About VCOSS

The Victorian Council of Social Service (VCOSS) is the peak body of the social and community sector in Victoria. VCOSS works to ensure that all Victorians have access to and a fair share of the community’s resources and services, by advocating for the development of a sustainable, fair and equitable society. VCOSS members reflect the community sector’s wide diversity, ranging from large charities, sector peak organisations, small community services, advocacy groups and individuals involved in social policy debates.

VCOSS has played a role in emergency management since 2005, and was involved in government planning and policy following the 2009 Victorian heatwave and bushfires. VCOSS has made submissions to the 2009 Victorian Bushfires Royal Commission, the 2011 Victorian Floods Review and the 2014 Hazelwood Mine Fire Inquiry.

VCOSS plays a key liaison role in communicating emergency management policy changes, emerging directions and challenges between government and the community sector, as well as across diverse parts of the sector.

VCOSS aims to improve emergency management connections and partnerships across state and local governments and the community sector, and to foster more collaborative and coordinated approaches to emergency management at local, regional and state levels, including a focus on supporting disadvantaged people and communities.

VCOSS works to provide the community sector with information about emergency management, and to inform state government policy and program development for future emergency management. In particular, VCOSS aims to complement existing emergency management policy evaluation with perspectives from the community sector and the most socially vulnerable, by documenting experiences that will inform and improve approaches and processes.
## Contents

About VCOSS ........................................................................................................................................... IFC

Contents ................................................................................................................................................ 1

Executive summary ............................................................................................................................... 2

  Summary of recommendations ........................................................................................................ 3

Who is at risk and hit hardest in an emergency? ............................................................................. 4

What is disadvantage? ......................................................................................................................... 7

What does disadvantage mean in an emergency? ........................................................................... 8

Types of social vulnerability ..............................................................................................................

  Poverty .............................................................................................................................................. 10

  Older people ................................................................................................................................... 12

  Migrant and refugee populations .................................................................................................. 14

  People with a disability .................................................................................................................... 16

  Children and young people ........................................................................................................... 17

  People with poor quality housing ................................................................................................. 18

  People with mental health issues .................................................................................................. 20

  People with multiple and complex needs ..................................................................................... 21

  Other vulnerable groups .................................................................................................................. 23

What is resilience? .............................................................................................................................. 24

What’s the current policy framework? ............................................................................................... 26

  Federal government ....................................................................................................................... 26

  Victorian government ..................................................................................................................... 27

  Local government .......................................................................................................................... 30

Why is the community sector central to emergency management? .................................................. 31

Where are the gaps in our support of socially vulnerable people? .................................................... 36

What is the role of the community sector? ......................................................................................... 39

Recommendations ............................................................................................................................... 40
Disaster and disadvantage: Social vulnerability in emergency management

In the 2009 bushfires – one of Australia’s worst natural disasters, in which 173 people died – children, older people, people with physical or cognitive disabilities and their carers made up nearly half the death toll.

The 2009 and 2014 heatwaves exacted their worst toll on older people and those in poor health, those confined to poor quality rental ‘hot boxes’, those who were homeless, and those with mental health issues who may not have understood or acted on warnings and taken precautions.

Elsewhere, the risks are similar. In the 2011 Queensland floods, a family in their home were unable to save their grandmother because they could not lift her up onto the roof to safety. During Hurricane Katrina in the United States, older people, those in poor health and people on low incomes were most at risk: the first reported deaths were three nursing home patients who died during evacuation, most likely from dehydration.

These and other case studies outlined in this report tell us it is not just the event, but pre-existing structural disadvantages that can deliver devastating blows to vulnerable people and communities in disasters.

While they can be devastating for all affected individuals and communities and cause great physical, financial and psychological hardship, for people who are already facing disadvantage, the impacts can be overwhelming, leading – in the words of one mother – to a “cascade of sorrows”.

People facing disadvantage, such as those in poverty, migrants, refugees, children, older people, people with disabilities, people who are homeless or transient, and people living in poor quality housing, are more vulnerable at all stages of a disaster – before, during, and after it strikes. These people are considered ‘socially vulnerable’ in the face of a disaster.

Whether it is their capacity to evacuate in time or to recover in the long term from trauma and financial devastation, socially vulnerable people are hit hardest and longest by disasters and emergencies. These people often have fewer resources and less social support, mobility and housing options at their disposal, and so are less able to prepare for, respond to and recover from a disaster or emergency.

As one report put it, socially vulnerable are “more likely to die...and less likely to recover.”

Victorians have witnessed and experienced this in recent years, with the devastation of the 2009 Victorian bushfires, enduring drought, the 2009 and 2014 heatwaves, the 2010–11 floods and the impact on Morwell residents of the Hazelwood coal mine fire; as well as hundreds of smaller emergencies and disasters across the state.

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These socially vulnerable people frequently have little choice in deciding where they live, and are often disproportionately concentrated in areas at high risk of negative environmental impacts. They often have fewer economic resources to assist with preparing for and managing extreme weather, including being able to take out insurance against loss. They may have chronic physical and mental health conditions that affect their mobility and resilience, or lack access to

Executive summary

Disasters and emergencies such as bushfires, floods and heatwaves can affect all Australians, no matter what their background or status. But they don’t affect us all equally.

Experience and research tells us that disasters are in fact “profoundly discriminatory”, both in where they strike, and in the way they affect people.

While they can be devastating for all affected individuals and communities and cause great physical, financial and psychological hardship, for people who are already facing disadvantage, the impacts can be overwhelming, leading – in the words of one mother – to a “cascade of sorrows”.

People facing disadvantage, such as those in poverty, migrants, refugees, children, older people, people with disabilities, people who are homeless or transient, and people living in poor quality housing, are more vulnerable at all stages of a disaster – before, during, and after it strikes. These people are considered ‘socially vulnerable’ in the face of a disaster.

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mainstream sources of information about impending danger because of language barriers, remoteness, and poverty. They often require greater support in evacuation and recovery, including mobilising wheelchairs and maintaining ongoing access to care and medication in the immediate aftermath of a disaster. They may also have less of a public voice and less ability to influence decision-makers such as governments.

Much has been done in Australia and particularly Victoria in recent years to improve disaster prevention, preparation, response and recovery arrangements. However there remain significant policy gaps around effectively building the resilience and meeting the needs of socially vulnerable people.

This report describes who is most at risk of being socially vulnerable in an emergency or disaster and what needs to be done to better protect them and improve their recovery. After assessing the causes of social vulnerability and the needs of socially vulnerable people, the report also puts forward a set of recommendations aimed at assisting the emergency management sector to better incorporate the needs of socially vulnerable people in its planning processes.

These recommendations are summarised below and detailed in full at the end of this report.

**Summary of recommendations**

1. That the emergency management sector seeks to better understand the diversity of communities, including the needs of socially vulnerable people.

2. That the emergency management sector plans effectively for socially vulnerable people and communities, in partnership with the community sector.

3. That the emergency management sector deliver enhanced emergency response, relief and recovery measures that specifically support socially vulnerable people.

4. That the emergency management sector develops targeted, effective communication methods for reaching socially vulnerable people.

5. That the Victorian government works to address the causes of disadvantage to reduce the prevalence of social vulnerability and build resilience before emergencies occur.
“Disasters operate as a kind of lens, allowing society to perceive what was before its eyes all along. The best way to prevent social disadvantage from becoming deadly during disasters is to eliminate the disadvantage, rather than merely focusing on the disaster situation. The social disadvantages our society treats as ordinary and unremarkable (can) become deadly in dramatic ways during the course of a disaster.”

Recent international and Australian experiences clearly show that people and communities facing disadvantage are hit hardest by emergency events, and that inadequate preparation for their needs in emergencies or disasters can lead to tragic consequences. These people, already facing disadvantage, are described as being ‘socially vulnerable’ in the face of an emergency. Examples of social vulnerability in disasters in Australia and overseas include:

- **2005 Hurricane Katrina, USA:** more than 1,800 people died because they were unable to evacuate New Orleans. Older people, those in poor health, people on low incomes and people with disabilities were most at risk of dying. Older people were the most vulnerable – almost 60 per cent of those who died were over 60 years old. The first deaths reported from New Orleans were three nursing home patients who died during an evacuation to Baton Rouge, most likely from dehydration.

- **2009 Victorian bushfires:** The 2009 Victorian Bushfires Royal Commission Final Report found that 173 people died in one of Australia’s worst ever natural disasters: 44 per cent of those who died were found to be more vulnerable to bushfire because of age, ill-health or a combination of both:
  - 16 per cent were aged 70 or over
  - 9 per cent were children aged under 12
  - 24 per cent had chronic health conditions
  - 5 per cent had acute disabilities that probably affected their mobility, judgment or stamina.

- **2009 Victorian heatwave:** the Victorian Government reported there were 374 “excess deaths over what would be expected” during the heatwave, when maximum temperatures were up to 15˚C above normal average temperatures. Deaths reported to the Coroner’s Court during this time were 77 per cent higher than for the same period in the previous year, with the most significant increase in deaths being people aged 65 years and over.

- **2014 Victorian heatwaves:** the Victorian Institute of Forensic Medicine (VIFM) recorded 203 deaths during the first of a series of heatwave periods, more than double its weekly average of 98 recorded deaths a week.

While natural disasters, extreme weather events and major health threats can cause great physical, financial and psychological hardship for all affected individuals and communities, for people who are already facing disadvantage, the impacts can be overwhelming, leading – in the words of one mother – to a “cascade of sorrows”.

Experience and research tell us that people in poverty are more vulnerable before, during, and after a catastrophic event. The findings are similar for new migrants and refugees, children, older people, disabled people, and people living in certain types of housing, such as public housing apartments and

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5. Ibid.
caravans. These people are all socially vulnerable in the face of a disaster, and are likely to be more affected when disaster strikes. Often with fewer resources and less social support, mobility and housing options at their disposal, they are less able to prepare for, respond to and recover from a disaster or emergency.

Examples of disadvantage that can deliver a devastating blow to socially vulnerable people and communities in disasters include people having:

- lack of choice in deciding where they live, and often being disproportionately concentrated in areas at high risk of negative environmental impacts
- fewer economic resources to assist with preparing for and managing extreme weather, including being able to take out insurance
- chronic physical and mental health conditions that affect their mobility and resilience
- barriers to accessing mainstream sources of information about impending danger such as language barriers, remoteness, and poverty (no mobile phones or internet access)
- need for greater support in evacuation and recovery, including to mobilise wheelchairs and maintain ongoing access to care and medication in the immediate aftermath of a disaster
- less of a voice and being less able to influence decision-makers such as governments.

For these people the impact continues past the immediacy of the event.

"Disasters induce stress against a backdrop of systemic stress associated with social structural position. As well, there are often secondary stresses – job loss, forced relocation and economic hardship and uncertainty. Even though everyone may appear to be exposed to the same event, disasters are profoundly discriminatory wherever they hit, pre-existing structures and social conditions determine that (in the long run) some members of the community will be less affected, while others will pay a higher price."  

Australian experience backs US research findings that population characteristics are an important indicator of everything from evacuation compliance during an event to successful long-term recovery after one with the socially vulnerable more likely to die in a disaster event and less likely to recover after one.7

The Australian National Strategy for Disaster Resilience has been developed to support a whole-of-nation, resilience-based approach to disaster management. It recognises that factors that influence social vulnerability for individuals and across whole communities include remoteness, population density, mobility, socio-economic status, age profile, and people who speak English as a second language. It also acknowledges that other factors such as changing work-life patterns, lifestyle expectations, demographic changes, domestic migration, and community fragmentation are known to contribute to varying levels of risk.8

As the peak body of the Victorian community sector, VCOSS is concerned that increasingly frequent and severe natural disasters will continue to take a disproportionate toll on vulnerable people and communities.

This report describes who is most at risk in an emergency or disaster and what needs to be done to better protect them and improve their recovery.

8 Council of Australian Governments, National Strategy for Disaster Resilience: Building our nation’s resilience to disasters, Commonwealth of Australia, ACT, 2011.
Disaster and disadvantage: Social vulnerability in emergency management

2009 Victorian bushfires
From the Victorian Bushfires Royal Commission Final Report*

Edward Wilson, 87, and his wife Beth, 86, lived in Long Gully Road, Hazeldene. Their son David, 59, and his wife Annette, 61, lived in a caravan on the property. Their fire plan had been for Edward and David to stay and defend, and they had successfully fought fires in the past. However by 2009 both Edward and David were in poor health and neither was in a position to actively defend the property. Following repeated warnings from neighbours and friends, Annette was determined to leave, but David wouldn’t leave his parents. Annette’s friend said, “Edward wouldn’t go, Beth wouldn’t leave Edward, and David wouldn’t leave his parents”. All four died on February 7 as a result of the fires.

Karen Davies, 37, lived on her own in Marysville and died inside her home on February 7. She did not have a car and there was no sign that she made any attempt to evacuate on foot. The investigating police officer noted: “The lack of a vehicle meant that escape by foot was initially the only means of evacuation. If [people] were elderly or incapacitated in any way, travel by foot was probably not a viable option.” Ms Davies also had some health problems that may have affected her capacity to evacuate. A friend said Ms Davies suffered from fibromyalgia, a condition that caused her constant pain. Her general practitioner noted Ms Davies suffered from an anxiety disorder that “would have been heightened significantly and may have affected her normal thought processes”. In her doctor’s professional opinion, “it may have been a contributing factor in her unfortunate death”. Ten days after the fires Ms Davies’ remains were found in what remained of the house’s bathroom. The house had been destroyed. It appears that she sought shelter in the bath, using blankets and water for protection.

Don Parker, 85, his wife Ruby, 80, and their son, Ken, 53, died when the 2009 bushfires swept through Narbethong, near Marysville. It appears the Parkers were in the process of evacuating when they died. Don was a World War II veteran and his health had deteriorated in his later years to the point where he became reliant on his wife for transport because he was no longer able to drive. Ken had been confined to a wheelchair since childhood. The senior Parkers’ ages, Don’s poor health, and Ken’s physical limitations might have contributed to a delay in their evacuation once they had decided to leave. Their bodies were found close together in what appeared to have been the lounge room of their house. The post-mortem reports record their deaths as being caused by the effects of fire.9


* Names have been changed to protect privacy
What is disadvantage?

There is no agreed single definition or measure of disadvantage. This is in part because disadvantage involves many aspects of people’s lives and is influenced by the values and priorities of different communities and groups. Disadvantage has its roots in a complex interplay of factors. Many of these factors, when combined, can have a compounding effect.

The probability that any one person will experience disadvantage is influenced by:

- their personal capabilities and family circumstances
- the level and type of support they receive
- the community in which they live (and the opportunities it offers)
- their own life events
- the broader economic and social environment.  

Most people who experience disadvantage do not fall into a single category of disadvantage. The links between a poor education and low income are well known, while low income is, in turn, associated with poor health and inferior housing.

The Victorian Government states that disadvantage occurs when an individual, family or community is deprived of resources or opportunities that underpin social and economic wellbeing. Disadvantaged people and communities can lack material resources (such as income, housing, services, and transport), skills/knowledge resources (such as education, health) or social capital resources (such as social participation, inclusion, strong governance). People considered at risk of disadvantage include:

- people on low incomes
- people in temporary or unstable housing situations
- people on public housing waiting lists
- people with a disability
- carers and people requiring care
- isolated people
- people experiencing homelessness
- Aboriginal and Torres Strait Islander people
- people from culturally and linguistically diverse backgrounds, including refugees and newly arrived migrants
- children and young people
- older people
- people with mental health issues
- people with alcohol and/or other drug issues
- people who rely on public transport.

While the experience of a single disadvantage can create difficulties for people, the experience of multiple disadvantages can have a compounding and persistent effect, reinforcing barriers to getting ahead and increasing the likelihood of other related problems later in life. People who experience multiple disadvantages have poor outcomes across many dimensions. The effects of several disadvantages can be more difficult to overcome than just a single disadvantage, and multiple disadvantages can be perpetuated across generations. Multiple disadvantages can also lead to exclusion from society and a lack of access to goods, services, activities and resources.

In Australia, around 5 per cent of the working age population, or 640,000 people, experience multiple and complex disadvantage. People facing multiple disadvantages are also more likely to live in the most disadvantaged localities.

Addressing disadvantage is a pre-condition to building resilient communities and a stronger, more inclusive economy. If people face acute disadvantage — through financial stress, chronic health conditions or disability, homelessness, problem drug or alcohol use, isolation, or exposure to violence, abuse or neglect — they risk living marginalised lives as adults. It also puts them at greater risk in disasters.

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What does disadvantage mean in an emergency?

“Where people live, their income level, as well as health and social contexts will be a factor in determining the effect that extreme weather events have on people … There is a growing recognition that the distribution of weather-related health impacts has been, and will continue to be, uneven, falling more heavily on low-income populations and those with chronic health conditions. Other factors associated with increased vulnerability include age, disability, homelessness, social isolation, poor English language skills, and residing in rural and remote communities”.  

It has been found that people facing single or multiple disadvantages are at greater risk of becoming socially vulnerable in an emergency. This is because in a disaster these people, due to disadvantage, are more likely to experience death or injury, property damage, psychological impacts, demographic impacts, economic impacts or political impacts. 

They are more at risk because the disadvantage they experience leaves them unable or less able, in the face of a disaster, to prepare for and respond to, as well as recover from, the hazards and damages intrinsic to an emergency. The physical and social impacts of emergencies on them are also disproportionate. 

“Vulnerabilities precede disasters, contribute to their severity, impede effective disaster response and continue afterwards. Needs, on the other hand, arise out of the crisis itself, and are relatively short-term. Most disaster relief efforts have concentrated on meeting immediate needs, rather than on addressing and lessening vulnerabilities.”  

All communities comprise people, families, groups and organisations with differing strengths and needs. Major disasters produce widespread disruption and loss across them all. These people, families, groups and organisations can be overwhelmed by the impacts of death or injury, losses of homes or premises, jobs, or communities, and disruptive transitions like separations, or moving away.

Not all people who face individual disadvantages are socially vulnerable in the event of an emergency – many will have the resources and capacity to manage, and even the most disadvantaged communities are resilient and possess unique skills, knowledge and resources they can draw on in the face of a disaster.

However the literature on social vulnerability consistently identifies particular disadvantaged groups as being at risk during and after disasters, with negative effects continuing for a significant period for some people.

Community recovery after the February 2009 Victorian bushfires: a rapid review identified that: Disasters induce stress against a backdrop of systemic stress associated with social structural position. As well, there are often secondary stresses – job loss, forced relocation and economic hardship and uncertainty. Even though everyone may appear to be exposed to the same event, disasters are ‘profoundly discriminatory wherever they hit,

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14 The Senate, Environment and Communications References Committee, Recent trends in and preparedness for extreme weather events, Commonwealth of Australia, ACT, 2013.
The Australian Medical Association (AMA) says that the more frequent, intense and longer-lasting fires, floods and droughts predicted for the future mean more Australians will be exposed to health hazards. "...it is predicted that Australia will experience more heat waves, extreme fire weather, severe storms, and drought across southern parts of the continent. Some of the health effects accompanying these changes will be direct, such as increases in mortality and morbidity associated with heat waves. Other health impacts will be indirect, including damage to health infrastructure, depression and post-traumatic stress disorder, increasing health inequities, and an erosion of the social determinants of good health. When estimating the overall financial costs associated with extreme weather events, it is imperative that consideration is given to the significant costs arising from health impacts."

With more exposure to the hazards of extreme weather events being predicted for the future and the effects of these type of emergencies and disasters falling disproportionately on disadvantaged, or socially vulnerable people, it is now important for the emergency management sector to develop emergency management policy and programs that address the needs of socially vulnerable people, and that the Victorian government works to resolve the causes of their vulnerability, before emergencies arise.

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20 Australian Psychological Society, Submission to the Environment and Communications References Committee Inquiry on Recent trends in and preparedness for extreme weather events, APS, Melbourne, Victoria, 2013.

21 The Senate, Environment and Communications References Committee, Recent trends in and preparedness for extreme weather events, Commonwealth of Australia, Canberra, ACT, 2013.
Disaster and disadvantage: Social vulnerability in emergency management

Poverty

The primary indicator of social vulnerability as it relates to emergencies is poverty. The poorer people are, the bigger the impact on them in a disaster or emergency and the harder they will find it to recover. Research shows that people who have better financial capacity are better prepared for emergencies – irrespective of the type of disaster – as they are able to meet the costs of the event and the costs of insurance cover for damage sustained.\(^{22}\)

The financial capacity of households affects both how quickly and how effectively people recover from an emergency event. Low-income Australians, including the so-called ‘working poor’, those living on income support, refugees, renters, young adults and pensioners have the least resources to dedicate to recovery after a loss, and can least afford the protection and security provided by preparing in the first place.\(^{23}\)

The capacity to purchase insurance, secure temporary accommodation, repair or build a new house, buy new clothes and household goods, access ongoing medical treatment and take time off work clearly contributes to the recovery of a person or a household from a disaster or emergency. Limited financial options can contribute to stress that, in turn, can adversely affect personal relationships,\(^{24}\) with disadvantage further compounded. In 2012 the poverty rate in Victoria, based on half of median income, was 11.8 per cent. However poverty rates in rural and regional Victoria, which face higher incidences of natural disaster, are higher than in Melbourne.\(^{25}\)

Community services and planners are pointing to a growing social divide across Victoria, which requires action to avoid entrenched disadvantage and intergenerational poverty, and the disproportionate impacts of emergencies.

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\(^{23}\) Brotherhood of St Laurence, Submission to the Natural Disaster Insurance Review: Improving access to insurance for low-income Australians, Brotherhood of St Laurence, Melbourne, 2011.


On 9 February 2014 a disused part of the Hazelwood coal mine, near Morwell in regional Victoria, was ignited by a grassfire burning on an extreme fire danger day. The coal mine fire burned for a number of weeks and was finally declared safe on 24 March 2014.

During this time there was continuing hot, dry weather and a need to avoid destabilising or flooding the mine with excess water. There was no certainty as to when the fire would be extinguished and the varying levels of poor air quality caused concern for local residents. The ongoing thick smoke, ash and odour caused fatigue, stress and frustration for residents, businesses and other organisations, as well as emergency personnel.

The conditions people faced during the mine fire emergency were compounded by the fact that Morwell is one of the most disadvantaged towns in Victoria. ABS data from 2011 shows:
- Morwell has a significantly high population of low-income households: the median weekly family income is around $930, against the Victorian median of $1460.
- Morwell’s population is under-educated: just 22.56 per cent of the population has completed year 12 or equivalent, against a Victorian average of 40.2 per cent.
- Morwell’s population is under-employed: the unemployment rate in Morwell sits at 12.1 per cent, against a Victorian average of 5.4 per cent.
- Morwell has an increasingly aged population: almost 20 per cent of the population is aged over 65 years, against a Victorian average of 14 per cent. This is expected to rise significantly over the coming 20 years.
- Morwell has a significant migrant and refugee population, including a large Sudanese community.
- in 2011, 8.4 per cent of the town’s population reported needing help in their day-to-day lives due to disability, against a state average of 6.2 per cent.

Some of the early impacts of the Hazelwood mine fire on more vulnerable members of the community included:
- aged clients suffered increased sleep and respiratory problems as a result of the smoke
- children and young people who had relocated came back feeling disconnected from friends, and were concerned that they had fallen behind at school
- services struggled to identify relocation alternatives for people with complex care needs that would meet their safety and care needs
- CALD communities were not engaged and no translation services were provided at respite or other centres
- children and young people with disabilities such as autism had trouble adapting to changes in their routines, and this caused additional stress for families
- older people with disabilities found that their ability to manage stress and anxiety was compromised
- low-income households that did not qualify for relocation grants could not afford to relocate
- women and children who had fled family violence were evacuated from the local women’s refuge and, due to a lack of accommodation options, ended up being moved to and from various locations, which put them at risk.
Older people

More than 20 per cent of Victoria’s population is aged 60 years or over and, by 2021 this is expected to increase to more than 25 per cent. Rural and regional Victoria, where natural disasters are more frequent, has a greater proportion of residents aged over 65 years, who are expected to account for half its population by 2052.

Older people are disproportionately affected by disaster. It is not age alone that makes older people vulnerable – factors associated with advancing age, such as impaired physical mobility, diminished sensory awareness, pre-existing health conditions, as well as social and economic constraints, contribute to their vulnerability.

As people progress into older age groups their need to call for assistance in an emergency generally increases, whether this be for an individual medical emergency, requiring an ambulance, or assistance in preparing for and/or responding to a community-wide emergency.

26 Regional Development Victoria, Thinking regional and rural: Guidelines for assessing regional and rural impacts of government policy and legislation, Department of State Development, Business and Innovation, Victoria, 2013.


Queensland floods 2011

From the Queensland Floods Commission of Inquiry Final Report*

In December 2010 and January 2011, more than 78 per cent of Queensland was flooded and 35 people lost their lives. In its final report, the Queensland Floods Commission of Inquiry noted that four of the people who died at the town of Grantham alone suffered from mobility problems, with three relying on walking aids. The Commission recommended that relevant community sector and health organisations work with local councils to better ensure the needs of mobility impaired people are met during an emergency.

Sara Lang, 82, suffered several conditions that affected her mobility, and she used a walking frame. On 10 January, she was at home with her daughter, grandson and three great-grandchildren in Grantham. A relative rang to advise them to get onto the roof of their house because there was a lot of water coming towards Grantham. It was impossible for Mrs Lang to climb a ladder; her daughter managed as best she could by helping her onto a table before getting herself and her children onto the roof, from where they were later rescued by helicopter. The water rose to within a metre of the ceiling. Mrs Lang’s body was found some days later, still in the house.

Brian Stokes, 66, also lived in Grantham with his wife and son, and also suffered from medical conditions affecting his mobility. On 10 January, his wife and son had gone to Toowoomba. At 4.03 pm, Mr Stokes telephoned his daughter. In the course of their conversation, he told her that water had reached the top step of the house and was starting to come up through the floor boards; he was going to ring the SES for assistance. That conversation was followed by a number of calls by Mr Stokes to the ‘000’ emergency number, which were put through to police. In those calls, Mr Stokes gave an account of increasing desperation: the water had come up to his waist, then to his shoulders; he could not get out of the house. His body was found in the house the following day.


30 Ibid.

*Names have been changed to protect privacy
Chronic health conditions, even if they are well managed, depend on daily medication and can deteriorate rapidly in a post-disaster situation. Without access to medication, which can often happen in the immediate post-disaster period, conditions such as diabetes, high blood pressure, and heart disease can quickly become acute problems. These are, of course, not confined to older people, but are more likely amongst them.

Emergency planning concerns about older people tend to concentrate on residential care facilities, overlooking the fact that most older people in Australia live alone in their own homes or with family, with one quarter of older people live alone in a private dwelling. For many older people, home is where they feel safest. In disasters and emergencies there are often a number of older people who refuse, or are unable to evacuate, putting both themselves and rescuers at risk. There was anecdotal evidence from the 2009 Victorian bushfires that older people were reluctant to seek or accept assistance or aid, stating that others might need it more than they did.

Older people residing in high density areas, such as social housing, can be cut off from help. If there is no strong sense of community, homebound older people may be invisible to neighbours, leaving them extremely vulnerable in a disaster. A building with no elevator – or an elevator that breaks down in a disaster – may further isolate older people. If connections to family or friends are fragmented, older people are further left to fend for themselves.

In addition, older people often live on low incomes. In Australia, pensions and allowances are the principal source of income for 65 per cent of households in the age group 65–74 years and for 77 per cent of households aged 75 and over. There is a growing awareness internationally and in Australia of the magnified effects that disasters and conflicts have on older people, as losses, displacement, poor health and social exclusion may act as cumulative and interactive stressors that can lead to trauma-related syndromes, anxiety, depression and other illnesses.

With our ageing population and the increase in disasters in Australia, it is crucial to understand the factors that can place older people at risk and to consider their potential needs and contributions in all stages of emergency management.

Residential aged care organisations, nursing homes, community health centres and in particular organisations that provide services to older people in their homes must be supported during emergencies to ensure their needs are met. This should include early evacuation warnings and services.

Members of CALD communities with limited English proficiency, cultural differences, lower literacy levels and poor communication channels are often the first victims in an emergency. Particularly when they are new to Australia, they can struggle to understand what is going on around them in everyday situations; this becomes intensified in times of extreme weather or natural disaster. During disasters it can be hard for them to find information, to learn how to deal with the situation, and know where to get help.

It is often assumed that people will access the internet or rely on television or radio for emergency alerts, but there are many people in CALD communities who cannot access or understand these mediums, or who rely on other forms of communication.

They can also be more socially vulnerable because of prior traumatic experiences, which have been shown in recent research to significantly affect responses to natural disasters such as bushfire or flood. Newly arrived people, including refugees, skilled and spouse-sponsored migrants, and overseas students, may have experienced hardship and trauma, including poverty, civil unrest and war, as well as other natural disasters such as earthquakes and tsunamis. Many have experienced or witnessed violence and lost loved ones.

Migrant and refugee populations

Victoria’s population is amongst the most diverse in Australia, with net overseas migration consistently accounting for more than half its population growth. Population trends among culturally and linguistically diverse (CALD) Victorians based on the 2011 Census include:

- new migrants arriving from different source countries
- growing numbers of new arrivals with special needs, particularly among refugees and humanitarian entrants
- ageing profile
- changing mobility and residential locations.

Data from the 2011 Census also shows that 23 per cent of Victorians speak a language other than English at home. These levels vary across Victoria, with some areas having a very high percentage, such as the outer suburban municipalities of Brimbank and Greater Dandenong where they are, respectively, 56 per cent and 61 per cent. Melbourne’s peri-urban areas are among the most vulnerable in the world to bushfire hazard, and climate change is increasing this risk.

Around 700,000 people live in Melbourne’s peri-urban region and this is expected to increase significantly in the coming years. This will have implications for how the emergency management sector engages with, plans for, and delivers services to people with highly varied capacities, needs and expectations, including migrants and refugees.

Research shows that some migrants and refugees can be greatly challenged by Australia’s extreme weather, particularly its heat and natural hazards. Those at risk include older migrants and new arrivals, people in new and emerging communities, and those on low incomes who lack proficient English skills. Socioeconomic disadvantage, linguistic barriers, poor quality housing and cultural issues can also contribute to their social vulnerability.

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36 R Hurworth, CALD Communities and Emergency Management: A Literature Synthesis, Centre for Program Evaluation, University of Melbourne, 2011.
37 M Baumer, The impact of disaster on the most vulnerable: People from culturally and linguistically diverse background and the floods in Brisbane 2010–11, School of Social Science, The University of Queensland, Brisbane, Queensland, 2014.
38 Ibid.
Farmers from different cultural backgrounds are spread across Victoria, but are mostly concentrated in irrigated regions. Second and third generation Italians make up the biggest cultural group; others are from Greek, Macedonian, Croatian, Albanian, Punjabi, Turkish, Vietnamese and Chinese backgrounds.

Most of these farmers speak a language other than English in their home environment and many find it difficult to communicate effectively in English. They are often hesitant to attend community meetings and, if they do attend, often do not ask many questions, probably due to cultural, language or accent barriers. However, channels of communication within CALD communities may be very hierarchic or strictly defined. When family structures dictate that decision making is done by the oldest in the family, this can raise additional risks in an emergency or in emergency planning when it involves a first generation migrant.  

Those with limited English language proficiency may face difficulties before, during and after disasters. They may be unaware of hazards and not know how to connect with service providers, access and understand information or be able to secure relief payments. Many have experienced prior hardship and trauma, which makes recovery more difficult. Multicultural organisations, migrant, refugee and asylum seeker organisations and others that support CALD communities must be supported during emergencies to ensure the needs of their clients are met. Delivering warnings and other information in ways that all members of the CALD community can access and understand is critical.

Culturally diverse farmers in Victoria

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People with a disability

The needs of people with disabilities in emergencies vary widely. There is a range of physical, intellectual, hearing and vision disabilities that can hamper people’s ability to prepare for, respond to and recover from an emergency event.

People with disabilities are more likely to be left behind or abandoned during evacuation in disasters. They may also not be able to access emergency facilities (including shelters, camps and food distribution), services and transportation systems. Disruption to physical, social, economic, and environmental networks and support systems can affect people with disabilities much more than the general population.

Their needs also tend to be overlooked and excluded over longer-term recovery and reconstruction efforts, thus failing to meet their needs in a subsequent emergency as well as missing another opportunity to ensure that cities and towns are accessible and inclusively resilient to future disasters.

For people with disabilities, significant gaps exist in current approaches to emergency management. Communications about emergency preparedness are often not in accessible formats, such as large print for the vision-impaired, TTY or SMS for the hearing-impaired, or in picture boards for those with intellectual disabilities. There are also often assumptions that people with disabilities are living in households and are dependent on others, when many are either living independently or as heads of households.

1994 New South Wales bushfires

Jo Ragen, a senior research associate at the University of Sydney, describes her experience of a bushfire evacuation in the 1994 fires along Australia’s eastern seaboard:

“We had over 100 young people with physical disabilities at a recreational camp, and I told the [State Emergency Service] ‘we can’t be leaving on trucks’. Even though they thought we had enough time to get out, in the end, that’s what happened: young people were loaded onto the back of trucks and utes and we left behind what was really essential equipment for those being evacuated – wheelchairs, ventilators.

It taught me that people with disabilities need to be involved right from the planning stage. Thinking that someone is going to turn up and ‘rescue’ a person with a disability means someone is going to be forgotten and a catastrophic outcome is real.

Plans that lump all people with disabilities together are like plans that say ‘all people with blonde hair must do this in a bushfire’. In my experience, when you wait for others to plan, or think someone else will evacuate you, you’ll either get evacuated in a way that is not safe or appropriate, or you’ll get left behind.”

Disaster and disadvantage: Social vulnerability in emergency management

However a 2013 Save the Children report on how the needs of children and young people are incorporated into local, state and national emergency management plans concluded there was better planning for the needs of animals in disasters than there was for children. It found the following gap in Australian plans:

- there is no standard practice in emergency management planning for the unique needs of children in Australia, rather they are most often included in generic statements on a range of vulnerable people, including older people and people with disabilities
- no local area planning that focuses on the most vulnerable children – those who are unaccompanied
- no standard code of conduct for emergency management staff regarding working with children
- no consistent procedure across Australia to undertake Working with Children Checks for staff and volunteers who work with children in emergencies
- no clear links between local emergency management plans to the emergency plans of preschools, schools and child care centres.

Children and young people

Children and young people are particularly vulnerable to the impacts of emergencies. Emergencies are not often understood by children and they can find them frightening and confusing. As well as relying on others to protect them and make decisions around their safety, factors that can impact on children and young people’s ability to cope with disaster include:

- developmental levels (for example, age)
- pre-existing mental health issues
- community’s ability to offer support
- presence or absence of parents during the event
- reaction of adults to the event.

Children and young people who are additionally vulnerable include:

- those who are in out-of-home care
- those who have child protection considerations
- those whose parents are refugees or migrants.

Children, especially in the youngest age groups, cannot protect themselves during a disaster because they lack the necessary resources, knowledge, or life experiences to effectively cope with the situation. Adult caregivers can get caught up in the activities that they must focus on to address immediate needs and this can result in parents and carers not realising the extent of the effects of the emergency or disaster on their children.41

Research shows that children who experience significant stress and trauma such as natural disasters in childhood are at increased risk of mental health and physical health problems. They are also more vulnerable to social problems, getting involved in crime and being victims of violence.42

Work is underway to address the needs of children and young people in the National Emergency Management Project Planning for children and youth in emergency management and the National Disaster Resilience project Protecting children in emergencies: a new direction for emergency management planning. The Victorian Department of Human Services’ guide: Emergency management planning for children and young people: Planning guide for local government has provided an excellent start to addressing these needs.

People with poor quality housing

Housing has much to do with quality of life. Besides having wide economic, social, cultural and personal importance, housing quality, construction techniques and location can also influence emergency prevention, preparedness and resilience. However, housing in Victoria and more broadly in Australia is becoming less affordable and many people on low incomes are forced to live in poor quality housing, including:

- caravan parks, rooming houses or hostels
- temporary housing
- sub-standard private rental housing
- insecure, hazardous and overcrowded housing
- ‘couch-surfing’ or sleeping on the streets.

The location of housing can also put people at greater risk in a disaster, particularly when it is on dangerous sites such as floodplains, steep slopes, soft or unstable ground and around uncleared vegetation at greater risk from storms/high winds, earthquakes, landslides, floods and fires. People on low incomes are often under-insured or not insured at all, further increasing their social vulnerability.

Emergencies can also lead to homelessness. A recent Australian study found that 70 per cent of homeless people interviewed had experienced at least one trauma before they became homeless, mostly during their childhood. For some this childhood trauma was prolonged and repeated, such as child abuse, while for others it was exposure to a single event such as a natural disaster.

People who sleep rough or lack safe and secure housing are at significant risk in disasters for a range of reasons, including being exposed to the elements and not being factored in to evacuation plans. People in temporary or unstable housing situations may not be aware of an impending emergency event due to lack of access to communications, and may lose the accommodation they have in the emergency.

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Addressing homelessness before disaster events is the best protection, through strategies such as intervening early to sustain tenancies, rapidly re-housing people who become homeless to stop them becoming stuck in a homelessness cycle and providing permanent supportive housing for those who have experienced chronic homelessness. Organisations working in housing and homelessness services and in public housing must be supported during emergencies to meet the needs of people in temporary or unstable housing.

44 A Paidakaki, Addressing homelessness through disaster discourses: The role of social capital and innovation in building urban resilience and addressing homelessness, European Journal of Homelessness, Vol. 6, No. 2, December 2012.

45 M O’Donnell et al., The Trauma and Homelessness Initiative Report, prepared by the Australian Centre for Posttraumatic Mental Health in collaboration with Sacred Heart Mission, Mind Australia, Inner South Community Health and Vincent Care, Victoria, 2014.
“It seems difficult for the community to get its mind around the fact that we have experienced a disaster. In 2009, it was completely overwhelmed by the bushfire of course, so the public didn’t really get an opportunity to process the fact that prior to the bushfire, there was a disaster that resulted in twice the number of people dying.”

VCOSS research has found that a number of vulnerable groups, including the aged, people with chronic illnesses, and those who are homeless or living in insecure, poor quality or unsafe accommodation face multiple risks in heatwaves. Research concludes that heatwave deaths are unexpected: heatwave hastens the demise of vulnerable people who are likely to have survived if the crisis had not occurred.

From the VCOSS report: Feeling the heat: heatwaves and social vulnerability in Victoria

“Suburban caravan parks and many of the new private rooming houses tend to be located where property location values are lowest ... Location and the extremes of temperature have a direct impact on people’s capacity to access the services that they need ... If it’s really hot and you need to go to the doctor or the chemist, but it’s a three kilometre walk and the bus doesn’t run on Sundays, you stay home, and so there is a really distinct geographical effect there – the geography of rooming houses and the climate interact.”

“In the previous summer, in rooming houses where people were running cooling devices, we did see operators basically coming around to the residents and saying ‘you’ve got to stop using your air-conditioning because it’s costing me too much’ ... they would issue very strict and harsh instructions about the use of air-conditioners.”

“I know of two community housing providers that made it their policy to go and knock on at least the older people’s doors at least once a week ... when they got a call or heard that someone was worried about someone else, they would kind of draw straws over who would go and knock on the door. They were all afraid someone would be dead, because it was happening so regularly...”

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People with mental health issues

Research shows that people with mental health issues can function fairly well following a disaster if most essential services have not been interrupted, and they can even put aside their pre-disaster symptoms temporarily and function at a higher level.\(^{50}\)

However, people with serious long-term mental illnesses such as schizophrenia, dementia and bipolar disorder are often psychologically vulnerable to rapid, unplanned changes in their environment such as an emergency event. Evidence suggests they are less likely to have an emergency plan in place in the event of a disaster and may be more dependent on others to assist them to evacuate or take other necessary precautions prior to a disaster.\(^{51}\)

Studies suggest that people with a history of mental illness are more likely to develop stress-related symptoms or a relapse of prior symptoms following a disaster. Those with a chronic mental illness may have difficulty tolerating psychological distress or a disruption in their social situation. In addition, a disaster may trigger or exacerbate symptoms among people with prior diagnosis of post-traumatic stress disorder (PTSD).\(^{52}\)

People with chronic, severe mental health problems are often cared for by family members, who may be injured or killed in a disaster. Carers may also have to divert their time and energy to basic tasks of recovery such as securing food, water and safe housing, leaving less time and resources to care for their mentally ill family member.

Other complications for people with mental health issues can include the closure of inpatient psychiatric units/hospitals or outpatient clinics. Pharmacies may be closed or their supply chains interrupted, resulting in patients being unable to receive medications. Problems with private or public transport or roads may make it difficult for persons to get to appointments. In addition, those with chronic mental illness generally need enhanced social services during the post-disaster recovery.

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People suffering from mental illness are often dependent on carers and can be limited in their capacity to make sound decisions on their own. In addition they can mistrust authority. Ensuring the ongoing provision of mental health services is crucial during an emergency, both for ongoing care and for emergency information and advice. Community organisations that offer mental health and related services must be supported during emergencies to ensure that people suffering from mental health issues are supported.

\(^{50}\) Center for Mental Health, Emergency Services and Disaster Relief Branch, *Responding to the needs of people with serious and persistent mental illness in times of major disaster*, United States Department of Health and Human Services, Center for Mental Health Services, 2010.

\(^{51}\) Center for the Study of Traumatic Stress, *Addressing the needs of the seriously mentally ill in disaster*, 2012, Uniformed Services University School of Medicine, http://www.cstsonline.org/wp-content/resources/CSTS_Seriously_Mentally_Ill.pdf

\(^{52}\) Ibid.
Disaster and disadvantage: Social vulnerability in emergency management

People with multiple and complex needs

Multiple and complex needs is a term used to describe an array of problems that frequently span social, economic and health issues. Terms linked to the concepts of multiple and complex needs include:

- multiple disadvantage
- multiple adversities
- multiple disabilities
- multiple impairments
- dual diagnosis (that is, someone diagnosed as having more than one condition)
- high support needs
- complex health needs.

Families with multiple and complex needs are typically situated within a broader context of social, economic and structural disadvantage, where poverty is interlinked with:

- poor health and housing
- poor education and employment opportunities and skills
- lack of social capital and family and community supports
- crime and violence
- mental health difficulties
- substance use
- early childhood trauma and poor parenting experiences.

In addition the definition of multiple and complex needs implies the existence of both:

- breadth of need – multiple needs that are interrelated or interconnected
- depth of need – profound, severe, serious or intense needs.53

People with multiple and complex needs may have several issues, such as physical or mental illness, substance abuse and disability. They may also be living in deprived circumstances and lack access to suitable housing, employment or meaningful daily activities.

2009 Victorian bushfires

From the Victorian Bushfires Royal Commission Final Report:

Scott Young*, 39, and his two dogs lived in Long Gully Road, Hazeldene, in the Kinglake region north-east of Melbourne. In 1992 Scott had been involved in a car accident that left him with an acquired brain injury, affecting his speech and energy levels. Scott had no plans to either fight a fire or evacuate. His fire plan was to take a blanket and to shelter in a small dam on his property. Scott’s mother phoned him in the afternoon of February 7, 2009 to tell him there was a lot of smoke in the direction of the hills and ask him what he was going to do. Scott said he would be alright since there was no smoke at his place. He also said he had turned his radio off because he was sick of listening to it. Fire struck the area sometime after 8.30 pm, destroying a number of homes in Long Gully Road, including Scott’s. On 8 February his remains were found just outside his house.

* Names have been changed to protect privacy.

People with multiple and complex needs are likely to be limited in their ability to cope with any additional demands beyond those of everyday life. Mental health, children and family, youth justice, child welfare, child services, day care and child protection organisations provide ongoing support to these people. It is critical that they are supported during an emergency to ensure the needs of their clients are met.

Families with multiple and complex needs are the primary client group of child protection services, with family violence, substance abuse and mental illness commonly occurring together.

People and families in this group are preoccupied with managing day-to-day life, and the impacts of an emergency event can be unmanageable and overwhelming.

Families with multiple and complex needs may experience numerous, chronic and inter-related problems. Children are particularly vulnerable to cumulative harm in families with multiple and complex needs in which the unremitting daily impact of multiple adverse circumstances and events have a profound and exponential impact on the child and diminish his or her sense of safety, stability and wellbeing. Families with multiple and complex needs are the primary client group of child protection services, with family violence, substance abuse and mental illness commonly occurring together. People and families in this group are preoccupied with managing day-to-day life, and the impacts of an emergency event can be unmanageable and overwhelming.

“One of our clients who lives in Traralgon has lupus. The fire actually affected Traralgon as well, and in addition she had to come to Morwell for services. She got really sick as a result of the smoke and had to spend 15 days in hospital. This led to dad being primary carer of the kids. He suffered a decline in his mental health, which has resulted in a relationship breakdown and a restraining order being taken out. She was not able to receive any funding to relocate. The mother is still suffering the consequences of the effect on her health with two clots having developed, which have had to be monitored with MRI and more hospitalisation. The whole family is suffering, especially the kids who have had to go through so much.”

– Morwell community organisation

Other vulnerable groups

Other groups recognised as being at increased risk during emergencies include:

- people with drug and/or alcohol abuse issues, who can share similar vulnerabilities to people with mental health issues
- single parent households, who often have low incomes and are most likely to have to take sole responsibility for children in an emergency when social supports are disrupted.
- women and children who have fled family violence and may be re-traumatised and/or lose shelter in a disaster
- Aboriginal and Torres Strait Islander people and communities whose remoteness, health and other socio-economic factors may place them at greater risk in an emergency.

Australian Bureau of Statistics Socio-Economic Indexes for Areas (SEIFA) data ranks areas in Australia for relative socioeconomic advantage and disadvantage. The concept of advantage and disadvantage underpinning the SEIFA methodology is defined as people’s access to material and social resources and their ability to participate in society; relative to what is commonly experienced or accepted by the wider community.

While it suffers from a variety of limitations, SEIFA data is a good starting point in identifying and determining potential levels of vulnerability in terms of emergency planning.

Types of social vulnerability continued

To be part of a community that thrives and flourishes, we need everyone to be able to afford the basics in life. Housing is the largest living cost for most Victorians. Rapid increases in housing costs mean more people are being pushed to areas with poor access to jobs and services. Affordable housing is not affordable if it is offset by other costs – such as distance from jobs, education, health-care and community services, and with few transport options. Low-income households also need affordable access to the necessities of life, such as water, energy, transport and food, or risk being tipped into crisis due to financial stress. Each of these issues makes people more vulnerable in disasters and makes it harder for them to recover.

A disaster resilient community is recognised as one where people work together with local leaders using their knowledge and resources to prepare for and deal with disasters. They use personal and community strengths, and existing community networks and structures. A resilient community is enabled by strong social networks that offer support to individuals and families in times of crisis.

However each community’s characteristics lead to different levels of resilience to disasters.

The terms ‘resilience’ and ‘social vulnerability’ can be seen as opposite sides of the same coin, but both are relative. Like social vulnerability, resilience is complex and multi-faceted. Different features or layers of resilience are needed to deal with different kinds and severities of risk, shock, stress or environmental change.

The National Strategy for Disaster Resilience states: “Effective partnerships across all areas of society are critical to enhancing disaster resilience. Many not-for-profit organisations have experience and expertise in areas including community engagement and education, and various facets of service provision. Importantly, their existing networks and structures reach far into communities, and can effect real change.”

However there is concern about the varying levels of resilience in the most disadvantaged communities – at least without some other kind of assistance. Research suggests that economic disadvantage and inequality hinder the growth and maintenance of resilience.

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Workforce participation is a crucial factor, but many people lack the capacity to study, train and work because of other issues they face. Workforce participation can be improved with additional support for parents and carers, such as through high quality early childhood education and care and ensuring a smooth introduction of the National Disability Insurance Scheme (NDIS). We also need to support workers who are shifting from declining industries, moving back to work from caring or parenting responsibilities, getting older, or trying to overcome long-term unemployment.

Victoria’s new emergency services framework proposes an ‘all hazards, all agencies’ approach to emergency management that incorporates shared responsibility and the facilitation of community resilience. Communities need to be actively engaged to ensure that they fully understand emergencies and can effectively build community resilience. This is particularly critical for disadvantaged people and communities.

Support services are especially important for communities and individuals already experiencing disadvantage prior to an emergency event. Community sector organisations can be at the forefront of strengthening disaster resilience, helping local individuals and communities to cope with, and recover from, emergencies.

Along with Victoria’s all hazards, all agencies approach, the principle of ‘shared responsibility’ has shaped emergency management thinking in Australia since the 1990s. It gained significant policy traction following the Victorian 2009 Bushfires Royal Commission and the release of the National Strategy for Disaster Resilience. The requirement that individuals, communities, the private sector, emergency management and support agencies, and all levels of government contribute to the management of risk and to promoting community safety recognises that emergency management is a whole-of-government, whole-of-sector, whole-of-community responsibility. Within this approach, VCOSS highlights the role of local community sector organisations and the need for them to be incorporated into emergency management approaches.

Resilience is best built well before and far beyond the management of disasters and emergency risks. As well as promoting the wellbeing of socially vulnerable people in emergencies, its broader benefits include the social and economic wellbeing of our communities, state and nation.

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Federal government

In 2005, 168 governments around the world, including the Australian Federal Government, adopted a 10-year plan to make the world safer from natural hazards. The Hyogo Framework is a global blueprint for disaster risk reduction efforts to 2015.

Its goal is to substantially reduce disaster losses – of life, and of the social, economic, and environmental assets of communities and countries. The framework offers guiding principles, priorities for action, and practical means for achieving disaster resilience for vulnerable communities.

The National Strategy for Disaster Resilience, released by the Council of Australian Governments (COAG) in 2011, provides high-level guidance on disaster management to federal, state, territory and local governments, business and community leaders and the not-for-profit sector, including community sector organisations. It focuses on priorities for building disaster-resilient communities across Australia, and recognises that disaster resilience is a shared responsibility for individuals, households, businesses and communities, as well as for governments.

The strategy acknowledges that Australian communities vary in their composition and level of exposure to disaster risk. It states:

“Different communities experience disasters differently. Often the poorest and most vulnerable are hit hardest by disaster events because they lack the community infrastructure or personal resources to protect themselves.”

“Australian communities are varied in their composition and in their level of exposure to disaster risk. Factors that can influence disaster resilience include remoteness, population density and mobility, socioeconomic status, age profile, and percentage of population for whom English is a second language. Within individual communities, certain members are more vulnerable and may need tailored advice and support.”

The Australian Emergency Management Institute (AEMI), part of the federal Attorney-General’s Department, provides a range of education, training, professional development, information, research and community awareness services. Its Australian Emergency Management Handbook is a comprehensive guide to community recovery in Australia and is used by planners, managers and those involved in working with communities to design and deliver recovery processes, services, programs and activities. It states:

Following a disaster, an understanding of who is affected enables planning of recovery activities. The affected community may consist of:

- groups/people directly affected by the disaster in terms of injury, death, and loss of people they know, possessions or accommodation — this includes those evacuated and/or displaced, emotionally affected, or those financially affected through loss of employment or livelihood (people may also be affected by a combination of these consequences): as a result of a disaster people may be forced to leave their homes (internally displaced people) to take up residence in another area that may have been unaffected
- groups with additional or complex needs — this may include Indigenous populations, people with particular cultural, language or spiritual needs, people with physical or intellectual disabilities, the aged and infirm, and people with little personal or family support.

60 Council of Australian Governments, National Strategy For Disaster Resilience, Commonwealth Attorney-General’s Department, ACT, 2011.
The Handbook recommends:

When planning social recovery activities and services, recovery agencies should understand the pre-existing conditions of a disaster-affected community, including the:

- socioeconomic disadvantages or strengths within the community
- location and access to existing services
- minority and/or excluded groups
- local community organisations, services, formal and informal networks, and representative structures to be used for the provision of relief and recovery activities
- developmental aims and aspirations of the community into the longer-term recovery activities and the plans for transition into developmental work
- community development work (including emergency preparedness) already being undertaken
- history of emergencies and incidents in the area that may reduce people’s ability to cope.

The National Strategy for Disaster Resilience Community Engagement Framework was approved at the Standing Council of Police and Emergency Management meeting in July 2013. The Community Engagement Framework is a key part of COAG’s National Strategy for Disaster Resilience and directly supports the Strategy’s direction for a national emergency management approach based on achieving community and organisational resilience.

The Framework states that:

Whilst an approach that seeks to empower communities is relatively new in the emergency management sector, it has been the basis of community development work over many decades, particularly in the social sciences. Connecting with the knowledge and expertise in this field will build capacity within the sector and demonstrate sound community engagement practice.  

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Victorian government

In Australia, emergency management is primarily the domain of local and state government. The federal government provides funding support for specific emergency management purposes, but service delivery is the responsibility of state and local government.

Australia’s states and territories each face different risks, and each has its own Emergency Act. The Emergency Management Act 1986 and the new Emergency Management Act 2013, which takes effect on 1 July 2014, govern emergency management in Victoria. All levels of government as well as the community sector, private sector and individuals play significant roles in taking action to prevent, respond to and recover from emergencies.

The new Emergency Management Act 2013 brings into line the Country Fire Authority Act 1958 (Vic); the Metropolitan Fire Brigades Act 1958 (Vic) and the Victoria State Emergency Service Act 2005 (Vic), with the objectives of each of those organisations being amended to require them to “contribute to a whole-of-sector approach to emergency management [and] promote a culture within the emergency management sector of community focus, interoperability and public value”.

For bushfires, the Departments of Health and Human Services, in conjunction with municipal councils, and other support agencies, will provide tailored advice to vulnerable people. This advice will include the need to develop personal safety plans with an emphasis on leaving early and identification of appropriate support to do so.

Victoria Police, as the agency responsible for managing evacuations, will be dependent on Municipal Emergency Management Plans to have:

- a list of facilities where vulnerable people are likely to be situated
- a list of those services/agencies that will be aware of vulnerable people within the community.

These lists, including after-hours contact details where available, will be available to Victoria Police in the event an evacuation becomes necessary.

The Victorian Bushfire Royal Commission’s Final Report into the causes and circumstances of the 2009 bushfires said the state government, municipal councils and families should recognise in their emergency planning the specific needs of vulnerable people who might need early warning, assistance or separate consideration.62

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The Manual also states:

"During an emergency or imminent threat of an emergency, special consideration must be given to evacuation of vulnerable people in the community. It is likely that more time, resources, support and assistance will be required by vulnerable people in the community and facilities, such as hospitals, aged care facilities, educational facilities and prisons, to evacuate safely.

These facilities should have existing evacuation plans in place to appropriately plan for and undertake an evacuation when this is recommended. However, such plans cannot rely on the availability of emergency service personnel to undertake the evacuation."

The Manual also states:

"Some people living in the community may be unable to activate their own evacuation plan without support and a small number who do not have a personal support network will require assistance to safely evacuate.

In the context of bushfires a vulnerable person is an individual who lives in a high bushfire risk area and is socially isolated and without any other supports. Other factors that may be considered when assessing an individual’s vulnerability include:

- lives alone and has additional needs and/or lives with an individual with similar or greater level of additional needs, and/or
- physical dependence, and/or
- inability to make an independent decision due to cognitive or other impairment, and/or
- geographic isolation.

Vulnerable People in Emergencies Policy

The Victorian Bushfire Royal Commission Final Report into the causes and circumstances of the 2009 bushfires, including the reasons for the deaths of 173 people, was released in July 2010.

The Royal Commission recommended that, as part of Victoria’s revised bushfire policy, the state should introduce a more comprehensive approach to evacuation focusing on assisted evacuation for vulnerable people who require support. This involves vulnerable people being given tailored warnings and being helped to move out of the danger zone well before a fire arrives.

In response the Department of Health and Department of Human Services introduced the Vulnerable People in Emergencies Policy. This policy supports emergency planning for vulnerable people, and the development of local lists of vulnerable people to consider in an emergency. The policy currently applies to the 64 municipal councils wholly or partly within Country Fire Authority (CFA) districts, outlining the roles of local government and funded agencies, and how to access information on identified vulnerable people during emergencies.

The Vulnerable People in Emergencies Policy’s definition of a vulnerable person is someone living in the community who is frail and/or physically or cognitively impaired and who is unable to comprehend warning and directions and/or to respond in an emergency situation.

They may also be identified for inclusion on a Vulnerable Persons Register (see below) if they additionally cannot identify personal or community support networks to help them in an emergency.

Vulnerable Persons Registers

Vulnerable Persons Registers (VPRs) are web-based databases, administered by local governments, within the 64 municipal council areas wholly or partly within CFA districts, with data input by funded agencies (including local governments where applicable).

From April 2013 VPRs have enabled Victoria Police to access information about identified vulnerable people for emergency planning and response. Eligible people must consent to be included on the VPRs through a template consent form.

Local governments oversee and administer the VPRs and can view all clients registered in their municipal area. They can also see details of all agencies with vulnerable people registered in the municipality.

Victoria Police can see all vulnerable people listed on VPRs across all 64 municipalities. They can also use filters and mapping tools to target specific locations to identify vulnerable people for emergency planning and response.

Funded organisations

The Vulnerable People in Emergencies Policy is a requirement in the service agreements for organisations funded by the Department of Health and Department of Human Services. Organisations funded to provide personal care, support and case management services have a key role in relation to the safety and welfare of clients. The Vulnerable People in Emergencies Policy utilises the existing relationships and agency roles in supporting clients, to improve their safety and resilience through emergency planning.

Funded agencies are asked to encourage or assist clients to develop a leaving early plan, or to identify the most vulnerable clients for inclusion on VPRs.

Broader hazards

Since 30 June 2013 vulnerable people across the state, not only in those high bushfire risk locations, have been considered for broader emergency planning support, and potentially for the VPR.

The policy promotes general emergency planning with vulnerable people, which would be beneficial for a range of hazards and emergencies, but does not outline hazard specific approaches.
Local government

Local government plays an important role in emergency management, both in partnership with other agencies, and through its own legislated emergency management obligations. Councils are not emergency response agencies but have a long-established role providing support to response agencies and coordinating relief and recovery support for the community.

Under the *Victorian Emergency Management Act 1986* every municipality is required to prepare and maintain a Municipal Emergency Management Plan (MEMP). The MEMP is updated every two months, and audited by the Victorian State Emergency Service (VICSES) every three years.

MEMPs include strategies to prevent, prepare, respond to and recover from emergencies that may occur and impact on local residents and infrastructure.

Guidelines for local emergency recovery planning through MEMPs indicate that consideration should be given to “groups with additional needs (such as the vulnerable, disadvantaged, children, youth, men, women and the bereaved) in emergencies”.

The emergency relief handbook: *A planning guide*, prepared by the Victorian Department of Human Services, with contributions by Red Cross, was developed to provide municipal councils and other government and emergency management agencies with information and guidance on emergency relief arrangements in Victoria. The handbook provides some guidance in terms of the communication needs of specific individuals or groups, including, but not limited to:

- isolated community members
- people with a disability

The needs of socially vulnerable people and communities are considered in the context of emergencies through a variety of guidelines and policies across Australia and Victoria, but there is yet to be practical application or action put into place.

- older people and those residing in aged-care facilities
- children and young people
- culturally and linguistically diverse groups
- Aboriginal and Torres Strait Islander communities.

The handbook states:

> “Such individuals and groups may have additional needs and may be more acutely affected by an emergency. A needs assessment can be a useful way of understanding ways in which community information could be provided to individuals and groups with additional requirements during an emergency.”

The needs of socially vulnerable people and communities are considered in the context of emergencies through a variety of guidelines and policies across Australia and Victoria, but there is yet to be practical application or action put into place.
Community sector organisations provide support and assistance to Victorians on a daily basis – from mental health, family violence and disability services through to aged care. Community sector organisations are also called upon to provide support to individuals and communities following an emergency. From immediate assistance at relief and recovery centres through to long term counselling, community sector organisations have earned the trust of their communities and bring significant local knowledge, experience and connections to their work. Community sector organisations also remain in their communities for the longer term, providing ongoing support.

The Victorian community benefits significantly from the work of a wide range of community sector organisations following an emergency. Many people who have never accessed support services find themselves in need of support or assistance in the days and weeks following an emergency.

The community sector’s role is also vital in assisting socially vulnerable people and communities following an emergency. For many of these people, community sector organisations are their primary connection to the broader community and form the basis of their resilience to everyday adversity as well as in times of crisis.

Community sector organisations have in-depth knowledge of local people, history, risks and vulnerabilities which best place them to understand and identify people’s support needs.

Community sector organisations are central to the delivery of effective local emergency relief and support for individuals, families and communities in recovery (see Figure 1). They bring unique skills and insights, including:

- knowing who the socially vulnerable members of the community are and where they live, work or visit
- having regular contact with and up-to-date information about their clients
- being charged with acting in the best interests of their clients
- having experience in assisting clients to prepare, respond to and recover from disasters.

Community sector organisations have expertise in outreach, information referral, crisis management, volunteer management and special services. They are also trained in language and cultural sensitivity skills and for working with people who have vision, hearing or other impairments. They also have regular contact with disadvantaged and vulnerable people.

It is not just the obvious community sector organisations, such as housing providers, that help to ensure the safety and wellbeing of individuals and communities in emergencies. Neighbourhood houses and learning centres, community health services, and organisations providing child and family, financial counselling and youth support services all play important roles, providing vital advice and information about emergency preparedness, relief and recovery over the short, medium and longer term. Many continue their support long after formal emergency response agencies have withdrawn their services.

During the immediate phase following an emergency event, personal support workers from local community sector organisations provide support at emergency sites, or at relief and recovery centres. Organisations are able to use their pre-established connections within communities and with other community sector organisations to target assistance on a needs basis and provide immediate relief through activities such as outreach. This is particularly important for those members of the community who are vulnerable.
Community sector organisations also provide a broad range of services to individuals and communities to assist them as part of the longer term recovery phase. These can include organisations whose operations are either quite specialised and/or are available mainly in a specific locality. During recovery all levels of government, community sector organisations, other agencies, and communities work together to assist those affected move towards a healthy, safe and functioning environment.

Recovery is the longest phase in emergency management. It is the phase that places most demand on local community sector organisations, but is the least-recognised and documented in current emergency management arrangements, not only in Victoria but throughout Australia. It is important to note, for example, that five years after the 2009 Victorian bushfires, recovery work is still underway, with local community sector organisations playing a significant role.

**Figure 1: What community sector organisations offer in an emergency**

- Personal support, information and advice
- Psychological first aid
- Emergency food and health care
- Outreach
- Temporary accommodation
- General and specialist services, including counselling
- Linking and referring people to services
- Social support
- Community building
- Emergency management preparedness
- Information and education
- Local emergency management planning assistance
- Insight into local communities
- Information and understanding of vulnerable people
- Access to remote or isolated communities
- Critical service provision
- Access to private sector resources
- Access to disability services
- Communication in languages other than English
- Local issues responsiveness
- Established relationships with volunteers
- Established relationships with local government
- Established service networks
Why is the community sector central to emergency management? continued

The role of larger, state-based community sector organisations like the Red Cross and Victorian Council of Churches is well recognised and established within current emergency management arrangements. However smaller, locally based organisations tend not to be included in emergency management processes.

Ensuring a broader range of large, medium and smaller community organisations are involved in emergency management planning is the key to providing safe, efficient and dignified support to socially vulnerable people in an emergency. It can also reduce the burden on bigger, centralised organisations.

Emergency management planning should be undertaken in consultation with local community sector organisations that work on a day-to-day basis with the socially vulnerable people in their communities. The benefits of collaborative planning include greater coordination, shared services, expanded services, fewer service gaps, and strength in diversity.

The table overleaf describes groups of socially vulnerable people, their specific vulnerabilities in emergencies and the organisations that work with them on a regular basis. Each of these socially vulnerable groups may be physically or mentally unable to prepare for, survive and recover from a disaster without significant assistance from emergency services, carers, service organisations or others in the community.

The ongoing reform of Victoria’s emergency management arrangements provides a unique opportunity to ensure that the needs of socially vulnerable people and communities are met in emergencies. This can be achieved through closer collaboration and cooperation between those who plan and prepare for emergencies, including local and state governments, and the community sector. The all-hazards, all-agencies approach must recognise that community organisations are key agencies before, during and after emergency events, particularly for those who are socially vulnerable.

Emergencies of any scale involve the delivery of relief and recovery activities by a broad and complex range of government, statutory and community sector organisations. These responses across the spectrum of emergency events work best when each part of the relief and recovery effort has a clear understanding of their roles and responsibilities and has the resources to fulfil these.

The need for social support services – including counselling and outreach services, community development, and other community supports following large scale emergencies – is well recognised but not factored properly into planning and funding arrangements.

Current Victorian funding arrangements make it very difficult for community sector organisations and local governments to rapidly deploy services and supports to affected communities. Often they do not receive the funds until well after demand for services has spiked, and some organisations have had to ask their banks for leniency.

The model currently used in Queensland provides a useful starting point for a new system in Victoria. Queensland’s model provides a clear mechanism, including memorandums of understanding, that guarantee community sector organisations will be financially reimbursed for providing a range of pre-agreed services and supports for affected communities.

A new model also needs to consider how local community sector organisations can significantly increase their capacity in a short time frame following an emergency event so that they can best meet community needs. Local community sector organisations that are embedded in their local community are generally best-placed to provide support, particularly as they will be there over the longer-term. However they may lack resources.

The 2010–11 Victorian floods provide a helpful starting point, where larger organisations in nearby regional centres provided support to locally-based organisations. Alternatively, where there are few locally-based organisations, partnership models with larger providers need to be explored.
Why is the community sector central to emergency management? continued

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Vulnerability</th>
<th>Organisations</th>
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| Older people                                                         | May face difficulties before, during and after disasters due to limited mobility, social isolation, the need for assistance from a carer or service provider and medical morbidity. | Residential aged care organisations  
Nursing homes  
Community health centres                                                                 |
| People who are socioeconomically disadvantaged                       | May lack the resources to prepare for, mitigate and recover from disasters.                                                                                                                                   | Community health centres  
Emergency relief organisations  
Financial counselling organisations  
Information, advice and referral organisations  
Legal organisations  
Neighbourhood houses and learning centres  
Housing and homelessness organisations |
| CALD: people from culturally and linguistically diverse backgrounds, including newly arrived refugees and migrants | Those with limited English language proficiency may face difficulties before, during and after disasters. They may be unaware of hazards and not know how to connect with service providers, access and understand information, or be able to secure relief payments.  
May have experienced prior hardship and trauma which makes recovery more difficult. | Multi-cultural organisations  
Migrant, refugee and asylum seeker organisations  
Legal, financial  
Trauma support                                                                                   |
| People with alcohol and/or other drug issues                         | May be limited in their capacity to make sound decisions on their own.                                                                                                                                          | Drug and alcohol organisations                                                                 |
| Victims of family violence                                           | Women and children who experience family violence are at risk from increased violence, particularly during the recovery period.                                                                               | Family violence and sexual assault organisations  
Family and relationship organisations                                                        |

Alongside this, it is also important to recognise that recovery is a long term process. Moving quickly on physical infrastructure, including bridges and community buildings, is important. Equally important is allowing the time for individuals and families affected by an emergency event to work through what is best for them, determining what supports they do and don’t need, and ensuring the services and supports are in place at whatever point they may need them – whether that is three, six or twelve months, or three or five years on from the emergency event.

The current funding arrangements do not support or facilitate this. VCOSS supports the view of the Red Cross that planning for relief and for recovery needs to be separated. Such an approach will allow a better understanding of the impacts of the event and allow time to engage with members of the community.
VCOSS notes here the critical value of collaborative approaches, including formal partnerships, in ensuring effective emergency management. Further consideration is needed on how formal and informal collaboration can improve whole-of-government and whole-of-sector approaches.

In larger scale events, the establishment of specific advisory groups can work well to draw on the expertise of a range of individuals and organisations to inform government decision making. The Victorian Bushfire Psychosocial Advisory Group and its child and youth sub-committee is one effective example of this. These two structures involved representatives from a broad range of organisations and were able to advise the Government on immediate and emerging needs, test possible responses, and help distribute important information.
While there has been recent work in Australia to address the needs of some individual groups, such as children and young people, the emergency management sector overall has yet to properly adopt and implement policies to identify socially vulnerable communities and address their needs.

Local governments possess excellent insight and knowledge about the vulnerabilities of their communities, but this is not translated through emergency management policies or practice. Although local governments are in the best position to identify socially vulnerable communities, they are commonly underfunded, understaffed, and stretched thin in meeting ongoing civic responsibilities.

The USA’s Social Vulnerability Index graphically illustrates the geographic variation in social vulnerability across counties. It shows where there is uneven capacity for preparedness and response and where resources might be used most effectively to reduce the pre-existing vulnerability. It can also be used to determine different recovery capacities.

The index synthesises 30 socioeconomic variables, which research literature suggests can reduce a community’s ability to prepare for, respond to, and recover from disasters or emergencies.


Where are the gaps in our support of socially vulnerable people?

Emergency planning and response efforts are critical to preventing disasters from ending or ravaging the lives of socially vulnerable people. Proper planning can help to minimise the extent to which they suffer, disproportionately, or at all.

Much work has been done in Victoria to improve these efforts, particularly since the 2009 Victorian bushfires and amid predictions for more frequent and severe extreme weather events.

However, much more can be done to anticipate and address the needs of vulnerable people and communities during a disaster or emergency. The gaps that remain put many lives at risk.

Identifying, addressing and responding to disadvantage and vulnerability

Addressing disadvantage is not recognised as a vital emergency management strategy, yet it would significantly reduce our disaster toll and the disproportionate impacts on socially vulnerable people.

To best protect and support socially vulnerable people, we have to first know who they are in local communities and have plans in place to help them when disaster strikes. To date this level of understanding is limited at best in Victoria, and across Australia.

The Australian Standing Council on Police and Emergency Management states that policies need to consider how government services cut across populations and communities with special needs. Its terms of reference emphasise that issues such as Indigenous disadvantage, access to services, gender equality, and inclusion for people with disability, as well as the specific needs of regional Australia should be taken into account in pursuing its priority issues.
Communities are complex and dynamic social structures and levels of resilience can vary across time, within communities and in response to emergencies. VCOSS’s research in this area identifies that there are number of aspects that impact on a community’s ability to recover from a disaster:

- physical characteristics (including local infrastructure)
- procedural characteristics (emergency policies and planning)
- social characteristics (demographics, social capital)
- the ability to predict and anticipate disasters (previous experience, preparedness)
- the ability to absorb and recover from the shock of disasters
- the capacity to improvise and innovate to achieve a higher level of functioning.

A number of indicators of social vulnerability are already in use in Australia, such as the Australian Bureau of Statistics Socio-Economic Indexes for Areas (SEIFA) data which uses indices of Relative Socio-economic Disadvantage, Relative Socio-economic Advantage and Disadvantage, Economic Resources and Education and Occupation. However these have not been designed specifically to cover emergency management planning or practice.

The Bushfire and Natural Hazards Cooperative Research Centre is undertaking a project on *The Australian Natural Disaster Resilience Index: a system for assessing the resilience of Australian communities to natural hazards*. There has been much discussion in Australia around using a social vulnerability tool, but without any consensus. Such a tool would be best used at a local level to allow for changes in populations and demographics.

The Red Cross has said a share of emergency funding needs to be dedicated to “whole of society” preparedness.

“Resources spent on whole of society vulnerability reduction, continuity planning and household and community preparedness, are likely to have a much bigger payoff than further investment in fire and emergency services alone.”  

Victoria’s Vulnerable People in Emergencies Policy promotes general emergency planning with vulnerable people. However the definition of vulnerability in this policy is very narrow and relies on the identification of people with severe limitations; that is, people who are frail and/or physically or cognitively impaired.

The needs of vulnerable people and communities are considered in the context of emergencies through a variety of guidelines and policies across Australia and Victoria, but there is yet to be a practical application or action put into place.

Where are the gaps in our support of socially vulnerable people? continued

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65 Australian Red Cross, *Public Submission to the Senate Standing Committee on Environment and Communications Inquiry into Recent trends in and preparedness for extreme weather events*, Australian Red Cross, Melbourne, 2013.
Community sector organisations are in the frontline of recovery efforts, yet, prior to the Victorian 2009 bushfires and the 2010–11 floods, they had mostly not been engaged in local municipal emergency planning. This created a lack of clarity about their roles and responsibilities in response and recovery and limited their capacity to organise and provide sufficient emergency relief, counselling, accommodation options and accessible transport at times of serious need.

There are still serious gaps. Engagement by state and local governments with community sector organisations must improve. It is currently ad-hoc and varies significantly across Victoria.

Top-down disaster risk reduction programs often fail to address the specific vulnerabilities, needs and demands of at-risk communities. These vulnerabilities and needs can only be identified through direct consultation with the communities concerned, because communities understand local realities and contexts better than outsiders. 66

The Victorian Emergency Management Reform White Paper acknowledged that relief and recovery efforts depend on strong partnerships between emergency services with the community sector. In particular, it recognised the Red Cross and the Salvation Army as important partners, along with volunteers who serve under these and other similar organisations. The paper stated:

“Other local, more grass-roots community organisations are equally important to support relief and recovery in their own communities. People and organisations working at the local level can often best identify the most vulnerable individuals or groups, particularly those who may need extra planning support, and relief and recovery assistance.”

The White Paper proposed shared responsibility and a collaborative approach to emergency management between individuals, communities, emergency services organisations, business, industry and government. This commitment was welcome but progress taken to date has been extremely limited.

The strong emphasis in the White Paper on the volunteer sector was welcome, but showed that Victoria’s emergency management planners often regard the community sector as being there to ‘marshal the volunteers.’ This is important, but the broader and deeper value of the community sector is in the experience and specialist expertise of its professional staff – in dealing with issues from trauma through to family counselling and housing provision – and the connections that local staff and organisations have with their local communities.

The community sector itself is vulnerable in an emergency or disaster. Research shows that up to 25 per cent of small and medium-sized organisations in Victoria might have to close if they experienced major damage and disruptions to critical services. 67

The consequences of major disruptions to the provision of social services for socially vulnerable people are serious, and would be life-threatening in a disaster.

Current funding for emergency response, relief and recovery work by the community sector is insufficient and too restrictive. Few community service organisations have the resources or capacity to manage risks associated with emergencies, including planning, staffing, insurance and funding certainty. Many organisations operate across one or more local government areas, and so may be required to participate in multiple municipal emergency management plans. Resourcing and support should ensure that community sector organisations can not only respond to emergencies, but can plan for them both from an organisational perspective and in collaboration with local government for the broader community.

An August 2013 Senate committee report into recent trends in and preparedness for extreme weather events made the following recommendations:

“The committee commends CSOs (community sector organisations) for their significant contribution”


during and after extreme weather events. It is the committee’s view that the important role of CSOs in assisting communities and individuals during times of natural disaster should be recognised and supported. The committee urges authorities to give due regard to CSOs in both planning responses to and responding to extreme weather events, in particular those organisations that provide vital services to vulnerable groups.”

The National Strategy for Disaster Resilience states that disaster resilience is the collective responsibility of all sectors of society, including all levels of government, business, the non-government sector and individuals. It states that if all these sectors work together with a united focus and a shared sense of responsibility to improve disaster resilience, they will be far more effective than the individual efforts of any one sector:

“Effective community resilience will rely on good working relationships within communities, between communities and those who support them on a professional or voluntary basis, and between agencies and organisations engaged in this work. It is, therefore, important that all parties are clear about their roles, and the linkages and interdependencies between them.”

The Senate, Environment and Communications References Committee, Recent trends in and preparedness for extreme weather events, Commonwealth of Australia, ACT, 2013.


In 2011 VCOSS highlighted the roles of community organisations in its response to the Victorian Government’s emergency management Green Paper:

“(in) the 2010–11 floods Neighbourhood Houses functioned as critical places of information and support, particularly in smaller communities with limited social infrastructure. Despite this, neighbourhood houses were not able to secure even modest requests for additional funding to support coordinator positions as had been provided following the 2009 Victorian bushfires, resulting in coordinators effectively being left with no choice but to extend their role in a voluntary capacity.

“The critical role of social infrastructure organisations, such as neighbourhood houses, needs to be recognised within any model for managing relief and recovery in major emergency events.”

The Morwell Neighbourhood House was acknowledged as having played a strong role in providing the local community with advice, resources and information on the smoke and ash that shrouded the town during the 2014 Hazelwood coal mine fire. However those same conditions led to decreased class enrolments and a subsequent drop in income for the Neighbourhood House, which meant staff were forced to reduce their own hours and work in a voluntary capacity. While it is hoped, at the time of writing, that this will be a short term arrangement, it is expected to last until the end of the 2014 calendar year.

Emergency management policies and planning must better account for and address the needs of socially vulnerable people and communities, to achieve improved response, relief and recovery.

Community sector organisations deliver important services across local communities and have in-depth knowledge of local people, history, risks and vulnerabilities. Collaboration between the emergency management and community sectors is vital for delivering effective emergency relief and recovery for socially vulnerable people and all Victorians.

The following recommendations aim to assist the emergency management sector to better incorporate the needs of socially vulnerable people into planning processes.

**Recommendations**

1. *That the emergency management sector seeks to better understand the diversity of communities, including the needs of socially vulnerable people.*

   This can be achieved by:
   - acknowledging the diversity of communities
   - improving cultural competency within the sector
   - ensuring the sector understands the unique strengths and needs of socially vulnerable people and communities
   - establishing trusted and respected networks with socially vulnerable communities
   - establishing networks with organisations that represent socially vulnerable people, such as community sector organisations.

2. *That the emergency management sector plans effectively for socially vulnerable people and communities, in partnership with the community sector.*

   This process should include efforts to:
   - formally identify, consult with and incorporate local community organisations in emergency management planning
   - identify socially vulnerable groups and people within communities in consultation with community organisations
   - support links and partnerships between community sector organisations and the emergency management sector to improve emergency preparedness, response and recovery for socially vulnerable people
   - develop clearer mechanisms in Victoria’s emergency management arrangements to enable community organisations to expediently recover costs incurred through supporting socially vulnerable people in emergencies
   - further consider how whole-of-government and whole-of-sector approaches to supporting socially vulnerable people can be improved through formal and informal collaborative arrangements.
Recommendations continued

3

That the emergency management sector deliver enhanced emergency response, relief and recovery measures that specifically support socially vulnerable people by:

- ensuring emergency warning systems are accessible for culturally and linguistically diverse people, older people, people with cognitive, visual and hearing impairments and those without IT access
- developing strategies for those who may require assistance to evacuate, such as people with disabilities or older people
- providing specific facilities and support for children, older people and people with disabilities at emergency relief centres
- providing emergency housing for high-risk groups including children under protection, women and children who have fled family violence, and people who have previously experienced trauma
- ensuring all organisations who play a role in relief and recovery efforts clearly understand their roles and responsibilities and are resourced to fulfil them
- providing financial support, trauma counselling, medical and pharmaceutical access and other additional support services for socially vulnerable people
- supporting the longer-term work of organisations supporting socially vulnerable individuals, families and communities.

4

That the emergency management sector develops targeted, effective communication methods for reaching socially vulnerable people with information and messages that are:

- expressed in all relevant community languages
- delivered in formats that are accessible for those with vision and hearing impairments
- accessible to those with cognitive impairments
- accessible to those who have limited IT access
- delivered through a range of mediums including newspaper, radio, social media and word-of-mouth through trusted community leaders
- delivered to community sector organisations that can quickly pass these on to socially vulnerable people.

5

That the Victorian government works to address the causes of disadvantage to reduce the prevalence of social vulnerability and build resilience before emergencies occur by:

- developing integrated early childhood services that support vulnerable children
- improving child protection services
- reducing the cost and improving the quality of housing for people on low incomes
- reducing violence against women and children
- improving workforce participation
- assisting people on low incomes to improve the energy efficiency of their homes
- reducing crime through justice reinvestment
- delivering funding fairness for community services
- developing a whole-of-government plan for social policy change.