GenU
- 16 Home and Lifestyle Options (Halo)
- 17 Mercy Care
- 18 Midway Community Care
- 19 Mission Australia
- 20 MSWA
- 21 Royal Flying Doctor Service WA
- 22 St John Ambulance WA

- 23 The Salvation Army, Emergency Services
- 24 WA Country Health Service
- 25 WA Police Force
- 26 Western Australian Education Support Principals and Administrators
- 27 Western Australia Local Government Association (WALGA)
- 28 Wheatbelt Independent Support Services



**Image description:** Forum participants sitting at a round table discussing individual preparedness

**Citation:** Collaborating4Inclusion (2026). *Disability Inclusive Emergency Planning (DIEP) Forum Report: Western Australia State Forum*. Centre for Disability Research and Policy, The University of Sydney, 2006.