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Introduction

People with disability are more vulnerable to disasters caused by natural hazards than others (Hisamatsu, 2013; Kaiser et al., 2007; Tatsuki, 2012) and are less likely to be included in community disaster risk reduction (DRR) activities (Spurway & Griffiths, 2016) - creating profound inequity across the disaster risk management cycle. During disasters, people with disability are the first to be left behind and the last to be rescued (Gray, 2017; Stough & Kang, 2015) and they are two-to-four times more likely to be or injured or die in disasters than others (Hisamatsu, 2013; Kaiser et al., 2007; Tatsuki, 2012). Multiple categories of social, environmental and demographic vulnerability intersect with disability (including unsafe or insecure housing, isolation, limited social support, stigma that causes people to be left behind and not helped) and often combine with secondary health conditions to place people with disability at significant risk during disasters (Stough & Kelman, 2018; O'Sullivan, Kuziemsky, Corneil, Lemyre, & Franco, 2014).

People with disability have the right to be active participants in decisions that affect them (UNISDR, 2015). To ensure community resilience, people with disability need to be included in disaster risk management but they have largely been excluded from frequently used community engagement methods designed to increase individual disaster self-reliance (UNISDR, 2013). This perpetuates inequity and increases vulnerability because their support needs in emergencies are not understood. In Australia, vulnerability is further increased because it is not clear whose responsibility it is to address disability needs in disasters (Villeneuve, 2018).

This paper describes an industry-academic partnership in NSW that has expanded over the past 5 years. Our projects seek to increase the inclusion of people with disability in disaster risk reduction at the local community level. Disability Inclusive Disaster Risk Reduction (DIDRR) requires navigating the barriers that prevent people with disability from engaging with DRR activities. Australia's National Strategy for Disaster Resilience (COAG, 2011) calls for shared responsibility between community organisations and emergency services to increase individual and community resilience to disaster. However, specific strategies for achieving this goal remain elusive (McLennan & Handmer, 2012).

Our partnership addresses shared responsibility for DIDRR. Our community capacity development research has focused on bringing emergency managers together with community services personnel and people with disability. Developing collaborative processes between

local emergency managers and disability support providers has the potential to bring significant benefit by enabling their access to and participation in emergency preparedness, and increasing their resilience to disaster. Through cross-sector partnership, we are developing the tools and processes to enable DIDRR.

Purpose

Here, we focus attention on the NSW Local Emergency Management Framework for enacting DIDRR. This framework has served as the foundation for a number of partnership projects that grew from this initial collaboration. Our partnership is guided by the DIDRR principles of: accessibility, collaboration, participation, and non-discrimination.

Method

DIDRR partnerships have been built through a community capacity development process that is supported by the leadership of the NSW Government and sustained by NSW emergency service agencies. Our aim has been to work together with community stakeholders in the disability and community health sectors in order to: (a) develop a shared focus on community strengths, challenges, and resources for DIDRR; (b) build a local knowledge base in DIDRR and develop strategies for cross-sector collaboration between local emergency managers and community based service providers; and (c) foster networking to sustain collaborative DIDRR actions.

This project built on a series of cross-sector collaboration projects conducted between 2011-2015 in both Australia (Calgaro et al., 2013) and Indonesia (Villeneuve et al., 2017). From 2015, this team brought together emergency managers and community service organisations to learn together with people with disability about engaging in DIDRR. The research team facilitated workshops and focus groups that used a cycle of engaging with local knowledge and the literature to develop DIDRR strategies. We applied a specific approach to facilitating shared learning between stakeholders that drew on developmental work research (Engeström, 2008; Patton, 2010) and appreciative inquiry methods (Cooperrider & Whitney, 2005). Barriers that prevent people with disabilities from engaging in preparedness activities are well-recognized (Calgaro et al., 2013; Eisenman et al., 2014). Thus, our focus was on working with local emergency managers and disability support providers in NSW to generate innovative ways to overcome these.

The developmental process (Patton, 2010; Villeneuve & Shulha, 2012) involves a cycle of facilitated discussion and reflection on DIDRR principles; participant discussion about how those principles can be applied in practice; and researcher analysis of participants' reflections in the context of the policy, literature, and local service contexts (Villeneuve & Shulha, 2012). Knowledge exchange for DIDRR included: emergency managers learning about the function-based support needs of people with disability and community health and disability support providers learning about local natural hazard risks and emergency preparedness. For example, emergency managers shared emergency preparedness information and tools that disability support organisations could use to assess their organizational preparedness for disaster triggered by natural hazards.

Result

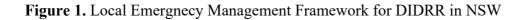
The first tool to emerge from this process was the Local Emergency Management Guidelines for DIDRR in NSW (Villeneuve, Dominey-Howes, & Llewellyn, 2017). Figure 1 outlines the framework that emerged from our initial collaboration. It integrates the four DIDRR principles with specific actions that local emergency managers can take to engage effectively

with the disability community and their networks in emergency preparedness in all 4 phases of DRR.

These DIDRR actions include:

- a) provide comprehensive information in accessible formats;
- b) provide self-assessment tools and resources;
- c) develop networking with disability support providers; and
- d) develop capacity in the emergency management sector for DIDRR.





Two key values guide the application of the DIDRR Guidelines. *First,* there is no one distinct starting point for local community engagement in DIDRR. There are tools that assist emergency managers and community services and disability support personnel to get started at any point in the process. *Second,* local disaster resilience begins when emergency managers, people with disability, and community service providers learn and work together - developing local knowledge through interactive discussions about disaster risk, understanding local community strengths, challenges and resources.

Discussion

To ensure community resilience, people with disability need to be included from the beginning of emergency management planning. DIDRR increases the effectiveness of emergency management efforts as it builds capacity of individuals, their families and carers to prepare, respond, and recover from disasters and emergencies. When people with disability are prepared, it reduces demand for emergency services. Preparedness supports the resilience

of people with disability and increases self-sufficiency in managing their support needs before, during, and after hazards and disasters (Blake, Miller, & Rampton, 2017).

DIDRR brings to the fore the requirements of the Convention on the Rights of Persons with Disabilities (United Nations, 2006) to ensure that people with disability actively participate in pre-planning efforts (Centre for Disability Research and Policy & Natural Hazards Research Group, 2017). DIDRR is foremost a multisectoral process. Navigating the barriers to disaster preparedness for people with disability requires the expertise of health, disability, emergency management, and community organisations (Davis, 2005).

Our work demonstrates that people with disability and local community health and disability personnel that support them are ready and willing to be involved in DIDRR. Increased awareness is the first step in valuing DIDRR and enacting steps to include people with disability in local emergency preparedness actions. Local level partnership is vital for developing DIDRR practices that increase resilience. The Framework and Guidelines can enable local-level champions in health, disability, and emergency management sectors to remove or work around structural barriers that create inequity for people with disability. While the guidelines are responsive to structural challenges to implementing DIDRR in NSW, they address concerns and strategies that are relevant across Australia and internationally.

To enable emergency preparedness for people with disability there is a need to bring people together across sectors to learn about DIDRR, linking agencies and creating local strategies and actions. To date, we have used the DIDRR guidelines in NSW to:

- Involve disability organisations in learning about organisational preparedness and business continuity planning;
- Develop a person-centred emergency preparedness toolkit to support individualised preparedness planning for people with disability and chronic health conditions (Villeneuve et al., 2018).

Partnerships have expanded to include numerous community organisations in developing capacity for DIDRR through multi-stakeholder initiatives. NSW Emergency Services are currently working together with disability advocates and community services on an initiative to improve their community engagement practices. Their specific aim is to co-design informational resources in formats that everyone can understand and use to prepare, respond and recover from emergencies. DIDRR principles and the learning that has come out of our partnership projects in NSW are supporting the development of DIDRR strategies for enabling individuals and community organisations to share responsibility with emergency managers and increase the resilience of people with disability to disaster.

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