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**The University of Sydney**

**National Disability Forum on Disability-Inclusive Risk Reduction**

**Monday, 27 March 2023**

Captioned by: Carmel Humbley

(START OF CAPTIONING)

MARGARET MORETON: Good afternoon. Thank you for joining the Australian Institute for Disaster Resilience and Collaborating4Inclusion Research team for this important webinar on Disability Inclusive Disaster Risk Reduction. My name is Margaret Moreton. I'm the Executive Director at AIDR and I'm delighted to be your host today.

I wish to start by acknowledging that I am hosting this event from the lands of the Ngunnawal people.

I also acknowledge the Traditional Custodians of the various lands on which you all join us from today and the Aboriginal and Torres Strait Islander people participating in this event.

I pay my respects to Elders past and present and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters across Australia.

Before we begin. I just have a few brief housekeeping notes. So today's event is supported by Auslan interpretation and live captioning. Please check the chat window for information regarding how to access these during today's Webinar. The event is also being recorded, and this recording will be made available afterwards, including a written transcript. We are using the Q&A Feature on zoom to take questions so please, as you think of questions, post them in the Q&A box. Don't put them in the chat window. You will be able to up-vote questions by clicking the 'thumbs up' button, and I will do my best to ask a number of these to our speakers following the presentation. I do encourage you to use the chat window, as some of you are doing now, to share thoughts, reflections, say hello, perhaps mentioned the land upon which you are sitting, listening to. Good heavens! Welcome from Germany. I apologise so, by all means, use that chat and say hello and reflect on the on the seminar as it goes ahead. I would like you to remind you to be respectful of one another and

of our panelists during this presentation, when you're posting your comments and your questions. So let's begin

My most memorable experience and learning, about disability in relation to disaster, was after the Canberra Fires in 2003. While working in the recovery centre, I learned of a person with disability who was instrumental in assisting non-disabled neighbours to evacuate from their street. This resident had a Plan A and a Plan B. His non-disabled neighbours were caught without a plan and unsure what to do. While this is a great example of individual resilience, there is much work to do to ensure preparedness and the ability to act during disaster is equal.

The Leave Nobody Behind project, through the Collaborating4Inclusion Research team, has been working in local government areas across New South Wales and nationally to gather research and develop practice that builds cross-sector community capacity to ensure that nobody is left behind when disasters strike. The end product will be a national framework for cross-sector collaborative action on Disability Inclusive Disaster Risk Reduction, supported and enabled by co-produced tools that everyone can use.

Consistent with the research team's commitment to co-production, the frameworks development will be supported by multi stakeholder consultation. In partnership with AIDR, this will begin with a series of three webinars showcasing the evidence that has been collected. Each webinar will look at Disability Inclusive Disaster Risk Reduction from a different viewpoint, with today's webinar focusing on the role of government and emergency services.

So to talk more about the collaborating for inclusion research team, the project and the topic of Today's Webinar join me in welcoming Associate Professor Michelle Villeneuve, Deputy Director of the Centre for Disability Research and Policy at The University of Sydney. Over to you.

MICHELLE VILLENEUVE: Thanks so much, Margaret. I really appreciate that warm welcome, and it's really exciting to see how many people are here from so many different parts of not only Australia, but also overseas.

I'm calling in today from the land of the Gadigal people, and I'd like to pay my respects to elders, past, present, and emerging, and also extend that respect to any aboriginal people who are joining us today online, and also who may watch this in a video later on. It's really my pleasure to set the scene for today. There's probably a lot that we could tell, and, as Margaret suggested, we will tell and unpack our learnings about including disaster risk reduction in the Australian context over a series of Webinars and for those of you who have been following our journey, you will know that for nearly a decade we have been engaged in ongoing co-production work in partnership with people with disability, the services that support them and government and emergency services, and you'll probably also know that we have multiple work streams that we sort of affectionately talk about choosing your own adventure, and that no matter where you begin and what positionality you're taking when you enter our videos, our stories, our research, our case studies, webinars, and so on. No matter what positionality you take at the beginning you will always end up at cross-sector collaboration, and that really is the focus of the operational framework that we aim to build. You know, disability stigma is the single biggest barrier to the personal safety, and wellbeing of people with disability when disaster strike we see this because people with disability are kept in a too hard basket, they are overlooked, excluded, and an afterthought. And today we really want to take a look at the issues that are actually facing our government and emergency services, and what stops them up, and what challenges they need to overcome in order to take disability out of that too hard basket. Next

slide, please.

I really do want to acknowledge that we are doing this work in partnership with so many stakeholders only, some of whom are actually represented on the slide, and many of whom are now collaborators overseas as well. And this work is beginning to touch countries outside of Australia. It's really exciting to have that partnership and to grow our understandings. I also really want to acknowledge that this Leave Nobody Behind Project is funded by the Australian Research Council through a linkage Grant and linkage. Grants are really all about industry, partnership, and community collaborative action. And so we're really thrilled to have that funding in partnership with the New South Wales Reconstruction authority. But because I'll be talking to you today about all of the program of research and the cumulative effect of our learnings. I really also need to acknowledge that we see funding from the Queensland Government, the Victorian Government and the Australian Government to support this work, and I think it's real tribute to the passion that our Government stakeholders have in partnership with the emergency services and agencies that support emergency management in each jurisdiction across Australia, and the commitment that they have to developing inclusive disaster, risk reduction in policy, and in practice. Next slide, please.

So DIDRR, Disability Inclusive Disaster Risk Reduction. It's a mouthful, but it really means keeping people with disability and their support needs at the centre of emergency management, planning response and disaster recovery. And it really means we need some mechanisms to make that happen in practice. It requires shared responsibility of multiple stakeholders working together to identify and remove barriers that increase risks for people with disability and those risks can happen before, during or after disaster, and our project team

really has focused quite a lot on the long before disaster, because we know that what can protect us most in an emergency is having personal emergency preparedness plans. And we'll see through some of the examples today how crucial and how critical and important that is to have that contingency planning happening in advance. But what is the ongoing challenge for government and emergency services in doing for DIDRR? They're really faced with this intractable problem of how do you develop shared responsibility between local government, emergency personnel, people with disability and the services that support them? It's a lot of stakeholders. We need methods, tools, and programmatic guidance to make sure that people with disability and their support needs, remain at the centre of those planning and practices. On the next slide you will see that we really feel it's critical to develop that shared responsibility. But how do we actually do that? Next slide, please.

We need to build these DIDRR actions through cross-sector collaboration and local actions that are person centered and capability focused. But those actions need to be supported by inclusive policy that guides those actions. Our focus here is on the development of person-centered and capability-focused approaches. Next slide, please.

Our research asks how do we enable people with disability to take control of their own preparedness, planning, while also ensuring the rights to protection and save Deermat? This is really critical. When we think about the UN and Convention on the rights of people, with disability to protection and safety in emergency situations and by extension, and built on the foundation of that UN Convention, thinking about the Sendai Framework for Disaster Risk Reduction which embeds inclusion, accessibility, universal design, principles into that framework. But it Doesn't exactly tell us, how do we achieve that in practice? So our partnership with the multiple stakeholders is really all about informing

with critical data on the preparedness, capabilities and support needs of people with disability and carers in emergency situations. Co-designing inclusive and person-centered capability focused disaster reproduction strategies that can be put into practice opportunities to increase the inclusion of people with disability in state, regional and local emergency management. Policy and practice and we've gone through quite a number of co-production cycles, if you will, to identify what those practices are, to test them in the field to receive feedback on the ground, and to improve the tools and resources that we're building. The culmination will be an operational framework for cross-sector collaborative action on DIDRR, and we've been we've been working already to build these in each jurisdiction, and we're quite excited that a lot of the work that we've been doing and Leave Nobody Behind Project has allowed us to expand our remit, to look at national surveys of all of these stakeholder groups, to look at testing the strategies in multiple jurisdictions, and we believe this framework will have high relevance within New South Wales, as well as outside of New Zealand as well. Next slide, please.

But what actually gets in the way of sharing responsibility and taking a government and emergency services perspective in this Webinar, we really ask, how does that increase and perpetuate inequality and risks for people with disability when disaster strike? So here's some of the things that have been learned, and I will count this by saying, these are some of the things that we're also changing through our partnership work. The starting position too often is that disability is not our core responsibility. We will hear things like it's really important but it's not our show from the emergency sector. We hear things like it is a responsibility for others, it's the community engagement functions of emergency services that take responsibility for. That it is a really a function of the disability, inclusion and access committees. Or it's about the disability and health service

providers. A real challenge for Government is bringing these sectors together, bringing these perspectives and bringing these functions of Government and their operations together at the local community level where disasters strike. We really need to coordinate those operations and support and give guidance to the people who are charged with enacting them in practice and we need to do that by working in partnership is people with disability because we need to recognise that disability inclusion is everyone's responsibility.

The other thing we hear too often, and this one is very difficult because it is really a social issue that affects all of us, our emergency services colleagues and Government colleagues will say, "I have limited exposure to disability and it's not an area that we are experts in so it is hard for us to plan for people with disability." This is challenging because this is impacted by the way that we all grew up. The social, cultural, historical views of people with disability that persist and perpetuate inequality for people with disability. We see it in the stigma and discrimination of people with disability that meant they weren't sitting beside you at school, we see in it the limited exposure to disability in the work context. We see it in limited exposure and social context because environments aren't built with universal access in mind. Think of all the places that you go that are inaccessible for people with different disabilities. So when it comes to planning for emergencies and responding to disaster, it creates disability as a taboo subject, at least to discomfort, fear of doing or saying the wrong thing and that what happens is we end up thinking of this as a problem for the individual with a disability. We think of it as a problem for disability and health service providers and this is where disability awareness that includes direct engagement with people with lived experience with a disability is so critical in building meaningful partnerships that support and develop both



that awareness but also that change in practice. The third thing that happens is that we've developed systems around this whole idea of pushing the problem with the individual. We can call it is vulnerability approach. The social vulnerability approach has dominated the body of disability and disaster research. It served to enhance our understanding about disproportionate risks that are experienced by people with disability, when used from a social model perspective just like social model of disability the social vulnerability approach helps to call out those pre-existing structural barriers that increase risk, those core issues. And it can help to advocate for their removal. However, too often the vulnerability approach is used to speak about what's wrong with the individual rather than what's wrong with the policy, the practice or the environments that increase risk. And this can lead to untenable solutions that don't solve the problem or provide only partial solutions that do not address the root causes of the vulnerability. Those things might be things like vulnerability registers or designing access to evacuation centres but not considering how people are transporting to those centres or how they are receiving services once they are there.

Instead, when we view people as vulnerable we create these systems for doing for instead of with and that leads to some responsibility shifting so you can see how this creates a negative spiral of not including people with disability. Instead the capability approach considers to what people can do for themselves, how they get, give and receive support and working together to find the best ways to change environments and systems of support that are tailored to those support needs.

It's really important I think to also consider how policy can reinforce those barriers for the practitioners on the ground. What are our community engagement? Functions of local government and State Government and what are our emergency services providers up against

when we think about how does policy reinforce these barriers? Policies really are about articulating the goals and identifying behaviours and actions necessary to achieve them so we looked at Australia's emergency management documents and looked at their ability to either help or hinder efforts toward DIDRR. We asked to what extent do emergency management plans and guidance documents recognise disproportionate risks of people with disability and make provisions for their support needs. We analysed three set of the document, all of Australia's State and Territory-level emergency management plans, all of the vulnerability frameworks or at-risk frameworks that focus on the support needs of at-risk groups and we looked at a representative example of local emergency management plans across Australia. What did we learn from this? We learned that the state and local emergency management plan was absolutely aligned with the legislated requirements in each jurisdiction and we learned that the guidance documents, those at-risk or vulnerability frameworks really align with Australia's shared responsibility framework and strategy. But there was really limited evidence that those documents are effectively interconnected with each other in ways that are oriented toward change on-DIDRR. People with support needs are not profiled in the emergency management planning process and where they are, they are considered as one of several members of a vulnerable group. Recognition is not made of factors that increase vulnerability for people with disabilities in emergencies. Instead, the dominant perspective is that people with disability have deficits that make them vulnerable. No specific direction is given in the state level or emergency management plans on how to address factors that present barriers to the safety and wellbeing of people with disability. Now strategic direction can be found in those guidance documents and I think that's a really important thing for us to think about when it comes to the actions on the

ground. Those guidance documents are places we can and should be looking to for direction and those guidance documents, regardless of which jurisdiction they cover, all call for two things - they call for collaboration with services - community services - to support people at greater risk in disasters and they call for preparedness support to help people, including people with disability, who are at greater disaster risk to tailor and make emergency management plans better matched to their support needs and emergencies. So this, I think, are two critical features that we need to pay attention too. It is unfortunate that we are not seeing the linkages between those functions that we need to promote across communities - collaboration and preparedness support - in the emergency planning documents themselves so we are working with our Government colleagues and partners to think about how we improve that process and direct the process from the planning right down to the stand-up for a disaster event. It is important to recognise the protective measures are mentioned in this document and that is a requirement under the UN convention so we are likely to see those protective mechanisms and a place we need to focus on is how do we also do that in partnership with people with disability so that their drivers and agents of change in that framework. That is something that the Sendai framework has given us. I think one of the things that we also need to think about when we think about our emergency management planning documents and the annual revisions to those documents in each jurisdiction is to consider how we can make provisions for meaningful participation and representation - voice, if you will - of people with disability in that pre-planning process. So remembering policies are to articulate goals and identify the behaviours and actions necessary to complete those goals so we need policies that help our providers on the ground to direct those actions toward disability-inclusive disasters.

They perpetuate inequality for people with disability and the biggest factor and the biggest risk is the exclusion from emergency management planning. The reality is that people with disability have fewer choices and opportunities to prepare, respond and recover from emergency situations and they have support needs that put them at greater risk so one of the things we can pay attention to is the direction from the UN convention, article 11, which suggests that we need to think about in partnership with disability, what are those extra support needs and how can we make sure that we are responding effectively to what those are. In today's webinar we are going to take actions and we are - we are going to talk about actions that Government and emergency services can take to change the situation and I really wanted to set the scene by saying it is important for us to have this baseline understanding where we are at right now in our thinking and policy guidance in this space and where might we get to in the next two to five to 10 years. How can we use this understanding about where we are at today to measure those changes. Next slide, please.

Our research is really trying to work in partnership to put DIDRR into action and there are mechanisms we can take to make this happen. Along the left-hand column of the slide you will see a number of those documents. One of them follows the line of legislation and requirements under the disability - disability functions of Government and the other along the lines of emergency management and disaster recovery planning and those things really need to come together and in alignment. People with disability need a seat at the table meaningful inclusion and representation in decisions and actions around planning across both of those streams of policy planning and implementation. We need to build disability leadership and a supportive infrastructure in which that can take place. That really needs to come from a place of co-planning, co-design

and co-production for inclusive DIDRR to actually be put into meaningful action and to be sustained over time. We need policy and legal change at multiple levels and it is quite exciting to see that Australia has taken pretty significant steps to make that happen and we are thrilled that the learnings that we're engaging with our Government partners are leading to those really practical policy changes. Disability is included - disability inclusive and emergency planning is included in Australia's disability strategy. It is included in the NDIS quality and safeguarding Commission legislative amendment and it is accompanying practice standards. These are really critical developments that are really helping us to put disability at the centre of those planning practices and support people on the ground to know how to do it. We need to actually learn together for change and we need practice guidance that involves experimenting and measuring. This extends it into co-monitoring and co-valuation and checking whether those tools and approaches with working meaningfully on the ground in different contexts and that also means thinking about how they work in different geographic and disaster risk contexts as well.

What does this look like? It really looks like working together. You will see images on the slide that talk about person-centred emergency preparedness and disability-inclusive emergency planning. These are two interventions that we have been developing and testing and putting into action that really support that notion of starting with the individual to self-assess their capabilities, their level of emergency preparedness, their support needs before, during and after disaster and making tailored plans. That intersects with the service and continuity planning of organisations in the community that support people with disability and mainstream services as well. And then that leads into looking at what are the extra support needs that we need to make sure are included in our emergency management planning, particularly at the local community

level where disasters strike and in our disaster recovery planning and practices that ensure those extra support needs are met. Next slide, please. Together with our partners we are both learning and showing that the tools that we use matter. The person-centred emergency preparedness or P-CEP toolkit came into being over a few years of collaboration with our stakeholder groups but it really got its legs when people with disability started putting it into action in 2019. It consists of a capability framework, three principles and four steps and the important thing about these - this particular toolkit is how it supports the cross sector collaborative action and the preparedness support that tailors preparedness planning to individual support needs and situations. Next slide, please.

It also matters how we use tool. People facilitating need to be aware, capable and prepared them serve, they need to be trained in preparedness support and they need to understand Australia's emergency management arrangements. We have a short course that we've been running over the past - oh two years now and we are quite excited to be able to share valuation findings in upcoming webinars and throughout the course of this year as we pull the findings of that valuation together and we're thrilled that over 42% of our participants in the short course are Government and emergency stakeholders which I think really shows the motivation and the interest to put these tools into practice and into action. P-CEP leadership is a fundamental part of what we do because people with disability need too be supported and resourced to be in the driver's seat. Leadership is really all about co-production. And so I think we see this through our collaborative work with emergency sectors when we co-produce new ways of thinking, acting and responding.

It also matters what we do with the information and the learnings that we collect. What we have been doing over the last year with our

disability inclusive planning forums is having these conversations at the community level, bringing multiple stakeholders who don't normally learn and work together to have these hard conversations to unpack the challenges, to discover local community assets and to think about how we can meet and address the extra support needs faced by people within their local communities. Our partnerships with local councils has been instrumental in this change process. We have been learning together with our council partners how critical their support coordination and leadership functions are in the space. I could probably talk forever about the value of local councils and their relationships with community, their interagency connections in groups across the multiple stakeholders that we've been involved in in this research over the last decade and so I cannot say enough about how critical a role that local councils have and now we need to really leverage their leadership, their support functions and the coordinated effort that they've been demonstrating they are able to achieve in the space. Next slide, please.

I would really like to invite everyone who is online today to come and learn with us. We are continuing to explore these collaborative approaches and we like to think that the tools we build are never finished. They are in a constant state of co-production and improvement as we put them to task in the community. So please don't hesitate to visit us at our website and explore all of these approaches and resources in greater detail. Next slide, please.

I have the pleasure of turning over the rest to today's webinar to others who can really share what the cross-sector practice, is the capacity development initiatives and new research and how that is exploring individual preparedness, community risk production and collaboration in recovery really putting these principles into action. Before I do I would just like to share three reflections on some of the learnings we have had

together. First, the vulnerability approach doesn't work. We take disability out of the too-hard basket when we approach people with disability as having both rights and responsibilities for their own safety in emergencies. Second, the tools we use direct how we work. When we use participatory approaches to build empowerment into the tools like the person-centred toolkit or our disability inclusive tools and resources we embed empowerment into the practices that matter. We often think of this as empowering only people with disability because the intent is that they have been left behind so they need to be empowered but our research is showing that these tools are empowering Government and emergency services. We hear things from our colleagues from Government emergency services like, "I love my job again." "I can really put these tools into action on the ground." "Now I can finally address all of the risk I can see in my everyday practice but wasn't sure how to take action on."

Third, true partnership really begins with genuine acts of humility. If we want to achieve shared responsibility in disability inclusive disaster risk reduction we will need humility in spades and an ability to listen and learning to. Thanks very much and thanks in advance to all our panellists today who will share their incredible wisdom, experience and practices with you.

MARGARET MORETON: Thanks, Michelle. There is so much in this. I move straight on to our next speaker who will provide an example of disability inclusive disaster risk reduction in the emergency services sector which will help answer some of the questions already emerging. Angela Cook is the senior engagement advisor for people at higher risk with the Victorian Country Fire Authority. The Victorian CFA has invested in a portfolio of work aimed at addressing the disproportionate risk



experienced by people with disability in fire and other emergencies. Angela, alongside her colleague Kelly Stoner leads this portfolio of work so please join me in welcoming Angela.

ANGELA COOK: Thank you very much, it is great to be here. I will say good afternoon for some of us I think, and also good morning depending on where you are dialling in from. I am sitting here on beautiful Taungurung country near Mansfield and would like to acknowledge their people and their elders past and present. Thank you for the opportunity to share what an emergency service or actually two emergency services have been doing here in Victoria.

So let's start at the beginning. I met Toni in 2018 and she lives with progressive multiple sclerosis or MS. She had contacted CFA - that's us at the Country Fire Authority - and she was concerned about her bushfire risk. She lives on the fringe of a country town and there'd been a number of fires close to her. In the beginning I tried to help Toni by arranging a free bushfire property service where someone from CFA went and looked around her property and gave her some fire preparedness advice and this helped put Toni's mind at ease but when it came to fire planning it was a lot more difficult. So over the next few years Toni and I had several conversations, mostly focussed on how to improve her bushfire planning. It became very clear that it was much harder for Toni to come up with a realistic and suitable plan for bushfire to keep her safe. The first attempt at her plan was to go into the pantry, drink some wine and hope for the best. Not really a great plan. The second attempt - these were all Toni's ideas - was to ask a friend who lived up the road with a horse float who could come and pick her up with all her equipment with her electric wheelchair, her hoist et cetera and take her back to her house. Then the third attempt was to try to find somewhere

to go if she did leave early. One of her support workers was helping her and contacted the local shopping centre but when they asked if they could leave the hoist at centre management the answer was, "No." So the shopping centre, a place we often tell people to go, was not suitable.

So it is clear in Toni's situation that emergency preparedness is a process and I'd say it is very much an ongoing process and trying to fill gaps for Toni is hard. She does not own an accessible car, they are expensive and not covered by her National Disability Insurance Scheme or NDIS. In the end she was able to hire a suitable van over the summer months. As transport is her main barrier and finding somewhere to go is also challenging and needs a lot of pre-planning. After a few years it was clear that leaving her home is still very challenging and Toni has said she won't leave unless she absolutely has to.

So what has that taught me? Toni's situation is not unique. In fact, over the past few years we have learnt a lot through lived experience from a number of people and some people obviously in the community need to consider a range of factors such as health management, personal supports and assistive technology in their planning and, yes, emergency preparedness is a process. Toni is an expert in her life and she needs to own her plan and, as Michelle has mentioned, we need to work together, we need a collaborative approach between - well we've gotten to Y in this situation - the resident, emergency services, council and support people. If we are really going to build and improve on disability-inclusive disaster risk reduction.

So how are we using the lessons learnt from Toni and others? CFA has developed, and is testing, a new household service targeting people at higher risk alongside the Red Cross. We've called the service EPAS, the emergency Planning Advice Service. EPAS is a vehicle for delivering the person-centred emergency preparedness approach developed by the

University of Sydney that you have just heard about. Now I'm not sure how many of you listening today understand P-CEP so I will really try and describe it very briefly although usually it would take a bit longer but given we don't have much time. So P-CEP is a capability approach like you have heard from Michelle just earlier. It is for individuals focussing on the strength of what they can do rather than what they can't and working together to brainstorm solutions if there are gaps in their emergency plan. So CFA's traditional engagement would start with understanding your risk first and then making a plan. What P-CEP does and what it has done is give us a step before and also a step after this. But the step before, I feel, is the most critical because it starts with your strengths in your everyday life and what your capabilities are. It focuses on you. It is person centred, like Michelle said, putting support needs at the centre. Okay, so what is EPAS, the Emergency Planning Advice Service. It is a household service over multiple sessions. It is not a one-off remembering planning is a process. I might say that a few times today! Both bushfire and home fire safety are covered and the Red Cross are there also and they can cover off on other emergencies. Yes, we utilise the P-CEP program work and approach. Our CFA and Red Cross facilitators undergo a 12-hour training program so they are skilled. We use a local approach and deliver this alongside municipalities and they support us with local referral pathways and also a way I think for step four of P-CEP to be used when we need to bring those gaps and advocate back through locally. Is last part is we can work in partnership with formal care providers. This can be useful in brainstorming gaps that an individual might have. I know Michelle put this on her presentation before but I really love this tool. This is the capability wheel from the P-CEP toolkit. If you have a look at the eight areas listed here you'll see they relate to all aspects of our lives. In particular, the top three will all

pretty much relate to everyone and then there are some extra areas across the bottom and those five are really critical. Utilising this tool in the household visits allows for conversations about these topics such as health management and personal supports that might really impact on your fire and emergency plan and it allows for a conversational approach.

So back to EPAS. After developing and co-developing a program logic and a program model with Red Cross we started to try and kick off some trials in 2021 and '22. This was greatly impacted by COVID and really affected participation by residents and facilitators. It truly was a major setback and the original trial numbers are reflective of trying to run this during Victoria's famous series of lockdowns however, the Yarra Ranges, Bendigo and Bass Coast municipal trials have provided key insights.

So what have the trials taught us? That co-delivery alongside Red Cross is truly valuable. They can link the residents back to services if needed. The training equips facilitators to deliver the service. Tick - look, they both have ticks. Councils need a referral mechanism to improve numbers of referrals into the service, so something we really need to work on. Residents involved are improving a level of preparedness and therefore reducing their risk in a fire emergency. I gave that two ticks because that is why we are doing and conducting the service. CFA and Red Cross need to improve our service delivery coordination on the ground but I think if we stick at it we will be able to do that. Next slide. So, the University of Sydney have conducted a case study valuation of the trial in the Yarra Ranges and this has been really useful. It has provided a number of important findings that P-CEP is well understood and was implemented with fidelity. A conversational approach supported the individual, the resident, to be in the driver's seat, and I think this is because of the capability approach. Brainstorming was viewed as the

most important element by the resident and this fourth finding - I think there are five dot points, this is number four, that empowerment is Bi-directional that meant the facilitator and the resident felt empowered. That was definitely an unintended benefit for us that our facilitators felt more empowered by using that approach. The last dot point is we need to definitely improve how we implement the fourth step of P-CEP and how we link people back and advocate through that connection back to council where we need to. Next slide. We are nearly there. So EPAS is now moving into a demonstration phase in 2023 in these five municipal locations across Victoria. We are Mitchell Shire, Bendigo and Mount Alexander Councils as a duo, Wellington Shire, Casey Council and Surf Coast and Colac Otway joining together. Alongside EPAS we are partnering with the University of Sydney to deliver some University of Sydney disability planning workshops that Michelle described earlier.

So, in summary, EPAS is still being developed. I believe it is worth it. These types of preparedness support programs build capability. I'm very grateful for the support of all involved and in particular Michelle from the University of Sydney and her team. Now importantly, lived experience formed the foundation of this program and will continue to inform how it is developed. I think we are nearly on the last slide. Almost there. Next one.

So where are we now and where's Toni at? I caught up with Toni late August - yeah, it was August - last year. We talked about how she could get involved with P-CEP approach and possibly what she could possibly do. If anyone is familiar they can probably see the workbook in the photo here. Toni went on to do P-CEP course for individuals and shared what she learnt with her MS support group. I would call her a local advocate now for P-CEP. If I reflect on the conversations I had with Toni in August, are there still some gaps in Toni's fire and emergency

plan? Yes, there are, but she is far more prepared than she was and as we are all aware, emergency preparedness is a process. Thank you. If you want to reach out and get in touch there are our email addresses there. I feel like there is lots of hand-clapping going on here. Margaret.

MARGARET MORETON: There is, so just absorb it. Thanks, Angela.

ANGELA COOK: Thanks, Margaret. Thanks, everybody.

MARGARET MORETON: We are now going to hear from a panel of three PhD candidates from the University of Sydney's Impact Centre for Disability Research and Policy. We have Michael Morris, Bridgit Maguire and Louise Mitchell. The panel will now discuss new and future directions for research that is driving inclusive practices in Government and in the emergency services before, during and after disasters. Michael, if we could begin with you, could you provide an explanation of your research on community risk reduction practices in fire and emergency services and what you're hoping to achieve through your study.

MICHAEL MORRIS: Good morning, Margaret. As a PhD candidate in the centre I would like to acknowledge my supervisory team of Associate Professor Michelle Villeneuve, Tanya Crawford and Dominic for their guidance and support as I have been undergoing my studies. My literature review identified a change of changing expectations for fire services generally and some of those changes include changes in expectations about the role of Fire Fight fighters and their contributions to emergency services and an expectation to work collaboratively both within and outside Government to reduce health and vulnerability and resilience to emergencies and disasters. My research aim is to explore Australia's

urban firefighter engagement in community risk reduction programs and make recommendations to advance firefighter engagement in the activities that will address the over representation of people with a disability in fire fatalities. Next slide. So Coates et al review in 2019 of residential fire fatalities in Australia between 2003 and 2017 identified 500 fatalities and nearly half were identified as having one disability and it was noted that a number of cases included multiple disabilities. It was noted that in contrast to the overall data the deaths of people with a disability occurred more often during the typical waking hours than sleeping hours and that a working smoke alarm was present more often in these fatalities. Like others in the literature they identified collaboration in partnerships between fire services, Government agencies and service providers as potentially effective ways to leverage cross sector access and expertise and to develop evidence and - about effective interventions.

For the purposes of my research I am adopting the definition of community risk reduction as divined by the vision 2020 project a project hosted by the United States branch of the institute of fire engineers. It identifies how collaboration, identification and commitment to database solutions saves lives and property. Their definition of community risk reduction is the prioritisation of risk followed by the coordinated application of resources to minimise the probability or occurrence and/or the impact of unfortunate events. They also identify the need for education, engineering, emergency response enforcement and economic sensitive - incentives as key areas for addressing those. To reduce the over representation of people with a disability in fire fatalities will require the active engagement of firefighters in inclusive community risk reduction practices. Next slide, Charlotte.

Each of these diagrams represents an element of why this research is important to me and my work in improving systems. I come to this

research with the lived experience of caring for a child with a profound disability and understanding the need for collaboration between multiple agencies and organisations to provide quality of life and safety for a person with a disability. I also come with a 30-plus year career as a professional firefighter including experience leading the portfolio responsible for developing the tools and programs for NSW firefighters to engage the community in prevention and education activities and I have a long history of healthcare consumer advocacy across NSW health and its pillar agencies. In each of these domains I'm guided by a strong commitment to justice and social equity, enhancing public value and driving collaboration and I believe that workplace culture and professional identity heavily influence these elements in systems outcomes. I also have a strong belief that the customer, patient or individual needs should be at the centre of all systems design. The theories of action behind my research are that fire services culture remains hyper masculine, response focussed and primarily values physical action tasks, that fire services have a history of militant unionism that creates an adverse aerial approach to management, change and role expansion and that firefighters primarily view prevention and education work as the work of others and at odds with their existing professional identity. It is only through evidence-based understanding of firefighters positionality that will improve the future participation in and values of collaboration for prevention.

The methodology for this research is the activity systems analysis within the cultural historical activity framework. People learn within activities through collective action - the action is mediated by the making, use and adaptation of tools through acting, learning and communicating about the activity. People's actions are empower or constrained by both formal and informal rules and central to the process of sense making,



acting, communicating and learning is the community who have shared responsibilities in the activities system and these are defined by the division of labour. Through data collection, analysis and presentation both the theory and the practice in operation within an activity system can be advanced through the insights obtained about the activity in complex real-world situations. The ability to identify tensions between each element of the activity system creates opportunities for experimentation and expansive learning about how firefighters contribute to reducing the over representation of people with disabilities in residential fire deaths. The data collection for this research is through semi-structured qualitative interviews with professional urban firefighters from around Australia. The interview guide has been trialled and validated and I'm seeking to recruit search participants from each state and across ranks and lengths of service. Recruitment of participants is about to commence so for those of you who are online from agencies employing professional urban firefighters, please keep an eye out for recruitment material and I'd appreciate your support in highlighting the opportunity for the recruitment of research participants for this study.

Thank you and I look forward to the engagement during the Q&A panel.

MARGARET MORETON: Thank you, Michael. Brigit, I wonder if you can now talk to the work you are doing tackling the challenges of information and communication access for people who are deaf or hard of hearing and how your research will tackle this important issue.

BRIGIT MAGUIRE: Thank you, Margaret. I am also pleased to be joining you all from Ngunnawal country and for those who would like a short description I am a white woman with dark brown hair tied back wearing a

floral blue top and I am joining you from my home office with a rather boring white wall behind me and a window to my right. I am very excited to be starting a PhD in Michelle's team at the University of Sydney. I also work for the Department of Health and aged care where I'm also the co-Deputy Chair of the disability and carers network. I was born with a profound hearing loss and I now wear a cochlear implant and a hearing aid. I didn't really identify deeply as having a disability until I joined the network where I learned from my wonderful colleagues that disability can be something to be proud of and to celebrate. It is an honour to have this opportunity to share the plan for my PhD. I have only officially started this month so this is a more of a watch-this-space presentation. So in this project I hope to stand on the shoulders of giants, to extend the work done by Michelle and the team, to tech use on a specific population of people with disability, people who are deaf or hard of hearing. I'm looking to identify opportunity to strengthen their experiences during extreme weather events and other emergency situations.

An estimated 3.6 million or one in six Australians have some level of hearing loss and that number is growing. This population is broadly made up of three sub-groups. Those who identify as culturally deaf and use Auslan. Those who are deaf and hard of hearing who use hearing aid technology, spoken language and identify as part of the hearing community, and those who identify as part of both groups. It's also important to distinguish between people who have a lifetime or very long experience with their own hearing loss and those who have more recently acquired or identified hearing loss. Some excellent recent research has explored the experiences of deaf people as a cultural and linguistic minority during extreme weather events. However there seems to be little known about the experiences of people who are deaf or hard of hearing during such events, especially in using hearing aid technology and

that's where I'm hoping my research can shine some light, building on that previous work. I'm really excited by the work done to develop and implement the P-CEP because of the focus of building on existing capabilities and that it is a genuine person-centred approach which means it can look different for every individual and this will be important for this group. Many people with long experience of their own hearing loss have a broad suite of skills, capabilities and technology that mean they live their lives very independently. Especially children receiving hearing aids and cochlear implants as children and reach milestones at the same time as their peers. Many who are deaf and hard of hearing do not perceive themselves as having a disability and often do not engage with disability support services. During an emergency situation they may not necessarily evacuate early as people with other disabilities may be encouraged to do so.

However, while someone may live very independently and safely with well-functioning technology, there is a risk when that technology fails. So hear on the slide are some examples of the points in the emergency experience where risks may arise or that may be inaccessible to people with hearing loss. When hearing devices are damaged, for example in a flood or a fire, when long power outages mean that people can't charge visual and vibrating smoke alarms, hearing aid batteries and smart phones for control of hearing devices, when internet and Telecoms outages prevent access to the national relay service for phone calls and information on the internet to fill in gaps for what's missed from other sources. Audio or verbal evacuation warning such as radio, alarms, megaphones in the street, door knocking at night. Announcements made in evacuation centres, things like where to get food and bedding and safety information. That general chatter within evacuation centres, providing information about what is happening outside, for example, at a

fire front. And an awareness of and access to support services after the event. Next slide, please.

Using surveys and interviews I will address the following research questions. What strategies and technologies are used in everyday life for hearing communication and accessing the loads. What are the current experiences for people who are deaf and hard of hearing during extreme weather events and other emergencies. What are the gaps between what works well in everyday life and what becomes difficult, unreliable or inaccessible during an extreme weather event and how can the P-CEP framework be tailored and integrated to effectively support preparedness in this place into the future. Basically I want to start by understanding what this group of people are doing already, understanding current experiences in emergencies and build on this image and the existing capacities and technologies to find those answers for how we can improve those experiences.

So overall my goal is that this project will address some of the gaps in existing disaster risk reduction policy and practice. I hope it will have outcomes for individual preparedness, emergency management and planning, including ways to facilitate participation of people who are deaf or hard of hearing in the process. The emergency response sector, including ways to support two-way communication with people who are deaf or hard of hearing. Hearing technology companies, and of course the broader community, in all, my biggest hope is that this will be a very practical and useful project and I look forward to learning more about all of your work throughout the journey. Thank you.

MARGARET MORETON: Now our final PhD student, Louise, could you talk to us about your research on bushfire cross collaboration in the recovery context.

LOUISE MITCHELL: I acknowledge and pay my respects to the Aboriginal elders and communities on the land on which I reside and work, the lands of the Dja Dja Wurrung people - land that was never ceded - and acknowledge any Aboriginal and Torres Strait Islanders here today.

So I'm a recovery practitioner and beginning researcher looking at an area that deeply resonates with my practice - multi-agency collaboration. The study I am doing is focussed on the organising of community recovery work after the summer bushfires of 2019 and 2020. I began this project in October 2020. I would like to upfront express my appreciation and acknowledgement of the Australian Research Council funding that is enabling this, my awesome supervisor Michelle Villeneuve and Gwynneth Llewellyn and my colleagues in the disability research team at the University of Sydney. I would like to quickly acknowledge the support of the social recovery reference group when I was in the role of national consultant disaster recovery. The members and particularly the chair Andrea Spiteri. So how does multi-agency collaboration in recovery relate to leaving nobody behind? I have heard Brigit speak to many people don't identify that they have a disability but they may have needs. So I see it as a whole of population issue as well as specific. Could you please do the next slide, Charlotte?

One of the pieces emerging from the recovery workers that I have interviewed, recovery workers working during and after disaster, is their focus for people on dignity through the enablers of local knowledge and local support and one participant heavily involved in the recovery didn't see the lines between before, during and after the preparation, response and recovery, and they asked, "How are people with disabilities - if you've got someone with an intellectual disability, how are they going to process the information that's being put out if you've got

somebody that has a physical disability and can't evacuate their property, how are we going to do that better with transport?" Then they said, "How are we going to do the evacuation centres better than we did - at the showgrounds, old, old buildings not accessible. Unbelievable watching people with disabilities or frail-aged people trying to get onto a mattress of the floor, it was just awful. We couldn't get them into hotels because the emergency services were using them. They had to have accommodation and we couldn't get them into the hospital because they weren't sick." They spoke of one person in their late 70s who had previously had a stroke, who was bussed up from a neighbouring town, sitting on a one-and-a-half seater couch in a mall trying to sleep, non-verbal, unable to communicate and they stated, "It was just an awful situation." They came across them unexpectedly.

This local person knew of a local facility that was in transition and vacant. It had low-level care ability, single rooms with bathrooms and they described how they had contacts and also people in the evacuation centre had volunteered. They said, "Is there anything we can do?" They said, "Yep, if you want to go down and clean this facility." They got the electricity fixed, fridges donated from a local camping store, spare electric beds were donated and in four to five hours they had accommodation for people with disability, and 11 rooms filled that night for people and their carers. They comment on how this was achieved, "I might have had the thought, but it was everybody else coming together to do that." They commented, "When we got them down there the look on her face, it was unbelievable, she was so grateful for that." And she said, "We've got to do this better. Disability, we didn't do that well in these bushfires. I don't think anybody did it well. We have to improve. We have to improve those systems that we have in place." So if we attend to disability, given many people don't identify that they have a disability, but

they do have needs then we are inclusive in reducing risks in recovery.

The question that is focussing my research is how might collaborative work between agencies be better enabled in recovery in the future. I'm exploring this in a geographic local government area in this council area there are approximately 40 disease communities and 65% of the land area was burnt in the event. And over 400 houses and structures were lost but there were also so many people that did evacuate and they - they aren't necessarily in those figures. The focus is on community recovery and while the story above is about the immediate relief needs many of the local-level community recovery workers worked in both relief and recovery wherever they were designated recovery positions at the time or if they were in a pre-existing role. So my interest in this question, I bring a background in practices that support the conditions to enable multi-agency collaboration. What is interesting to me about this question is how we as a recovery ecosystem, we can't adequately understand and respond to what's happening in communities after a disaster and do least harm unless we can work together well, not only coordinate or cooperate but also collaborate where it is appropriate as agencies to serve and support our communities.

So studies that have come before speak to the public value that collaborative efforts create and enhance in recovery. The interorganisational instructors alongside other factors that contribute to this and that there are opportunity costs to the organisation that you are in or the agency that you are in of collaboration. So that's really important to think about. And what's missing is empirical evidence about how and when to organisation in order to enable supportive, collaborative multi-agency practice in community recovery after a disaster and I was listening to the Senate select committee on Australia's disaster resilience and Margaret Moreton's presentation over the weekend, and Senator

Sheldon asked, "Have we got studies of what works in disaster resilience?" This is what really drew me to do this study because what I was seeing there on the ground was really evidently working.

So since 2021 when I got ethics approval a complete highlight has been the interview of workers from the social recovery committee at the local council level and that includes those three types of workers - community development workers, those employed in recovery support, case management roles and those in clinical support roles. I have conducted 23 semi-structured interviews in phase one and for phase two, two focus groups. Eight hours with the recovery sub-committee - social recovery sub-committee - and 16 hours with workers identifying as part of the emergent structure that was borne of the community development and engagement workers specifically. These have been underpinned by so socio-cultural activity theory. I am really grounded in the workers' story as I have listened to what they have said, my next task is to analyse this data and prepare some findings. Next slide, please.

So this is also connected to the framework that I think everyone working in disaster recovery should know about by the interagency standing committee, a humanitarian coordination forum of the UN. And so I'm looking at my case, community recovery supports, the unitive analysis, local multi-agency organising structures for this work and then how was the work organised in two structures, the formal social recovery sub-committee and the emergent network that formed out of the community development engagement workers.

So in summary, my research reveals the interplay between the formal pre-determined structures and the emergent structures which can be powerfully effective in organising community recovery work to serve communities and there is a deep connection between inclusive risk



reduction for people as communities, multi-agency collaboration and the organising of the work of community recovery. Thank you.

MARGARET MORETON: Thanks, Louise. As you can all see there is a great deal of information that is behind each and every one of these presentations. Our last speaker today is Wendy Graham. I would like to introduce Wendy. We will pop some information about Wendy and her project at the moment into the chat so let me just pass to Wendy as lead of the regional recovery exercising program at NEMA.

WENDY GRAHAM: I'm speaking to you today from Sydney the land of the Gadigal people of the Eora nation and pay my deepest respects to elders past, present and emerging. So the recovery exercising toolkit just to give you a little bit of background, it is of no surprise to any of us who have lived through Australian disasters over the recent years that the importance of planning and exercising recovery - for recovery, is absolutely critical. More important than it has ever been before. That was certainly highlighted by the royal commission into the national natural disaster arrangements that found that as an emergency management sector the extent and nature of recovery exercising varies across Australia and to be frank, in Australia recovery exercises have been fairly few and far between in the past. So over the past 18 months in response to that the national emergency response agency and AIDR have been making the toolkit and I want to give you a very quick taster of that today and most importantly an overview of one of the modules and how that is being used to support people with disability. The toolkit is really targeted for use by emergency management committees and recovery committees and councils and those organisations that have responsibility for the development of recovery plans and that's because

we really want to see change right through our emergency management sector in the way that we are able to work with people with disability and include them and bring them to the table to work in being able to identify the ways that we are able to support them and work with them in planning for disability and emergencies.

As well as a toolkit that provides an end-to-end guide around how you can design and conduct the recovery exercise we also have the opportunity to develop a number of specific modules and they were really based on priorities that came out of the findings of recent research and our learnings from recent disaster events and one of those modules was the module for coordinating recovery support for people with disability. Now this module was developed with absolute guidance and partnership with Michelle and contained a lot of the information that you have heard here today. There's three components of these modules. There is a module overview that provides a good indication of what is contained in a module and what you might expect to see. There is a slide deck, which is really a step-by-step guide for anyone who picks up this module as a presentation to be able to walk through, accompanied with speaking notes, and there is also a video. We would love to have Michelle come to every single recovery exercise we run but we know that we can't do that so we've videoed her and the key messages that Michelle has talked about today are included in that video. Coordinating support for people with disability, Megan Cunningham, the accessible city coordinator at Hobart City Council and Richard, the project coordinator at Disability Voices Tasmania, were part of a recovery exercise that was run by Hobart City Council in November last year and as they were landing to run a recovery exercise they made the decision that they would use the module on support for people with disability and their reason for doing that was because Megan had already begun work across council with Disability

Voices Tasmania and what that work was highlighting is that in the work of emergency management and recovery planning in Hobart there was more work to be done. Importantly, one of the things that we are encouraging with modules is while anyone can pick up these modules and run them as part of a recovery exercise or in any other scenario, we are really encouraging that the modules be run as a co-facilitation with someone who can represent people with a disability and Richard was able to do that. When we co-facilitate the modules in that way we are modelling the principles contained in the toolkit. It is the importance of not talking about but talking with and bringing the voice of people with a disability to the emergency and recovery planning table. And the lived experience that Richard was able to bring to this session, along with his knowledge in storytelling, provided such valuable insights for the group today. I guess what really was the most powerful thing is that Richard was there as an expert advisor. Often our language in our emergency management sector has been about vulnerable people and people at risk. Well, co-facilitating with the module in the exercise was bringing Richard as an expert advisor and partner in the conversation and an opportunity to strengthen and build relationships with the emergency planners and to have that seat at the table that Michelle has talked about and that we know is so important. Indeed what this session date, it was a great example of all levels of Government working together, NEMA supporting state and local government in the conduct of a recovery exercise and local government working hand-in-hand with the community and bringing the voice of people with disability to the table as an expert advisor.

Okay, as I said - could we go back? Thank you. The recovery exercise toolkit was published in February. It lives on the AIDR knowledge hub. My tip for today is if you would like to know more about the recovery toolkit there is a webinar on this Thursday where we will be

profiling the toolkit and importantly, at that webinar Megan and Richard will actually be there to talk first hand about their experience of them using this module so I would encourage do you come along to that if you would like to know more.

MARGARET MORETON: Thank you, Wendy. I thank all of the panellists. There has been a lot of conversation that we have covered. We have a lot of questions. I would like to take the opportunity to go to a couple of these questions. The first question has actually been answered in the chat by Michelle but I would like to ask if any other panel members would like to add to Michelle's answer. So the question that's been asked is as a person with disability I struggle with the overuse of "vulnerable people". It is the look of systems and structures that result in vulnerability, not people themselves. What alternative terminology can we use? I agree with Michelle's answer entirely. We are all vulnerable in these events but I do wonder if anyone else would like to add to Michelle's answer by providing a view on this terminology question? No? Everyone is a bit shy.

SASSIE: I know from the work I did with the Social Recovery Reference Group that Tasmania was doing some work looking at changing the language and were using in their guidance "people at greater risk". Now the terminology "vulnerability" is heavily embedded in emergency services and whenever I've tried to shift some of the language it's very hard to do that. It is very much embedded.

MARGARET MORETON: Sometimes we make the efforts to change a word and use a different word and then it is not really hitting the spot either. Michelle, did you want to add to that.

MICHELLE: It is a little bit like natural disaster, there is an entire campaign to stop us talking about natural disasters because we know that disasters are not natural and disasters happen because of the root vulnerability and causes that are actually underlying the disproportionate risk and discrimination and inequities that people experience everyday. It is kind of the same thing. We use it colloquially "natural hazards", event vulnerable" and event vulnerability". Webinars like this is trying to raise our awareness and be careful of the language we use and model that. One of the things I would call appoint attendees to do today is make that subtle change in your own language. People who are vulnerable to bushfires because they live very close to a fire line that has been seen to cause fires in the past. Being deliberate about our language with help to shift about how people talk about other people and the solutions to these challenges too.

MARGARET MORETON: Unless somebody jumps in wanting to add to that I have one final question. I'm very, very aware of time. So my final question is really difficult and Michelle, I'm going to throw it at you first. The chat's been very active during the seminar today and I can feel the emotion and the intensity for many people listening today and watching today behind the questions and we will take those questions away with us and give them a great deal of thought everyone who's watching but I wonder if you would like to say something, Michelle, about ableism and the role is that it plays even in our panel today, there have been comments and questions in the Q&A just about how able the panel is, brilliant Brigit that you have been part of the panel but there is an element of criticism to that and yet we are all trying desperately and I know you will work well to change the system. As a closing comment

before I thank everybody, Michelle do you have anything you would like to say about that.

MICHELLE: I think it is one of those things that we bring into our practice on a routine basis. We talk about practice, it's really action with reflection on these things. So those points that I brought up earlier are the things that we are intentionally bringing in to our practice of doing DIDRR but I really would love and encourage people to come along to webinar two. We have tried to make sure that across our webinar series we can show - we can't get into every detail, I'm sure, and we probably can't even cover the entire breadth of the program of work but we are trying to bring you a sample of that through the voices of our participants and across this webinar series and culminating in this operational framework that will include even more stories and voices. I would encourage people to come along to webinar two. We have especially designed webinar two about peer leadership in the space. People with disability leading in the space, people who run and lead peer and poor support programs, people who are advocates for and lead people with disability and people who lead organisations of, by and for people with disability who have become leaders in the space and are leading incredible programs of work that we hope will also inspire others to come along. Can I also put a call out to anyone with lived experience of disability. Please get involved, please reach out to us, we want and invite all participation. I have seen it from the chat and I'm trying to keep track of people's emails. It is an open invitation. There is a place for everyone to be involved and we are really excited with very heart felt, very emotional, there are heart services that we have in our program of research. We recognise that people with disability in their voice needs to be at the centre but we also recognise that Government and emergency services have a legislated requirement

and role in this space so they have an important role too and we have seen a number of posts about NDIS and community services and all of those supports and organisations from long before and in the mainstream of our working in everyday life of communities through to what those community organisations do when disasters strike our communities, we all have a part to play and it is an interesting jug toll make sure those voices are all heard. Please reach out, don't ever hesitate to reach out and get involved either through your member organisations who are already working with us or if you are a member organisation who is not yet working with us, please make contact. We would really like to work with you.

MARGARET MORETON: Thank you, Michelle. Now unfortunately we are definitely out of time so I'm not able to ask anyone else for their contribution to that or any of the other questions. Thank you for all of your questions. To the people watching and listen, we will take those questions away with us and give them a great deal of thought as we finalise the planning for the second and third seminar. I would like to thank Michelle, Angela, Michael, Bridgit, Louise and Wendy for making the time and doing the preparation involved in this seminar. I would like to thank Daina and Carolyn for your outstanding job for translation and interpreting into Auslan for us. I do not know how you have kept up with us and I am incredibly grateful to the two of you. Webinar two is called actions that people with disability and their representatives can take on disability-inclusive disaster risk reduction as somebody in the chat has asked, registrations are now open. The link is going into the chat if it is not already there. It takes place on 17 April. We will send an email out to everybody once today's session is available to watch on recording and it will be available on our knowledge hub. As you exit today's Zoom there

will be a survey is that you will be prompted to complete. Please do complete that survey for us. It gives us valuable information to inform how we plan professional development events in the future to meet your need. It's been my pleasure to host today's seminar. Thank you all for attending and I wish you well.

(End of transcript)