Disability inclusive & Disaster-resilient Queensland

Disability Inclusive Disaster Risk Reduction: Stakeholder Consultation Report – Ipswich and Surrounds

The Centre for Disability Research and Policy. The University of Sydney

Issue 1, No. 1/2019

ISSN: 2652-2241 (Online)

Funded by

Queensland Government

A project by:

THE UNIVERSITY OF SYDNEY

QDN QUEENSLANDERS WITH DISABILITY NETWORK NOTHING ABOUT US WITHOUT US

csia

Table of Contents

Disability Inclusive Disaster Risk Reduction (DIDRR) is an approach that directs attention to the support needs of people with disability in interaction with their environment, and the factors which create or restrict capabilities around emergency preparedness and action during any emergency.

DIDRR depends on effective cross-sector collaboration between emergency managers and community services personnel to remove barriers that stop people with disability from engaging with DRR activities through principles of accessibility, participation, collaboration and non-discrimination (Villeneuve, Dominey-Howes, Llewellyn et al., 2017).

Disability Inclusive Disaster Risk Reduction Stakeholder Consultation Ipswich

Date: 13 – 14 June 2019

Time: 9.30am – 2.30pm

Venue: North Ipswich Reserve Corporate Centre

Purpose

This report documents findings of a facilitated inclusive community consultation process with stakeholders from the disability, community, health care, emergency management, and government sectors on the topic of Disability Inclusive Disaster Risk Reduction (DIDRR).

Findings reported here contribute understanding about local knowledge, resources, community context, needs, and possibilities for developing collaborative DIDRR practices in Queensland communities from the perspective of stakeholders who participated in the Ipswich and Surrounds consultations.

This report is one component of a much larger project that aims to co-design and test a Queensland DIDRR Framework and Toolkit.

The Queensland DIDRR Framework will guide collaborative action for DIDRR at the local community level. The DIDRR Toolkit aims to provide actionable guidance to community stakeholders by sharing tips, resources, and tools that enable them to take DIDRR actions to increase the resilience of people with disability to disaster.

About the project

The Queensland Department of Communities, Disability Services and Seniors has partnered with the Centre for Disability Research and Policy (CDRP) at The University of Sydney, the Queenslanders with Disability Network (QDN) and the Community Services Industry Alliance (CSIA) to co-design and test a Disability-Inclusive Disaster Risk Reduction (DIDRR) toolkit to enable effective cross-sector community-level DIDRR collaboration to reduce risk for people with disability in disasters.

Inclusive stakeholder consultation sessions were held in four local government areas: Brisbane, Ipswich, Rockhampton, and Townsville. Participating stakeholders from the disability, community, health, emergency management, including government were invited to share their experiences and exchange knowledge about how reduce risk and increase resilience of people with disability to disasters.

Information from the consultations will be used to co-design the Queensland DIDRR Toolkit that is tailored to the context and needs of Queenslander communities. The toolkit aims to provide actionable guidance to community stakeholders by sharing tips, resources, and tools that enable them to take DIDRR actions to increase the resilience of people with disabilities to disaster.

Project team

Dr Michelle Villeneuve (Project Lead/Principal Investigator) Research Stream Leader – Disability-Inclusive Community Development, Centre for Disability Research and Policy (CDRP) , The University of Sydney michelle.villeneuve@sydney.edu.au

Michelle Moss (Inclusive Community Engagement Lead) Business and Operations Manager, Queenslanders with Disability Network (QDN) MMoss@qdn.org.au

Matthew Gillett (Steering Committee Member) General Manager Programs, Community Services Industry Alliance (CSIA) mgillett@csialtd.com.au

Diana Young (Project Oversight) Director, Strategy and Engagement/Community Recovery, Queensland Department of Communities, Disability Services and Seniors Diana.Young@communities.qld.gov.au

Carrol Helander (Project Officer)Principal Program Officer, Strategy and Engagement/Community Recovery, Queensland Department of Communities, Disability Services and Seniors Carrol.Helander@communities.qld.gov.au

Louise Abson (Project Officer) Project Officer, Queenslanders with Disability Network (QDN) labson@qdn.org.au

Pradytia Pertiwi (Research Assistant) Centre for Disability Research and Policy (CDRP) , The University of Sydney pper6524@uni.sydney.edu.au

Advisory committee (in alphabetical order)

Fiona Mackie, Aged and Disability Advocates Australia
Maureen Fordyce, AMPARO Advocacy Inc.
Colin Sivalingum, Australian Red Cross
Eric Boardman; Annabelle Johnstone, Community Recovery Advisor
Belinda Drew, Community Services Industry Alliance
Tammy Myles; **Lynette Robertson; Diana Young; Carrol Helander,** Department of Community, Disability Services and Seniors
Mike Lollback, Local Government Association of Queensland
Carl Peterson, Moreton Bay Regional Council
Craig Rogan; Dustin Vallance, National Disability Insurance Scheme
Ian Montague, National Disability Services
Nicola Moore, Office of the Inspector-General Emergency Management
Emma Martin, QHealth; Mental Health, Alcohol and Other Drugs Branch
Jacklyn Whybrow, Queensland Alliance for Mental Health
Luke Reade, Queensland Council of Social Service
Sharon Boyce, Queensland Disability Advisory Council
Michelle Moss, Queenslander Disability Network
Adam Green, Queensland Fire and Emergency
John Bosnjak, Tony Del Vecchio, Queensland Police Service
Karen McPaul, Queensland Reconstruction Authority Services
Michelle Villeneuve, The University of Sydney

Participants

Disability Inclusive Disaster Risk Reduction (DIDRR) involves cross-sector collaboration. Consequently, we sought representation from the following stakeholder groups including, local government, disability, access and inclusion; emergency managers; local business; people with disability; carers; and formal community-based service providers including disability support personnel, community health care providers, and mainstream community services staff. Targeted recruitment and support provided by the Queenslanders with Disability Network (QDN) enabled the inclusion of people with disability their family and carers in the community.

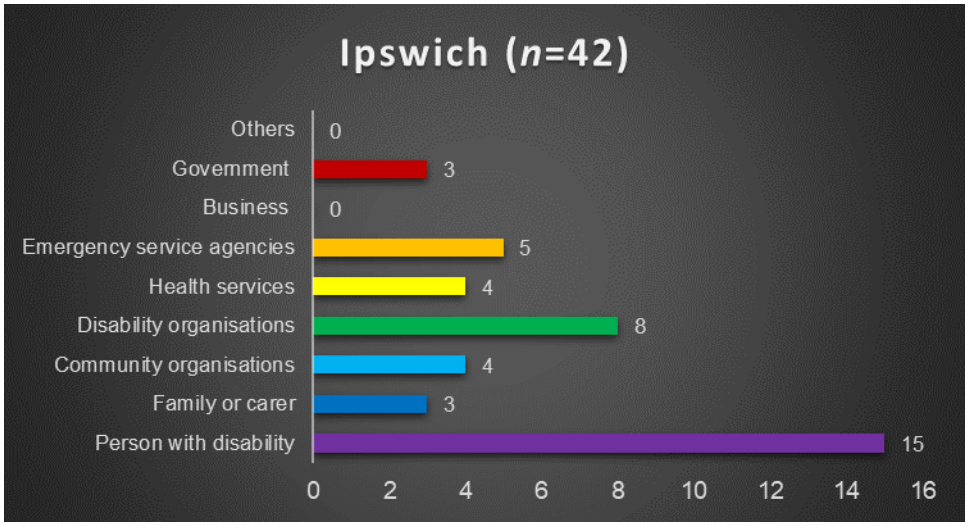

Figure 1. Summary of participants by stakeholder group; Female participants = 29; Male participants = 13; Refer to Table 1 for definitions of stakeholder groups

Table 1. Stakeholder Groups Defined

People with disability	individual identifying as a person with disability
Family or carer	family member or carer of a person with disability, or formal support worker for a person with disability
Community organisation	a neighbourhood centre, community group, or other organisation that provides services to the broader community, and who may include people with disability
Disability organisation	an organisation whose primary role is to provide support or services to people with disability
Health services	hospital or health services, including mental health services and other organisations with a mental health focus
Emergency service agencies	agencies and departments with responsibility for supporting the community at various stages of a disaster or emergency. Includes Queensland Fire & Emergency Services (QFES), State Emergency Services (SES), Queensland Ambulance Service (QAS), Queensland Police Service (QPS) and the Rural Fire Service (RFS).
Business	local businesses
Government	representatives of federal, state or local government departments. This includes local council representatives across various branches such as community development, access and inclusion or disaster management
Other	any other stakeholders not represented in other categories

Methodology: Structured Interview Matrix (SIM)

Originally developed as a method for organisational analysis and strategic planning, the SIM facilitation technique has been adapted for use as a data collection method in participatory research and inclusive community development. SIM is designed to facilitate inclusive community engagement and promote the development of knowledge and networks/connections between participants. SIM employs a graded approach to collaboration and involves discussion using a three-phase process (Figure 2).

Figure 2. The application of SIM as an Inclusive Community Engagement Facilitation Method

The first phase involves a series of one-on-one interviews conducted by the participants (Figure 3). An interview guide, prepared by the facilitators, consists of 4 interview questions. On arrival, participants are assigned to a group (1 – 4) and assigned an interview question. The interview matrix is structured so that each participant has the opportunity to ask their assigned question of three people and respond to a question posed by three other participants. Participant interviewers are instructed to ask their question and listen to the response without interrupting. They are also asked to record responses in writing on a form provided. Interviewees are given 10 minutes to respond. [We further adapted this time frame (12 – 15 mins) to support the additional time required for participants who need more time to move between interviews or who require more time to communicate or record responses]. The process is repeated until each participant has interviewed one person from each of the other groups. The facilitators keep time and guide the group so that participants know how to proceed through the matrix.
The second phase involves each group coming together in a small group deliberation to discuss, review and summarise the individual responses to the group's assigned question. Following their summary of responses, group members are encouraged to add their perspective to the small group deliberation. In order to present a synthesis of findings to their question, each small group is asked to identify 3 main findings to be shared in the large group plenary. Each of these discussions are audio recorded.
The third phase involves a large group plenary discussion which begins with each group presenting their main findings followed by a facilitated discussion with all the participants. The presentation and plenary discussion are audio recorded.

Facilitation Process

Each SIM consultation took place over approximately 5 hours and covered 4 questions in-depth. The length of these consultations is important because the time invested in meeting new people and engaging in meaningful discussion with people from different backgrounds facilitates the development of new community connections and/or the opportunity to renew or deepen existing relationships. The small group discussion involves not only information sharing but deliberation where participants express their views, assimilate information provided by others, and develop shared understanding and potential solutions. Opportunity for informal networking and engaging in extended discussion during tea/lunch provides additional opportunities to develop connections between stakeholders.

Inclusion of people with disability was achieved by: (a) extending invitations to people with disability and their representatives to participate and represent people with disability at the SIM consultations; and (b) providing the means to support their engagement (e.g., Auslan interpretation, barrier free meeting spaces, safe space to express ideas, accommodating diverse communication needs, access for service animals, assistance with note taking).

The SIM technique has the advantage of accommodating the voices of a large number of participants (12 – 32) while ensuring that the perspectives of all participants are heard. This approach overcomes common challenges to inclusive community engagement by ensuring that people can fully engage in the process and benefit from their participation while maintaining efficiency in stakeholder consultation.

SIM Consultation Interview Questions

1. Tell me about a time when you really felt a part of your community. Probe: What helped that to happen? How did it feel?

2. What steps have you taken to prepare for emergencies? Probe: If you haven't, what could you do? Is there anyone who could help you get started?

3. In a disaster in your community, what challenges would people with disability experience? Probe: What challenges would they have sheltering in place? What challenges would they have evacuating to a place of safety?

4. Emergency services is usually the first support people think they will rely on in a disaster. In a disaster in your community, what OTHER SUPPORTS could people with disability count on? Probe: Think about where you live, work and play and the assets near you

Figure 3. 1:1 interview process

"Yeah, it's good because I spoke to someone who is Deaf as well, and someone who's in a wheelchair and it's just really broadened my ideas of what disabilities, what capabilities everybody has and how much is lacking in the community" (SG3ISIMA)

Data analysis

Objective: To identify core themes about DIDRR from multiple stakeholder perspectives

Analysis Steps:

1. All recordings from the SIM consultations were transcribed verbatim and imported into NVivo, a qualitative data analysis computer software (https://www.qsrinternational.com/nvivo/what-is-nvivo). Data was de-identified at time of transcription.

2. Transcripts were read in full several times before identifying codes that reflect the perspective of participants (open coding). Open coding was used in the first stage of analysis to organise and reduce the data.

3. Content analysis was used in the second stage of analysis to group codes into categories.

4. Constant comparison of codes and categories – expansion and collapsing of codes into categories; creation of new categories; identification of patterns in the data; observation of relationships and development of emergent themes.

5. Preliminary findings were presented and discussed with all project team members; shared with SIM consultation participants for their review and comment.

6. Findings were presented to project advisory for discussion, interpretation, consideration of links to existing policy and practice mechanisms.

Definition of Terms

Open Coding	open coding is a process whereby words and phrases from the participants are named to identify the key message or meaning
Constant Comparison	data-analytic process whereby each interpretation and finding are compared with existing findings as it emerges from the data analysis.
Categories	is a major component of data analysis (qualitative or non-numeric data) by which investigators attempt to group patterns observed in the data into meaningful units or categories.
Themes	Themes are patterns across data sets that are important to the description of a phenomenon and are associated to a specific research question. They are helpful in supporting integrated reporting on findings in response to the project purpose.

Legend: The following codes were used to reference the source of data reported below.			
SG#ISIMA	Small Group # (1,2,3 or 4) Ipswich SIM A (13 June)	**SG#ISIMB**	Small Group # (1,2,3 or 4) Ipswich SIM B (14 June)
LGBISIMA	Large Group Ipswich SIM A (13 June)	**LGISIMB**	Large Group Ipswich SIM B (14 June)

Findings

Findings are grouped into three interrelated themes summarised in Table 2 and discussed below.

Table 2. Ipswich and Surrounds Summary of Findings

1. Unprepared and Uncertain

- Unprepared for emergencies
- Evacuation challenges
- Expectations in the face of uncertainty

---

2. "I don't have a plan

- It comes back to education
- People aren't listening
- Forums like this

---

3. Reliance on people who understand needs and know the person best

- Whose responsibility is that?

Discussion of Findings

Theme #1 Unprepared and Uncertain

Unprepared for emergencies

Despite reports of some *"extensive planning"* and preparation of *"emergency kits"* by some participants at the Ipswich consultations, the overall view was that people, particularly those with disability were largely unprepared for emergencies.

> *"The response I got was no preparedness at all. They haven't thought about it."* (SG2ISIMB)
>
> *"So, once spoken to everybody, we realised that not many people had planned; planned or prepped. So, I think it's a bit of lack of awareness, lack of education to the wide, wider community and also the community that has disability sectors in it as well."* (LGISIMA)

One participant, who had prepared, offered perspective for other participants to think about what preparedness planning involves and to consider limits to preparedness planning for people with disability. For example,

> *"I found her most interesting to talk to. So, she has lived in a lot of disaster areas, so she has a generator, she has two weeks of food on stock. She has her meds prepared; she has two levels of disaster packs. So, first level she has a USB that she carries that has all of her information on it, her medical information, everything, and the second thing is a waterproof case with all documents near the door, to have that if she needs to evacuate, so I actually find that really interesting because she's very prepared as far as she can go. The lady is in... uses an electric*

wheelchair and she also has a hearing impairment, so she can only - from what I have spoken to her - she can only prepare as far as she can go, so there are some things that it doesn't matter what she can do, she can't prepare for. So, things that I've found talking to people was that she can't take all of her equipment with her, things like spare batteries for her equipment are not affordable for her, so the cost is a factor in being able to have those backup supplies." (SG2ISIMB)

Through the course of the consultations, participants shared information with each other about *"what to pack"* in an emergency kit. They also discussed the importance of knowing where to access emergency preparedness information. Through discussion, participants shared resources, explained where to find preparedness information on the local council website, and talked about the *"My Ipswich Alerts"* smart phone app. It was clear from the discussions that more information is also needed to support pre-planning for pets and assistance animals in emergencies.

Evacuation Challenges

Through interactive discussions, participants raised numerous barriers that people with disability would experience in emergency situations. Evacuation challenges, in particular, dominated these discussions. For example,

"…people with disabilities need to get the warnings first, regardless of location because we need to prepare so much more." (SG3ISIMB)

"I just want to let you know that not all Deaf people have had a brilliant education. They may finish at year 10 or year 12 and may read at the level of an eight-year old. So visual information or using Auslan interpreters is ideal." (LGISIMB)

"We need the supports in place for people to be able to lift and move people who rely on such devices. To be able to move the equipment and yourself safely." (LGISIMA)

"Well with the lady that was Deaf, she was saying that in an emergency she would get hold of the emergency call centre but it could take up to ten minutes for them to get an answer back to her. So basically, she'd ring the number and then they'd have to ... She'd have to type in what her emergency was, then someone else would have to scribe that, someone else would have to analyse it and then someone else would have to type it back to her. So, it can take five to ten minutes. That's a long time in an emergency." (SG3ISIMA)

"And aids and equipment that you need to support your comfort, dignity and functioning. And certainly some people were saying, 'there's something that I could take that makes my life a whole lot easier, but I don't feel that I'm allowed to ask whether I can take that because it might take up space in the boat or the helicopter and we need that for other people, I don't want to be pulling the disability card. I don't want to be putting up my hands being special and different. Or I'm afraid that they might say no and that would be really embarrassing if I've asked to have that equipment and they say no to me.' So, just issues that people might not always think about." (LGISIMA)

"And for the Deaf community and we have issues, we might need some extra equipment. People who are blind, visually impaired community, they might need some extra assistance as well, whether they are using a white cane (e.g., blind), we need to develop some, some way to cope for people with disabilities in these shelters." (LGISIMA)

"I've got a disability myself, but you can't see it. So, people don't realise you have this, how this would affect me is my anxiety levels would go through the roof and my body would shut down. So, putting me into a shelter, I couldn't have it." (SG3ISIMA)

"I've got a friend of mine, he's in a wheelchair. He's in a motorised wheelchair. There's no way he can get around without that wheelchair. If he has to go in an ambulance, it can't; they won't take it…they won't take his pressure cushion. Now he's desperate for a pressure cushion." (SG3ISIMB)

"..at one point she contacted the local council and the council told her that she was to contact her service provider to assist with evacuation if need be…However, she's not linked to a service provider. She has private workers, so that's really not an option for her." (SG3ISIMB)

"Loss of power. There's a number of people with machines and devices that they rely on. Some for them to even stay alive." (LGISIMB)

"Well the lady she's got two dogs. She has an inside dog and an outside dog. So, she has a dog that helps around inside the house and then she's got this little fellow here [pointing to an assistance dog] that comes out. So, it's not only her, it's pets. She's got two therapy pets, and she said she wouldn't leave without them. That's the thing." (SG3ISIMA)

"Yeah, multiple disabilities, and if you had to take her daughter to a shelter, they wouldn't be able to keep her there because she'd want to run away. There would be no quiet place for her. Taking someone like that to a shelter isn't an option. But, taking them to a hospital wouldn't be an option for her either….Well, that was what I was getting out of it too, because you know, trying to keep her calm, and the medication's got to be in the fridge, she's got to have all this special food." (SG3ISIMA)

"Equipment is difficult to move and access for a lot of people as well, you know, getting that equipment and that's a bit of a challenge. We noticed that in Townsville, where a lot of evacuations that were done up there is that people come with things that are needed to make them comfortable and to support them and trying to account for that as well is really a bit of a challenge." (LGISIMB)

Expectations in the face of uncertainty

Through interactive discussion, it became apparent that participants did not know the location of evacuation centres in their community, whether they would be accessible to them, or what help might be available to people with disability at a temporary shelter. Participants recognised that more information needs to be made available about evacuation centres so that people with disability know what to expect from an evacuation centre and *"how to avoid ending up there in the first place."*

Participants also expressed great concern about people who could not evacuate independently. On the one hand participants responded by offering suggestions to improve the situation of people who would rely on equipment or others to evacuate. On the other hand, in small group and large group discussions, participants were sceptical about utility of some suggestions. These participants were concerned about transport for their mobility equipment, accessibility of the facilities and capacity of staff or volunteers to cater people with disabilities in the evacuation centres.

> *"And if they are moving you from point A to point B which is a shelter, is there equipment in place at those shelters? – and is there a bathroom that's equipped?, is there a hoist?, [is it] wheelchair accessible?, do they have someone who is there who knows how to use all of that?, is there somebody who's there that looks after all of that?"* (LGISIMA)

> *"Our wheelchairs are like our bodies and we cannot just get in another wheelchair at the other end. So, the chairs need to be rescued with us. If you put me in another chair you might as well kill me. I wouldn't be able to sit up or nothing. We need someone to educate the services."* (LGISIMA)

Findings suggest that in the absence of accurate information about evacuation, people with disability may hold unrealistic expectations of emergency services during response and recovery. This may put people with disability at greater risk in a disaster and place greater demands on emergency management staff and volunteers.

> *"People expect that there are services that can come and pick them up to take them to evacuation centres and there are none."* (SG3ISIMB)

> *"What is our expectation that we have on them to know about the communities that they are trying to help assist, save, make safe. A lot!"* (SG2ISIMA)

> *"If people didn't have kits or hadn't thought about plans there were some sort of concerns, some of those were, you know, access around the evacuation sites. Some people brought up things like needing to have more training done for evacuation staff. And also drills for people with a disability and more time to evacuate. People might need more time to prepare. And [information on] what do they need to prepare?"* (LGISIMB)

Theme #2 We don't know the support needs of people with disability

Emergency services participants recognised that their biggest challenge is not knowing what the support needs of people with disability are and how existing support networks operate:

> *"But if you have the requirements for more support, the community's responsibility is to provide that support. That's what we do, you know. The biggest challenge we have is the fact that we don't know."* (SG3ISIMA)

> *"Yeah, I think the consistent theme I saw was for the people I spoke to with disabilities, was their support network. Their support person or their carer was always one of the first ones [they would rely on] which sort of resonates. It highlighted to me the importance of those networks and the importance of understanding those networks."* (SG4ISIMA)

It comes back to education

Participants considered the potential for registers or databases to help identify people with disability and their individualised support needs, particularly those who are not connected to formal services and therefore potentially "*isolated"* from support in an emergency. However, in every discussion, participants concluded that, *"it comes back to education"* so that individuals take responsibility and have a plan.

> *"It's not the person with the most food, or the most money, it's the person that understands their specific and unique needs the most. I think that resonated with me."* (SG4ISIMA)

> *"Education, I guess that's the key thing is to make sure that people are aware of, you know, preparedness messages and have a plan for what they are actually going to do."* (LGISIMB).

> *"But it really is quite - it is person-specific; and it really is important to us to have that planning beforehand."* (LGISIMA)

> *"It probably more so sits with the individual, doesn't it? Because they would be the experts [on what they need]"* (SG3ISIMA)

> *"So, we've got a whole heap of issues here and what's coming out is that they're not a homogenous group, they're a case by case."* (SG4ISIMB)

It is evident that preparedness education for people with disability should actively address uncertainty (theme #1) that people have about evacuation. People with disability need to understand what to expect in an emergency. Clarity is needed for people to follow emergency warnings and know how to best respond. Their preparedness plans must take into consideration how they will manage their individualised support needs as well as contingencies when that support is not available. However, participants with disability pointed out that *"people aren't listening."* They raised concerns about inaccessible information and being *"locked out of the mainstream"* all of which serve to increase their risk in an emergency.

People aren't listening

Emergency preparedness information should be available to everyone in the community. However, participants with disability had not been included in emergency preparedness training and had limited knowledge of where to access information to reduce their disaster risk. Further, Deaf participants reported challenges in accessing disaster warnings and information during emergency declarations.

> *"They said they had no experience with evacuations and emergencies, no experience whatsoever…Had never happened to them, hadn't had any educational training on what to do."* (SG3ISIMB)

> *"I'm still in awe about communication problems, the data for Facebook and the iPad. If the connections are down then people with a hearing impairment may not know what's going on. That really shocked me. I do find that it's a lot of people's first port of call for information."* (SG4ISIMA)

Participants with disability experienced this exclusion as people not listening to them:

> *"People with disabilities have never been included in strategic planning. The government just, 'Yeah, nah, we'll think of it."* (SG2ISIMA)

> *"They forget about the needs of the disabled, so it's almost like the people with disabilities are hidden, whereas we need to be on that equal playing field, so they can say that yes, we deserve to be in there, you know."* (SG1ISIMA)

> *"The people aren't listening. If they just listened and acknowledged us, there'll be a number of instances where they can't help us, but that doesn't matter. We are human beings and we do need to be listened to and acknowledged."* (LGISIMB)

The feeling of exclusion was not unique to disaster risk management. Participants with disability experience *"day-to-day segregation in their experiences of the wider community."* Together, participants had heartfelt discussions about contrast between the experiences of participants with and without disability when it comes to community inclusion.

> *"The people with disability felt extremely excluded from any community. And the only community where they felt any connection was when they were with a community of other people with the same sort of level of disability. People who could understand their lived experience. And otherwise, when they go out in the general community, they felt second-class citizen: not good enough, often embarrassed and humiliated by other people through the way that they're treated, just through ignorance or fear. So, that was very much…and if all*

the supports were in place, they still felt locked out of the mainstream community. But they still felt it was not accessible to them." (SG1ISIMB)

"There was no real warm, fuzzy feeling that he felt in the community. It was just what it is. There's nothing there. Because he can't hear, he felt excluded from a lot of things. There was no warm, fuzzy feeling that he got. There was no time that he felt part of the community." (SG1ISIMA)

There is a clear need for partnership practices that build trust through authentic inclusive consultation practices, open communication, and collaboration together with people with disability and their representatives, including families and carers. Such partnerships are needed to improve accessible emergency preparedness information and education for people with disabilities.

Forums like this promote shared learning

All participants appreciated the opportunity to learn together about disability-inclusive disaster risk reduction. Participants reported gaining new insights from the experience of learning and working together and, in particular, learned from the experience of people with disability and in some instances began to identify actions to improve the situation. Importantly, participants came away with an understanding of the capabilities and contributions that people with disability can make to disaster risk reduction.

"I never thought of the different kinds of effects like those who have physical disabilities or need their batteries to be charged up you know?" (SG1ISIMA)

"It's forums like this one, we've got to learn that. We don't know what we don't know. And we all work in different areas and different roles within the community." (SG2ISIMA)

"First of all, I just want to thank everyone for contributing to this because it's, you know, I've been working in evacuation centres and cyclone shelters for a number of years and evacuated whole towns and I learn new things as I go and today's been a real eye opener. And, I want to thank the deaf community or their brightness and letting us know some of the problems and the issues that they've had." (LGISIMB)

"So, I really enjoyed that activity because I worked with somebody who has cerebral palsy, somebody who is deaf and somebody who has different kind of disability. And so they all had really different perspectives. I thought it was really great. I'm really looking forward to doing this because I think we're going to get a lot out of it… it's just really broadened my ideas of what disabilities, what capabilities everybody has and how much is lacking in the community." (SG3ISIMA)

"Yeah, I've had the same, people said, 'no, I haven't done it yet but after today, yes, I will be going forwards. I will be doing some preparation.' I thought, yes, myself. I was thinking exactly the same thing." (SG2ISIMA)

"And I think what's come out also loud and clear is those [disaster warning] messages need to come out much sooner. And well before they're properly needed rather than at the last moment when people have to move equipment, get carers organised and a whole heap of other things. That came across quite strongly. We'll have to do a bit of work on that!" (LGISIMB)

Theme #3 Reliance on people who understand needs and know the person best

Emergency managers shared that resilience is *"about people having the capacity to look after themselves with minimal support."* However, the Ipswich stakeholder consultations made it clear that people with disability may need different levels (sometimes significant) and types of support from others in an emergency. The discussion focused in on ***networks*** as key to accessing support in an emergency and decreasing disaster risk for people with disability. For example,

> *"Key connections! Is it the neighbours? Is it the GP (general practitioner)? Is it the community services?"* (LGISIMA)

> *"I found this common theme; people were very forthcoming with the answers. They described a lot of churches, community groups, online groups. Then I asked them, 'What would you rely on?' It was always different because it was always the person or the network that knew the person the best. So, understood the person's needs the most. Whether that's the carer, or an online network, it was always the person that understood the needs most intricately, because that's what's important."* (SG4ISIMA)

> *"I had as an example, a response from a stakeholder representing a community organisation, a massive list of supports out there including physically proximate supports like neighbours, friends, local shops, clubs, all of that. But also, all the numbers like Lifeline, 1-300 numbers. Plus, formal organisations like CentreLink, Department of Communities, Health Services, local businesses."* (SG4ISIMA)

> *"A lot of church and community sporting groups seem to do quite a bit of engagement and we noticed that a fair bit in Townsville as well. The church groups provide a lot of support for a lot of people out there, so that was a key strength there."* (LGISIMB)

> *"I think it's so important to explore every potential support, because a different disaster might preclude certain supports from actually existing. To actually take the time to invest in researching every potential support mechanism that you have is so, so important."* (SG4ISIMA)

Whose responsibility is that?

Community and disability support provided by government and non-government services were recognised as an important community resource for ensuring continuity of care to people with disability during a disaster. Ideas were raised by emergency services personnel about how they could better engage with community services to increase community capacity for enabling disaster preparedness with people with disability in the community.

> *"As long as we're aware of what those challenges could be, you can actually do something about it. Then the second part of that's communication to the people; to stakeholders that support them. So, that they could just go in, have a cup of tea, five minutes – these are some of the things we've identified from recent events, in the future, when these things happen. These are the sort of things we're looking at doing."* (SG3ISIMA)

> *"You could almost have it like a community information day – where community services and emergency services together do a kind of mock round of emergency evacuations because some people just need that familiarity to overcome those sorts of barriers…so that at least something we can work into, this whole situation is awareness across the board and then an actual education day."* (LGISIMA)

Participants raised questions and offered different perspectives about what expectations could reasonably be placed on community service providers. For example,

> *"Like, whose responsibility is that? That needs to be worked out. No more passing the buck. We need to work out who's responsible for doing that kind of stuff. I think that's a good method for people with disability to save some stress. So, we talked about getting information out is about tapping into existing networks in agencies. So emergency services being able to contact agencies that people with a disability are already in contact with so that information can move out through networks."* (LGISIMA)

> *"We can't put all that responsibility on the people doing the care; continue doing that job even though they got their families to look after and houses."* (LGISIMA)

"The local council, the hub, the staff who work with the grassroots communities, need to have that knowledge and skill to meet with every individual to understand their background and their equipment and also, understand the equipment, so they can give them advice on what they are to provide… What is our expectation that we have on them to know about the communities that they are trying to help assist, save, make safe?" (SG2ISIMA)

Process Evaluation

This report focused on what we learned from stakeholders at the Ipswich consultations. A separate evaluation report will share evaluation findings about the value of the consultations in building knowledge and networks, and actions for DIDRR. That report will also elaborate recruitment, inclusive practices and how the consultation process could be improved. These findings will also contribute to building the DIDRR Framework and Toolkit.

Key Messages – Ipswich and Surrounds

1. Despite reports of some *"extensive planning"* and preparation of *"emergency kits"* by some participants at the Ipswich consultations, the overall view was that people, particularly those with disability were largely unprepared for emergencies.

2. Participants identified numerous barriers that people with disability would experience in emergency situations. Evacuation challenges dominated these discussions. Participants expressed great concern about the safety of people with disability who could not evacuate independently.

3. Findings suggest that in the absence of accurate information about evacuation, people with disability may hold unrealistic expectations of emergency services during response and recovery. This may put people with disability at greater risk in a disaster and place greater demands on emergency management staff and volunteers.

4. More information needs to be made available about evacuation centres so that people with disability know what to expect from an evacuation centre and use that information to develop realistic emergency preparedness plans.

5. Emergency services and evacuation centre staff lack information about the support needs of people with disability.

6. Understanding how existing support networks operate may provide an important pathway to tailoring support for people with disability in emergencies.

7. Community and disability support provided by government and non-government services were recognised as an important community resource for ensuring continuity of care to people with disability during a disaster. Ideas were raised by emergency services personnel about how they could better engage with community services to increase community capacity for enabling disaster preparedness with people with disability in the community.

8. Emergency preparedness information should be available to everyone in the community. However, participants with disability have not been included in emergency preparedness training and had limited knowledge of where to access information to reduce their disaster risk. Further, Deaf participants reported challenges in accessing disaster warnings and information during emergency declarations.

9. Preparedness education for people with disability should actively address uncertainty that people have about evacuation. People with disability need to understand what to expect in an emergency. Clarity is needed for people to follow emergency warnings and know how to best respond. Their preparedness plans must take into consideration how they will manage their individualised support needs as well as contingencies when that support is not available.

10. There is a clear need for partnership practices that build trust through authentic inclusive consultation practices, open communication, and collaboration together with people with disability and their representatives, including families and carers. Such partnerships are needed to improve accessible emergency preparedness information and education for people with disabilities.

Contact:

Michelle Villeneuve, PhD

Stream Leader, Disability Inclusive Community Development
Centre for Disability Research and Policy
Faculty of Health Sciences, The University of Sydney

michelle.villeneuve@sydney.edu.au

www.collaborating4inclusion.org

https://twitter.com/ResearchC4I

https://www.facebook.com/disabilitynaturaldisasterstudy/

Citation:

Villeneuve, M., Pertiwi, P., Abson, L., & Moss, M. (2019). *Disability Inclusive Disaster Risk Reduction Stakeholder Consultation - BRISBANE. Issue 1, No. 1/2019:* A report produced as part of the Disability Inclusive and Disaster Resilient Queensland Project Series. The Centre for Disability Research and Policy. The University of Sydney, NSW 2006.

ISSN: 2652-2241 (Online)

This project was funded by the Queensland Department of Communities, Disability Services and Seniors and conducted in partnership with the Queenslanders with Disability Network (QDN) and the Community Services Industry Alliance (CSIA).