



SHARED RESPONSIBILITY – SHADES OF GREY

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Cover: A firefighter explains bushfire preparation to a community member.

Photo by Damien Ford, NSW RFS.



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ABSTRACT

A university, NGO and local council partnership was formed to map the Blue Mountains community in relation to vulnerable people in daily life and in times of emergency. Soon after the project launch the October 2013 fires broke out in Yellow Rock, Winmalee and Mt Victoria, directly affecting hundreds of households.

The Community Connections research involved a survey sent to all ratepayers in the Blue Mountains, and interviews and focus groups with community members in 2014. Over 1100 surveys were completed and returned. Findings, including accounts of meetings with newly developed committees formed as a result of the 2013 fires, indicate that in some areas 'shared responsibility' actually becomes 'shades of grey' as vulnerable community members become confused between the 'community engagement' activities of the emergency services and the lack of individual assistance when disaster strikes. Vulnerable community members include the aged, financially disadvantaged, single parent families, households without a car, people living alone and people with chronic illnesses, who lack connections to assist them in emergencies.

The pressing question is – who is responsible for appropriately identifying and assisting the vulnerable in a crisis situation? Community organisations are recognised in the National Strategy for Disaster Resilience 2011 and are seen as sharing responsibility for disaster resilience. This sector, however, is not often invited to the table of disaster committees and bodies. In particular, community organisations could play a part in strengthening community resilience through their work with the most vulnerable members of the community. This paper explores the Blue Mountains experience.



INTRODUCTION

Building the community resilience of identified vulnerable individuals, and the community as a whole, needs to occur in a way that strengthens existing wider community resilience and recognises the social capital of the local area.

The project drew together information from various sources on the needs of vulnerable populations within the Blue Mountains. This information is being used to develop strategies for increasing community resilience, community connection and planning for the needs of vulnerable community members broadly and when impacted by natural disaster or public emergency.

The National Strategy for Disaster Resilience sets out the agenda for shared responsibility in disasters and the need to draw on all sectors of society to take responsibility in times of disaster -including all levels of government, business, the non-government sector and individuals. For individuals this involves 'taking their share of responsibility for preventing, preparing for, responding to and recovering from disasters'¹. The ability of the individual to do this is enhanced by drawing on guidance, resources and policies of government and other sources such as community organisations. It is further stated that:

The disaster resilience of people and households is significantly increased by active planning and preparation for protecting life and property, based on an awareness of the threats relevant to their locality. It is also increased by knowing and being involved in local community disaster or emergency management arrangements, and for many being involved as a volunteer.¹

The community sector, including non-government organisations (NGOs), is recognised as having a valuable part to play in strengthening disaster resilience through the support they are able to offer in helping communities to cope with, and recover from, a disaster². Community organisations often have a pool of volunteers to draw on and are typically aware of and working with some of the most vulnerable members of the community. As Fitzpatrick & Molloy (2014) write:

NGOs ... are ideally placed for promoting the messages of disaster management and building resilience as they exist to support the communities they service, and they are already embedded and connected at a grassroots level. Furthermore, NGOs have an enduring and trusted presence in and with the community and already engage a large majority of those communities that are commonly considered to be most vulnerable to disasters.³

The Bushfire and Natural Hazards CRC consider the lack of prescriptive approaches to sharing responsibility as an opportunity for communities to develop their own approaches⁴. We contend that as communities begin to work out ways to determine their strengths and vulnerabilities and the key factors in community resilience they can work with, they are also confronted with the need to recognise those who are unable to adequately support themselves in a disaster⁵. The Community Connections project set out to examine these issues in the context of the Blue Mountains.



BACKGROUND

COMMUNITY CONNECTIONS: RESILIENCE AND VULNERABILITIES RESEARCH

The City of Blue Mountains consists of a population of 78,691, living in 33,348 dwellings scattered across 25 separate hamlets, within a 75 kilometre stretch. The City straddles the mountain ridge in a ribbon development serviced by one major arterial road and one main railway corridor. The Blue Mountains are located on the rim of the Sydney basin in the region identified as Greater Western Sydney, NSW. There are specific challenges for older, vulnerable and at risk members of the Blue Mountains community due to the topography of the region, the known natural disaster risk (bushfire, earthquake, severe weather storms), problems created by the ribbon development of hamlets, demographic profile, and variable public infrastructure. The Community Connections research project involved investigating the fabric of social connectedness, organisational links and knowledge of the community, in addition to mapping social support and planning for the vulnerable in the event of disaster.

The impetus for the research stemmed from initial investigations revealing that the vulnerable residents of the Blue Mountains are not actively engaged or consulted by relevant authorities prior to or during, emergency situations. There is some concern that in the context of shared responsibility there is a lack of appreciation for the needs of the vulnerable and at risk and their needs during potential extended periods of isolation (such as caused by electricity outages, road closures and the halt of public transport). Knowledge of individuals and their needs is fragmented across the community and across multiple agencies and service providers.

There are a number of contributors to vulnerability recognised in existing models and literature including living alone, low income and unemployment⁵. Other factors are ageing, living with dementia, disability or chronic debilitating illness, and chronic mental health issues. In addition social vulnerability or lack of social support increases overall vulnerability⁶. The Community Connections research aimed to consider how to determine the resilience of the Blue Mountains community and to identify the needs of vulnerable community members in order to inform strategies to address these needs. The results of the research are presented in detail in the project report, Community Connections: Vulnerability and Resilience in the Blue Mountains⁷.



METHOD

The Community Connections survey was sent to all ratepayers with properties in the Blue Mountains with the council rates notice in July 2014. The survey was closed at the end of August 2014 and analysed using SPSS. In addition to the survey a purposeful sample of community members were interviewed and the perspective of vulnerable community members was captured through focus groups and individual interviews. Ten interviews were held with 11 participants (one couple were interviewed together) and three focus groups with a total of 12 people were held in Katoomba. Eleven interviews were also held with community leaders in work locations in Springwood, Katoomba and Blackheath. Interviews and focus groups occurred between August 2014 and January 2015 and were recorded, transcribed and analysed using NVivo. Major themes were identified and coded. This paper draws on the research findings.



RESULTS AND FINDINGS

A total of 1103 surveys were returned from across the Blue Mountains region of 27 hamlets and included many of the vulnerable in the area. Fifty four per cent of survey respondents were over 65 years of age, 19 per cent stated they had a chronic illness (compared with 4.5% needing assistance for severe or profound disability in the 2011 census⁸), and 36 per cent lived alone (24.5% lone person households according to the 2011 census⁷). Of all respondents 9.8 per cent stated they required assistance with household tasks such as putting bins out, while 38 per cent who responded to the question said that they provided assistance to others in the neighbourhood requiring assistance⁷.

Not all those over 65 years are vulnerable and many have assistance provided to them. It was clear from statistical analysis using SPSS and applying weightings for age and gender, that those who said they had a chronic condition or disability were less likely to feel connected to their neighbourhood. It was also clear that neighbours of participants help each other or received formal support from community organisations for help with daily activities. People aged less than 65 years with a chronic condition are less likely to feel supported or to feel very safe.

When asked who would assist them if they needed help, the majority of respondents, 44 percent, indicated family. Interviews and focus groups revealed that for many, family lived out of the area and in many cases out of the region. Thirty three percent responded that neighbours would help them and 17 percent friends. The actual extent of the help neighbours could provide was unclear as many did not know their neighbours well and mentioned that they would not want to unduly impose on them.

In some cases it was evident that neighbours could be put at risk if they were required to assist those less able in their neighbourhood. One woman in her 60s had delayed leaving the mountains during the October 2013 fires because her neighbour could not leave until the next day and most other people in the area had left already. Another interviewee was helping to care for three people in their 90s in her street, one of whom had animals and was difficult to deal with. If it was up to neighbours to help the vulnerable to leave and to deal with their animals it could place an unreasonable burden on them.

Six percent of survey respondents said they had no one to help them. One woman interviewed who had a chronic condition had no family and no car. She had a number of pets and said that when everyone was told to leave the mountains she had nowhere to go and no means of getting there as she would not be allowed to take her pets on the train, even if she could get to the station.

Emergency services, such as the Rural Fire Service (RFS) and police, are in a position where they cannot provide the same level of support to vulnerable people that they have in the past, while there remain expectations in the community that previous levels of support would continue. In the Winmalee fires of October 2013 there were stories of elderly couples who packed their bags and waited for the police to collect them. In other areas interviewees reported being



contacted by RFS members and reassured that they would be safe or rescued if necessary.

During briefings at RFS stations in the mountains in 2013 people flocked to hear the latest from the local authorities. Interviewees, some of whom identified themselves as vulnerable, reported being unable to attend these meetings because of the volume of people attending, often extending out into the surrounding streets. People in community housing who had disabilities reported having no means to actually get to the meetings.



COMMUNITY ORGANISATIONS AND RECOVERY

Prior to 2013, community organisations within the Blue Mountains were not participants in disaster management or represented on committees dealing with disaster management. The fires of 2013 brought about the greater involvement of the community sector as neighbourhood centres and other community organisations found themselves having to deal with recovery issues, particularly in providing information to those affected concerning the services and assistance available to them.

None of the community sector organisations had a plan for their role in disaster and recovery prior to the fires of 2013. A key community organisation, Mountains Community Resource Network (MCRN), which represents a number of local community organisations including neighbourhood centres, has informational and advocacy roles, develops networks and convenes interagency meetings in order to put organisations in touch with each other for cooperation and collaboration. MCRN and Blue Mountains City Council (BMCC) convene all the networks and inter-agencies within the Blue Mountains concerning a range of issues from housing and homelessness, disability and aging, through to the generalist interagency Blue Mountains Community Interagency (BCMI), as well as mental health, youth, families and households.

The Blue Mountains is one of the first areas in New South Wales to have economic and community recovery dealt with jointly. This came about with the involvement of community organisations, such as the MCRN and various neighbourhood centres, in the recovery process. A combined inter-agencies meeting was called by MCRN within 10 days of the October 2013 fires, attracting 55-60 people, including a representative from the Ministry for Policing and Emergency Services (MPES). The initial meeting set up a work plan and created a number of sub-committees. Short, medium and long term planning was blocked in, starting with the coordination of immediate relief and recovery work on the ground. Each participating organisation outlined their work sphere and this avoided duplication and determined where the gaps in service were.

PROBLEMS EXPERIENCED BY COMMUNITY ORGANISATIONS

The involvement of community organisations in the recovery process presented a major burden for staff involved for quite some time with various sub-committee meetings requiring attendance for a couple of hours once or twice a week, and Recovery Committee meetings two or three hours twice a week. Additionally there was the process of getting the rest of the community sector geared up and connected.

In general, community sector organisations have their own sphere of influence, which might be the issues they deal with or the local community that they serve. The bigger problem however, was the lack of any connection between the so called non-traditional community sector organisations, and the 'BINGOs', the big international non-government organisations such as Anglicare and Catholic Care and others. Red Cross had made connections straight away with community organisations and their staff, being local, helped with making



relevant community connections. As a result of this process and experience Blue Mountains community organisations are now intimately connected with the recovery process.

The community sector had not had any connections with the Local Emergency Management Committee (LEMC) prior to recent events. Formal systems are now being put in place within both Council and the community sector to formalise, role to role, the kind of triggers that need to be recognised, who should respond to them, what roles should be involved and who should be chairing. The newly created role of Recovery Manager in the Blue Mountains LGA is a separate role in Council from the LEMO role (Local Emergency Management Officer).

Enormous difficulties were experienced by the community organisations in communicating with the general public. Although there were many sources of information and assistance available, only messages with a structural and operational focus were being pushed through. The messages the community sector proposed were put aside by those controlling public communications and a road-block was placed in the way of getting messages to people in need.



CONCLUSION

Shared responsibility requires the involvement of a community-level response through local organisations, as these organisations are in contact with the most vulnerable people. Community disaster resilience requires the involvement of organisations who are linked in with community members and local networks (such as support groups), especially regarding vulnerable community members. Within the Blue Mountains the lack of inclusion in disaster infrastructure and coordination hampered the 2013 response by not for profit organisations and volunteer agencies⁹. The structures and processes for including community organisations, previously non-existent in the Blue Mountains, are now evolving as communities find ways to take on a greater share of the responsibility for disaster planning, response and recovery.

Where services, such as the Rural Fire Service, are endeavouring to increase their level of community engagement, they are at the same time having to pull back from providing community assistance in evacuation or rescue, creating many shades of grey in their connections with their communities. There have been no formal structures whereby they could work with community organisations on these issues.

There is great value in local emergency services and committees working with local community organisations to connect with community. Within the Blue Mountains the potential for greater community engagement in formal emergency management processes is now being developed. This involves the need to clarify differences in roles in order to develop effective means for increasing disaster resilience within communities at the community level. While shades of grey might remain there will be greater clarity as resources are focused on where the best connections have been forged within the community.

As more responsibility is being placed on communities themselves to manage in times of disaster, it is becoming increasingly evident that community resilience must involve the ability to care for and manage the most vulnerable in the community. In most cases individual households are able to manage their own situations, but there are a number who lack resources and could be in danger in times of disaster. Neighbourhood centres in the Blue Mountains, as in other areas, are often dealing with the most vulnerable members of the community, such as those with disability, mental illness, the homeless, socio-economically disadvantaged and the socially isolated. These organisations should be included in planning and preparedness as well as recovery. At present statutory requirements for emergency management exclude such organisations.



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