



# Disability inclusive & Disaster-resilient Queensland

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

The Centre for Disability Research and  
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**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).

[image on front cover: Six people, including one man in a wheelchair, are having a discussion. Each person is leaning in toward the speaker who is wearing a bandana printed with Aboriginal art]

## **Disability Inclusive Disaster Risk Reduction Stakeholder Consultation Rockhampton**

Date: 18 June 2019

Time: 9.30am – 2.30pm

Venue: Dreamtime Cultural 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 Rockhampton 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, 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 to reduce risk and increase the 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 Queensland 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 disability to disaster.

## Project team

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## Advisory committee (in alphabetical order)

**Fiona Mackie**, Aged and Disability Advocacy Australia

**Colin Sivalingum**, Australian Red Cross

**Eric Boardman; Annabelle Johnstone**, Community Recovery Officers, Department of Communities, Disability Services and Seniors

**Belinda Drew**, Community Services Industry Alliance

**Tammy Myles; Diana Young; Carrol Helander**, Department of Communities, 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**, Queensland Disability Network

**Adam Green**, Queensland Fire and Emergency

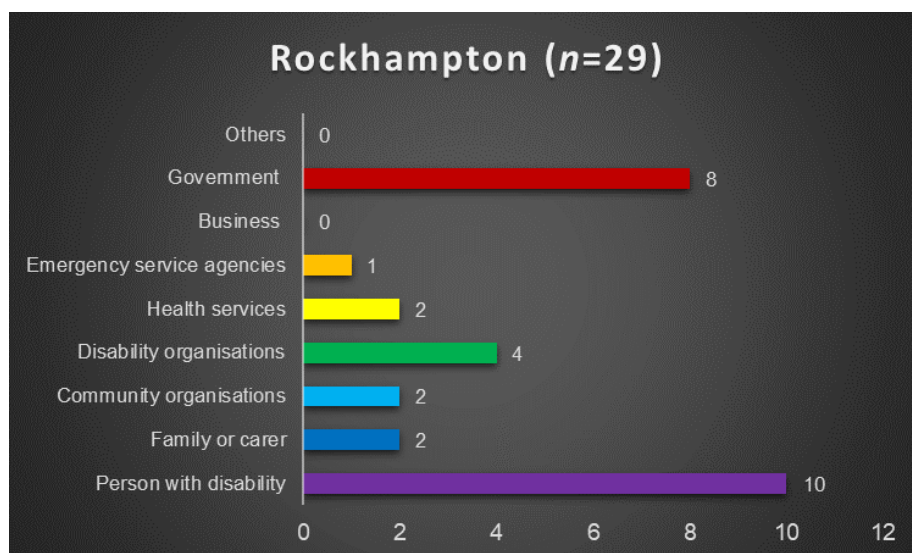
**Karen McPaul**, Queensland Reconstruction Authority Services

**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; Total participants = 29; Female participants = 21; Male participants = 8; Refer to Table 1 for definitions of stakeholder groups and detailed description of Figure 1.

**Table 1. Stakeholder Groups Defined and Number of Participants in Each Group**

<b>People with disability</b>	individual identifying as a person with disability	10
<b>Family or carer</b>	family member or carer of a person with disability, or formal support worker for a person with disability	2
<b>Community organisation</b>	a neighbourhood centre, community group, or other organisation that provides services to the broader community, and who may include people with disability	2
<b>Disability organisation</b>	an organisation whose primary role is to provide support or services to people with disability	4
<b>Health services</b>	hospital or health services, including mental health services and other organisations with a mental health focus	2
<b>Emergency service agencies</b>	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).	1
<b>Business</b>	local businesses	0
<b>Government</b>	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	8
<b>Other</b>	any other stakeholders not represented in other categories	0

## 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).



### Overview of consultation method



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

[image: sequence of interview phases also described below. Images show people engaged in one-one interviews; small group discussion; and large group presentation]

**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

[image: Two people in conversation sitting together in front of an Aboriginal print]

*"We need to access to voice and perspective so that we have good information, because there's a lot of expertise in the room to be able to help to respond, but we all need that reciprocal communication to start those conversations anyway here in Rockhampton."*  
(LGRSIMA)

## 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

<b>Open Coding</b>	open coding is a process whereby words and phrases from the participants are named to identify the key message or meaning
<b>Constant Comparison</b>	data-analytic process whereby each interpretation and finding are compared with existing findings as it emerges from the data analysis.
<b>Categories</b>	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.
<b>Themes</b>	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.

<b>Legend:</b> The following codes were used to reference the source of data reported below.	
<b>SG#RSIMA</b>	Small Group # (1,2,3 or 4) Rockhampton SIM A (18 June)
<b>LGBRSIMA</b>	Large Group Rockhampton SIM A (18 June)



## Findings

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

**Table 2. Summary of Findings**

**1. People with disability are largely unprepared for disaster and currently depend on others to have a plan for them**

- Reliance on community support/disability support providers
- Reliance on emergency services

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**2. People have not made plans for their pets**

- “unofficial” assistance animals

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**3. Education is needed to increase self-reliance of people with disability in emergencies**

- How to prepare
- What to prepare
- Who to contact?
- Where to go for trusted information
- What to expect
- What help is available

**Information and education must be tailored to the needs of people with disability**

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**4. Social networks are important, but we need to remember that some people are not connected**

- “sub communities”
- What do people who are isolated experience?

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**5. Role for community service providers**

- trusted resource who understand the needs of the people with disability

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**6. It was a good idea to involve people with disability**

## Discussion of Findings

### Theme #1 People with disability are largely unprepared for disaster and currently depend on others to have a plan for them

People with disability who attended the Rockhampton consultations are largely unprepared for disaster triggered by natural hazards and other emergencies (e.g., house fire). Those who said they were prepared expressed that preparedness primarily in terms of their dependence on formal supports in an emergency, noting that they would depend on help from others to have something in place for them in an emergency. For example:

- Reliance on community support/disability support providers to provide continuity of care during a disaster; to have measures in place for clients with disability when disaster strikes; to be a trusted resource and link between the individual and emergency services (e.g., *"I would evacuate if my support provider was with me"*)
- Reliance on emergency services (e.g., SES volunteers) to provide help to them during an emergency (e.g., information; safe evacuation; transportation; refuge)

Participants with disability did not have a formal plan and had not communicated it with people they would reportedly depend upon in an emergency situation.

*"A common theme that there's a lot of people who aren't prepared or aren't sufficiently prepared."* (LGRSIMA)

*"Yeah, it's also about people, especially with floods and cyclone, we find people don't go and get their script filled, and then they call us and we literally have to helicopter it in or like, it takes a lot of resources away from the whole, just for one person's heart medication."* (SG4RSIMA)

### Theme #2 People have not made plans for their pets

*"One of the things that came up with my three [interviews] was no planning around their pets, and especially not for longer term."* (SG2RSIMA)

Pets were discussed with great frequency at the Rockhampton consultation and were raised at by every group at the large group plenary. Discussions about individual preparedness raised concerns among participants about what people would do with their pets during an emergency. Participants with disability stressed the critical importance of pets who provide emotional support and well-being even though they may not be official assistance animals.

*"My mother bought me my dog when I was 14 because I was suffering a lot with my anxiety and I wasn't coping, and I wasn't... I wouldn't go out the house, wouldn't leave, and it got worse when I moved out and... because something different, and then I think 5 to 6 months ago I was diagnosed with severe anxiety, and the frustration of trying to find a way of getting my dog as a sup- like a... dog mostly since we're in an organisation, it's really hard mostly because they're not allowed to take dogs into their car, so that makes it more difficult... it makes it really complicated."* – (SG1RSIMA)

Participants consistently reported that they would not leave without their pets in the case of an evacuation order and expressed specific concern that Council evacuation shelters would only permit registered assistance animals to be with people in a place of refuge. Although pets were a pressing concern in every small group discussion, only one person reported taking preparedness measures for their animal.

*"Whereas the young person I spoke to did have a plan for her pet because that dog was training to be an assistance dog so that was first and foremost in her planning about that dog....so she knows that she can't take the pet to a shelter, you know a formal evacuation centre/shelter so she has an alternative to that if required." (SG2RSIMA)*

Despite awareness about the need to plan for their pets, participants did not have accurate information about whether pets or registered assistance animals would or would not be permitted in an evacuation shelter. Participants were unsure about the rules for taking pets to an evacuation shelter. People had a tendency to think that only assistance animals would be allowed. They considered that pets and people don't mix due to allergies, personal safety or challenges housing different types of animals together.

*"We had, in the last disaster, our evacuation centre here not wanting to take an assistance dog." (SG4RSIMA)*

*"What I've got on here now is arrangements need to be available for people's pets, mainly providing formal support and well-being assistance. Because they might need formal assist dogs, but they're part of your well-being, your mental health, you need them. Absolutely." – (SG1RSIMA)*

Participants from Council and emergency services shared that flexibility in housing pets at evacuation centres was dependent upon the evacuation facility and its capacity to house animals for the short term (e.g., in one Council area outside of Rockhampton, an evacuation shelter reportedly permitted pets who were housed in a separate area with concrete flooring because it could be easily "hosed down" and cleaned).

Lack of clarity about the rules and available evacuation supports for pets and assistance animals was a knowledge gap that appears to impede preparedness planning by people with and without disability. The commitment by participants with and without disability who expressed that they would not evacuate without their animals poses safety concern when evacuation is ordered. When considering the reports by people with disability about the dependence they place on their animals to support anxiety management, comfort and well-being, this may further delay effective response by people with disability who may already need more time to respond to an evacuation order. Lack of preparedness planning for their animals and how they will manage if separated from their "unofficial assistance animal" may place people with disability at even greater risk during a disaster. This is compounded by the lack of individual preparedness planning by people with disability for their own safety in emergencies as noted above.

### **Theme #3      Education is needed to increase self-reliance of people with disability in emergencies**

The limited knowledge that participants with disability in Rockhampton and surrounding communities (e.g., Gladstone & Livingstone) have about: (a) "how to prepare" for emergencies, (b) "what to prepare," (c) "who to contact," (d) "where to go for trusted information," (e) "what to expect during emergency," and (f) "what help would be available for people with disability and their assistance animals at an evacuation centre" was in stark contrast to the preparedness steps and detailed preparedness actions reported by participants without disability (e.g., emergency services personnel, council members, community development officers, educators).

Participants with disability, in particular, were unclear about the role of emergency services agencies in regard to supporting people with disability during disasters. They raised questions about the possible role and scope of emergency services personnel - such as SES volunteers being on hand during a disaster to provide information to people with disability about the emergency situation and what to do. They contemplated that this kind of support might help people with disability "better manage their stress and anxiety during an emergency" (SG3RSIMA)

*"Even if [SES] could come down before things got too serious just to settle people's minds a bit. That, yes, we know you're here. Yes, this is what's happening." (SG3RSIMA)*

Participants with disability were also unclear about whose role it was to support evacuation of people with disability during a disaster. Questions raised about role and scope of emergency services led to discussions about potentially unrealistic expectations that people with disability have of emergency services. Discussions ensued about the fact that emergency services would not have the time, human resources, transportation and equipment needed to support some people with disability to evacuate.

*"It can't be just emergency services, because, like SES, they're volunteers as well and stuff like that. And there wouldn't be enough people to go around." (SG3RSIMA)*

*"Like no one, regardless of ability or disability should be relying on the SES showing up at your door to come and get you.... They don't have the gear, they don't have the vehicles to move people." (SG4RSIMA)*

*"I don't know why people have this idea that the SES will be able to chuck you in the back of their ute and get you somewhere, because that's not at all what they're there for." (SG4RSIMA)*

When these resource challenges were discussed during interactive small group discussions, it raised awareness among participants with disability about the limited capacity of emergency services to provide the individualised support they expected during an emergency. It then raised questions for participants, with and without disability, about "whose responsibility" it would be to provide the individualised support that people with disability might need in emergency situations. The question of who takes responsibility highlighted a tension between the expectation that people with disability become self-reliant in emergencies and the fact that they are often dependent on others for their unique support needs.

In discussing this tension, conversations led participants to determine that people with disability need information about what emergency services do, what they can expect during an emergency and at an evacuation centre in order to better understand what help might be available to them. This appears to be a necessary starting point for people with disability to develop realistic plans that incorporate self-reliance and informal supports (family, friends, and neighbours) into their emergency preparedness planning process.

*"I think that's the first question you should ask yourself when you leave here because organisations are focused on the community generally, and there's a lot happening in the disaster and you can't really rely on someone coming to help you apart from your neighbours. So, the key thing is, start trying to improve your own situation a bit. And also, your neighbours are the first rescue. You've gotta try and make steps to have some relationship with your neighbours." (LGRSIMA)*

Communicating that plan with their support network so that everyone knows how they will act together in an emergency situation is also a gap that needs to be filled to ensure more effective preparedness of people with disability and their support networks.

### **Information and education must be tailored to the needs of people with disability**

Participants all concluded that there was a need for information and education tailored to the needs of people with disability so that they could use that information to increase their self-reliance in emergencies.

*"I think one of the other things that we probably could talk about is the fact that a lot of people I spoke to had no idea what's out there." (SG4RSIMA)*

*“And even if you can get on the internet, some websites, their fonts are not good. Some do have the enlarging things, but you’ve got to meet everyone’s needs, I suppose it’s quite complex.” (SG3RSIMA)*

*“There’s barely any access to information because people fear what they do not understand. The access to information needs to be before, during and after in all stages - And there’s another matter for those who are Deaf. Have you ever watched TV or the news with closed captions on? The subtitles are something to be laughed at, but not so much when you are Deaf. Not every Deaf person can sign and there needs to be more clarity.” (LGRSIMA)*

*“People don’t know. They’ve got no idea. I think we need better communication strategies.” (SG4RSIMA)*

Local emergency services participants, including those working for council, noted that there is a need to for education “to be more inclusive” of people’s current knowledge and understanding about disaster preparedness, response and recovery.

*“Because we do a lot of education, I just don’t think it’s tailored to people with disabilities, for sure it’s not, and also I don’t think, at the moment we use a lot of different media channels, but whether it’s getting to those people that are maybe a bit more isolated at home or don’t- Or especially people like, you know a mental health issue or a mental disability is probably not tailored to suit. That can kind of help people understand what needs to happen, and that kind of thing. Yeah.” (SG4RSIMA)*

#### **Theme #4      Social networks are important, but we need to remember that some people are not connected**

Support from neighbours and ones’ social network was raised as a critical aspect of disaster resilience. Participants cited that neighbours are the first responders and an important source of social and instrumental support in times of disaster. They gave examples of neighbours coming together and reported that disasters can bring out the best and the worst in people.

*“The key factors that are going to help us are neighbours, community, friends. So, we talked about some initiatives like street parties, encouraging those. We can do that ourselves as individuals. We can do that through our agencies.” (LGRSIMA)*

Participants discussed community belonging and a sense of pride in participating in “sub-communities” such as sports groups, school groups, church groups. They noted that these sub-communities make up the larger community of Rockhampton and stated that being part of a sub-community makes it much easier for people to connect with others. These connections, they felt, can lead to opportunities for informal support during emergencies.

*“So, the community connection is good all the time, but it enables informal support during disasters. Gives you access to informal support.” (SG1RSIMA)*

During these discussions, participants consistently raised concerns that some people with disability remain “socially isolated” and are unlikely to seek support or assistance from anyone, including their neighbours. Participants discussed social networks as something they “take for granted” and learned from the individual interviews and small group discussions that some people are not connected to a network of friends, neighbours or family. Consequently, they will not have anyone they can call upon in an emergency and are unlikely to reach out for support from formal supports or community services. Participants discussed this as a particular challenge for people with mental illness and anxiety. This raised questions among participants about what socially isolated people experience when disasters strike. Participants with disabilities talked about their experience of being socially



isolated and reported that it offers no foundation for building a connection with others in the community; stating that, "When you are socially isolated, you don't know where to start."

*"[participant] was just saying before how much that comes up when he's disaster recovery for the department, and even after the first and deep water or whatever, people would come out of the woodwork down there that they didn't even know were there; that had never connected with anybody, but who needed help."* (SG1RSIMA)

*"But what we really need to know is what is out there for people who are isolated. Because not many people know what support is out there in the community, and people need to know that and access that."* (LGRSIMA)

*"They don't know who to rely on in that kind of situation as well. They might not have friends or family where they live, and they might not get along with their neighbours. So, what we really needed to know is what people would do for someone who's in that situation."* (LGRSIMA)

## Theme #5    Role for community service providers

Citing a long list of challenges people with disability would face during an emergency (e.g., loss of power to operate needed equipment; storage of medications; transportation of self and assistive devices; lack of provision for people with disability at evacuation centres, etc) in Rockhampton led participants to recognise a gap between what people need and what is currently provided. Their needs may exceed the capacity of their family, neighbours or informal support networks to assist. When considering evacuation shelters, participants worried about privacy, assistance animals, wheelchair access, being able to access disaster warnings and instructions (e.g., Deaf participants), sensory sensitivities (e.g., noise; activity level), accessible equipment (e.g., mobility; transfers), and infection control. Through discussion participants contemplated roles for community services and disability support providers who are a trusted resource who understand the needs of the people they provide services for.

*"They could definitely play a role in the education, communication and are communicating between the SES and the fires, and whatever and easing that whole informing and education process."* (SG3RSIMA)

*"Because if I had a big burly SES man telling me to get out and I didn't know why, I wouldn't go. Whereas if it was my support worker standing next to that SES man, I would go."* (SG3RSIMA)

*"I talked about this with someone this morning and if it's a widespread disaster and they're personally affected as well, where does that leave them in terms of being able to provide support in a carer role when they're experiencing distress themselves? So, it's really challenging."* (SG3RSIMA)

Participants discussed actions service providers have taken in past emergencies

*"I was actually confined to my house through the cyclone of Marcia. My carer, one of my carers would literally walk through the eye of the cyclone, back and forwards, checking on me, and I'm like, "You're crazy." And he goes, "No, you want me to come check on you or just leave you?", I'm like "No, come and check on me. Make sure you're not in the middle of the eye."* (SG4RSIMA)

*"In rural communities you have a lot of rural dwelling and sometimes they consist of a caravan with no wheels and all that stuff. So, we were missing people; but a big lot of those people were scooped up because of the pharmacists; the three pharmacists in town would come to us with lists of people they were worried about because they would come to town on*

*a Friday and pick up their meds. That was covering a lot of bases, communicating with them as well as other providers was a good outcome for us.” (SG2RSIMA)*

In the large group discussion, participants considered that service providers could begin to “*think broader than their role*” to support people with disabilities in pre-planning for emergencies. A common concern among participants was working together to plan for the needs of people with disability, before a disaster strikes.

**Participant 1:** *I reckon there should be people going around giving out flyers and stuff on what to pack, and how to pack, and what to do for the disasters and stuff -* **Participant 2:** *Though it's about us as Council doing it, and making sure that it's getting to the right services to send out, people like in times not in a disaster, like now...* **Participant 1:** *Yes.* **Participant 2:** *...Like there's no point in us telling people you need to plan extra battery packs for your wheelchair or whatever, when a floods coming, it's about having that education stuff right now, you know? So, I've flagged that. Knowing where to give that information to, to get it out to the right people as well. (SG4RSIMA)*

## Theme #6 It was a good idea to involve people with disability

Participants discussed the value of participating in this cross-sector and inclusive consultation as an important way to make sure the voices of people with disability are included in decisions about disaster risk reduction.

*“Sometimes I find it really frustrating that the government never really involved people with disabilities in these sorts of things, because they think if they have a disability, they don't have a voice. But in reality, we're human beings just like everybody else.” (SG1RSIMA)*

*“In ignorance, they often overlook those with no voices, such as those with disabilities.” (SG3RSIMA)*

*“The challenges would be ignorance because people are not wholly aware of us.” (LGRSIMA)*

Emergency management participants were motivated to work together with people with disability in order to learn more about their specific needs.

*“I'd like to say thank you very much from our side of things. We are very big in asking people what you need. So, in the past, it hasn't been very good. We've got a new strategies in place now and that is going to be going forward, and I'd really love to work with you to nut out where are gaps. In a comment today about that information, I'd love to sit down and workshop what topics, what information do you need more of. Where do you want to hear it and how do you want to have that done? We had a conversation before, and access now are going to be on our distribution lists for our smoke hazard reduction burns and stuff like that. So, it's wonderful.” (LGRSIMA)*

*“So, I'm thinking that maybe more forums like this one, when you get the policy makers and influencers in the same room as the people, they're making policies for could be a good way forward.” (LGRSIMA)*

## Process Evaluation

This report focused on what we learned from stakeholders at the Rockhampton 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 – Rockhampton and Surrounds

1. People with disability are largely unprepared for natural hazard and other emergencies (e.g., house fire) and currently depend on to have something in place for them in an emergency.
2. Participants with disability stressed the critical importance of pets for emotional support and well-being even though they may not be official assistance animals. Some people with disability would rely on their pets for emotional support during a disaster.
3. Lack of clarity about the rules and available evacuation supports for pets and assistance animals was a knowledge gap that appears to impede preparedness planning by people with and without disability.
4. Lack of preparedness planning for their animals and how they will manage if separated from their “unofficial assistance animal” may place people with disability at even greater risk during a disaster. For example, this may further delay effective response by people with disability who often need more time to respond to an evacuation order. This will be compounded by lack of individual preparedness planning for their own safety in emergencies.
5. There is a need for emergency preparedness information and education tailored to the needs of people with disability to increase their self-reliance in emergencies.
6. People with disability need information about what emergency services do, what they can expect during an emergency and at an evacuation centre in order to better understand what help might be available to them. This will support people with disability to make realistic and effective preparedness plans.
7. Communicating emergency preparedness plans with one’s support networks is needed to ensure that everyone knows how they will act together in an emergency situation.
8. Participants expressed concern about emergency preparedness and support for people who are socially isolated because they are unlikely to seek support or assistance from anyone, including their neighbours.
9. Community services and disability support providers are a trusted resource who understand the needs of the people they provide services for. Clarity is needed concerning their role and contribution to emergency preparedness planning and service continuity for people with disability in emergencies. Further, providers need effective tools and administrative support to engage with clients in disaster risk reduction.
10. Participants valued the format of the inclusive community stakeholder consultation as an important way to make sure the voices of people with disability are included in decisions about disaster risk reduction.

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