



Disability inclusive & Disaster-resilient Queensland

Disability Inclusive Disaster Risk
Reduction: Stakeholder
Consultation Report – Townsville

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

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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).

Disability Inclusive Disaster Risk Reduction Stakeholder Consultation Townsville

Date: 29 - 30 May 2019

Time: 9.30am – 2.30pm

Venue: The Foyer, Townsville Stadium, 40-48 Murray Lyons Cres, Annandale
4814

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 Townsville 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 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 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, Queensland 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.

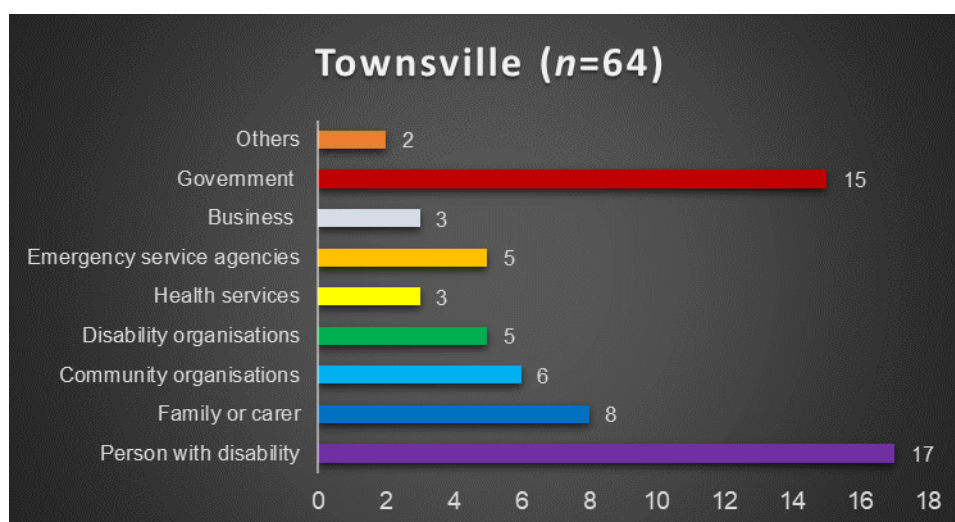


Figure 1. Summary of participants by stakeholder group; Female participants = 34; Male participants = 30; Refer to Table 1 for definitions of stakeholder groups

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).



Overview of consultation method



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

“Zara and I went around. We got it from... the emergency response group... and a client... He gave us the perspective from that disability. What is like to actually be a person with disability and being confronted with something that's out of your control, and yet you've got to relinquish that control. So, it gave us a different perspective.” (SG3TSIMB)

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#TSIMA	Small Group # (1,2,3 or 4) Townsville SIM A (29 May)	SG#TSIMB	Small Group # (1,2,3 or 4) Townsville SIM B (30 May)
LGTBSIMA	Large Group Townsville SIM A (29 May)	LGTSIMB	Large Group Townsville SIM B (30 May)

Findings

Townsville participants asked a lot of questions. Questions such as:

- How can we better equip people with disability so that they are self-reliant in emergencies?
- How can we be more proactive in preparing for recovery support for mental health and well-being after disaster?
- Who checks in on people with disability?
- What happens when your support people are also affected by the disaster?
- What happens if you have nobody to check on you?
- How can evacuation centres better support the needs of people with disability?
- How can people with disability evacuate if they cannot evacuate?
- It's all on the TCC Dashboard – but can the Dashboard be more accessible for people with disability?
- How can we maintain our social connectedness after a disaster?
- How can emergency services be more inclusive of people with disability?

These questions provide guidance through the practical wisdom of a community who has recently experienced a disaster.

Findings from the consultation are grouped into 6 areas summarised in Table 2 and further discussed below.

Table 2. Townsville Summary of Findings

1. Self-Reliance

- Individual preparedness
- Emotional coping
- Neighbours
- Preparedness knowledge and actions to increase self-reliance
- How specialist organisations can enable preparedness

2. Who takes responsibility?

- What happens when your support people are also affected by the disaster?
- Lack of coordination between disability support organisations
- What happens if you have nobody to check on you?

3. Voluntary Register

4. Evacuation

- Getting out
- Disability training for emergency workers
- Evacuation centres don't have the support that some people with disability need

5. Access to information

- It's all on the TCC Dashboard
- You can ask that on Facebook!

6. Disaster brought the community together

- How can we maintain that sense of community after disaster?

Discussion of Findings

Townsville participants asked lots of questions. Stimulated by participant responses during individual interviews and energised through small group discussions involving multiple stakeholders, poignant questions arose out of the participants' recent experience of the Townsville floods;

Questions such as:

- How can we better equip people with disability so that they are self-reliant in emergencies?
- How can we be more proactive in preparing for recovery support for mental health and well-being after disaster?
- Who checks in on people with disability?
- What happens when your support people are also affected by the disaster?
- What happens if you have nobody to check on you?
- How can evacuation centres better support the needs of people with disability?
- How can people with disability evacuate if they cannot evacuate?
- It's all on the TCC Dashboard – but can the Dashboard be more accessible for people with disability?
- How can we maintain our social connectedness after a disaster?
- How can emergency services be more inclusive of people with disability?

There is collective wisdom in those practical questions. We would be remiss not to seek answers to them in our process of co-designing a toolkit for DIDRR in Queensland. One could strike a task-force or committee to address each one in turn. Indeed, that is exactly what the Townsville Council was doing at the time of this consultation. Council's development of a committee focused on mental health and well-being after disaster, for example, was just one of many ways *"Team Townsville"* was responding to the emerging needs of their community following the recent disaster. It is hoped that these questions will continue to guide our Townsville participants and their community as they continue on their recovery journey. Their experience of disaster response and recovery can support DIDRR development in other council areas.

With those questions in mind, the following shares what we learned from the multi-stakeholder consultation with Townsville participants. These learnings are grouped thematically and further discussed below.

Theme #1 Self-reliance

Some participants with disability shared that they rely on their own self-sufficiency. Recognising their level of support need, they stated that they could not rely on others to assist in an emergency and could not assume that someone else would take responsibility for their safety.

"But the other two, it was around being prepared themselves because they needed to be reliant on themselves because of the level of their need, they couldn't rely on others like neighbours or friends to be out there. So, it was all about preparedness, making sure that their homes are well prepared, that everything is ready, and making the calls if it's needed to med services early. So, realising they're a burden care, but also it's not always about being able to utilise emergency in that timeframe because of the level of need; not actually being equipped to be able to help with the need they have." (SG4TSIMA)

"... For people with disabilities to know where to access support and where they need to be going, visual communication, interpreters... and not assume the responsibility's been taken on by others, reliance on ... Not to be reliance on other people, and not to make assumptions and not to judge. Everyone's on equal partner." (LGTSIMA)

"I self-manage my funding, and I employ my own staff... I have to be mindful, and I have to make advanced planning." (SG2TSIMA)

"The common thread that seems to come through, that a lot of the people I've spoke to basically were self-sufficient. They've set themselves up as being self-sufficient, and they had basically emergency kits done up. They had preparation kits made up. So, they basically had a DEB, a disability emergency bag done up so they have the missing pieces, so they're now prepared for it." (SG2TSIMA)

Preparedness was also viewed as crucial to **cop**ing emotionally in a disaster:

"And I think that having that pre-education to give them that emotional stability to be able to cope through that so same with people with disabilities. Is going, this is a possibility this can happen it can be scary we can have no power, we can go through this so depending on the person's level of understanding is actually equipping them with the knowledge and understanding of being able to deal with that post, pre, post and during." (SG3TSIMA)

One participant who uses a wheelchair and receives personal support from three different disability support providers recounted just how scary it was for him and his wife when listening to the news during the monsoon:

You know like, you can say you're fine now, but as soon as they said on the TV or the radio, I can't remember what I was listening to, that they were going to open the gates to fully ("spill gates"), 'and be aware that there's going to be total inundation of certain areas,' I went, oh shit. You know, what does this mean for us now?" (SG2TSIMB)

Support from neighbours and one's social network was raised as a critical aspect of disaster resilience. Participants cited that neighbours are the first responders and an important source of informal support in times of disaster.

"So, one of the common things which I felt, talking to all these three different people with disabilities... they're very reliant on the immediate support system. Their help, or it could be the immediate family, or it could be the immediate community. So, I think that's a very positive thing, as well, because they are the immediate responders." (SG3TSIMB)

Participants identified knowledge and actions that would contribute to increasing the self-reliance of people with disability to plan and act together with their immediate support network. Their list of suggestions included:

- **Preparedness Knowledge:**
 - Knowing where to access information (preparedness; disaster warnings)
 - Knowing what to put in your emergency kit
 - Knowing how to prepare your household
 - Knowing how to manage during and cope post-disaster
 - Knowing where to access support
- **Preparedness Actions:**
 - Engaging in advanced (proactive) planning
 - Engage in contingency planning
 - Preparing for individual support needs and making sure to communicate what they are
 - Preparing together with your support network
 - Taking responsibility for your own emergency preparedness

They also **suggested ways that "specialist" or disability organisations could support others to take preparedness steps and encourage contingency planning:**

“Actually one of the suggestions was for specialist organisation, for the Red Cross, or people who are trained to partner up with the police or the SES and before something happens to be going around the community and going door to door, to go and chat with people to discuss about their preparedness plan so what would happen where they would need to go. So, would you do if this were to happen do you have a plan, would you evacuate. If not, why wouldn't you?” (SG3TSIMA)

“And I think the last part of the question is, if they don't have a plan, where would they go to in order to start the plan or be able to ask for assistance? And I think most people are likely to have said something along the lines of they'll go, the first people would be their support services. And, or a government department, you know.” (SG2TSIMB)

“Oh, another cool thing that came up in one of the interviews is just have a checklist for clients. So, if we are caring for people, if people are isolated, if people are in their own homes, have a checklist for them to make sure that, in an event of emergency, they know where their pets are going to go, they've got enough medication if the pharmacies aren't open, they've got their ID together if they do need to evacuate at last minute and make sure that they've got something to identify who they are.” (LGTSIMA)

“Because that was one of the things that came through in your round, that if access to information, especially for those that were so self-reliant, or they felt they were totally self-reliant. And so, it was vital that they had accurate up to date information, so for one that was around having direct links to key people that would be able to give their information and feeling more trusted information within NDIS.” (SG4TSIMA)

Theme #2 Who takes responsibility?

“But the biggest problem, the most talked about thing was: who is actually responsible?” (SG4TSIMA)

Participants with disability often receive support services (e.g., to support their personal care or participation in the community). Both participants with disability and disability support providers raised questions about how to ensure service continuity for people with disability whose support needs (e.g., mobility, personal support, management of health, mental health) do not disappear during a disaster. Participants made reference to the individualised support plans commonly in place for people with disability. They considered the need for these plans to include provisions for support during a disaster. They pointed out that such provisions for service continuity are important for both the individual receiving services and for the organisation responsible for delivering those services.

“I think that people of disability, and if they join an organisation – So, NDIS and carers follow up from there. It needs to be in their individual plan at the beginning. So, it's making that person aware and they have responsibility over what their plan is and then work from there so will they need that extra care in a disaster who will check in on them. It needs to be in a plan from the beginning.” (SG3TSIMA)

One of the things that pop up for me is individual planning and organisational planning. So, the two levels of what if you were a community service or disability service and you had clients that you were providing service to normally and they continue [receiving services] if you're impacted. How do you provide for those individuals? – (Small group 2, SIM A Townsville)

"I kept checking on him, going - are you okay? He's like yeah, yeah, don't need you to come in. I'm like, no, no, my priority is you." (SG2TSIMB)

"So, you know. But my support coordinator had no idea, she had never been through anything like this before, so she wasn't really sure of what she was doing either." (SG2TSIMB)

"My advanced planning is: Is the power going to go out? Are the roads going to get cut? All right, if that's going to happen, my support staff is not going to be able to get to me." (SG2TSIMA)

"So how do we deal with that? Does there need to be support coordinators, do we make sure our job is to connect to facilities to make sure you're accessing everything to do with health and the community services and the community sector as a whole should access funding, mental health facilities etc etc." (SG4TSIMA)

Participants also discussed safety for the disability support providers. Participants raised concerns about **what happens when your "carer" is also affected by the disaster:**

"Another big one, support workers... That person also has a family. You have someone with a disability who's totally reliant on their support workers. They could have a team of support workers but in a disaster, they're down to one, two, none, because they can't get in. So, what then, if they're not available?" (LGTSIMA)

"And then it was also around questions that came up, where what do we do when the carers are affected by the disaster as well? Where do their priorities lie? So, who first? The person with the disability that's reliant on them, or their own families themselves?" (LGTSIMA)

"Your first priority is yourself and your own family." If you need to go home, go home and [inaudible 00:09:11]. "Oh my god what happens to my own family," so how do we get around that as well." (SG3TSIMB)

"Yeah, it seemed to be a bit of a theme through the interviews. Another person worked for another government department and was helping out the people with disabilities. You had to sort of look after them... But also try and balance that with your family. So, it was a balancing act. Yeah, I don't know." (SG2TSIMA)

Many people with disability receive multiple supports provided by different providers or service organisations. Some people with disability "self-manage" their disability support plans. **With no coordination between disability support organisations, they wondered whose responsibility it would be to "check in"** on them and how they would manage needed supports if their usual providers were impacted by disaster.

"But some people didn't even have a carer to check in on them because they thought another carer or somebody else because some of them have a couple different people doing different things for them so they might think, "Oh they might've checked in." So, who's responsibility is it to check in on that person?" (SG3TSIMA) Small group 3, SIM A Townsville)

Speaker 4: And it's funny thing, I did hear a couple tables too... we had people saying that you know, they have self-care or they're not part of the NDIS and that they fly under the radar.

Speaker 3: That's me. And that's the ones I'm worried about. **Speaker 4:** They said you fly under the radar - **Speaker 3:** You fly under the radar because you don't have a provider, and everybody in the NDIS, Council, all of those people go, 'provider.' Provider land. Have you contacted all of your people? What about the ones that aren't under a provider and they're self-managed? **Speaker 5:** Yeah. **Speaker 3:** Who's ringing them up and saying, are you okay? And there's and the NDIA, because I do a lot of work in that space, they're pushing towards self-management. (SG2TSIMB)

Participants shared **distressing examples from their recent experience of the flood**:

"That [name of person]... he's in a wheelchair. He's got a unit in [area of town]. Don't have family, he was under water. His carer was gone; and then we heard that he was there. So, my sister was working on 10th Street, in a disabled home for religious people, they heard whispers that he was there somewhere. So, they went over there, and they found him in the water sitting in his [wheel]chair by himself." (SG2TSIMB)

"That was our problem because we went five days, it's just myself and my brother who has a learning disability, we were in the house for five days. Nobody checked on us... Except our carers did ring us up but they couldn't get in." (SG3TSIMA)

Speaker 1: And he just thanked the mate, the word he used was thank you, but also broke down crying. He was lost a bit. **Speaker 5:** Yeah, it's hard to ask for help in that situation. It's really - **Speaker 4:** Also when you don't know who to ask. **Speaker 5:** Yeah. You're not sure what response you're going to get. **Speaker 1:** Yes. **Speaker 3:** Yes. **Speaker 5:** Or if the people you're asking are able to help you. (SG2TSIMB)

The discussion was further deepened as participants considered **people who are socially isolated and have nobody to check in on them**:

It's very clear that there are many people in our community who do not feel connected to our community and never have. Well, that's quite distressing, I think. (LGTSIMA)

"Then the next person doesn't feel any sense of community whatsoever. Felt totally isolated through the flood. Doesn't live in town. Lives on acreage. Had challenges. Carers couldn't get to him to look after him and the family. Immediate family had disabilities as well. And it would've been lovely if somebody had cared." (SG1TSIMA)

"How is she going to get help? Because she can't ask for help properly. She can't... she can only be around people that she trusts. But if she can't get to those people, how is she supposed to get the help that she needs? She can text on the phone, but she can't speak." (SG2TSIMB)

Theme #3 Voluntary Register

"The big problem with that is knowing what disabilities people have and where they are." (SG3TSIMA)

Many participants discussed keeping a list, database or register to know what disabilities people have and where they are. However, participants were not entirely sure who should keep a register, how it would be accessed or used in an emergency situation. Other issues surrounding confidentiality were raised.

"And we're looking at if that's another thing about whether we need a register of people that would need extra supports in case of a disaster. and this is why there's so many factors involved in it. Who keeps the register, how do we do that? Do we have it as part of their plans?" (SG2BSIMA)

"The emergency response people that I spoke to, they said exactly the same thing. If it was a central registry where they could actually just go actually by classes or what type of disability

services are in the area, they wouldn't need names or anything like that, they just need this looks up predominately in this area is intellectual disabilities, and they access these services or need these services. Getting that, as I said, would be.” (SG3TSIMB)

“And then the last one's just a register. Possibly, have a register of people who do need that extra support, whether that's a voluntary register or something that maybe be able to be hooked up with NDIS. And you've got the confidentiality stuff, but if someone voluntarily wants to be on a register, then we know who is at risk and who we need to check in on in case of an emergency.” (LGTSIMA)

“Having voluntary, vulnerable persons register or something, I guess. And the problem there would be people wanting to put their names on the register.” (SG3TSIMA)

“I was just going to say, with that man you were talking about who has got no one, I spoke to a lady. She was saying with the disaster management; they make phone calls to people who need help. They've got a list of people who they call.” (SG2TSIMB)

“One thing that was mentioned before as well is having access to a register or we did the assistance register. That emergency services can basically, in an event like a natural disaster emergency, we could go there as a point of contact. So, it might be something as simple as counting or having a check box saying these properties are the properties that might need further assistance. Where that actually fails - we're not too sure if they're safe and that's something we need to know now. But it could be as simple as in council we just have a single tick box, you don't need personal details, don't need any other information, so there's no privacy or things.” (LGTSIMB)

Theme #4 Evacuation

Challenges evacuating and availability of support matched to the needs of people with disability at an evacuation centre were two key issues raised.

Participants discussed a wide range of **evacuation challenges** for people with disability.

Getting out

“For him it was all around that. He was best placed in home, in terms of equipment and everything he has it's all set. But if push comes to shove and the orders coming up, he's got to go. But how does he get out in terms of his total reliance on a wheelchair, and that access. So, he would have to make a call really early, and so basically, it's about his support network and thinking ahead around that support network. Yeah, it's huge for him.” (SG4TSIMA)

“And one of the things that I think as part of disaster management. We need to think about is how we act early, to actually get the people out. Rather than to get you out or to get a person in a wheelchair out. So, we've got to have road accessibility.” (SG3TSIMA)

“They're going to have to stay. Which for some - It was that vitalness of having that ‘where do we get the most up to date information as possible,’ to make those decisions that are going to mean that we aren't going to be then relying on getting the SES to come and rescue us because we're stuck and it's life or death if we don't get them the support they need.” (SG4TSIMA)

“There was one issue raised about how some people they simply can't evacuate because of their disability; because of the support they need. They just simply cannot evacuate - and their house needs to be set up to be able to cope with that but this disability services won't alter their home.” (SG3TSIMA)

Speaker 5: Another thing I was worried about, evacuating, if the water came through which luckily it didn't in my street. It came to every other street around, my street was fine. But if the water did actually come through and I had to use boats- **Speaker 6:** No, that's right, and that's what I was fearful of as well- **Speaker 5:** So, yeah. **Speaker 8:** Because the boats don't have hoists. **Speaker 1:** That's exactly right. **Speaker 5:** No. **Speaker 9:** It's just a big bunch of muscly men lifting you up and in. **Speaker 1:** And then when you go up there, you know like, what do you do when you get to the other end? **Speaker 5:** Yeah. Without the chair. **Speaker 1:** Without the chair, yeah. **Speaker 8:** And like, your chair, it's foldable. His chair, you can't. **Speaker 1:** You can't- **Speaker 8:** And that's 180 kilos. **Speaker 5:** Yeah, yeah. (SG2TSIMB)

Disability training for emergency workers

"The emergency service for people who go there, they're not trained to talk to those people in the first place. Even though it's to talk about why evacuation is important." (SG3TSIMA)

"The other thing, which is an eye opener for me, as well, is that you tend to put disability in one group. But I spoke to three different people who had three different disabilities, and you realise that the communication has to be targeted. Because those three people required completely different things. And the information they got was not in a mode which they could use. For example, a person who had visual impairment received information to move to the higher ground. So, he didn't know what the higher ground is. Is he on higher ground? That means he has to move, where does he move to? So, it is not clear. Then who does he go and approach? And he just said to pursue his contact, an emergency contact. Which is unbelievable. So lack of communication both ways. He didn't know who to approach. And people who were looking for him, probably, didn't know where he was." (SG3TSIMB)

"And then education of all workers. Now, this actually came up when I was speaking to some of the Deaf ladies here. I can't remember [their names]. The biggest thing, I think, is having the awareness. So, for all of our emergency services workers, the people who are working in our evacuation centres, for them to have the awareness that some people can't communicate in the way that we are communicating right now. We have to have the education to be able to communicate, because there might not be an interpreter there. Or for vision impaired people, they might not be able to see the signs that we can read." (LGTSIMA)

"Okay, for example you might be going to [an] evacuation centre with a person in a wheelchair in a boat and you get there you find out they can't actually get in that boat. So, having that piece of information is important and being aware of that, around transport and also something for a deaf person. Emergency services arrive at a Deaf person's house. How do they know to get their attention or get them to the door, how do they have that conversation with them, so awareness training around that issues." (SG3TSIMA)

"Something that did come through was when the emergency notifications came out with the floods, we felt that the ... Well, they felt the communication was poor and confusing at times. For instance, getting messages to say evacuate but nowhere to go and evacuate to, things like that. So, to have safe operating procedures in place so that there were standards, especially for people who might be vision impaired, or deaf, or disabled, or that required extra services in that instance." (LGTSIMA)

"Not all injuries are visible injuries as well, so you might go and evacuate someone or think you're helping them and they don't want to move. They don't want to be in front of our uniforms, and then you pull them into any dorm with all these other people that they don't know. And they're just freaking out, and you think "what's wrong, I just saved him?" We have an unconscious bias or whatever you want to call it that everyone with a disability is in a wheelchair." (SG4TSIMA)

"The police said to me the biggest thing that they got through was that it's such a diverse community, but they've got to give a blanket approach across. First, just to ensure that

everyone is safe....And not just the one size fits all, especially when they've got special needs, when they've got oxygen and other issues... But the police officer said, again, they're not worrying about that at that level. They just want to get people out safe, whether it's right or wrong." (SG3TSIMB)

Participants also expressed concern that **evacuation centres don't have the supports that some people with disability need.**

"When I spoke to [name of a participant]. One of the things and like to the same thing [participant at this table] identified is that evacuation centres actually don't have people to actually support people with high needs. So, evacuations put shelters up. More about four walls and a roof and that's it whereas the support needs to disability is very much high." (SG3TSIMA)

"Evacuation centres aren't always wheelchair friendly or accessible, or for people with high needs, especially around toileting, et cetera. That might be very difficult to navigate for someone using a wheelchair. The space is very tight it might be very difficult for people with mental health issues in terms of the high population in that small area." (LGTSIMA)

"Yeah, this was a similar experience I had with one of the person [sic] in a wheelchair, who said he was told to go to a centre, but he was not sure that the centre had the capacity to store his stuff. Especially, he needed his personal stuff to be with him, because he had an incontinency problem. So, that information was not there, the medical supplies, or the incontinency problems, or that he was on a special diet. So how does he keep that up? So, the only option he had in front of him was to [name of centre]. You don't have a choice. You don't want to go here, then is [name of centre] the only choice? So, we didn't have the information that's still." (SG2TSIMB)

Speaker 1: I just needed... an accessible bathroom, and I needed a cot because I couldn't get on the floor to sleep. So other than that, I needed help to carry food to the table. That was it. But when I needed help to get food to the table, there was heaps of people around who would. **Speaker 2:** What about bathing and all those sort of - **Speaker 1:** No, I managed that by myself. You're able to dress yourself, obviously. **Speaker 2:** So, I think when it comes to people with disabilities, it's a case by case basis. I can't dress myself, I can't undress myself. And different people need different levels of care, or are willing to accept different levels of care. That's why I asked. That, sorry about that question, That's why I asked. That's why I'm here. Some people would have needed a lot more than me. (SG2TSIMB)

"The biggest thing, I think, is having the awareness. So, for all of our emergency services workers, the people who are working in our evacuation centres, for them to have the awareness that some people can't communicate in the way that we are communicating right now. We have to have the education to be able to communicate, because there might not be an interpreter there. Or for vision impaired people, they might not be able to see the signs that we can read." (LGTSIMA)

"It's actually is making sure that you have the trust and the experience of how to deal with a very emotional group. And the people with a 'difability' [sic] or disability have different needs and it's not just one specific disability, it could be right across the whole area, and it could be the whole gamut of things from emotional right through to medical or other types of disabilities where your person could be blind or whatever it may be." (LGTSIMB)

Theme #5 Access to Information

It's all on the TCC Dashboard

The Townsville City Council Dashboard was established as a single “point of truth” during the 2019 Townsville Flood¹. Participants reported on how they used the dashboard to access information during and after the disaster.

“The Townsville city council dashboard came up as a source of information to make some of those decisions as well, but it's also about those links that can give those sources of information quickly, timely, to be able to make those quick decisions. So, like a number of other themes, information early was a big one.” (LGTSIMA)

“So, if you happen to be away and you're in one of those towns and cities, they have one as well, and it's the same. So, you're not going in and “oh, what do I look for?” It's all pretty standard, so that was another big one.” (SG4TSIMA)

“So, things that we came up with were people were looking at gathering information for their area. So, they were using things like cyclone Sunday, Townsville city council dashboard and people were preparing their disaster kits. Like, making sure that they had their batteries, making sure that they had everything that they needed for instances like cyclones, and things like that.” (LGTSIMA)

“We have a mental health task group for the recovery and in that we've been discussing having a specific health tab in the disaster management dashboard. So in these kinds of instances there would be one tab specific to health and we would use that to list for example GP's and pharmacies open each day but this kind of stuff would also fit into that and then the tab for that health tab would be promoted through the other forms like you know social media... You know all the place where people normally go to look Facebook or the BOM website for example there would be a link from there back to the health tab on the dashboard.” (SG3TSIMA)

Accessibility of information

Participants asked about whether the TCC Dashboard could be made more accessible:

“Is there an audio pack on the Dashboard page? That would be helpful.” (SG2TSIMA)

“With the Dashboard, I wonder if that could be expanded. I was talking to another lady that, well if there were services for people with disabilities, where do they access this list of who they need to be, like could the Dashboard be expanded as that central point?” (SG2TSIMA)

“I mean maybe utilising Facebook or the community dashboard or using that more and making it more visual friendly to meet the needs of people with that various communication needs pre and post to show people as they lead into and out of, you know I think this would be good.” (SG3TSIMA)

“And sometimes just the people that don't have that understanding, or different culture groups don't have that. So, they've got to make sure it comes out in multi-formats and text messages. You might have people interpreting for people. All that stuff makes it very, very, very difficult.” (SG3TSIMB)

“The communication of that and this is where all of these issues are coming in. We've got the language barrier, we've got vision barriers, we've got the cultural barriers. So, how do you effectively communicate this information across to everyone [crosstalk 00:13:19] so everyone has the same expectation? I guess that's where the challenge lies, but I found it interesting

¹ <https://www.igem.qld.gov.au/reports-and-publications/reports/Documents/IGEM%20MTRF%20Review.pdf>

that as I asked the question from both a personal, as well as a work perspective. [crosstalk 00:13:28] I think it's relevant for both.” (SG2TSIMA)

You can ask that on Facebook

The Townsville Disaster Information Facebook Page was established during the Townsville floods². Participants reported that it supported communication, information sharing and promoted a sense of community.

“On Facebook there's a lot of groups that you can join at the moment, there's a disaster group. I joined during the last flood and they have a wealth of information and you can go on and ask a question. You know you didn't need to be near anybody you can just, there's mildew all over my house what do I do? Or I've got a bit of a cough, I think it's because of the mildew, what's good to help that?” (LGTSIMB)

“Social media being made to feel part of the community by the sharing of information, offering of assistance.” (LGTSIMB)

They had group communications between their street, on Facebook Messenger, so that they could learn, interact, follow up, and ask questions amongst each other to help each other. Supporting each other after the aftermath, both financially and emotionally. – (Small group 1, SIM A Townsville)

Theme #6 Disaster brought the community together

A central question at these stakeholder consultations concerned community inclusion. Participants were invited to share a time when they felt a part of their community. At the Townsville consultations, participants reflected together on their shared experience of disaster bringing their community together.

“I've never seen this town as one until after that flood. And I mean, I mean like, I've seen people helping people. It was just crazy. No matter colour, race, what it is, just..It was one people... One people, exactly... You know like, seeing everybody get along and help everybody was probably a... you know, I've seen that as well.... And for a person with a disability, it doesn't matter where you get your help from... Even the people that didn't get affected by the flood were still helping in a way. Like, when we were cleaning out my place, we had people up rocking up in cars with frozen Cokes from McDonald's going, do you want one?” (SG2TSIMB)

“Neighbours come out. That's a big thing, appreciating the neighbours, and the evolving neighbourhoods of young and old in the neighbours, learning from each other, informal and naturally occurring partnerships between neighbours, other groups, recreational outings from community involvement. With the flooding, people helping each other, those who were more affected than what they were. In the times of adversity, offering help and support. Working together during the floods, because everyone was equal and experiencing the same thing. Offering physical help. Some people who couldn't offer physical help made lunches and that for everyone in their street or their community. Some people had access to different tools, and shared tools amongst each other to make them feel part of their community they were living in.” (SG1TSIMA)

“One of the interesting things was the people talking about checking in on each other, that sense of community, and the neighbourhood type stuff as well. One of the people were saying that it's more acceptable to help in a disaster.” (SG1TSIMA)

² <https://www.igem.qld.gov.au/reports-and-publications/reports/Documents/IGEM%20MTRF%20Review.pdf> p. 107

"But I think the person who I was speaking to had a disability and said they'd found a way to help in the community and it gave him a sense of meaning, and it gave them purpose. Interesting to see that perspective of, 'I've found something that I can contribute to the community and it helped me feel a part of it.' And obviously there aren't many opportunities for everybody to do that."
(SG1TSIMA)

Townsville participants wanted to know, **How can we maintain that sense of community after disaster?**

"Yeah. So, we asked ourselves questions of, why is it that when there is an event, people feel more comfortable about saying, 'Hey. How are you? How are you going? What's happening for you? How are you travelling?'" That sort of connected conversation is okay to have in the instance of some kind of disaster or difficult event, but then when that's kind of over, there is a retraction of peoples preparedness to ask those questions, and we're interested in about how would you go about making it okay all the time? For people to feel free to ask each other those questions? We didn't have any answers to that question, but it's an interesting question to ask, I think." (LGTSIMA)

"Where people didn't feel part of the community was after the disaster had finished, so that that common goal to help everyone had then gone away. Everyone had gone back to their lifestyle ways and getting on with what them and their family needed to do." (LGTSIMB)

"The question that came up, and something we were also were discussing in some of our interviews, is can we be better prepared prior to an emergency for ongoing mental health issues? So, this is something that were seeing now post floods, is ongoing mental health issues, but can we look and be a bit more proactive and prepared for these things before the emergency actually happens?" (LGTSIMA)

"Again, the ongoing help though, issues there are, the last one of course is the mental health for wellbeing, and the group was basically saying that there's always trauma and post-traumatic stress that always follows these events. I'm sure that those that are emergency response can see that in an organisation. And they can see it also if it happens in the community as well. And, how long does it take for people to be able to spring back? How long does it take for a community to be responsive and receptive to the things that are going on around them? Or do they close the doors again and become an insulated area. And I think that's going to be a big challenge for emergency response and support for people with a disability as well.?" (LGTSIB)

"But yeah, learning through the phases of a disaster and how you put that together with personal ups and downs and griefs, or whatever you want to call it. But it might be occurring at the same thing and you've brought something to it in the first place. So, you might be suffering or dealing with things like post-traumatic stress for other reasons. Then you have a disaster and it adds to it. They've been doing a lot of those things." (SG2TSIMA)

"I think one of the people I was talking to was referring more to the aftermath. So, everybody's waiting to get everything. So, you've got these people that need specialised devices, and they need their house fixed right now. More so than somebody else that may be okay in temporary accommodation for now. But this person may have the ... what is it? Class house with the widened doorways if they're in a wheelchair or anything like that. Not only that. Somebody perhaps with autism might need their house back now. That's their house, that's what they're safe in, that's what they're familiar with. So, it's almost a priority system." (SG3TSIMB)

Speaker 1: [name of participant] had a really interesting comment made to him by one of his interviewees, where they said that they actually felt, during the recent flood event, that they were much more connected because they lost that fear of actually approaching people....**Speaker 2:** The only point I'd like to raise is on that barrier about asking a question about, "Are you okay?" Is

the issue of equipping people to respond appropriately- **Speaker 3:** ... if somebody says, "No, I'm not." That can be a big fear. **Speaker 1:** Yeah, because what we don't want to see happen is people say "Are you okay?" And that person to go, "Actually, I'm not travelling to well," and have people back away going, "Okay. So, hope you can find some help with that then. (SG1TSIMA)

"So, you know, I wonder how we could, as a community, keep those barriers lowered all the time to make people feel like it was okay to have that same preparedness to engage with someone, that same preparedness to ask the question How you going? How'd you get on? You know? What's happening for you? They're not hard questions, but they do make that bridge, maybe, I don't know." (SG1TSIMA)

"And that notion of how important the pre-existing community connections are. Particularly in a disaster event, to allow that knowing one another and caring about one another to overcome any of the difficulties around perhaps language barriers, or disability, or whatever might get in the way of official messages getting through and help things out." (SG4TSIMA)

Process Evaluation

This report focused on what we learned from stakeholders at the Townsville 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 - Townsville

1. There is collective wisdom in the practical questions asked by participants at the Townsville consultations that can guide development of disability inclusive disaster risk reduction practices.
2. Recognising their level of support need, some participants with disability stated that they could not rely on others to assist in an emergency and could not assume that someone else would take responsibility for their safety.
3. Many people with disability have individualised plans that guide delivery of support services. These plans should include individualised emergency preparedness and provisions for continuity of disability supports during a disaster.
4. Many people with disability receive multiple supports from different providers or service organisations. Some “*self-manage*” their services. There are no coordination mechanisms between disability support organisations or providers. This places people with disability at greater risk in emergencies because it is unclear who will take responsibility and how services will be continued if service providers are also impacted by the disaster.
5. Many participants discussed keeping a list, database or voluntary register to know what disabilities people have and where they are. This was considered especially important for people who are socially isolated and have nobody to check on them. At the same time, participants were not convinced that this would be effective in supporting people in emergencies because it is unclear who should keep such a register, how it would be accessed or used in an emergency situation. Other issues surrounding confidentiality were raised.
6. People who depend on personal support and equipment to help them evacuate are at greater risk in emergencies. Participants raised concern about current resources (personnel; equipment), support coordination, awareness and training needs of emergency personnel to know what those need are and how to support them in an evacuation. Related to point 4, disability support providers have unclear roles and responsibilities. It is also unclear how they could cooperate with emergency services personnel before and during a disaster to enable safe evacuation of clients they support in the community.
7. Evacuation centres may not have the equipment or trained staff to support people with disability.
8. Support from neighbours and one’s social network was raised as a critical aspect of disaster resilience. Participants cited that neighbours are the first responders and an important source of informal support in times of disaster.
9. Disaster brought the Townsville community together. However, some people, including those with disability, remained isolated with nobody to assist them.
10. The Townsville City Council Dashboard and Social media supported some people to access helpful information. It offered some people a sense of reassurance, connectedness and support.

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>

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