



Response to the Royal Commission into
Violence, Abuse, Neglect and Exploitation of
People with Disability

Emergency Planning and Response

Submitted to:

Royal Commission into Violence, Abuse, Neglect and
Exploitation of People with Disability

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About AMES Australia

AMES Australia (AMES) provides this submission to The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability - Emergency planning and response.

AMES is a statutory authority of the Victorian Government and provides a comprehensive range of settlement services to support recently arrived¹ migrants, refugees, and asylum seekers in Victoria, South Australia and New South Wales. AMES also works with the community, business and Government to develop sustainable and effective settlement solutions for the whole Victorian community. AMES evidence-based *Settlement Framework for Social and Economic Participation* addresses successful settlement of recently arrived migrants and refugees through four key domains: Employment, Education, Health and Wellbeing, and Safety and Security.

In providing this response, AMES acknowledges that our experience lies in working with migrants and refugees from culturally and linguistically diverse (CALD) backgrounds and directly, or indirectly, their families. This submission draws on our extensive experience working alongside CALD communities within the disability space. AMES successfully received an Information, Linkages and Capacity Building Grant from the Department of Health and Human Services with the National Disability Insurance Scheme (NDIS) Awareness Project starting in November 2018. The project was designed to provide information to CALD people with disability about how to access disability support services in their first languages. AMES has successfully achieved the project outcomes through the recruitment of 12 Community Champions from seven target communities - Iraqi, Afghan, Syrian, Somali, Afghan, Chin and Karen - who delivered information sessions directly to their communities. Together they speak over 20 languages. By the end of the project, the Community Champions had delivered over 60 information sessions to 1,050 community members.

AMES has also implemented a National Disability Insurance Agency funded program facilitating two Peer Support groups for the Afghan community in the South East of Melbourne and the South Sudanese community in the West of Melbourne, for people with a lived experience of disability or as carers. Two Community Champions facilitate the peer support groups, conducted in first language. The project builds knowledge and self-advocacy skills of participants through shared lived experience, learning from each other and group activities. Participants have responded positively as to their increased knowledge and awareness in relation to the NDIS. More recently, through another Information, Linkages and Capacity Building grant AMES is managing the 'Business Matters' program with the aim to increase entrepreneurial skills for people with a lived experience of disability from the Arabic speaking community in Melbourne.

AMES recognises that violence against women is a prevalent problem with serious consequences and that it occurs among all groups in Australian society, regardless of culture, ethnicity or race. The need for a focus on prevention of violence against women in CALD communities was identified in both the Second action plan of the National Plan to Reduce Violence against Women and their Children 2010–2022² and the National Community Attitudes towards Violence Against Women Survey report.³ This focus is important for several reasons:

- i) to ensure the safety and wellbeing of women from CALD backgrounds;

¹ AMES considers the term 'recently arrived' to refer to migrants who have been residing in Australia for less than five years. This rationale is based on the five-year settlement period outlined in settlement services such as the Adult Migrant English Program (AMEP) and Settlement Engagement and Transition Support Program (SETS).

² Department of Social Services (2014). [National Plan to Reduce Violence against Women and their Children](#)

³ ANROWS (2017). [Australians' attitudes to violence against women and gender equality](#)

- ii) to meet policy commitments to multiculturalism, access and equity, gender equality and human rights and;
- iii) to ensure that the economic and social benefits of migration for all are realised.

Since 2015, AMES has managed a specialist program in the prevention of violence against women and their children (PVAW) in CALD communities. The program is geared towards building the leadership capacity of CALD women and men to underpin strategies to prevent violence in their communities and across the broader Australian society. Over 90 graduates have completed the intensive leadership course and as part of that course have implemented, and continue to implement, unique and culturally and linguistically appropriate initiatives specifically directed toward **primary prevention** of violence.

Key issues

As mentioned in the Royal Commission's Issues Paper⁴, people with disability have a much higher risk of experiencing abuse and domestic violence and this risk increases during disasters. When looking at these issues through an intersectional lens, it is evident that these risks are amplified for CALD communities. AMES believes it needs to be better recognised that recently arrived communities often have compounding issues deriving from their settlement journey, including trauma, limited health literacy and unfamiliarity with the complexity of Australian disability support systems.

AMES sees several issues relevant to Question 8 in the Emergency Planning and Response Issues Paper:

What are the particular experiences of children and young people, First Nations people, culturally and linguistically diverse people, women and LGBTQI+ people with disability during emergencies?

Following are seven issues identified by AMES that can directly impact on and exacerbate the experience people with disability from refugee and CALD backgrounds may experience during emergencies.

Intersectionality

There is ongoing recognition by scholars⁵ and advocates that people with disability from CALD backgrounds face multiple and intersecting barriers to accessing disability support and are underutilising services such as the NDIS⁶. These barriers may be exacerbated during times of crisis.

In the context of emergencies, intersectionality could be described as experiencing two or more of what the emergency management sector considers vulnerabilities. This includes the type of risk or emergency impacting the individual, the person's ability to prepare, respond or recover from emergencies and their capability to access, accurately interpret and act upon information. It is important to delineate vulnerability in the context of emergencies as a set of conditions that may have catastrophic consequences as opposed to a chronic or long-term disposition or characteristic that may require greater consideration when it comes to planning for emergencies. Not all emergencies impact people the same way thus, it should never be a one-size-fits-all emergency and/or risk plan.

⁴ Disability Royal Commission (2020). *Emergency Planning and Response Issues Paper*

⁵ See for instance Heneker, K.J., Zizzo, G., Awata, M., Goodwin-Smith, I. (2017), *Engaging CALD Communities in the NDIS*. Australian Centre for Community Services Research, Flinders University.

⁶ At the end of 2017, an estimated 22% of NDIS participants would be expected to come from CALD backgrounds (*NEDA in AMPARO 2016*). However, the data identifies that only 7% of NDIS participants across Australia identified as CALD; and 9% in Victoria (*ECCV, 2019*).

Emergency response services view people with a disability or of a CALD background as particularly vulnerable⁷ and this understanding is enforced in emergency planning. AMES sees this as a missed opportunity to actively engage with CALD communities and individuals with a disability to find ways to support themselves and better inform how the Australian community responds to, and recovers from, emergencies. We believe focus needs to be redirected to:

- increasing inherent resilience strategies developed through necessity and/or experience
- supporting diversity in capability and capacity of emergency service organisations (including volunteer and community-based organisations)
- viewing awareness of risk through a social lens (person-centred and community-led).

Effective planning and response should be strengths-based and community-led to better address the needs of those with a disability and those deemed vulnerable to particular risks. The basis for this approach is the development of personal risk plans.

In addition, understanding that emergencies will also impact those with a responsibility to support or care for a person with a disability is paramount. For example, for a Code Red Day, access to areas deemed a significant bushfire risk are closed off to non-residents therefore the usual support systems, including those that may have been identified during the planning phase, may not be accessible. The possible consequences of this are demonstrated through an incident in the USA where a woman with a disability died during a fire when her carer could not access her location and the emergency services failed to consider the seriousness of her situation.⁸ A more recent example is of a 16-year old boy in China with cerebral palsy who died after his father - and sole carer - was quarantined for suspected coronavirus.⁹ Moreover, carers need to assess their own safety in an emergency and may need to make decisions to preserve their own lives and therefore may not be able to adhere to their support roles in an emergency.

Definitions and terminology

Emergency response and planning is built on the assumption that those with disability are less resilient, do not have the capability and resources to respond to emergencies or activate their emergency plans. However, as described in the social model of disability, disability is socially constructed and should be seen as a consequence of people living with impairments and in an environment filled with barriers – may they be attitudinal, physical or social. This understanding therefore implies that the environment must change to enable people with impairments to participate in society on an equal basis. A social model of disability seeks to change the society; it does not seek to change the people with impairment.¹⁰

Public messaging around emergency warnings can be confusing or contradictory, especially when the messaging refers to different risks (bushfire as opposed to flood or a pandemic). The subtle nuances instructing people on what to do are lost for those where English may be a second language or for those who have no English language skills at all. For example, during a bushfire one must leave early but for a pandemic one needs to stay at home. People with low risk awareness may not be able to differentiate between the advice being provided nor being aware of the consequences should they not heed that advice. Those people would be reliant on messaging being translated accurately and in context. There are limited measures currently in place to ensure that this is taking place.

⁷ DHHS (2017). [Review of the Vulnerable People in emergencies policy – Discussion paper](#)

⁸ Associated Press (2015). [California wildfires: Disabled woman who died in Middletown had no way to get out](#). The Mercury News September 14, 2015.

⁹ BBC News (2020). [Coronavirus: Disabled boy dies in China after father quarantined](#). February 3, 2020.

¹⁰ People with Disability Australia (nd). [Social Model of Disability](#)

It is critical to understand how the language of emergencies in an Australian context translates to the experiences of those who may be new to the country or not perceive risk in the same way as the general population. In some situations, emergency service organisations are not seen in a positive light. Due to religion or cultural belief systems, messages delivered by a respected member of that community can surpass the advice provided by government in regards to making informed decisions. This can occur where:

- Trauma may prevent a person from responding in the most appropriate manner.
- The response (evacuation or stay at home) may be perceived to pose a greater risk to the individual. For example, it may trigger past traumatic experiences which can lead to a deterioration of a person's mental and physical health if at home is with minimal contact and with no support mechanisms available.
- Migration to regional areas is not accompanied by a detailed risk awareness plan or education provision for the new community members.

Collaboration between federal and state governed services may need to be improved

Case study: the National Disability Insurance Scheme Transition¹¹

Recommendations from the 2009 Victorian Bushfires Royal Commission final report resulted in the creation of a Vulnerable Persons Register.¹² This register was designed to provide visibility of those with a disability in high-risk bushfire areas. The register was administered by the Victorian Department of Health and Human Services and managed by local government in the understanding that local governments were well-versed to understand where people with a disability were located within their respective communities. The responsibility to ensure that the information remained up to date at all times was given by the department to disability support agencies providing a direct service to clients. With the introduction of the NDIS, the department no longer had this oversight and with no avenue to enforce support agencies to fulfil this requirement. Furthermore, the very nature of the NDIS is about choice and as a result, one person could be receiving a variety of services from different providers. It was unclear which provider would have the ultimate responsibility of maintaining the information on the register.

As a result, the key issues with the register include:

- Inaccurate or unreliable information posing a risk to Victoria Police attending a person's house to instruct them to evacuate resulting in safety risk and diversion away from other response needs by the Police
- Clients on the register no longer receiving services from that provider therefore referral did not occur
- Clients unaware they were even on the register
- Client and/or support agency staff belief that inclusion on the register equated to assistance to evacuate whereas the register purely identified where people were, it did not extend to evacuation.

¹¹ This case study has been informed by a Program Manager for Regional Resettlement at AMES Australia. The staff member was previously employed by the Department of Health and Human Services and was involved in the reviewing what impact the introduction of the NDIS might have on *the Vulnerable people in emergencies policy*.

¹² Parliament of Victoria (2009). [2009 Victorian Bushfires Royal Commission – Final Report Summary](#)

Additionally, there was an expectation that in addition to being included on the register, emergency preparedness planning would take place and that the support agency was responsible for doing this with their clients. Support agencies pushed back as it was not part of their funding nor did they have the expertise or knowledge to do this. For the majority of support agencies funded by the department, many were large state-wide agencies with no local knowledge of risks.

As emergency response arrangements are managed at the state level and the NDIS is a national scheme, there is little consideration for emergency preparedness planning as part of the NDIS support catalogue or pricing guide. Including this as a legitimate support service will ensure that those with a disability can opt in to have an experienced person help them prepare an emergency preparedness plan that could in turn save their lives. This would particularly be helpful for people from refugee and CALD backgrounds as emergency preparedness and planning might be concepts unknown to them. However, seeing that the NDIS has a lower utilisation rate among people from CALD backgrounds, another function detached from a service such as the NDIS may also be considered in order to cater for those not yet accessing disability support services.

Access to information is inadequate across CALD communities

During times of emergency it is vital to receive regular and relevant information particularly for people with disability. CALD communities can find it difficult seeking out relevant information from reputable sources due to accessibility or need for translation in their first language. Information is usually translated into the languages that are commonly spoken such as Mandarin, Arabic or Italian. Often the hardest to reach communities have smaller population numbers and therefore often miss out or have to wait longer for relevant information to be made available in their first language. This is made even more difficult without face to face engagement as seen during COVID-19 where all communication has moved online. For newly arrived communities, such as refugees, they may not know what government agencies are responsible for what and where to seek relevant information or services.

Through our services, AMES has found that there is a lack of culturally appropriate information around disability and family violence. During the NDIS Awareness Project pilot previously mentioned, it emerged that the Community Champions were potentially being exposed to individuals where those with disabilities, particularly women, may have been experiencing domestic or family violence. They were not sure how to recognise indicators of violence or what to do if they feared this was the case. In searching for training options to meet this need, we found very little information that considered the intersection between disability, family and domestic violence, prevention of violence, and CALD communities. AMES responded by initiating an internal partnership with AMES Prevention of Violence Against Women unit, developing and delivering a training program and resources to the Champions which received very positive feedback. Since the first pilot we are exploring opportunities to expand this training program and are developing more resources that could be used by the wider public.

During COVID-19, AMES has found through the Peer Support Groups that if people are not able to gain access to official or government information around an emergency they tend to rely on word of mouth or social media such as Facebook for those with sufficient digital literacy skills. These sources may not be accurate and can spread rumours or unhelpful or incorrect information. Understanding formal and informal communication channels within migrant and refugee groups is key to sustaining engagement, participation and ensuring equal access to accurate information.

Trusted community leaders from youth cohorts, faith institutions, employment based, sporting, and many others, frequently have a primary role in the dissemination of information. Ensuring these leaders are well informed and able to exercise their reach has proven to be critical in getting information to isolated communities. AMES has built on this existing environment to foster

Leadership and Community Champion programs by identifying, training, assessing and supporting these community leaders to rapidly and effectively deliver accurate information and advice to members of new and emerging and isolated communities. These networks cross class, gender, age, religion and other diverse factors to ensure reach into all subsets of CALD communities. This is a model that requires investment in advance of any emergency. The knowledge and influence can be maintained with minimal resources until action is required.

Due to the nature of technological progress, a lot of information and services shift online. This has most recently been evidenced during the COVID-19 crisis. Many communities in low socio-economic situation have been confronted with not being able to afford access to a good internet connection and computers or devices. This has presented many challenges including how to support children with home schooling, using MyGov, applying for COVID-19 support, finding relevant information and services online and engaging with wider community support. For many of the CALD communities who come from refugee backgrounds that AMES works with have limited technology literacy skills as they may not have grown up in countries with access to technology. Once in Australia there is an expectation that people will have an understanding of how to utilise technology and the internet but without any educational opportunities to obtain these necessary skills. This leads to further isolation and increasing vulnerability of the whole family unit.

Risk awareness is low in many CALD communities

Awareness of risks is the most significant barrier that prevents emergency preparedness working successfully. The Victorian Council of Social Services (VCOSS) states that disasters are “profoundly discriminatory, both in where they strike, and in the way they affect people”.¹³ According to VCOSS, those most at risk include older migrants, people in new and emerging communities, and those on low incomes who are not proficient in English. Further, awareness of risk by CALD communities are quite low in general.¹⁴ This is echoed by a review following the 2013-14 Victorian bushfires which found that some groups, particularly those from CALD backgrounds, were considerably less aware of emergency communication and how to become involved in both emergency preparedness or recovery activities. Of the 788 households surveyed for the review, 97 percent of people from CALD communities were not involved in emergency planning, preparation or recovery.¹⁵

However, disaster risk reduction approaches are most often delivered to residents through public awareness and education campaigns that are generalised to an entire population.¹⁶ These broad approaches fail to accommodate and acknowledge the individual support needs and capabilities of people with disability from a CALD background in an emergency.

One way of addressing this issue is *the Australian Red Cross Emergency Preparedness Guide* which identifies “Get in the know” as a first step. This approach starts the conversation for every person to consider the risks that may impact them. It is vital to consider risk diversity as not all risks will require direct action. Differentiating between what risks may pose a threat to life versus less threatening ones is critical.¹⁷ AMES believes that it would be highly beneficial if a Guide like the *Emergency Preparedness Guide* was translated into a range of languages with culturally appropriate terminology.

¹³ VCOSS (2014). [Disaster and disadvantage – Social vulnerability in emergency management](#).

¹⁴ Teo, M., & Lawie, M., & Goonetilleke, A., & Ahankoob, A., & Deilami, K. (2018). “[Engaging vulnerable populations in preparedness and response: a local government context](#)”. *Australian Journal of Emergency Management*. 33. 38 - 47.

¹⁵ Inspector-General for Emergency Management (2016). [Review of community recovery following the 2013–14 Victorian bushfires](#), the Victorian Government.

¹⁶ Villeneuve, M., Dwine, B., Moss, M., Abson, L., & Pertiwi, P. (2019). [Disability Inclusive Disaster Risk Reduction \(DIDRR\) Framework and Toolkit](#).

¹⁷ <https://www.redcross.org.au/prepare>

Secondly, in 2019 the Queensland Department of Communities, Disability Services and Seniors partnered with several stakeholders, including the Centre for Disability Research and Policy at the University of Sydney, to engage with communities and emergency services to co-design tools, resources, and supports focused on enabling Disability Inclusive Disaster Risk Reduction (DIDRR). The project resulted in a DIDRR Framework and tool-kit which is designed to support local collaborative action.¹⁸ AMES recommends that this framework could assist people with disabilities from a refugee and CALD backgrounds in Victoria to become aware, prepared and more able to respond and recover from emergencies.

AMES believes that further awareness raising through culturally appropriate means is necessary in order to prevent CALD community groups being exposed to danger that could otherwise have been avoided.

Emergency response needs to be appropriately equipped

Research conducted by the United Nations shows that people with disabilities are twice as likely to die or be injured than the general population during disasters.¹⁹ Having appropriate evacuation measures in place for people with disability is critical as it can otherwise result in fatal consequences.

In Australia, forced evacuation can occur in every state and territory except Victoria. The only time this may be overridden is when a State of Disaster is declared or where cognitive impairment prevents a person/resident from making an informed decision with Victoria Police as the control agency for evacuation. In addition, evacuation planning extends only to the provision of warnings and guidance (such as road closures), it does not extend to the provision of equipment to support the evacuation of a person with mobility issues or accompanying pets. Many emergency service organisations are not appropriately equipped to evacuate those with mobility challenges.²⁰ Ambulance Victoria is one agency that is equipped to transport people with disabilities but ambulances are not able to respond to requests for help as a result of an evacuation order.

Even when possible to evacuate or leave early, it is vital that evacuation centres are equipped to accommodate people with a disability in order to assure they can access the same support as persons without disability. Evacuation centres are often not equipped for high needs and not all are accessible.²¹

Local Council planning endeavours to identify evacuation centres in their Municipal Emergency Management Plans but they are generally framed with bushfires in mind. Communities in bushfire risk areas tend to be well-connected compared to their urban counterparts. This emphasis on fires is preventing people from planning for other risks. Those living in flood-prone or low-lying areas are more disadvantaged (often due to housing affordability) and can be isolated by flood water for weeks at a time. The current COVID-19 pandemic has tested the emergency response with little to no appropriate preparedness in place. Planning has to include long-term support requirements or continuity strategies such as access to fresh water, power, food and disability supports.²²

¹⁸ Villeneuve, M., Dwine, B., Moss, M., Abson, L., & Pertiwi, P. (2019). [Disability Inclusive Disaster Risk Reduction \(DIDRR\) Framework and Toolkit](#).

¹⁹ United Nations Office for Disaster Risk Reduction (2013). [UN global survey explains why so many people living with disabilities die in disasters](#)

²⁰ Kilham, S. (2014). [Bushfire planning leaves behind people with disabilities](#). The Conversation, January 22.

²¹ See for instance Young (2020) [What it's like to experience a bushfire evacuation while living with a disability](#), SBS News January 8, 2020 and Shine (2020) [Bushfire survivors call for more fire preparedness support for people with disabilities](#), ABC News, January 27, 2020

²² Otte (2015). [No One Left Behind: Including Older Adults and People with Disabilities in Emergency Planning](#), Administration for Community Living, September 4, 2015

The risk of financial hardship is heightened during emergencies

During an emergency employment insecurity can lead to multiple other insecurities such as access to housing, food and health services. This is even more relevant for people with disability who often face discrimination in gaining employment and lack of recognition of qualification and skills. People with a disability have higher unemployment rates (48%) than the non-disabled population (18%).²³ For many refugees the situation is more challenging. The unemployment rate one year after arrival is 77%. While employment rates improve over time, 38% are still unemployed after three years and 22% after 10 years.²⁴ Given these statistics it is paramount that support services during and post emergency reach people with disability from refugee and CALD backgrounds.

A recent survey found that nine in 10 people with disability have experienced increased expenses due to the COVID-19 pandemic²⁵. Disasters and emergencies can increase the demand for goods and services such as healthcare, food, internet and telephones, hygiene products and travel, especially when needing to avoid contact with the wider population. Those who are on the Disability Support Pension are not eligible for further government financial supports to cover the increasing costs. AMES recent experience during COVID-19 has been that a number of participants in our peer support groups have sought from AMES information and support to access food banks for emergency supplies.

Concluding comments

AMES submission highlights the complexity of intersectionality and how it impacts vulnerable cohorts such as CALD people with disability in Victoria during emergency planning, response and recovery. It results in CALD communities, including refugees, not accessing services they are entitled to and therefore risks suffering from health issues that could otherwise have been addressed and prevented.

AMES seeks to ensure that the Disability Royal Commission recognises and acknowledges these limitations. It is important that emergency planning and response reflects the needs of all Victorians including smaller, recently arrived communities that are often the most vulnerable cohorts.

In conclusion, the voice of CALD communities need to be included and heard through the design process of emergency planning, preparedness and response. The most effective way to do this is through consultation with targeted and appropriate participation methods. Consultations with CALD groups should include information about understanding their rights in relation to emergency planning and response, how they can inform the design and why this is important or could affect their community. To be included in and contribute to disaster risk reduction, people with disability from CALD communities require accessible information in formats they can understand and use.

Recommended strategies

In summary, AMES recommends that the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability considers the following strategies:

²³ Darcy, S., Collins, J. and Stronach, M. (2020). [Australia's Disability Entrepreneurial Ecosystem: Experiences of People with Disability with microenterprises, self-employment and entrepreneurship](#). University of Technology Sydney, Australia.

²⁴ Department of Home Affairs (2020). [Alan Tudge's Address to the Menzies Research Centre, Melbourne](#). Australian Government, February 7, 2020.

²⁵ Michael, L. (2020). [New survey reveals the financial costs of COVID-19 for people with disability](#). Probono Australia, June 10, 2020.

Develop and support outreach activities to engage CALD communities with disabilities in order to increase their involvement in mainstream emergency planning

1. Utilise participatory approaches such as co-design, when working with CALD communities to engage and build ownership and involvement. Consultations with CALD groups need to be facilitated in the communities' first languages to reach more vulnerable groups, attract people to the sessions and ensure effective participation.
2. Include information about CALD communities' rights in relation to emergency services, especially relating to disability services, how communities can inform future information around emergency planning and why this is important or could affect their community.
3. Build partnerships with key CALD organisations based on locality to identify, recruit, train and support networks of community leaders who are known and respected in their community and can act as liaison with isolated, new and emerging communities in the event of disaster. Maintain and support leaders through leadership pathway development via media activity, public speaking and membership of working groups, committees and Boards.
4. Utilise trained, trusted community leaders and existing community networks to disseminate information. Ensuring these leaders are well informed and able to exercise their reach has proven to be critical in getting information to isolated communities.
5. AMES welcomes the opportunity to collaborate with the Disability Royal Commission to host consultations with CALD communities. Through our experience working with CALD communities on disability topics, we have developed numerous contacts within 'hard to reach' communities. We have gained valuable insights from program delivery and evaluation including the best approaches to discuss disability; effective methods of community participation; knowledge of understandings and perceptions of disability; and the appropriate use of language. The Community Champions and Peer Support groups are able to utilise their community networks to successfully facilitate further engagement.

Develop accessible disability information materials and web content in additional languages

6. AMES recommends that in order to be inclusive of all people with disability, information needs to be accessible for all residents affected by emergencies. This includes offering information in a variety of languages, simplified versions, visual and audio information for those who are illiterate, and targeted information to those with specific types of disability including consideration of the mode of information sharing.
7. Consider the demographic profile of CALD communities, especially in relation to newly arrived communities, when resources are being developed. Newly arrived communities, even if a small language group, need information as they may not have been exposed to an emergency situation in Australia. This is particularly relevant for those hard to reach communities. Training or awareness sessions will be the most beneficial way to engage communities and deliver information to support preparation and knowledge of risk. AMES can assist with the facilitation of education sessions and the development of resources.

Develop and deliver a training program on how to best collaborate with CALD communities with disability for organisations within the emergency services sector

8. Develop and promote cultural awareness training with a specific CALD disability focus for emergency response services. This program would include developing training materials that contain guidance on how to work with interpreters, translators and bicultural workers. These resources should be co-designed with the CALD communities with disability.

Emergency preparedness planning needs to be strengths-based and person-centred

9. Implement a strengths-based model when working with CALD communities with disability to

ensure safety during emergencies and times of crises. This may include strategies such as guiding people through the process of preparing for emergencies based on individuals' capabilities rather than characteristics of a disability. Commence the planning process based on the capabilities and strengths that already exist within the communities. This assists with addressing intersectionality regardless of demographics. Person-centred approaches should be facilitated through interactions that foster choice and control and ownership of decisions. These approaches are fostered through engagement and conversations with communities.

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