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**RI World Congress**  
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**Plenary 5 – Disaster Management**

CHAIR: Welcome back everybody; I will wait until people finally take their places and the music stops, thank you.

This morning's session on disaster management, I remember Dame Anne Begg saying yet that if you look at older people's needs and start to fix disabled people's needs and promote inclusion for disabled people, you will look at hurdles for an ageing society and it's an equally relevant parallel to draw around disaster management.

It's my pleasure to introduce Regina Ernst and she will Co-Chair this session with me and she sat on the Programme Board all the way through and has been very helpful working with me in this specialist area around selecting the speakers.

I will pick up the question and answer session at the end, but Regina will introduce the speakers.

REGINA ERNST: Thank you. Thank you, Steve. Good morning everybody to the Plenary disaster management.

Stephen and I welcome you to this session.

From my point of view disaster management becomes a more and more important topic. Nearly every week we receive news about people who are involved in disaster situations like tsunamis and Hurricane Matthew caused problems in Haiti and I heard yesterday on BBC that a strong earthquake hit central Italy. I was in Italy when a earthquake happened in 1997. It was a sunny and warm September day and I was at the famous church in Assisi, it was a holiday at it's best but had a scary ending and I went back home but it took me nearly 6 months to recover from the shock.

I lost my confidence that the ground is always stable and safe. Unfortunately, very often personal disasters are more dangerous like brain injuries or dementia; can you imagine what disaster means to people with disabilities? If you are dependent on assistance or support, you are unexpected by a major incident. There is no doubt we need a better prevention of global or personal disasters. People with disabilities should receive support that is as good and enjoyed by the general population. They have a right level of

protection as given to the right of society. In other words, disaster should not be the occasion to suspend fundamental Human Rights.

We have four excellent speakers this morning. A very warm welcome to Professor Charlotte Clarke, Adrian West, David Alexander, and Mike Adamson and at the end we have the question and answer session.

So let us start with presentations. Our first speaker is Professor David Alexander who works at the University College London in London. David you have the floor.

(Applause)

DAVID ALEXANDER: Good morning everybody. I have been a disasterologist for 36 years and it tends to stop conversations at cocktail parties when people say what do you for a living? Business is booming: I wish the opposite was true.

The studies of disasters and people with disabilities is very much in its infancy and so is the organisation that ought to be in place to manage this issue.

Let us see what is involved.

There is a shortfall in civil protection which is our business of managing and planning for the management of emergencies and responding to them.

There is a shortfall of knowledge. There is a shortfall of plans, and above all there is a shortfall of implementation and this is universal. Much more could and should be done.

Having said that "Should" is one of the most awful in the world and should must be replaced with "Must" and there is a lack of data. We do have data but much of our data, is inadequate and there is a lack of co-operation and I would like to say a few words of what the word "Must" means. There is no general standard for managing the response on of and with people with disabilities when disaster strikes to prepare for it before it does and to respond and to recover from it when it has struck.

Emergencies and disasters create barriers and that is obviously something we wish to work on in order to bring them down.

Mobility impairment is obviously the most simple and visually obvious instance and is clearly a barrier to evacuation but is also a prevention barrier to rehousing people if it is not properly dealt with.

People who have impairment of hearing, sight or cognition may fail to receive warnings unless these are given in diverse forms and unless they are forms given to them, so people can help them to react where needed.

There are many obstacles to communication. Communication is absolutely vital in emergency situations. Another factor may be the loss of electricity in emergency disasters and major incidents leading to the failure of vital equipment, perhaps life support equipment.

Finally shortage of assistance may be a serious problem. But once again that is something that certainly can be resolved by a better planning, by proper understanding of the problem and by a prior organisation. The Sendai framework was organised in the Northern Japanese city of Sendai ... one of the UN meetings on disaster reduction ... and this guideline is to all countries, all countries and what they have to do to manage risk - (read verbatim from main screen). If I had written it I would have put "must" not "should". Should occurs 16 times; well, that is not too bad I think for a 50-page document and in paragraph 32 it also mentions persons with disability, and to ensure that they are in some way empowered so that wherever possible they have a say in measures taken on their behalf, preferably with them with full consultation and petition wherever possible to respond to the problems caused by disaster.

We need a cultural change here. The traditional culture of emergency management simply discounts this issue. And it should not. Inclusiveness is absolutely vital. We all know that. But the problem really is how to achieve the cultural change and how to ensure that these things are considered normal and under an essential part of the work that must be done by those that help us prepare for emergencies there should be a move to ensure that these issues are considered normal by the general population.

There have been one or two initiatives in this respect with the title, "Nobody left behind" where we really do want to ensure that nobody is left behind. It's not morally ethically or in any way acceptable that people are left behind, and yet they are.

Hurricane Katrina and (name...), on 29 August 2005, an entire home full of people with disabilities was abandoned with people in them and they drowned.

So we have to ask ourselves whether measures are comprehensive enough and do they include the very wide range of disabilities, not merely people with mobility impairment but all the other possibilities.

What sort of issue is this?

I have said it's a problem? It's not a problem, but the question is what sort of an issue is it? I think on balance it's much of an organisational social issue than a medical one. Some of the attempts in emergency management to leave this to the medical profession have simply been wrong: they have not attacked the matter as it should be attacked. So it should not be considered a problem, but it's certainly a change in which we all to rise in this field.

It's a multi-dimensional challenge and that much is absolutely sure. Resilience, in other words the ability to adapt and recover and face up to the challenges of major incidents, disasters and emergencies is something we would all aspire to and let us try and make sure we aspire in equal ways.

Positive discrimination: is that advisable? I don't have answers to these questions the reason is we don't have an adequate basis of evidence. It's not been assembled. Some are trying to assemble it in rather laborious manners but we do not have the answers to some fundamental questions here.

Is enough attention given to emergency planning for institutions? I put a picture here that implies not enough attention was not given in this case. Leading to at least a loss of dignity and an issue that should have been planned before the earthquake occurred that led to the situation photographed here.

So there is a need for co-operation here.

One of the first things that should take at the emergency planning stage is to ensure that various stakeholders get together to work out some responses to these issues. They can be rather subtle issues. There was a case of a storm in Sweden in which a care home for elderly people who were all incapacitated and there were 29 of them, was successfully evacuated but (number) changed because the shock of dislocation was too much for people in a delicate state of health so there is much to think about in this respect and the only productive way to think about it really is to ensure collaboration.

So we need emergency planning arrangements in a variety of settings, one of which is care homes for evacuation and temporary shelter in anticipation of sorts of events which could predict and may have warning. We need special evacuation of people with fragility, and there is a need for emergency planning in pharmacology so that medicine supply is not interrupted where it's vital. There is a need to monitor people's condition and not park them somewhere if they are incapable of making their own needs known. In the end slogan, "No-one left behind" remains a rallying point for us all.

Should we register people with disabilities when it comes to civil protection services such as evacuation and accommodation during and after disaster? In some countries register is obligatory for all people, so we know where they are and where they reside. That is quite helpful for those that may wish to make a plan for people with disabilities.

But in countries where it's not obligatory, may be it should not be forced upon people. It's generally recognised it may be better to have a voluntary registration process where by people can opt to be part of the system rather than insisting that is the case because that is rather dictatorial.

What legislation do we have, if any? The Council of Europe, with whom I have worked on, this put a question their to member states asking what do you do? And we got responses back from the member countries and was given an elaborate description and we found there is no provision for people with disabilities. Another response was to form a committee, Mark Twain said "Whenever I don't feel like doing anything, I go to a Committee meeting". The third response I most admire was to frankly admit we are doing nothing. But there are things going on out there but it's not joined up and that is where the problem lies. The Convention on the Rights of Persons with Disabilities makes it clear when it comes to emergencies they should not be unduly disadvantaged and civil protection should embrace them as much as it embraces other citizens.

Moreover there who had not be a tendency to lump people with disabilities as a single undifferentiated group with other single undifferentiated groups such as pregnant women or ethnic minorities or whatever.

That does not work. Yet it's done.

So, the problem really the fundamental problem for emergency planners, managers and responders is that the plans tend to be made for groups of fairly anonymous people. THE public is the biggest group and perhaps there are groups in the public but people with disabilities needs individual attention and it's not a good strategy to merge them and to merge the different groups together without attention to the specific needs. Now some have argued we have not got the resources to deal with individuals here. I think we have the resources. The principal resource is organisation. There are plenty of people out there that there are voluntary groups and organisation of disabilities and so on. We could start by having some basic principles.

Accessibility of services at all times: we do not suspend accessibility because there is an emergency or we should not. We must not.

Emergency communications need to be accessible and reliable. Some countries have made progress in this, notably Ireland, and if you can't see or hear it you don't get the message.

The associations that represent people with disabilities in which also people with disabilities are participants should be involved in this, and I expect they would like to in many cases. When there is a risk of major emergencies I am sure there would wish to be considered protagonists rather than passive recipients.

Preparation and training and exercising should include people with disabilities and where the disability is not fully cognitive then their views, perspectives and so on should be taken into account.

A colleague of mine Dr...(name) looked at the view points of people with disabilities in emergency situations and it's highly illuminating. The mass media need to be involved in how to transmit warnings to people who have special needs in receiving those warnings. To ensure that warnings get through to those that need them. People with disabilities are often extremely resourceful but we need to capitalise as on that resourcefulness and to help those that require further assistance of course. It's a matter of anti-discrimination as well. We have to view this in the context of how things are normally. In many instances they are not good, there needs to be improvement in the normal situation of people with disabilities in order to improve their situation in emergencies but perhaps the one could lead the other: either way around. May be things need to be considered but there really is no barrier to doing so other than changing the culture and instilling a desire face to up these issues.

So what we actually need, and this perhaps is the crucial diagram, at the emergency planning stage when planning how to manage the emergency and yes they are horribly repetitive events, we need to involve the pertinent organisations on the health and social services and volunteer sight and on the official Government and Government sponsored side and companies involved. There have been some notable

successes and we do have some good practice but on the other hand there are plenty of desert areas where very little is going on and we need to join-up the good practice and cause it to proliferate.

So we have innovations and advances in this field and they are not adequately publicised at the moment, nor adequately shared nor interpreted so the lessons can be applied wherever is needed and that essentially means the whole world.

We have worked on this with Council of Europe and we have produced a number of booklets and here are two in French and English and one is a survey of the field, some guidelines and a declaration for the 47 member countries of the council of Europe, and a biography and we have a questionnaire of the Member States and what we call a 'tool-kit'. I fear the tool-kit is rather elementary and needs an awful lot of development. When we say in the academic profession we say more research is needed, it's a way to justify our jobs but is where research should go on, and what must be done in other instances and other places and to ensure that the playing field is level enough, as it ought to be.

So thank you very much for listening.

(Applause).

Many thanks Professor Alexander; you have really shown us the importance of civil protection and given us some really practical examples, so thank you very much.

Our next speaker is Adrian Went, Managing Director of Griffon Hovercraft.

You have the floor?

Good morning. The organisers asked me to come and have a chat with you this morning because Griffon Hoverwork design and build a range of hovercraft which are used around the world in disaster response, and they are quite a useful tool, particularly in flood situations, and those at ice and marsh areas as well, and they're not well understood. I thought to give you some insight into how they are used and how they might potentially be used could be useful in stimulating thought amongst the delegates. Why are hovercraft used? They're marine vehicles that can access locations where there is shallow water, where there is a significant tidal range, where there is marsh land, where there is ice - we have to translate from water-borne situation on to ice or on to land, or marsh, and so it gives us a practical tool for many of the disaster-born areas around the world.

Just a little bit of the technical behind the hovercraft. How does it work? Well, in essence, the hovercraft rides on a cushion of air. So, if you look at the little diagram that we have on here, as it kicks off, it blows a bubble of air into the water underneath it - obviously, that phase doesn't happen if you're starting on land - then, as it accelerates forward, it actually escapes from that bubble of air and then rides over the water. Actually, that shot in the bottom right-hand corner there is underneath the skirt of the hovercraft, so you can see the light coming around the hovercraft, so it is actually above the surface altogether. That's very important if you're trying to operate across polluted water, across water in which you don't want to

damage the flora and fauna - over an oil spill, direction, it won't contact that - and where you don't know what is in the water, where there is rock and debris, where there are varying depths that aren't plotted at all - for instance, in a flood region. So you can see the sort of areas where we have the 180 craft that we have deployed mostly to governments around the world. That does coincide, by nature, of the terrain that they operate on, with many of the disaster areas around the world, so be they river, jungle conditions, where the water depths differ significantly where there can be rapids or obstacles in the water, extensive areas of marsh and aquatic areas, cold ice-borne areas, so, for example, all of the Baltics states use our hovercraft as coastguard or border guard, and the Canadian coastguard use them, and we have a number of them in Arctic regions as well. Also in island regions as well - like Indonesia where there is an identity of unmade-up coastline where hovercraft can operate, for example. There are a number of airports around the world. They all have a mandated international requirement to have a residue facility for a certain area around the airport. Various parts of the world deploy this capability in different ways, so, for example, the airport in Singapore runs its own hovercraft residue service around the shallow water and marsh areas, but in South Korea, the coastguard operate the rescue services on behalf of of the airport. Now, South Korea have quite a number of hovercraft in that role. Clearly, they can fulfil other cost guard relief roles as well. They rehearse the evacuation of a damned aircraft. In that part of the world, the tide goes out almost 25 kilometres in some areas, so you're left with an airport in the middle of vast areas of inaccessible mud, so, for example, if an Airbus 380 missed the runway and ended up in the mud, you would have a serious challenge evacuating people from that circumstance. Tidal areas I've mentioned. Clearly, the Canadian coastguard use these, and as I said, in the Baltic States as well, and in a number of other countries around the world. Our largest fleet is deployed to the Indian coastguard where there is a significant amount of unmade-up coastline, and also some areas on the borders where there is very shallow mud-strewn areas on the coastline, and this allows rescue to be effected in those areas. In the UK, the lifeboat institution also has a number of lifeboat stations where the lifeboat is actually a hovercraft, and this particularly came about after the disaster that some people may recall when the cockle pickers in Morecambe Bay were stranded when the tide came in very rapidly.

Oil-spill response is particularly useful application of hovercraft, and you can see the background picture here is Nigeria where there is a tremendous density of oil installations. When oil spill can occur accidentally, and when there is insurgent activity which damages the pipelines as well. As an immediate response to go and stop the spill to actually go and dam off any contamination which can affect the local population as well as the flora and fauna in the area, hovercraft are a useful tool in that circumstance. They can also be out there patrolling the areas. The only sort of form of vehicle that can access some of these regions in order to check the pipes for any damage, and be proactive in responding to any damage that might be caused. Clearly, a very versatile platform that can be equipped as a roll-on-roll-off facility. That

can be used to deploy disaster relief equipment. Or, alternatively, to restore the environment after a disaster as well. We are working very closely with Healthcare UK at the moment in an application for medical and evacuation response. The healthcare UK project at the moment is being applied in Colombia where, as peace replaces the 50-year war with the FARC insurgents there, there is a very urgent requirement to get the state to replace the infrastructure that was effectively provided by terrorists in the past. That clearly is a very important aspect of achieving success in the hearts and minds of the population around the country, and embedding the peace in that country in the future. Now, a whole host of the locations where this medical resource needs to be implied, where the state needs to intervene in the future, are extremely remote riverine locations or the water depth varies across the year and there is insufficient water for a conventional boat to access for five or six months of the year. That period is increasing as the temperature across the globe arises with global warming as well. And hovercraft can provide a facility. Hovercraft is really a versatile platform that can be kitted out as an ambulance; it can be kitted out as a mobile clinic; it can take stores with it; it can deploy an infrastructure to provide those facilities as well. Hovercraft really come into their own in flood rescue. There are a number of places in the world where we're very lucky that the government already have hovercraft on their inventory where those regions are also prone to flooding. Pakistan is a particular example, but they have also been used in India, in South America - in Peru and Colombia - and a number of the other locations where we have hovercraft deployed. Clearly, they're really quite a basic piece of equipment that runs on a diesel engine, don't have to hang off a rotor in the air, so it is a much more vehicle to operate than a helicopter in this circumstance. Also, it has a greater payload than a helicopter in this instance. Importantly, it's also of easier for someone to become a hovercraft pilot or driver, and a hovercraft maintainer than it is to become the equivalent in the helicopter environment, and so embedding that facility into a local infrastructure is less challenging than a rotary alternative. On that basis, I will just leave you with a short piece of self-explanatory film from Pakistan, courtesy of CNN. I haven't asked them, by the way.

Most of the homes under water. About 40 to 50 people in the village being rescued. They keep coming, most of them are children. They're grabbing their belongings that they can. We saw what appeared to be a newborn wrapped in a blue blanket. And they just coming.

NEW SPEAKER: They're saying about a thousand more people left in this area stranded, but this hovercraft simply doesn't have any more room. So they're just telling them, we're going to come back. Taking a few more people. They're going to have to wrap up here. She says "I'm 70 to 80 years old. Never in my history this much of flood has come" at times you become depressed, and it gives us motivation more and more day and night to help them out.



NEW SPEAKER: The navy's responsibility is to get these people to dry land and then it's up to the local government to get them help. Most of these people have lost everything. So the unimaginable challenge is for them to somehow, some way, start their lives over again.

Thank you. [APPLAUSE].

CHAIR: Edwin, thank you very much for letting us know your wide range of the hovercraft in use. I wonder if the hovercraft is also accessible for people with disabilities? Maybe we can discuss it later in the question-and-answer session. Our next speaker is Mike Adamson. He's a chief executive of the British Red Cross. Mike, the floor is yours. [APPLAUSE].

MIKE ADAMSON: Good morning, everyone. I'm really delighted to be here. When Stephen asked me to speak at this conference, I agreed partly because I was flattered, but I thought, in terms of the subject of Red Cross and how we include people with disabilities in our emergency planning and response, I realised that, as chief executive of the British Red Cross, I actually didn't know enough about the subject, and that really worried me. So, this process of preparing for this has stimulated a lot of conversation within the British Red Cross and some of our partners, and, to be honest, it's been a bit of a wake-up call. If you were writing our school report, you would say signs of improvement but really must do better.

The first thing that we did was to actually do a survey of some of our information systems, because the way in which the Red Cross works is we're 190 Red Cross and Red Crescent societies in the world. There is a Philippines Red Cross, Philippines, and the British Red Cross works with partners as all of those, and we are coordinated through the International Red Cross, and the typical model, when there is a big emergency that requires international assistance is that an appeal will be launched for, for example, typhoon Hyann in the Philippines, and in Syria in the seemingly never-ending conflict there. We looked at the appeal document over the ten years, and we did a simple word search on the word "disability", and it was actually very revealing, because the word "disability" didn't come up very much. It was enveloped in generic terms like "vulnerability" without actually specifying what we meant by vulnerability. But in a minority of those appeal documents, disability was mentioned in those documents but only in a minority. Even then, we looked at the detail of the appeal documentation for ten of the most recent appeals where the word was mentioned. We were only to identify in three of them there was a targeted or tailored response seeking specifically to find ways to meet the specific needs of people with disability. What we have is a sense of, and indeed then when we looked at our planning projects and monitoring documents, again, the word "disability" was rarely, rarely mentioned. I think that's partly a cultural thing. The emergency response world can be quite a macho kind of arena. Lots of emphasis on moving fast, moving at scale, large numbers of people, and, actually, that doesn't lend itself to a more tailored approach around about how to include people with specific and particular needs. We recognised we've really got long way to go. What I want to tell you a little bit about today is what we are already doing, what we are learning, and then where we are

actually going to go, where we are going from from here. And this also, this whole, it was also interesting that, in terms of the conversations stimulated, lots of anecdotes also then emerged as we explored why this was the case where, you know, the tragic story of a deaf mum and her family in Bangladesh who didn't hear the cyclone warnings sounds and therefore didn't evacuate to the cyclone shelters, and the family died. The stories of people on the move, in terms of the refugee crisis, people fleeing conflict. Again, people with mobility problems, unable to escape along with the rest of the population. That's simply not tailoring our approaches sufficiently. That said, the Red Cross movement as a whole has been providing support to people with disability for many decades, in fact, so, starting with the International Red Cross, the International Red Cross operates in conflict zones all over the world, and, tragically, there are more and more conflicts as we see on our news screens. They have 130 prosthetics and orthotics workshops in 130 countries. I've visited some prosthetic workshops in Afghanistan, and Northern Afghanistan. There is a well-developed prosthetic workshop providing tailored support to people who have either been disabled for the whole of their lives or those affected by the conflict, by land-mines, by war, and so on. And what is interesting about those programmes in the way - is the way in which they have developed, not only include the specific provision of prosthetics themselves, but also the emphasis on physiotherapy, on the employment of people with disabilities in those workshops, and providing advice and support to help people with disabilities then to access employment. Because, in the world of conflict, then, obviously, one tends tragically to see a lot of unnecessary disability. The International Red Cross also has a small fund to support people to overcome barriers in physical contexts, through physical adjustments or cultural change to support people to be better included in societies. I must say, when I looked at the numbers in terms of the size of that scheme, it is staggeringly small. It's only 1.5 million Swiss francs, and that's not going to go very far. Turning to the British Red Cross, in both our international and UK work, disability does feature, so we have a long-term partnership with the Mongolian Red Cross which has been going for 13 years, particularly focused on social programmes of support where the volunteers of the Mongolian Red Cross travel to remote areas to spot people being inadvertently excluded. Over 30 per cent of the people they're helping have some kind of disability. That might be a life long disability or it may be frail, elderly people with physical and cognitive impairments where practical and emotional support can help them to connect and get back on their feet again. Here in the UK, we are the largest provider of short-term loans of wheelchairs to people, but I know that those services themselves are not nearly as accessible to disabled people as they actually should be. We're very proud of the service, but it really, really needs to improve. Even in our UK emergency response work, I'm very conscious of the ways in which we're missing people with disability. Last year, I travelled up to the north-west of England to meet some of our volunteers who had been providing support to people affected by flooding. And, as David touched on, there'd been considerably thousands of people affected by power cuts, and one of our volunteers told me about visiting

a man who was disabled following a stroke. The power had been cut off for five days. He was reliant on a stair lift to access his bathroom, which was upstairs, and so, for five days, he had not been able to go to toilet in the ways that we would recognise and was living with the loss of dignity downstairs as a result. Now, again, the Red Cross volunteers were able to address that, get him back on his feet, connect him to support and arrange other support so that that didn't need to continue in the same way, but, for five days, he lived with that indignity, and that is simply not acceptable. So we know we've got a long way to go, but we are on the case. As I mentioned before, vulnerability is the catch-all term used in some of the appeals that we are doing, but we know from World Health Organisation figures that at least 15 per cent of people in any population are likely to be affected by disability, and we know that in poorer contexts, because of lack of access to health services, because of war and violence or simply because of road traffic accidents, that percentage will be much higher. What we've been trying to do is to get better at the way in which we respond to identify who those people are and tailor our support accordingly. So, for example, as I mentioned the Philippines Red Cross in its work to responding to the typhoon in 2013, the work that both the British Red Cross supported and, indeed, other international partners, tried to use some of our normal ongoing approaches to beneficiary identification, but what we found is that those standard approaches simply did not reveal who was - which families were affected by disability. Families were unwilling to declare whether they had a disability within the family, and, as a consequence, we were not identifying the people who needed support or were able to tailor our support and had to use an outreach approach, spending a lot more time with families trying to identify that. Indeed, in the country as a whole, only seven per cent of people are registered as disabled, so comparing that with the World Health Organisation figures, the actual registration numbers are simply not accurate. What we then did do, though, in the response, was try to tailor the support that we - to tailor the support we provided. Part of the way we now provide response is not so much to distribute blankets and food, but actually to give people cash. So where families were identified as having someone, one or more people in the family who were disabled, we more than doubled the amount of cash that we gave to those families because if they were having to rebuild their house, shelter, or whatever, or re-establish a latrine, then that is likely to cost more because they will have to pay people to do it to help them. We tried to adjust by increasing the amounts of funding available to those families. We also then - for those families where we were helping re-establish their homes and their sterility, we put in place ramps and rails, both to help access those basic shelters, but also to ensure that they could access the latrines and water pumps that we were also establishing as part of the recovery programme. So we are trying to make adjustments. Internationally, in both 2013 and 2015, the International Red Cross movement also committed to a whole range of steps and key performance indicators around how we would be better at including people with disabilities, both in our ongoing work and in our emergency response. The British Red Cross just this year decided to adopt the so-called

Washington Group guidelines, which is a set of criteria on how you begin to identify people who are facing difficulties in undertaking practical - going about their daily lives. That might be understanding those who experience difficulties in hearing, seeing, understanding, and in mobility, and, through - and using those Washington Group guidelines really to begin to build that into the way in which we work. As a first step towards really meaningful engagement, over and above those things we are already doing.

We've made some progress, but, again, much further to go. To give you a couple of examples, in both Guinea and Northern Afghanistan where we are running reproductive health programmes to support mothers and children to live well and healthily, in both those contexts, we use the Washington Group guidelines to begin to identify the number of people with disability, and we simply wouldn't have done that before. But, again, the numbers are very revealing, because, in both contexts, we've identified between around one and seven per cent of people, and families, who are affected by disability, and we just know that, in those contexts, poor and affected by war, is the significant underreporting, but, nevertheless, we are able to tailor our approaches to the ways we include them. The key is to do this from the beginning, to make sure that the people who are responding and we are deploying have the skills to be able to do this. We are also building into our training programmes for the people that we deploy around the world in so-called "emergency response units" - ERUs - we deploy a emergency - and a mass sanitation emergency response unit, but we are building in an understanding of how to go about including people with disabilities into the assessment of need and programme design from the beginning in rolling out those programmes, using these Washington criteria.

There's a real sense in which we are on the case, but we need to do much more. Measurement is not enough. It's about action, and how in the face - the heat of the emergency, and I can't overstate how frantic things can feel when there is a Major natural disaster, and, actually, the difficulties of pausing in those moments really to think about the intelligent design of programmes that respond to need in tailored ways, and also, in situations in places like Syria, or South Sudan, conflict zones, are changing dynamically all the time. The key is, how do we build these skills into the capabilities of the people that we are deploying internationally and the capabilities of our partners, our sister national societies? But, as the British Red Cross, we're really, really committed to strengthening our approach in these areas, because only if we begin to do this that we will really ensure that there is a level playing field in which people with disabilities have the same rights to protection of their lives and life chances as people, as people who are able-bodied. Thank you very much indeed. [APPLAUSE].

CHAIR: Mike, thank you very much for your contribution. And also for giving us some practical examples. You have shown us the importance that disability management is also connected with cultural- our third speaker is Professor Charlotte Clarke, head of school of health and social science at the university Edinburgh. Charlotte, the floor is yours.

[APPLAUSE].

CHARLOTTE CLARKE: Thank you very much. Good morning. I'm delighted to be here today. What I want to focus on is look at the kind of resilience that is needed perhaps in everyday life, but particularly in situations where the physical and social environment in which people are living is changing. I want to focus in particular on those certainly environments, and how, when those situations of disaster or conflict, those social environments, change. We know, obviously, that the physical environments change, and also the social environments change as well, and, for some people, those social environments are very much key to the way in which they are able to continue their lives to feel part of the societies that they belong to. So I'm going to focus on looking at individual and community resilience, and I'm going to draw our attention in particular to on parts of our society who are older, and parts of our society who experience cognitive disability, in particular people with dementia, so, very much a part of our society who, for various historic reasons are not always as included as they might be in the best of circumstances.

I'm really going to struggle to read this, actually! But it is fine. I really want to highlight the call that there's been to the EU about leaving no-one behind, and leaving no-one behind in an ageing society. So, do you know, one of the problems with varifocal lenses is that you can't see very far. I will stand to the side a little bit here! I hope that's still picking up the sound okay, because I'm going to read this better if I'm reading it off the screen up here. So, I just wanted to highlight, as you may have discussed already yesterday, the extent to which the population of the world is ageing, so, anywhere where there's a disaster, anywhere where there's a conflict situation, you're going to have an ageing population, so, by 2050, the ageing population is expected to reach two billion people in the world. That's a phenomenal increase on the 900 million people that we have now. The majority of those older people will live in low and middle-income countries. So those countries that perhaps have an economic and an infrastructural less rigidity, less resilience to disaster and conflict, are going to be where there's a particularly large number of older people as well. If we focus that down a little bit more and look at people with dementia, and I'm not - please, making any assumption that anybody who has dementia are located - that is not the case - but the majority of people who experience dementia are older people. By 2050 it is expected there will be 131 million of those with dementia, that is 68 per cent of those located in lower- and middle-income countries. The demographic changes when we think about disaster and conflict management. There's a number of initiatives taking place to focus on that. I've mentioned one here by Help Agent International looking at the older population within Pakistan. But it's not just in low- to middle-income countries, just in areas of conflict and disaster, that people can feel left out. I've put on this slide a few of the figures that have come out fairly recently from the Alzheimer's Society about the experience of living with dementia in the UK. They're saying even in the UK where perhaps there is relatively little conflict, relatively little disaster management required, 22 per cent of people do not feel as though they are part of their community. 71

per cent would like their community to understand them better. And 60 per cent of the general community said, actually, we don't think we understand dementia, and people with dementia as well as we might do. Even in the most advantaged situations, there can be a lot of problems for people with dementia and for older people to feel included within their society. Now, why is this important anyway? Let's look a little bit at resilience and citizenship, and the importance of resilience in enabling people to to continue to feel part of their societies, and continue to be active citizens. So O'Connor has talked about the extent to which dementia is criticised could have had by personal history -- Criss-crossed by personal - you can take that from anybody. Our personal lives are criss-crossed with events and histories, and personal biographies. She emphasises that something like dementia is not just a neurological pathway, it's a socially experienced event. Again, any disability is a socially experienced occasion. The citizenship, that being an active continuing member of society, is absolutely critical to co-constructing everyday relationships with your physical environment, but also your social environment. And the way in which we tell stories about our lives. I have to leave rather promptly today to fly to Sweden to do some work looking at citizenship and dementia there. Very, very key work which is absolutely highlighting the importance of people being able to be advocates themselves to address and identify, and put forward their own needs in order to orientate, to draw resources to support their own needs. This is absolutely critical part of social policy formation, and things, but, if you're in a group that has a weakened voice in that because of cognitive loss, because of other disability, because you've been displaced from your own country or your own community, your citizenship rights, your social citizenship, your ability to voice your needs and get your needs on the policy agenda, becomes severely weakened. That means those needs don't get on to the table. In order to maintain an inclusive citizenship for some of the people most vulnerable in our societies, it is absolutely imperative that there is a political will and a social will to be inclusive of those people. I'm not going to go through this in any particular detail, but just to say some of the points I want to go on to talk about are drawing on quite a substantial programme of research looking at risk and resilience, and trying to understand the significance of that for people's lives and their day-to-day living, and I invite us all to think about if that is what is what that means, what does that mean in particular for people living in situations of conflict and disaster? So one of the key things is for people to be able to tell a story of their lives, basically. That dementia on its own is going to impact on previously familiar ways of leading a life. And that people need to actually be able to retell a story of their lives. Again, where I'm using dementia, you might think, "But that works for other situations, other areas in which there is a disability." Absolutely. But it also leads to different and adapted social networks, and it's these social networks that are absolutely crucial to living well, but it is also the social networks that become severely disrupted when there is conflict and when there is a disaster situation. The inability to continue to tell a story of your life, and to feel a part of your physical environment, and to feel a part of your social

environment, compromises people's sense of well-being. So, in order to be able to tell an individual story of inclusion, and to feel on the inside of the society in which you are, the familiarity with the people around you, familiarity with the place around you is absolutely critical. Otherwise, or in those circumstances, people can feel very estranged and very much on the outside of what is taking place. So, we need to understand in terms of a citizenship lens and a resilience lens, how people can be supported to position themselves in relation to other people and negotiate their own situation, their own understanding of ageing, their own understanding of dementia in relation to other people. Now, this is important when people are perhaps relocating into other countries, or other cultures, or even different parts of their own country, and they're an internally displaced person, because it could be that they then find themselves in an unfamiliar social environment, and an unfamiliar physical environment, yes, but also an unfamiliar social environment, and one that does not necessarily have the same shared understanding of things such as ageing, such as disability, such as dementia. So we really need to think about how people can be supported to have a continuing sense of belonging, and sense of citizenship in whatever social and physical environment they find themselves. This doesn't always move it on. There we go. . I want to introduce you to a couple of frameworks that I think are useful in helping us understand some of these dynamics and address the fragility of the social networks around people. So the first model I want to draw on, and this is my very, very simplified - my understanding of Mary Douglas's grid theory, or cultural theory, and what Mary Douglas argues is that we are all members of different groups; we all have ways of self-identifying, and being identified as part of different groups - it might be our family group; it might be the people we've always grown up with who we went to school with; it might be colleagues at a work environment, and things. And there are certain grid rules that determine the kind of rules of membership of those different groups. Now, what happens when those grid rules start to be broken down a little bit? So, for somebody with dementia, in any situation, the very often, and it's one of the things that is most distressing for people, find themselves feeling not part of previous social groupings, find themselves feeling as though they're not welcome in certain social groupings - perhaps they can't go to the bowling club any more because they actually don't handle the bowls as well as they used to, and the people they've always done that with, kind of ask them not to come along any more; or they themselves self-exclude because they think I can't remember those people's names any more so I will self-exclude from a group. People can feel very isolated. As a result in the case of dementia, the changes taking place for themselves, but it is also part of what is taking place in their social environment, so, if the people around them don't continue to be inclusive for them, then they will experience being excluded. Imagine if you've got a situation where you are being forcibly physically relocated because of disaster or conflict, into a culture that is perhaps less familiar to you, it doesn't have a shared understanding, doesn't know you, and you struggle to articulate who you are to people, this breaks down even more, so the social fabric around you breaks down, that

fabric that supports you. Tronto's ethic of care is important as well. You may be familiar with this, but I invite you to think about the relevance of this for situations with people with disability, ageing, dementia, other forms of cognitive loss in situations where perhaps rather rapidly, the physical environment around them is changing as a result of disability and conflict. So, Tronto states that it's part of the human condition that we remain dependent on others throughout our lives. Highlighting an independency between people. As a number of levels of care that are highlighted, and a number of principles of care that operate both ways. So, for the individual to have a sense of competence, to have a sense of trust; for others to have a sense of competence and trust in them. Again, how do you do that in situations of conflict and situations of displacement? When you don't know that person, how do you trust them [?] how do they trust new how is that communicated? Because, if we don't attend to these things, we will all the more accelerate that breakdown of the social networks around people, and deny them the opportunity of citizenship and in whatever context they're trying to take that forward. So one of the things that is coming to the fore now in the recent work that's been taking place is to approach dependency and independency as a co-operative endeavour, and I would urge anyone working in conflict or disaster situations of putting in the strategies that we are saying really could be there a bit more strongly than they are for people who are ageing, who are disabled. The importance of putting in place mechanisms which are about co-operative communication together, about co-operative action together, and about co-operative caring that is not a kind of dichotomised care-giver/care-receiver. Their care network is breaking down as well in situations of disaster. So the importance of relational care, of understanding those transitions and social and community life, the absolutely essential need for peer support and what is often referred to as "embodied togetherness" and how to maintain that. We are hearing a lot at the moment about unaccompanied children who are displaced and separated from their families seeking to enter the UK. What we are not hearing in the press about older who are finding themselves separated from their families, people with disability who are separated from their families and social networks, people with dementia who are in the same situation, but they will be there just as much.

So we need to understand in what way care changes when physical social environmentalists change. We need to understand. And picking out the bottom point here, that whilst at one level there is a horizontal support and we have to be careful not to break it down but there is also a vertical relationship, we need policy, services and communities and individuals to link vertically in order to maximise resilience. So, just to think differently perhaps about some of these issues, it could well be that what we are suggesting is that a fragmentation of those principles of ethic of care are what actually drive a break down of the group grid networks that dominate people's lives, that are part of the way we live, all of us. That, actually, if we paid attention to those ethic of care principles and paid attention to the group grid



dynamics, we could support people's resilience even in times of crisis. That means that individual resilience and community resilience are absolutely inextricably linked.

So just finally to draw the attention back on to issues around people who are perhaps moving, or people who are in conflict situations, to draw on a few points that were highlighted in a book about to be published where they highlight that relationship between people and social, which is absolutely critical, and that the sense of belonging somewhere is critical to somebody's well-being and their ability to be citizens and that means their ability to articulate and have their needs met. So what can we do to minimise the sense of distance and social distance, and the alienation people may have and the importance of maintaining a social fabric for people's social well-being.

To pick out a few points here, when people are migrating, going to different cultures, different dominant religions that are perhaps around them, those different places will have different understandings of ages, different understanding be it cognitive, sensory etc, that that person experiences so how does somebody with a disability relocate themselves into a different cultural environment?

They may also find that finding culturally appropriate services is particularly challenging.

That day centre that they have always gone to and drawn a great deal of peer support and things is not accessible for them any more: it may be for physical reasons because the route is no longer safe because of bombing or something or they may find themselves in a day centre where they access day centre is culturally alien to them so we have to see how we find ourselves and look at the cultural kind of religious practice, environment in which they find themselves as well.

So just to conclude: I hope what we have done here is just kind of highlighted how important the social fabric is around some people: all of us perhaps to varying degrees and how important the community resilience is alongside the community resilience. They work hand in hand and you can't have one without the other.

When we are looking at issues around displacement, when we at issues around conflict, emergency situations, these are the things that break down and make some people even more vulnerable than they might otherwise be.

Thank you very much. (Applause).

CHAIR: Thank you very much.

Well, four very different but interlocking presentations there that I am sure you will have found very interesting and useful.

We have got about 15 to 20 minutes for questions. So we'll do it in the usual way. If you could pop a hand up and somebody will bring a microphone up to you and come up to the front here, thank you.

FROM THE FLOOR: Thank you. I am from the rehabilitation international taskforce and I want to congratulate the British Red Cross. It's very important that is done and examples for other parts of the world as well, but as Dr Alexander also mentioned it's not only good to have an inclusive response but we need the inclusive preparedness and we all know that capacity at individual and community level is very important, just as you pointed out now Dr Clarke.

Now my question: individuals with disabilities and their representative organisations are very key to that, but they need to have this dialogue with other emergency service providers, and Local Authority and I would like to have your input and suggestions how to foster it, and how to make it really happen. I find sometimes that is where the dialogue is difficult to happen and Governments are not always promoting the dialogue, leading to local actions and local capacities so I would like your opinion how to make it better and better, thank you.

CHAIR: Thank you.

Do you want to take that point?

Yes sure, thank you for that; I could not agree more. The key is to be ready and prepared and to have thought what you will be doing in advance. The key to that is all about relationships with partners who will be active. Here in the UK, the British Red Cross has written into the local resilience plans with every Local Authority. And, roles have been identified in advance about which and what the emergency services will do, what the Red Cross will do and what other voluntary organisations will do.

In many countries around the world there is a national disaster law that will also identify in advance the roles that different partners will play both at national and local Government but also NGOs.

I think the trick or the issue we are exploring here is the way those standard processes can be adapted to ensure that people with disabilities are also included and recognised within that, and it's interesting that in the context of - I didn't actually mention it - but where the (place-name...) Red Cross has developed an inclusion policy that is in parallel with development of a disability law, and what we need to do is to try and join up more the national disaster response frame works that sets out roles and responsibilities with disability frame works.

At the end of the day it's only through talking and writing down in advance to make that happen.

CHAIR: Do you want to add anything, David?

DAVID ALEXANDER: Yes please. India passed its disaster response law in 2005 and there was no mention in it of the 90m registered disabled people in the country. Having said that, when they came to revise the law 5 years later, they were shamed into doing something about that.

There is an important principle that the inclusiveness that you hope will be enshrined in law and practice in a country should not be suspended when there is a disaster. If you are there at the local level you don't know what to do but you have to plan for emergencies and so on, the best thing is to get the

representatives around the table: social, health services, and representatives of people with disabilities, and the civil protection services and say let us plan together let us involve the volunteers and they may be civil protection volunteers or may be volunteers that assist people with disabilities, carers as well. But if we get them together and get them talking and get them involved in the process and have some guidelines we can come up with workable plans and we can identify the people who need to be either beneficiaries or participate in the plans, possibly both, and we can try to ensure the culture of English we are trying to create in normal times is not thrust aside when we get an emergency situation.

CHAIR: Thank you very much, perhaps Adrian I can ask about the potential application of the use of hovercraft, the immediate evacuation, you showed a useful video about the use of them later on giving medical treatment but in the emergency environment for disabled people specifically.

Hovercraft is slightly better for disabled access rather than a conventional boat, because by the nature of being an amphibious vehicle it parks on the beach while accessing it so no difference from the land you are departing from and the hovercraft you are getting on to. We have deployed a couple of hovercraft for a ferry service in the UK and it's probably one of the only public service vehicles that is entirely compliant with very stringent EU disabled access. So for example, the buses in London they were very careful to get their design complete just before that came into force in order to be able to overcome the requirements for disabled access.

But this hovercraft we have just deployed, has steps on one side and ramps on the other side that is absolutely compliant with requirements and has all the facilities to secure disabled passengers on board the hovercraft as well.

So it's quite a useful platform I think from that perspective. In that medical application that we were talking about there, the fact that you can put it on the beach, it becomes a very stable platform and you can do what you like with it at that stage in the game and it makes it a useful piece of equipment in that circumstance as well.

CHAIR: Great, thank you very much. Any more questions from the floor?

Yes, thank you (Indicates).

FROM THE FLOOR: Good morning. I am from Bangladesh.

Every year we have different types of disaster like cyclones and recently we are facing an increasing number because last year more 50 people died because of those; and it's a highly-populated country. My question is about with the international Red Cross Government and organisations like this, who operate.

The UN Convention and other policies ensure the participation of DPOs because these are the people who are the members of DPOs and they are best knowledgeable about their needs and their ability etc.

These DPOs know that disabled people are living and where the active services are and where the services are available, and are best well-known.

So, my question: is there any strategy with the International Red Cross to work closely with DPOs to rescue and have relief work for disabled people at this time?

CHAIR: Thank you very much, an important question. In essence are disabled people's organisations involved in design and development of evacuation services? Any good research on that or should there be?

NEW SPEAKER: We have made a global commitment as I mentioned in 2013 and 2015 around the commitments with inclusion for disabled people in our ongoing resilience work and in terms of our emergency response work. I don't think we have made as much progress at global level on that as we should do, but some of the commitments are relatively recent.

By coincidence I am going out to Bangladesh next month to see some of our vulnerability and resilience programmes we have seen with the Bangladesh Red Crescent and I would like to see how responsibilities with disabled people's organisations have been put in place to ensure that people with disabilities do get tailored support in the programmes we are supporting.

To be honest I don't know the answer to the question.

NEW SPEAKER: I don't know either, but one thing is always good to admit. Bangladesh has (figures) which is remarkably high. It may be the most pro-disaster country in the world but it's got huge human resources and risk reduction is a question of organisation.

Bangladesh is a country with a considerable crucible of experimentation going on and I am quite optimistic that Bangladesh can tackle this problem well in fact across the Indian sub continent there is definitely a changed view with respect to 10/15 years ago. Once disability is no longer considered a curse and shame and something to hide away, once it's out in the open it can start to become part of normal life where it ought to be and that is a good basis for making the kind of preparation that is possible, but we have the means, and what we need is the organisation.

CHAIR: Thank you.

To add something from the equipment provider perspective: very often you are small companies with specialised capabilities, but to get the specialist infrastructure into the inventories into the UN and the big NGOs and Governments around the world is multi world, and way beyond our means to get the special facilities that would be very adept as accessing in the event of a disaster. I don't know how you quite break the system to make it affordable to get practical solutions quite quickly.

CHAIR: I suppose as Charlotte was saying, it's reinventing the narrative, and we have heard this as a theme throughout the Conference.

We have time for one more question, right at the centre of the room - and one question there too (Indicates).

Yes, we will have that one as well, great.

FROM THE FLOOR: Good morning. I am Colin Allen, and I would like to inform you that the World Health Organisation last May, when I was representing there, and also at the International Disability Alliance, are looking at the inclusion of disabilities, and they have set up a charter for people with disabilities which involves the involvement of people with DPOs and also to harmonise and to see the importance of people and with disabilities and to work with different organisations to harmonise this process.

So we have set up a new Working Group which consists of 3 international organisations: UNICEF, HI, Handicap International and International disability alliance, and IDA, and we would like to take leadership of how to support people with disabilities in these disaster areas.

We think it's important for you to know that we actually have established this Working Group already and we are in progress with this, so I think it's really important part of the work of the world health organisation as well so I would like to inform you of this.

CHAIR: Thank you, Colin. In reference to that, if Colin you can send me a link to that, I can make sure when we produce the post Conference report we'll include specific reference to that and I will pick that up with you later on.

I am conscious of time; it's 10.30 and I was going to offer time for another question but Charlotte has to fly to Sweden and other people need a cup of coffee, before the next session at 11 o'clock.

So, I look forward to seeing you back here at 11 o'clock.

Thank you very much (Applause).