Disability Inclusive Disaster Preparedness in NSW: Enabling Local Community Resilience through Collaboration

Report on Phase Two Workshops October 2016

The University of Sydney’s Hazards Research Group (HRG) and Centre for Disability Research and Policy (CDRP)
Report on Phase Two Workshops

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**Acronyms**

Auslan – Australian sign language
CALD – Culturally and Linguistically Diverse
CDRP – Centre for Disability Research and Policy at the University of Sydney
CRIP - The Community Resilience Innovation Program (CRIP)
CSO – Community Service Organisation
DIAP – Disability Inclusion Action Plan
DSO – Disability Support Organisation
DIDRR – Disability Inclusive Disaster Risk Reduction
DRR – Disaster Risk Reduction
DPO – Disabled People’s Organisation
EMs – Emergency Managers (emergency service agencies)
FACS – NSW Family and Community Services
FR NSW – Fire and Rescue NSW
LEMC – Local Emergency Management Committee
LEMO – Local Emergency Management Officer
LGA – Local Government Area
NDIS – National Disability Insurance Scheme
NSW – New South Wales
NSW SES – New South Wales State Emergency Services
NSW RFS – New South Wales Rural Fire Service
NSW VRA – New South Wales Volunteer Rescue Association
RCO – refers to the “Resilient Community Organisations” toolkit developed by the Australian Council of Social Services (ACOSS)
REMO – Regional Emergency Management Officer

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Figure 1: Photograph of two hands putting together jigsaw pieces
Executive Summary

This report outlines the processes and outcomes of the second round of disability inclusive emergency preparedness workshops conducted as part of the Disability Inclusive Disaster Preparedness in NSW: Enabling Local Community Resilience through Collaboration project funded under the 2014-2015 Community Resilience Innovation Program, NSW Justice.

The workshops took place in the three study locations of Hawkesbury City Council, Greater Taree Council and Sutherland Shire in October 2016. The workshops brought together individuals with disability, their families and carers, disability support organisations, community service organisations, local and state government representatives, and emergency managers. There were 38 participants in these second round workshops across the three locations.

The workshops aimed to share the findings from the first round of workshops in April and May 2016 and reflect on local actions taken in each study location since the first round of workshops; to present information on the individual self-assessment for emergency preparedness tool (ISAT-EP) and seek feedback on the utility of the tool; to share information about organisational self-assessment resources for emergency preparedness and the utility of the RCO toolkit for CSOs who provide support to people with disability and their families; and, to brainstorm opportunities to enable collaborative local action.

The workshops were initially titled Natural Hazard Preparedness Workshops. To ensure clarity and to differentiate these second round workshops from the earlier, first round workshops we refer to the second round workshops in this report as Phase Two workshops.

As with the first round of workshops, the resounding and positive theme evident during each workshop and in the evaluation forms was participants valuing the opportunity to engage in group discussions, networking, sharing their perspectives and hearing the perspectives of others. The importance of the second round workshops in facilitating this opportunity and for the 68% of return participants from the first round workshops cannot be underestimated. As we noted in the Executive Summary of our earlier report on the first round workshops, for many reasons working across ‘sectors’ at the community level can be challenging: workshops such as these which had support from the local councils, Local Emergency Management Officers and emergency managers provided the stage for ‘locals’ to get to know one another and together learn more about their community and its strengths and also its challenges.

The attendance at this second round of workshops was lower than at the first round. Accordingly we have analysed the reasons for this and present these in Section 5.1 as challenges to workshop participation in Section 5.1. These are arranged as situational, attitudinal and structural barriers with examples and discussion provided for each type of barrier.

All participants in both rounds of workshops as well as those who participated in the field testing of the two self-assessment/ self-report tools are to receive summary information from across all the second round workshops via the Project Newsletter. As another frequently heard and common theme was wanting to know how other communities continued to build collaborative action all participants in the project will also receive a copy of this report.

This report offers an overview of the design of the Phase Two workshops and the participants with detailed presentation of the workshop findings and discussion followed by presentation of the challenges of workshop participation. The report also contains appendices with all workshop materials.
1. Introduction

The University of Sydney’s Hazards Research Group (HRG) and Centre for Disability Research and Policy (CDRP) partnered to lead a two-year project designed to enhance community resilience for emergency preparedness for natural hazard emergencies by developing knowledge and capacity for disability inclusion in disaster risk reduction (DIDRR). The focus of this project was enabling Community Service Organisations, Disabled People’s Organisations, Local Government and local businesses to work collaboratively with Emergency Managers and involve people with disabilities in emergency preparedness. The project took place in three NSW local government areas: Sutherland, Hawkesbury, and Taree. The project was funded by the Community Resilience Innovation Program (CRIP), a scheme under the Natural Disaster Resilience Program, which involves the New South Wales and Commonwealth Governments through the National Partnership Agreement on Natural Disaster Resilience.

An Advisory Panel, comprising representatives of state and national project stakeholders, supported and guided the project team in all phases of the project.

- NSW Office of Emergency Management
- NSW Rural Fire Service
- Fire and Rescue NSW
- NSW Family and Community Services
- NSW Ambulance Service (NSW Health)
- NSW State Emergency Service
- NSW Office of Environment and Heritage
- Australian Red Cross
- People With Disability Australia
- Physical Disability Council of NSW
- NSW Council for Intellectual Disability
- Australian Council of Social Services (ACOSS)
- Local Government NSW
- The Deaf Society of NSW
- National Disability Services

The project utilised a dynamic community outreach and engagement approach which occurred in three phases.

In Phase One, Local Information Sharing Workshops were held in three Local Government Areas (LGAs): Hawkesbury, Taree and Sutherland. These workshops took place in April and May 2016. In Phase One, our focus was on bringing stakeholders together to share information and develop local knowledge about disability inclusion in emergency preparedness in each of the study locations. Phase one laid the foundation for developing shared knowledge across stakeholders on disability inclusion in disaster risk reduction. It provided an important opportunity to bring stakeholders together to develop a shared understanding to inform capacity development and local action for the inclusion of people with disability, their families and support organisations in learning in emergency preparedness (Llewellyn, Villeneuve, Dominey-Howes & Brooks, 2016).

In Phase Two, a second round of workshops was held in October 2016 in the same three communities. Phase Two provided an opportunity to sustain engagement with participants in their local communities, providing an opportunity to reflect on local community actions for disability inclusion in emergency preparedness for natural hazards. At this workshop participants were

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1 Report on Local Information Sharing Workshops can be found at: http://sydney.edu.au/health-sciences/cdrp/projects/disasterdisab.shtml
invited to review two self-assessment/ self-report tools: (a) an Individual Self-Assessment for Emergency Preparedness (ISAT-EP) tool designed for people with disability to understand their preparedness for natural hazard emergencies; and (b) the Resilient Community Organisations (RCO) toolkit developed by the Australian Council of Social Services (ACOSS) (http://resilience.acoss.org.au/), an organisational self-assessment tool designed to support organisational planning and preparedness for natural hazard emergencies. The components of these two tools were discussed at the workshop to obtain multi-stakeholder feedback on self-assessment of emergency preparedness.

Phase Three involved:
Field testing of the ISAT-EP with people with disability and peak disability organisations and field testing of the RCO toolkit by community service organisations who support people with disability and their families in the community. Individual and group interviews were held with participants to gather their feedback on the self-assessment/ self-report tools, the ISAT-EP and the RCO toolkit.

1.1 Purpose of this report

This report details the process and outcomes of the Phase Two Workshops. The findings from the first round of workshops are reported in the Phase One Workshops report (see: Llewellyn, Villeneuve, Dominey-Howes & Brooks, 2016 at: http://sydney.edu.au/health-sciences/cdrp/projects/disasterdisab.shtml). Details of Phase Three Community Outreach will be reported separately.

1.2 Phase Two workshops

1.2.1 Recruitment

Invitation was extended to the following stakeholder groups in each of the three study locations and included returning participants from the Phase One workshops:

• individuals with disability, their families and carers;
• Community Service Organisations (CSOs);
• Disabled People’s Organisations (DPOs);
• Local and State Government representatives;
• Emergency Managers (EMs); and
• local businesses.

Information about the Phase Two workshops was shared in the three LGAs through a number of networks and methods, including:

• direct contact with previous attendees of workshops, through phone calls, emails and face to face meetings, as well as attendance at events;
• via the Advisory Panel, who were encouraged to share workshop flyers and information through their networks;
• Local Emergency Management Officers (LEMOs) in each study location, via the Local Emergency Management Committee;
• via Local Councils through their Community Programs/Development Coordinators which this also included dissemination via Local Government NSW;
• Disability Interagency Networks in each study location via their newsletter and also email distribution lists. (Disability Interagency networks are information sharing forums for organisations and individuals who support, advocate or influence ongoing positive outcomes for individuals with a disability in our community);
via the project’s quarterly electronic newsletter 6th September 2016, to 196 stakeholders. Hard copies were also sent to those stakeholders with no email address; via the project’s social media accounts on Facebook and Twitter; direct phone calls with emergency service units Fire and Rescue NSW, NSW Rural Fire Service, NSW State Emergency Services in each study location; and flyer dissemination to religious organisations and service clubs in each study location.

1.2.2 Participants

Thirty-eight participants attended the Phase Two workshops. Workshop location, date, number of participants and stakeholder groups represented are summarised in Table 1.

Table 1. The participants at each Phase Two Workshop

<table>
<thead>
<tr>
<th>Workshop Location</th>
<th>Date</th>
<th>Participants n=38</th>
<th>Stakeholder Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawkesbury</td>
<td>5 October 2016</td>
<td>14 (8 returning from previous workshop; 6 new participants)</td>
<td>• people with disability;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• CSOs;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• local government area representation;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• emergency management representation from the Regional Emergency Management Officer;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• State Government agencies including EnableNSW and HealthShare NSW.</td>
</tr>
<tr>
<td>Taree</td>
<td>11 October 2016</td>
<td>15 (12 returning from previous workshop; 3 new participants)</td>
<td>• people with disability and their family members and carers;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• CSOs;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• local government area representation;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• emergency management representation from NSW SES;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• State Government agencies including NSW Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• local business – Pharmacy and local GP</td>
</tr>
<tr>
<td>Sutherland</td>
<td>20 October 2016</td>
<td>9 (6 returning from previous workshop; 3 new participants)</td>
<td>• CSOs (including peak organisations);</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• emergency management representation from a Local and Regional Emergency Management Officers;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• State Government agencies (NSW Office of Emergency Management - the project’s funder).</td>
</tr>
</tbody>
</table>

Sixty-eight (68%) of participants in the Phase Two workshops had attended a Phase One workshop. This critical mass of returning participants supported and sustained collaborative discussions between the two workshops and was particularly pleasing as evidence of ongoing engagement in building community resilience through collaboration.
2. Workshop Design

Phase Two workshops included the following components:

1. Sharing findings from Phase One workshops with study participants and reflecting together on local actions (if any) taken in each study location since their Phase One workshop;
2. Sharing information on the individual self-assessment for emergency preparedness tool (ISAT-EP) and seeking feedback on the utility of the tool;
3. Sharing information about organisational self-assessment resources for emergency preparedness and the utility of the RCO toolkit for CSOs who provide support to people with disability and their families; and
4. Brainstorming opportunities to enable collaborative local action

Each component is briefly described below. A copy of the workshop outline can be found in Appendix 1. Workshop slides can be found in Appendix 2. The activity guide to inform component 4 can be found in Appendix 6.

2.1 Reflection on Phase One Workshop findings

The four guiding principles for building local community resilience for disaster risk reduction that emerged from the Phase One workshops were shared with the group. These are:

1. access to information, resources and training on disaster risk reduction must include the provision of accessible and understandable formats for people with disability and their family;
2. practical strategies for disaster risk reduction come from people with lived experience of disability; opportunities for people with disability to share their experience builds individual and community resilience;
3. organisational preparedness must consider duty of care to the beneficiaries of the service, and also to their staff;
4. future directions for local action requires:
   (a) knowing your community;
   (b) building individual and community networks of support;
   (c) the trust and knowledge about the community that is held by CSOs and DPOs offers starting point for collaboration with EMs

The subsequent discussion groups focused on how participants could use these guiding principles to develop local actions to build resilience. In some instances, participants shared examples of collaborative actions between the emergency management and community sectors that had emerged since the last workshop.

Evaluation of the Phase One workshops showed that participants highly valued the opportunity to work together across the emergency management and community sectors. For many it was the first time they had met people from the other sector. Building on this, the Phase Two workshops used interactive group discussions to further strengthen collaborative cross-sector relationships.

2.2 Review of the ISAT-EP

The ISAT-EP was designed to promote individual preparedness for natural disasters. The nine (9) components of the ISAT-EP are based on the disaster risk reduction scientific literature (explained in the slides at Appendix 3). Participants individually reviewed the ISAT-EP and provided feedback using the ‘ISAT-EP review sheet’ (Appendix 4). The review format followed
a three-step self-reflection approach: appraisal; critique; and planning (Raban et al., 2005; Ward and McCotter, 2004). Feedback on the ISAT-EP and feedback forms was collected.

People with disability and peak organisations unable to attend the Phase Two workshops as well as additional staff from attending organisations were invited to participate in further field testing of the ISAT-EP. This happened in Phase Three and is reported in the ISAT-EP review report.

### 2.3 Introduction to an organisational self-assessment tool

The Resilient Community Organisations toolkit (RCO) developed by ACOSS was identified as Australian designed, nationally available and on line and the most relevant for this project. Three activities to introduce the RCO were conducted as presented in Table 2. Appendix 5 contains the RCO toolkit review sheet.

#### Table 2. Organisational preparedness activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Detail of Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSOs briefly shared information about their organisation; identifying the types of support provided, and how many people their organisation supported.</td>
<td>This activity provided the opportunity to think about organisational preparedness in relation to organisational specificities; for participants to hear about other organisations; and networking opportunities. For example, a CSO in South Sydney recognised the importance of knowing about other CSOs in their area in order to, “pool resources between CSOs before going to EMs for assistance.”</td>
</tr>
</tbody>
</table>
| Case scenarios from the Phase One workshops were used to introduce and discuss the RCO toolkit | Discussion groups addressed three issues from the Phase One workshops:  
  • how CSOs balance their duty of care to their clients and their staff;  
  • prioritising for business continuity in the event of a natural hazard emergency; and  
  • preparedness actions for CSOs and businesses.  
  The East Coast Low storms which affected most of NSW in June 2016 provided an excellent example for participants to consider practical actions based on recent experience. |
| Invitation to participate in RCO toolkit field test review | CSOs were invited to participate in a post workshop review of the RCO toolkit.  
  Their involvement took place in the context of conducting field testing reviews in project Phase Three and are therefore reported together with the ISAT-EP field test review. |
3. Findings from Workshop Group Discussions

3.1 Local community collaborative action

Participants from the different sectors expressed wanting to collaborate and share information and the workshop provided a venue to do this. In everyday activities however finding the time and resources to do so were identified as major barriers. Phase One and Two workshops provided the catalyst for busy people, who are time and resource poor, to come together to build relationships, knowledge and collaboration between CSOs and Emergency Management Organisations. Examples of relationships, knowledge, and collaboration are provided for each study location:

**Taree:**
- during our Phase One workshop, access to prescriptions during an natural hazard emergency was recognised as a challenge. One participant with disability followed up on this issue with a visit to his local GP after the workshop. Together they created an online *My Health Record* as part of his plan so that he could access medical information and prescriptions should he be isolated during natural hazard emergencies. Recognising the vulnerability of their remote location, this prompted this local GP, in turn, to generate digital My Health Records for himself and his family (including for his ageing parents as the conversation had raised his awareness of their vulnerabilities). There is a need for GPs to initiate organisational planning and support for their patients who are geographically isolated;
- a support worker used what she learned from the Phase One workshop when she was alerted to a bushfire the next day. She coordinated the evacuation for a person with disability and their family, reporting that our workshop prompted her to alert the organisation to have plans in place for all clients and their families;
- one DSO brought their emergency plan which was then reviewed by an EM. Contact details were shared with NSW SES to further review the plan and to arrange a visit of people supported by the organisation to a local NSW SES unit. Together they made a plan to create visual prompts for people with intellectual disability to recognise emergency personnel by their uniforms;
- an NDIS participant had involved his support workers in developing an emergency plan;
- the MidCoast Council Community Development Coordinator has demonstrated active leadership engaging multiple networks to develop the best possible Disability Inclusion Action Plan (DIAP);
- one CSO had recruited a designated person to conduct an audit of their organisation’s preparedness. The audit showed there were areas where their organisation was not prepared including for business continuity and preparedness for both staff and clients;
- a strength of the Taree workshop was Disaster Managers from NSW Health participating. The home-visiting Community Nurses know people in the community who are socially isolated at home, and they can bring people together around a focal point – in the case of Taree, this is the Manning Referral Centre and Community Health.
- the Disability Interagency Network in Taree are active and addressing community action for resilience;

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2 For more information on ‘My Health Record’ go to: https://myhealthrecord.gov.au/internet/mhr/publishing.nsf/content/home
• one EM shared a practical strategy to deal with accessing contact information when only stored on computers and electricity fails. She uses a paper list of all contacts at her organisation, which she updates regularly;

• one CSO presented resources from Northern Settlement Services Limited that specifically addressed preparedness for CALD communities.

Hawkesbury
• the EM drew on local knowledge which prompted CSOs and local businesses (e.g., GP and Pharmacy) to reconsider their emergency plans. Some examples include discussion about ‘one road in, and one road out’ areas within Hawkesbury should flooding occur; and on business continuity and how this would be impacted if staff/resources were unable to travel across the river;

• long term impact of natural disaster on the Hawkesbury community was discussed for example with the Pharmacist suggesting extending organisational preparedness to wholesalers of medications and supplies to ensure continuity of supply;

• a false fire alarm at one group home alerted the response of local Firefighters. The people living at the property described this as an ‘exciting experience’, as well as discussing how the Firefighters made them “feel safe.”

Sutherland:
• two DSOs identified the need for organisational preparedness and NDIS pre-planning conversations with clients. The two organisations developed a working partnership with local emergency services including the NSW RFS who registered the organisation’s email addresses into a database for alerts and warnings engaging in shared learning at the workshop and identified ways to sustain their engagement as champions of disability inclusive emergency preparedness;

• the Australian Red Cross presented the community actions since the ‘Kurnell disaster’. The community was described as being extremely resilient, linked in with emergency services and in the know, as well as being better prepared. Examples were given where whole families were better prepared with children contributing to the family’s preparedness for example listing items to go in an emergency kit. Schools were also discussed as engaging in fire drills and drills for natural hazards;

• DSOs also are working to educate and empower people with disability. As an example information was shared relating to the ‘Pillow Case Project’, a project that uses pillow cases to discuss with children the importance of being prepared, preparing their mind for disasters, and important items needed within an emergency kit;

• the Safe and Inclusive Places Officer at Sutherland Shire Council discussed disability access plans, reaffirming the LGA’s commitment to disability inclusion in disaster preparedness;

• one DSO in Sutherland supported placements for paramedic students to learn about including people with disability in all community activities. This led to participants discussing whether such opportunities could be available to trainees from other emergency management agencies (e.g NSW Police, Fire and Rescue NSW, NSW Ambulance).

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3 For more information on Northern Settlement Services Limited preparedness resources for CALD communities go to: [http://nsservices.com.au/?page_id=1577](http://nsservices.com.au/?page_id=1577)

4 For more information on the Australian Red Cross – Pillow Case Project – go to: [http://www.redcross.org.au/pillowcase-project.aspx](http://www.redcross.org.au/pillowcase-project.aspx)
3.1.1 Catalysts for community engagement in disability inclusive disaster risk reduction

In addition to the Phase One and Two workshops, other catalysts for community engagement to build resilience for disability inclusive disaster risk reduction included:

Natural hazard events
- in June 2016 the East Coast Low caused severe coastal damage, as well as flooding along the East Coast, including the Hawkesbury Nepean river. Conflicting information and messages were received relating to bridge closure – with few knowing that the ABC was the official emergency broadcaster coupled in some locations with the local community radio. This resulted in organisations having difficulty assigning staff to home visits, unsure whether the bridge was closed and if staff could reach homes. Another DSO reported staff members leaving work immediately while there was still access over the bridge as they did not want to risk not being able to reach their own families;
- the bushfire threatening a client's home in Taree alerted the organisation to their lack of preparedness for natural hazards, with no policies or procedures in place.

CSO/DSO with designated roles focusing on organisational preparedness and disability
- organisations with a specific designated preparedness role were more likely to engage in developing organisational plans. As an example, in Sutherland one large DSO had two designated preparedness roles. These personnel attended both workshops and shared their organisational staff and client preparedness activities and planning.

Development of local government plans
- Disability Inclusion Action Plans (DIAP) developed in collaboration with the community were useful for Local Government to understand natural hazard risks for community members with disability, their families and carers. The Mid Coast Community Development Coordinator was working with the local Disability Interagency Network to identify critical areas for inclusion in the DIAP;
- Emergency Management Plans developed in collaboration with the community would provide a similar function. The community voice needs to be heard to identify what works best for whom, when and under what circumstances.

Implementation of the National Disability Insurance Scheme (NDIS)
- for some, NDIS planning was seen as a good opportunity to engage in preparedness planning with individuals and their families.

3.2 ISAT-EP feedback

Feedback from workshop participants was gathered at the close of the workshop and discussions documented in fieldnotes. Feedback from workshop participants was therefore included with the ISAT-EP review and will be reported together with the RCO toolkit review in a separate report.

3.3 RCO toolkit feedback

For the Sutherland workshop, we invited CSOs to review the RCO toolkit prior to the workshop. Two people from one CSO were able to do so and then took a lead role at the workshop to explain the purpose, value and challenges (from their experience) of using the RCO toolkit to assess their organisation's emergency preparedness.
Other organisations agreed to be involved in the field test review of the RCO toolkit following the workshops. Follow up took place in Phase Three and will be reported together with the ISAT-EP field test review in a separate report.

4.4 Future orientation to community action

4.4.1 Community identity

- for local action to take place, people must first reflect on the nature of their community, and how they view their role in enabling emergency preparedness for all. As one participant stated, “It is not just your street or suburb…. what ways can we communicate and promote a community plan?”;
- community identity was considered significant for those from CALD communities, and for individuals that may be isolated within communities. Examples included Aboriginal communities and people with disability living with ageing parents, this would be particularly prominent for those living in remote, rural areas;
- identifying key contacts within a community. For example, one CSO advised ‘speak with key contacts to get action happening – for example speaking with Aboriginal Elders’;
- “What voices are missing in community preparedness and planning?” There were underrepresented voices at the workshops. For example, in Sutherland the business community were really involved following the ‘Kurnell Disaster’ e.g Sharkies, the Mayor’s Kurnell Disaster Appeal and Caltex Australia who had pledged money to help the community of Kurnell rebuild and recover from the tornado. In Hawkesbury participants referred to organisations engaging in outreach in the community such as Meals on Wheels, Salvation Army in Hawkesbury, The Jewish community have their own emergency management group (Jewish Emergency Management Plan NSW (JEMP)), Rotary were also discussed as active in Hawkesbury.

4.4.2 Awareness, inclusion and commitment

- local action is so much more than just trust in CSOs. CSOs discussed how they could contribute in supporting disability inclusive emergency preparedness and how this would aid collaborative action with EMs;
- how communities can raise awareness and educate the community of their responsibilities to take preparedness actions is still a challenge;
- initiatives were discussed as needing to be continuous, revisiting and sharing within the community regularly. Preparedness initiatives could not just be a “one off”;
- one EM at our Sutherland workshop acknowledged, “Having a Local Council Emergency Plan doesn’t mean that all in the community know what to do,” it is important that awareness initiatives happen as well;
- a multifaceted approach to awareness and education is required. For example, the mail-out re ‘My Health Record’ was extensive yet when the local Pharmacist asked community members numerous people mentioned that they had not heard of it;
- a commitment to inclusion of people with disability was expressed by all as extremely important;
- inclusion was discussed as particularly important for those who are socially isolated members of the community.
4.4.3 Collaborative networks – moving from individual support networks to whole of community support and resilience – breaking down silos

- whole of community support and resilience seen as more important than focusing only on individuals and their networks;
- how can the community voice be heard in local emergency management? Participants were keen to know about how they might be represented on LEMCs;
- the silos of the various sectors is a major hurdle when emergency management requires collaborative coordination. An example given was for people living in community and/or affordable housing particularly if this was likely to be more extensively impacted by a natural hazard. Are LGA departments also siloed?
- raised at the workshops participants felt inter-government networking at Federal, State and Local levels seemed to be non-existent. Collaboration and consistent messages at each level were seen as critical for community resilience, across the prevention, preparedness, response and recovery spectrum;
- CSOs at the workshops saw the opportunity to collaborate and network together, reviewing what resources they had available, and opportunities to ‘pool’ resources in the event of a natural hazard event. This was discussed as a first approach to response efforts, before going to emergency management. As one participant stated, “The biggest thing we are taking away is what resilience we have; pockets of resilience; making sure that collectively our org and community, including our clients are taking this journey together – we think now about a holistic approach, partnerships and how we can support both staff and clients as well as others in the community. It allows us to reflect on how robust our systems are”; 
- at our Taree workshop one CSO mentioned that for Indigenous people she needs to engage in capacity building as a community group. From a community perspective - there are a lot of services out there that do not connect with the local Indigenous community.

4.4.4 Action over talk

- importance of turning intentions into actions. As one CSO stated, “It’s good to consult but some feel over-consulted – people want action rather than talk”;
- whole of community approaches were described as not being linear, they are complex and can seem too difficult. There is a need to start somewhere with action, engage locally and start the journey;
- EMs noted that communicating what you want will empower you, rather than wait for what is provided. This allows EMs to tailor their community engagement. One EM then mentioned how hearing the perspectives from CSOs was extremely valuable to help him plan what actions he could take to benefit the community;

5. Discussion

This project has contributed to building community resilience in disability inclusive emergency preparedness by:

- building relationships and networks in each community;
- building a common knowledge base for disability inclusive emergency preparedness; and
- promoting collaborative local actions to ensure all in the community including people with disability work together to be as prepared as possible.

The whole-of-community approach employed in this project has resulted in:
• champions emerging who are prepared and committed to sustaining community action to build disability inclusive community resilience;
• promoting multi-faceted communication including face to face and multiple media opportunities with everyone - people with disabilities, EMs, and CSOs/DPOs as key to getting local action to take place;
• identifying the role of NSW Health in reaching those who are socially isolated and those who do not specifically identify as having a disability.
• increasing collaborative engagement using an asset-based community development methodology guided with in-kind support from the academic team. This led to integrating local knowledge and research evidence to enhance both individual and organisational preparedness.

A standout finding is that community resilience is an ongoing process, which at times may be complex and which is not linear. The graphic (Figure 1) illustrates this with the analogy of a jigsaw puzzle. A jigsaw with multiple pieces has no distinct starting point: it is only through starting in one place and continuing to try out solutions that all pieces come together to form the complete picture.

Figure 1: The jigsaw of community collaborative action

5.1 Challenges to participation in workshops

The following section discusses specific barriers to participation of invited stakeholders in the Phase Two workshops. These are organised into situational barriers; attitudinal barriers; and, structural barriers (Table 2).

Table 2. Barriers to participation

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Situational Barriers</strong></td>
<td><strong>Low emergency management representation</strong></td>
</tr>
<tr>
<td></td>
<td>• there was very low emergency management representation. The only emergency management present was Regional Emergency Management Officers (REMOs) at the Hawkesbury and Sutherland workshops, NSW SES at the Taree workshop. In contrast, NSW Health Disaster Managers were present at Hawkesbury, Taree and Sutherland workshops. Because of the September 2016 flooding some emergency personnel had been deployed to assist with response efforts.</td>
</tr>
<tr>
<td></td>
<td><strong>Individuals and community organisations unavailable</strong></td>
</tr>
<tr>
<td>Attitudinal Barriers</td>
<td>Emergency management</td>
</tr>
<tr>
<td>----------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Registration drop out</td>
<td></td>
</tr>
<tr>
<td>• across the three study locations 18 people who had registered for the workshops were unable to attend. Only two sent their apologies therefore we do not know the reasons the remaining 16 had for not attending.</td>
<td></td>
</tr>
<tr>
<td>Resource availability to attend all day workshops</td>
<td></td>
</tr>
<tr>
<td>• all stakeholder groups identified limited human resource availability for a whole day workshop. Busy workloads took precedence over all day attendance. This resulted in either no registration, or participants attending sections of the workshop (e.g only the afternoon).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Structural Barriers</th>
<th>Emergency management</th>
</tr>
</thead>
<tbody>
<tr>
<td>• rescheduling of medical appointments and personal and family commitments meant attendees were unable to attend on the day.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Attitudinal Barriers</th>
<th>Emergency management</th>
</tr>
</thead>
<tbody>
<tr>
<td>• some DSOs/CSOs acted as ‘gate keepers’ and did not share the invitation to participate in workshops. For example where they reported that they did not ‘think their clients had the skills or cognition to attend such a workshop’.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Structural Barriers</th>
<th>Emergency management</th>
</tr>
</thead>
<tbody>
<tr>
<td>• the LEMOs all indicated they did not have sufficient time in their LEMO role (which is part time) to attend the workshop, however the LEMO in Sutherland attended or a short time in the morning;</td>
<td></td>
</tr>
<tr>
<td>• Fire and Rescue NSW did not attend although Community Fire Safety Coordinator invited all firefighters in each area to attend. Most indicated they could not commit to a whole day due to being on call.</td>
<td></td>
</tr>
</tbody>
</table>

| Community sector - staff turnover in the community and disability sector |
| • by the time of the second workshop several Phase One workshop participants had left their positions. In some cases, their involvement in the project had not been allocated to colleagues. If the relevant staff were on leave on the workshop day there were no arrangements in place for colleagues to attend in their absence. |

Structural barriers in the community sector are well documented. In their report titled Australian Welfare 2015, the Australian Institute of Health and Welfare (AIHW) highlight some of the key issues faced in the welfare workforce, which include workforce shortages; changing service delivery models and needs, and attraction and retention of staff.

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The attraction and retention of staff is identified as the biggest operational challenge for the not-for-profit sector. The 'ABS Survey of Employee Earnings' identify the average weekly earnings of aged and disability carers as among the lowest average earnings. Lack of resources and funding availability for staff training and development is also identified.

Transition to the National Disability Insurance Scheme

- on 1 July 2016 the National Disability Insurance Scheme (NDIS) became available in the Hawkesbury and Taree Local Government Areas (LGAs). CSO participants revealed their busy workloads preparing for organisational transition and supporting people with disability and their families with their individual transition and support planning. In Sutherland, CSOs were busy undertaking preparatory activities for the NDIS roll out due on 1 July 2017.

6. Workshop Evaluation

The Workshop evaluation form (Appendix 7) was designed to capture appraisal of the workshop in relation to skills and knowledge learnt; areas for improvement of workshops; and, actions, planning and strategies to be undertaken following the workshop.

6.1 Evaluation findings

19 of the 38 (50%) of participants completed evaluation forms.

Participants valued the collaborative approach, bringing together different stakeholders and providing opportunities to share information and perspectives, as well as networking across professional and organisational boundaries. Participants specifically valued the local knowledge provided by the EMs (checked on 58% of completed evaluation forms).

Participants provided feedback on the personal impact of the workshops on their knowledge acquisition and how they would share that knowledge in their personal lives with family, friends and with co-workers in their community (26% of completed evaluation forms).

Preparedness actions identified included reviewing and/or developing individual and organisational plans for natural hazards (63% of completed evaluation forms).

There was a strong commitment to building capacity and knowledge within their community, by sharing information and encouraging others to consider their own natural hazard preparedness. Additionally CSOs identified the consideration of natural hazard preparedness for those transitioning to the National Disability Insurance Scheme (NDIS) (32% of completed evaluation forms).

There was strong support having more emergency management personnel attending to improve the workshops (37% of completed evaluation forms).
7. Conclusion

As anticipated in the Project Proposal, two rounds of workshops were needed to establish the local community context, for participants to get to know one another and share local information, and to plan local collaborative actions before attending the second round workshops. At the second round workshops with a good returning participant rate of nearly 70% the networking and relationship building begun several months earlier could be strengthened and expanded.

The overall impression is of local communities eager to work together across the community organisation and disability sector with the emergency management sector in the best interests of their local community including people with disabilities. Although people with disabilities may not have been previously included, the willingness to collaborate together and work out relevant community actions was evident in all three study locations across the two rounds of workshops.

The field testing results of the two tools – the ISAT-EP and the RCO toolkit – are documented in a separate report. Both resources were welcomed by participants in the Phase Two workshops because these were seen as relevant to the local collaborative actions needed to enhance community resilience. The high level of interest in and commitment to this project from people with disabilities, staff of disability service providers organisations, local community service organisations and emergency management personnel bodies work very well for applying the processes used in the two rounds of workshops to other areas in NSW. The planned on line and accessible products of this project will provide a solid foundation base from which to build for other local communities wishing to begin local collaborative action to enable community resilience in the face of natural hazards events.

8. References


9. Appendix List

Appendix 1 – Workshop outline
Appendix 2 – Workshop slides (whole day)
Appendix 3 – Workshop slides – components of the ISAT-EP
Appendix 4 – ISAT-EP review question sheet
Appendix 5 – Organisational Self Assessment Reflective Questions
Appendix 6 – Activity: Collaborative Future Local Action
Appendix 7 – Evaluation Form
Appendix 1 – Workshop Outline

Enabling Local Community Resilience through Collaboration: A Emergency Preparedness workshop for Disability Inclusive Disaster Preparedness

Workshop Schedule

10:00am   Welcome  
Presented by Professor Gwynnyth Llewellyn, Centre for Disability Research at the University of Sydney

10:05am   Acknowledgement of Country

10:10am   Introductions

10:25am   Project update  
What we have learnt from the first local information sharing workshops

10:35am   Update on emergency preparedness in your area

11:00am   Morning Tea

11:15am   Individual Self-Assessment of preparedness for natural hazards

1:00pm    Lunch

1:30pm    Organisational self-assessment of preparedness for natural hazards

2:15pm    Afternoon Tea

2:30pm    Future local action

3:50pm    Formal Closure

This research project has been funded by the NSW Office of Emergency Management as part of their Community Resilience Innovation Program (CRIP)
Appendix 2 – Workshop Slides (whole day)

Disability Inclusive Disaster Preparedness in NSW: Enabling Local Community Resilience through Collaboration
Natural Hazard Preparedness Workshop
Thursday 20th October 2016

We would like to acknowledge the Aboriginal and Torres Strait Islander peoples as the First Australians, whose lands, waters and waters we now all share, and pay respect to their unique values, and their continuing and enduring cultures which deepens and enrich the life of our nation and communities.

Overview of the day

Morning
- Update on emergency preparedness in your area
- Morning tea
- Facilitated discussion - Individual self-assessment of emergency preparedness for natural hazard emergencies
- Lunch

Afternoon
- Facilitated discussion - Organisational self-assessment of preparedness for natural hazard emergencies
- Afternoon tea
- Facilitated discussion - future local action
### Workshop Locations and Participants

<table>
<thead>
<tr>
<th>Workshop Location</th>
<th>Date</th>
<th>Participants</th>
<th>Stakeholder Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawkesbury</td>
<td>11 April</td>
<td>29</td>
<td>- People with disability; - DSCs; - CSOs (including peak organisations); - local government area representation; - emergency management representation from NSW Rural Fire Service (RFS), NSW SES, NSW Volunteer Rescue Association (VRA), NSW Volunteer Fire and Rescue Councils (VFRC), NSW Health and NSW Emergency Services Commission; - State Government agencies including NSW Environment and Heritage.</td>
</tr>
<tr>
<td>Taree</td>
<td>9 May</td>
<td>36</td>
<td>- People with disability and their family members and carers; - DSCs; - CSOs; - local government area representation; - emergency management representation from NSW Rural Fire and Rescue Service (RFS), NSW SES, NSW Volunteer Rescue Association (VRA), NSW Volunteer Fire and Rescue Councils (VFRC), NSW Health and NSW Emergency Services Commission; - State Government agencies including NSW Family and Community Services (FACS), NSW Environment and Heritage.</td>
</tr>
<tr>
<td>Sutherland</td>
<td>27 May</td>
<td>21</td>
<td>- People with disability and their family members and carers; - CSOs; - CSOs (including peak organisations); - emergency management representation from NSW Rural Fire and Rescue Service (RFS), NSW SES, NSW Volunteer Rescue Association (VRA), NSW Volunteer Fire and Rescue Councils (VFRC), NSW Health and NSW Emergency Services Commission; - State Government agencies including the NSW Office of Emergency Management (the project's funder), NSW FACS.</td>
</tr>
</tbody>
</table>
Summary of first phase workshops

(1) Access to information, resources and training on natural hazard preparedness in accessible and understandable formats for people with disability and their families
(2) Practical strategies for natural hazard preparedness
(3) Organizational preparedness that considers duty of care to the beneficiaries of the service, and also their staff

Summary of first phase workshops continued

(4) Future directions for local action

a. Knowing your community
b. Building individual and community networks of support
c. Trust and knowledge of community held by CSOs/DPOs and whether there is opportunity for collaboration with emergency managers

Natural hazard preparedness in your local area

- Individual stories
- Organisations engaging in preparedness?
- Emergency managers and community working together?
- What is your interest in natural hazard preparedness?

ACTION: Share around your table – make a note on the butchers paper provided

Reporting back and Sharing
Morning tea

- 15 Minutes

Image retrieved from Pixabay

Individual Self Assessment – ISAT-EP

The Nine ‘Components’

1. Socio-economics and demographics
2. Functioning and disability
3. Participation in the community
4. Physical vulnerability of home
5. Attachment to place of living
6. Risk perception and knowledge
7. Preparedness and expectations during an emergency
8. Risk communication: learning about natural hazard emergencies in the future
9. Lived experience of a past natural hazard

Components of the Individual Self Assessment – ISAT-EP

2. Socio-economic and demographic information
   - Demographic factors influence risk as well as resilience to natural hazard emergencies such as level of education

3. Functioning and disability questions
   - During emergencies, people with disabilities who cannot evacuate are often left behind or told to “wait to be rescued”
   - Questions identify functioning capacity and any limitations
   - Capture the degree or severity of the functioning difficulty or difficulties
Components of the Individual Self Assessment – ISAT-EP

4. Participation in the community
- People who are socially excluded are more vulnerable to natural hazard emergencies

5. Physical vulnerability of home: Where you live?
- The physical structure of the house influences the vulnerability of that house to natural hazard emergencies
- People with disability may spend, on average, more time in their homes than people without disability
- As a consequence, the physical vulnerability of their house is important to consider in relation to being affected by a natural hazard emergency

Components of the Individual Self Assessment – ISAT-EP

6. Attachment to place: Your house and household
- Attachment to home is known to influence risk or resilience in a natural hazard emergency
- People with a high attachment to the place where they live are more likely to prepare for natural hazard emergencies, and tend to recover more quickly
- However people with a high attachment may not be willing to leave or forsake their homes, land or animals

Components of the Individual Self Assessment – ISAT-EP

7. Natural hazards risk perception
- Before and during natural hazard emergencies, people make decisions based on their perception of risk
- Risk perception is influenced by factors such as the type and quality of education, access to reliable sources of information and lived experience (e.g. if they lived through a natural hazard in the past)
- People who do not understand about the risk are less likely to be resilient in the face of a natural hazard emergency

Components of the Individual Self Assessment – ISAT-EP

8. Natural hazard emergencies: What you would do in a natural hazard emergency?
- Questions focus on preparedness actions that have been undertaken by an individual and their household to increase their resilience to natural hazards
- Typical preparatory actions include the drafting of a household emergency plan and the preparation of an emergency kit
Components of the Individual Self Assessment – ISAT-EP

9. Risk communication: Learning about natural hazards in the future
   - The way risk is communicated is known to influence knowledge and
     behaviour of the general population
   - **Long-term** – The questions ask about the longer term what are the
     preferred ways people want to learn about natural hazards
   - **Short-term** (i.e., during natural hazard emergencies), the questions ask about
     preferred communication options to send emergency messages (such as
     warnings and evacuation orders) to individuals.

Components of the Individual Self Assessment – ISAT-EP

10. Lived experience of a past natural hazard emergency
   - Living through a natural hazard emergency can influence the
     individual’s perception of risk for the future
   - It may make the individual more cautious, particularly to the same hazard
     emergency that they have experienced in the past
   - It may make the individual better prepared for the future

The Nine ‘Components’

2. Socio-economics and demographics
3. Functioning and disability
4. Participation in the community
5. Physical vulnerability of home
6. Attachment to place of living
7. Risk perception and knowledge
8. Preparedness and expectations during an emergency
9. Risk communication: learning about natural hazard emergencies in the future
10. Lived experience of a past natural hazard

Review of the ISAT-EP

We want to know your thoughts on the ISAT-EP

We have provided you with a review sheet, there are also copies of the ISAT-
EP on your table

We want to know:
1. What you think are the most important components of the ISAT-EP, and
   why?
2. What parts you do not understand, or think would not be relevant?
3. What challenges people with disability may face filling out the ISAT-EP?
4. What improvements you suggest to the ISAT-EP?
Lunch

What organisations do we have in the room?

- What types of services do you provide?
- How many people do you support?
- What are some of the challenges you think you may face in the event of a natural hazard emergency?
- What are some of the travel and communication options available to the organisation?

Facilitated Discussion: Looking at the scenario

Think:
(2 – 5 mins)

- Think on your own for a few minutes
- Question: Imagine the impact of this natural hazard event on your organisation

Task: Use Butchers paper to note your answers

Activity

Pair (small group/table discussion): 20 mins

Questions:

a) How do you think clients, their families and staff may be responding?
b) Will you continue operating?
c) How will you communicate messages?
d) How will you be able to access copies of records, client contact details, insurance papers and organisation financial information remotely?
**Community Service Organisations**
- Provide vital services to the most vulnerable members of our community
- Have the capacity to help prepare vulnerable people for emergencies
- Play an essential role in disaster relief and recovery
- At the first round of our workshops we learnt there was an eagerness and willingness of organisations to engage in preparedness activities, but needed resources to assist with this

**ACOSS**
- National peak for the community services sector
- Voice for people experiencing poverty and inequality

**ACOSS represents:**
- 125 community organisations directly
- 3600 CSOs through the network of state & territory COSS

**ACOSS Interest:**
- People experiencing poverty and inequality will be first and worst affected by climate change and extreme weather

**http://resilience.acoss.org.au**

**Australian Council of Social Services (ACOSS)**
**Resilient Community Organisations Toolkit**
- Specifically designed for CSOs to assist in their preparedness
- Goes through steps on how to manage risks and thereby harness opportunities

1. Online benchmarking tool
2. Six steps to resilience
3. Organisational template
As part of this project we are reviewing the Australian Council of Social Services, ‘Resilient Community Organisations Toolkit’

Asking whether the toolkit is practical and effective for organisations who provide services or support to people with disability and their support networks.

Future local action
Key guiding principles for local action as identified by attendees at our local information sharing workshops:
1. The importance of knowing your community
2. Building individual and community networks of support
3. Acknowledging the trust and knowledge of community held by community service organisations and disabled people’s organisations (DPOs)
4. Building on opportunities for collaboration with emergency managers

Now discuss in your group and write on your butcher’s paper
What action will you now take to work together to build community resilience including people with disability?
Reporting back and Sharing

What else is happening in this project over the next two months

- Individuals with disability are completing and reviewing the ISAT-EP and we
  will be talking with them about their feedback
- Organizations supporting people with disability are completing and
  reviewing ACOSS Resilient Community Organizations Toolkit and we will be
  talking with them about their feedback
- Analysis of the data on the ISAT-EP and the ACOSS tool from the 3
  workshops and the reviews being done by individuals and organisations
- Refinement of ISAT-EP
- Feedback to ACOSS about potential refinements of their tool

Closure of workshop

- Please complete a feedback/evaluation form

Keep up to date with the project on social media

https://www.facebook.com/DisabilityandDisability
@PWD_DRR
Appendix 3– Workshop slides – components of the ISAT-EP

The Nine ‘Components’

2. Socio-economics and demographics
3. Functioning and disability
4. Participation in the community
5. Physical vulnerability of home
6. Attachment to place of living
7. Risk perception and knowledge
8. Preparedness and expectations during an emergency
9. Risk communication- learning about natural hazard emergencies in the future
10. Lived experience of a past natural hazard

Components of the Individual Self Assessment – ISAT-EP

2. Socio-economic and demographic information
   - Demographic factors influence risk as well as resilience to natural hazard emergencies – such as level of education

3. Functioning and disability questions
   - During emergencies, people with disabilities who cannot evacuate are often left behind or told to “wait to be rescued”
   - Questions identify functioning capacity and any limitations
   - Capture the degree or severity of the functioning difficulty or difficulties
Components of the Individual Self Assessment – ISAT-EP

4. Participation in the community
   - People who are socially excluded are more vulnerable to natural hazard emergencies

5. Physical vulnerability of home: Where you live?
   - The physical structure of the house influences the vulnerability of that house to natural hazard emergencies
   - People with disability may spend, on average, more time in their homes than people without disability
   - As a consequence, the physical vulnerability of their house is important to consider in relation to being affected by a natural hazard emergency

Components of the Individual Self Assessment – ISAT-EP

6. Attachment to place: Your house and household
   - Attachment to home is known to influence risk or resilience in a natural hazard emergency
   - People with a high attachment to the place where they live are more likely to prepare for natural hazard emergencies, and tend to recover more quickly
   - However, people with a high attachment may not be willing to leave or forsake their homes, land or animals

Components of the Individual Self Assessment – ISAT-EP

7. Natural hazards risk perception
   - Before and during natural hazard emergencies, people make decisions based on their perception of risk
   - Risk perception is influenced by factors such as the type and quality of education, access to reliable sources of information and lived experience (e.g., if they lived through a natural hazard in the past)
   - People who do not understand the risk are less likely to be resilient in the face of a natural hazard emergency

Components of the Individual Self Assessment – ISAT-EP

8. Natural hazard emergencies: What would you do in a natural hazard emergency?
   - Questions focus on preparedness actions that have been undertaken by an individual and their household to increase their resilience to natural hazards.
   - Typical preparatory actions include the drafting of a household emergency plan and the preparation of an emergency kit
Components of the Individual Self Assessment – ISAT-EP

9. Risk communication: Learning about natural hazards in the future
   - The way risk is communicated is known to influence knowledge and
     behaviour of the general population
   - Long term – The questions ask about in the longer term what are the
     preferred ways people want to learn about natural hazards
   - Short-term (i.e., during natural hazard emergencies), the questions ask about
     preferred communication options to send emergency messages (such as
     warnings and evacuation orders) to individuals.

Components of the Individual Self Assessment – ISAT-EP

10. Lived experience of a past natural hazard emergency
    - Having lived through a natural hazard emergency can influence the
      individual’s perception of risk for the future
    - It may make the individual more cautious, particularly to the same hazard
      emergency that they have experienced in the past
    - It may make the individual better prepared for the future
## Facilitated discussion - Preparing yourself for natural hazards

### My thoughts about myself/a person I know with disability using the ISAT-EP

1. The most important components of the ISAT-EP are (see list of 10 components above):

   I think this because:

   Completing the ISAT-EP would allow me to identify I have skills and readiness for natural hazards in..

2. The questions that I did not understand or felt would not apply in this community are…

3. Some of the challenges that people with disability may face completing the ISAT-EP may be…….
4. I would recommend the following improvements to ISAT-EP....

If you would like to be a part of the review of the ISAT or are willing to invite 2 people with disability to participate, please put your details here (reviews will take place in November):

Name:                                Contact Number

Email address:

Address:
Appendix 5 – Organisational Self Assessment
Reflective Questions

Facilitated discussion – Organisational preparedness for natural disasters

1. In your group discuss and write on your butcher’s paper
   a) How do you think clients, their families and staff may be responding?
   b) Will you continue operating?
   c) How will you communicate messages?
   d) How will you be able to access copies of records, client contact details, insurance papers and organisation financial information remotely?

2. Followed by large group feedback

3. Now in your group discuss and write on butcher’s paper what you think would be necessary steps you would need to take so your organisation is prepared for this situation?

If you would like to help us by reviewing the ACOSS ‘Resilient Community Organisations Toolkit’, please put your details here:

Name:  
Contact Number:

Email address:

Address:

*Please note follow up of reviews will take place early in November*
Appendix 6 – Activity: Collaborative Future Local Action

Key Guiding Principles for Local Action

1. The importance of knowing your community
2. Building individual and community networks of support
3. Acknowledging the trust and knowledge of community held by community service organisations and disabled people’s organisations (DPOs)
4. Building on opportunities for collaboration with emergency managers

Activity

1. Discuss in your group and write on your butchers paper for EACH of the guiding principles
   a) How will you go about doing this?
   b) What barriers are there to achieving this outcome?
   c) How could you break down these barriers?

2. We will then share your responses in the large group

3. Now discuss in your group and write on your butcher’s paper

What action will you now take to work together to build community resilience including people with disability?
Appendix 7 – Evaluation Form

We want to know what you think about this workshop

1. What did you think of the workshop?

<table>
<thead>
<tr>
<th>Good</th>
<th>Not good</th>
<th>I don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Green Thumbs Up]</td>
<td>![Red X]</td>
<td>![Confused Person]</td>
</tr>
</tbody>
</table>

2. Which parts of the workshop did you think was most interesting/useful

   Write your answer
3. Which parts of the workshop did you think were not helpful?

Write your answer

4. I will use information that I have learnt at the workshop

Yes  No  I don’t know

Write what things you will do with the information you have learnt:
5. What do you think would make the workshop better?

Write a list of what could make the workshop better

6. Do you want to give us any more comments?

Write your answer here

THANK YOU!

The pictures we used in this sheet are from Microsoft Clip Art and from the people at Inspired Services Publishing (www.inspiredservices.org.uk). They said it's ok for us to use them.
END OF REPORT

The views expressed herein do not necessarily reflect the views of the NSW Government, unless the views expressed in the project materials have been publicly supported by the Government, or Government Agency.