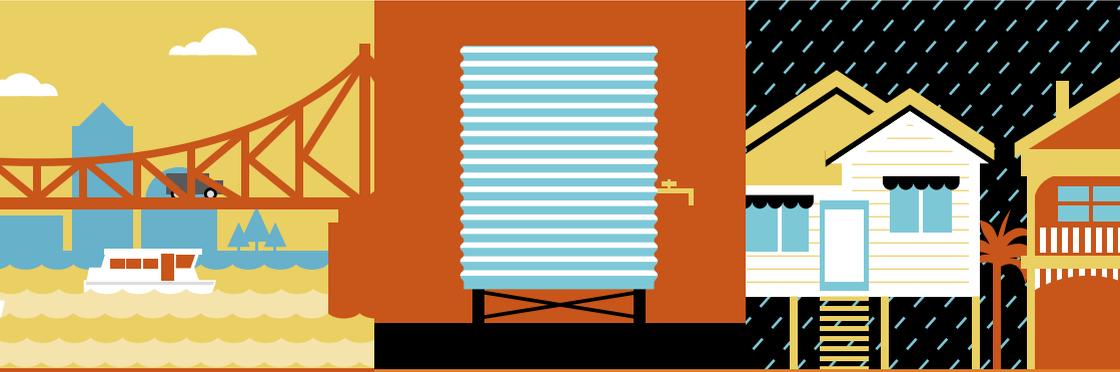
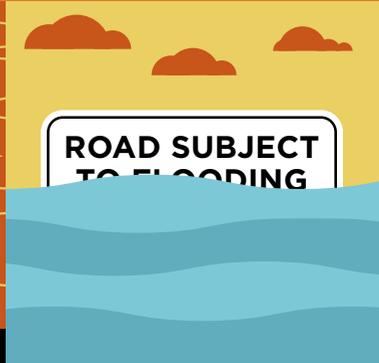


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Queensland Evacuation Centre Management Handbook



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Introduction

01



The Queensland Evacuation Centre Management Handbook (this Handbook) builds on the Queensland Evacuation Centre Field Guide, and provides guidance to decision makers responsible for the operation and management of an evacuation centre. This Handbook aligns with the Queensland Evacuation Guidelines.

The chapters of this Handbook are targeted towards trained evacuation centre management personnel who will be required to make decisions on complex issues whilst the centre is in operation.

Evacuation and the use of evacuation centres, involves the planned and coordinated movement of persons from an unsafe or potentially unsafe location to a safer location and their eventual return to their homes and community.

An evacuation centre is a designated building specifically selected as a safer location not anticipated to be adversely affected by the hazard. These evacuation centres provide affected people with basic essentials including accommodation, food and water.

The establishment and management of evacuation centres is a responsibility of the Local Disaster Management Group (LDMG) which is supported by both the District Disaster Management Group (DDMG) and the Queensland Disaster Management Committee (QDMC) if required.



Feedback

- One of the greatest values of this material is that it is developed by people working in evacuation centres.
- It is very important to receive feedback to measure and evaluate how practical and useful the materials are.
- Please consider making notes for improvement as you are using it. We encourage you to send your input and reflections to; emergencysheltering@redcross.org.au



Audience

- This material is designed as an operational and training guide, but can be utilised for planning purposes as needed.
- The material has been written for government and partnering agencies in the planning for, or operating of evacuation centres. It will be useful for personnel from supporting organisations working or providing support in evacuation centre activities.
- This material will have application for communities across Queensland. The experiences which inform this material have been gathered from Red Cross and local government representatives to provide a focus on Queensland activities.
- This material complements Queensland disaster management legislation, guidelines and plans. As a practical tool it does not take the place of existing disaster management arrangements.

Note: It is acknowledged that each evacuation centre is unique and that adaptation to this material may be required. The material is written to provide general guidance in the provision of support and is meant to strengthen support for the community. This Handbook is supported by the Queensland Evacuation Centre Planning Toolkit that supports local councils in planning for the establishment of evacuation centres.



Sheltering context

02



Key Messages:

Shelter is one of the five stages of the evacuation process that support affected communities and individuals.

Sheltering is a process that goes beyond the provision of a physical structure.

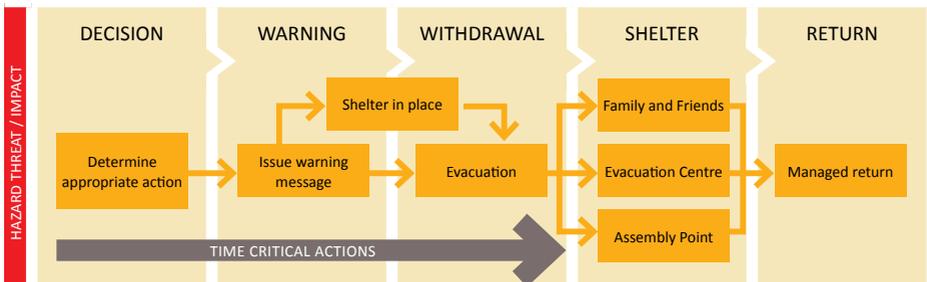
In Queensland, evacuation centres are one type of shelter used during a disaster.

Management considerations will be affected by the phase in the lifecycle an evacuation centre is at.

Shelter, along with food and water are the most fundamental needs of people during a disaster event. Additionally, the need for somewhere to live, rest and sleep becomes vitally important, particularly for many of the more vulnerable groups in the community.

In response to a threat, Queensland government authorities will initiate a five-stage evacuation process. The first three stages involve determining appropriate action in relation to the emergency, issuing warnings and evacuating. Shelter is considered the fourth stage and includes community members accessing safety, including in nominated safer locations away from the potential hazard or area of impact. LDMGs are responsible for nominating these safer locations. Return is the final stage in the evacuation process which requires the careful planning and management of people in the return to their homes and community.

Figure 2. Five stages of evacuation.
Reference: Queensland Evacuation Guidelines, 2011¹.



Sheltering is a process that goes beyond the provision of a physical structure, to the qualities that people would expect in their own home². Prior to, or in the face of a threat, the emphasis will be on the provision of basic needs such as food, water, information and shelter from the hazard. This is often referred to as the immediate sheltering phase, of up to 18 hours. A different phase of sheltering is temporary sheltering (the stages are not sequential). More comprehensive support may be required for up to three weeks before alternative arrangements can be made or it is safe to return home.³

Once the threat has passed, it will often be necessary for members of the community to seek temporary housing, during the recovery phase of the disaster event. Evaluation of this requirement will begin from the outset of the disaster response and is often facilitated through a Relief and Recovery Centre operated by the Department of Communities, Child Safety and Disability Services.

There are numerous types of shelters which will be established and utilised in response to various disasters. In Queensland, evacuation centres are one type of shelter used during a disaster event.

Defining characteristics of an evacuation centre

The establishment of evacuation centres during a disaster should be detailed in Local Disaster Management Plans (LDMPs). During a disaster, evacuation centres will be established by the LDMG.

Evacuation centres are often:

- a building or facility that has been pre-designated and which is not anticipated to be adversely affected by the hazard
- used for temporary sheltering that usually extends beyond 18 hours and up to three weeks until recovery services are arranged
- providing relief services to the wider community who might not be residing in the shelter and at a minimum, supporting the basic needs of those affected by an emergency including:
 - food and water
 - non-food items, such as clothing
 - registration
 - psychological first aid
 - first aid



Activation of evacuation centres

Evacuation centres could be established in the following ways:

1. Adequate warning of an impending disaster event has been received and designated evacuation centres are identified, checked, set-up and opened prior to the arrival of community members.

This is the preferred method as it is easier to establish and manage, while also ensuring that correct procedures and protocols are put in place from the beginning.

2. Little or no warning is received and a designated evacuation centre is established using whatever local manpower and resources can be found.

These evacuation centres can prove slightly more problematic as the incoming management will need to negotiate a handover process with the initial management team. This needs to be done in a manner that not only acknowledges and respects the hard work and efforts of the initial set up team, but that also provides a smooth transition into formalised staffing and management structure.

Spontaneous shelters are generally opened by concerned community members (e.g. church groups open up their church hall and invite people in to stay).

These shelters are normally established through goodwill but do not necessarily have the means, resources and training to cater for the ongoing needs of evacuees. They also fall outside the scope of most official disaster management arrangements, so are not linked in to the wider network of support and accountability.

If an Evacuation Centre Manager becomes aware of a spontaneous evacuation centre they should advise the the Local Disaster Coordination Centre (LDCC) as soon as possible.

Note: Affected people should be encouraged to make satisfactory shelter arrangements of their own where possible, acknowledging that they are often best supported in the first instance after a disaster event by family and friends.

Lifecycle of an evacuation centre

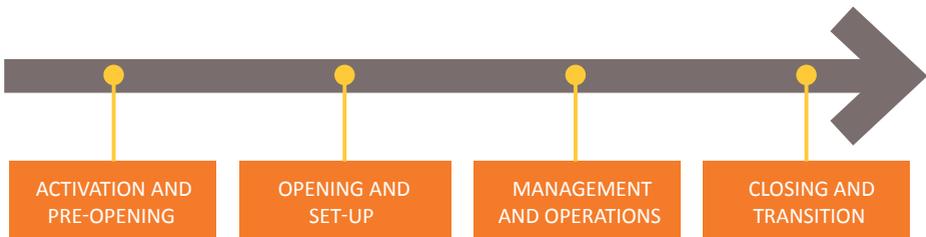
Experience shows that when an evacuation centre progresses beyond the opening and set-up point, managing an evacuation centre becomes more complex. The complexities are heightened when there are a range of agencies working in the centre to provide support services for residents and guests. This shift often corresponds with the transition of the evacuation centre from the immediate sheltering phase of the disaster event (up to 18hrs) to the temporary sheltering phase (could be up to three weeks).

- A distinction can be made between the actions that constitute daily operations and those that are management practices.
- Those responsible for the management of the evacuation centre can often undertake the required operational actions in the pre-opening and opening and set-up stages.
- After this initial period it is often clearer on what the needs and duration of the emergency evacuation centre are likely to be.
- If the centre is likely to be operational for an extended period, or the size or complexity of the centre is going to be significant, it is important to have people in management positions who are experienced and have been trained in evacuation centre management practices.

Acceptance of affected people

Depending on the nature and location of the disaster event, the groups of affected people presenting themselves at an evacuation centre may be varied. Some disaster events will have a greater impact on certain individuals than others. The evacuation process may lead to breakdown of family and community support structures that would ordinarily care for people with specific needs. The management and daily operations of centres should integrate the concerns of these groups, by supporting existing coping mechanisms where possible, or by developing alternative interventions.

Affected people arriving at an evacuation centre have often left their homes in haste with minimal possessions or without aids and medical equipment. They may be emotionally distressed, hungry or thirsty and concerned for loved ones, pets and personal possessions. They are likely to arrive at a centre with a range of immediate basic needs.





In an evacuation, the primary and secondary needs of affected people include:

Primary needs	Secondary needs
Safety of people and property	Maintenance of dignity
Shelter	A sense of control over one's destiny and a sense of order and belonging
Food and clothing	Privacy
Adequate rest and sleep	Access to accurate and timely information
General physical and emotional wellbeing	Attending to urgent personal practical matters

Evacuation centres are open to all affected persons within the community, however special arrangements will need to be put in place for affected persons who are not self-caring. The needs and dynamics of affected people accessing the evacuation centre will therefore be as diverse as any community and should be planned for in the resourcing and layout of the centre.

People

This resource recognises the need to break down the difference in people associated with evacuation centres for more accurate provision of assistance and reporting.

Community Members		
Affected Persons		Un-affected persons
Evacuees	Self sheltering	
Centre residents	Centre day guests	Centre visitors

Evacuees: people who are temporarily displaced as a result of a threatening or real hazard.

Self sheltering: people who source their own shelter solutions outside of the designated shelters in response to a threatening or real hazard.

Centre residents: people accessing an evacuation centre for basic needs and services. They will usually be registered, have completed an intake form and be sleeping on site.

Centre day guests: people temporarily accessing an evacuation centre for basic needs and services, such as meals and information. They may be registered but are not sleeping on site.

Centre visitors: unaffected persons who may be temporarily providing support services such as financial or mental health support or viewing the operations of the centre (e.g. media and VIPs).

Depending on the location and scope of the disaster event, it may be necessary for local care facilities such as hospitals, aged care facilities and child care centres to be evacuated to an evacuation centre. In such instances, people requiring carers support may be accepted within the evacuation centre as long as registered carers such as nurses or childcare workers are on shift for the duration of their stay.

Note: Consideration should take into account members of the community who may visit evacuation centres to access basic needs such as food, water, registration, information and personal support, even if they have external sleeping arrangements.

People with additional or special needs

03



Key Messages:

In the set-up and daily activities of the evacuation centre, ensure any additional/special needs have been considered.

Use the initial registration process to identify any additional/special needs and determine appropriate support.

Follow the 'rule of two' – aim to have at least two staff present – when interacting with children and people with additional/special needs.

Each situation will require different considerations. Review the guidance and ask questions before implementing any support mechanisms.



Providing shelter, such as evacuation centres, to protect community members from the threat of a disaster and assist with meeting their basic needs is being increasingly understood as a complex and dynamic issue that requires sensitive and skilled management.⁴

Managing evacuation centres often includes assisting people who are under a great deal of stress. Some people may be homeless, while other people staying at a centre may have a history of drug and alcohol abuse or mental health problems. Recognising the mix of people the management team and staff will be working with, signals a need to shift the view of evacuation centre management from an adhoc 'welfare' approach. It is vital to recognise that the situations people are dealing with are often volatile and may involve risky behaviours that could lead to danger for themselves or others.

Such recognition also signals that during disasters, people may have complex needs that require skilled staff to deal with a variety of matters. Whilst such situations can be challenging and difficult, they can also have positive outcomes for affected people. For example, people who are otherwise isolated have the opportunity to meet and bond in an evacuation centre. These friendships can assist their long-term recovery after they leave the centre.

It is very important to avoid stigmatising people who may seem to have additional/special needs. In times of crisis. It is recommended that options such as family, friends, hotels and motels be evaluated before people with additional/special needs are accepted in evacuation centres.

Affected people who require additional assistance and consideration are generally identified during the registration process. Personnel managing this process should assess particular needs and action should be taken to adapt or target assistance accordingly. Family groups should be kept together at all times, as this provides security of mutual support and assists affected people to cope, reducing stress and anxiety.

Management should ensure a combination of 'mainstreamed' actions to take into account the presence of additional/special needs in the layout and daily operations of the evacuation centre. In addition, targeted systems should address the individual additional/special needs of persons at heightened risk.

From the field! People with disabilities lead lives similar to people without disabilities and many are able to get around without assistance. Just because a person has a disability, it should not be assumed that he or she would require assistance. Before any attempt is made assist to a person, stop, think and if necessary, ask the person respectfully if help is needed. An offer can add stress to an affected person if it is considered unhelpful or in some cases offensive.

Note: It is recognised that not all specific needs can be met when delivering services in an evacuation centre. Certain needs may have to be addressed on a 'best endeavours' basis. Local councils should not be obliged to take sole responsibility for specific needs and should continue the good practice already underway of engaging with providers who have expertise in supporting these specific needs.⁵

Considerations when providing individual support

'The rule of two', means that it is recommended that staff members should work in groups of two or more when working with people with additional/special needs. There should also always be two staff present when working with or interacting with a child. This not only creates protection for the child but also protects the worker from any potential false accusations.

When working with children:

- always remain in eyesight and ear shot of other personnel
- do not initiate any physical contact such as hugs, allowing children to sit on the lap of a staff member, lifting or carrying. (A parent who has several children or those with a disability may ask for assistance in carrying an infant and this would be appropriate).
- ensure care givers have given permission before engaging the child in any evacuation centre activities
- consult with the care giver before giving a child any food or drink as many children have differing allergies and dietary restrictions

From the field! Management are not expected to be specialists in caring for additional/special needs residents, but should be proactive in supporting all affected people. The best option is always to seek guidance from the people with additional/special needs or specialist organisations.

Examples of general operational actions to support the needs of residents

Transportation

- Transportation to and from the evacuation centre as well as support to access medical and other appointments

Material aid

Note: consideration should be given as to where material aid can be sourced

- Clothing
- Hygiene and toiletry products
- Laundry needs
- Baby items including prams, cots and nappies

Entertainment/recreation

- Newspapers, TVs and books
- Puzzles, boardgames, colouring books, crafts and games
- Community entertainers and special guests
- Supervised sports activities

Communication/information

- Individualised centre orientations to identify appropriate services and to help with adjustment to the environment
- Referral lists of community support agencies and contact details
- Verbal and written announcements and consultation

Privacy

- A dedicated quiet room
 - Partitioned or separate sleeping spaces
 - Confidentiality of private information ensured
-

Inclusion

- Mechanisms for resident participation in management and daily operations (see Chapter Resident Inclusion)
- Support is provided based on need and available to all residents when possible

Equipment

- Material aid such as blankets and pillows should be prioritised to additional/special needs groups

Psychosocial support

- Trained and experienced personal support staff
- Qualified counselling staff

Centre set-up and orientation

- Private and quiet areas
- Minimum living standards
- Accessible areas – lighting, navigable, well signed

Recovery Services

- Temporary Housing Assistance teams
- Transitional support needs as people leave the centre
- Financial support from state and federal sources

Staffing

- Additional/special needs considerations incorporated into all trainings
 - ‘Information for Staff’ poster for all personnel is clearly available
 - Briefings include reminders of support mechanisms available
-

Considerations for supporting groups with additional or special needs

The Evacuation Centre Manager should consider the should consider the LDCC as the primary contact to provide support and expertise for evacuees with additional or special needs.

Group: Culturally and Linguistically Diverse (CALD) people

Possible sources of support/expertise:

- Other family members, friends and neighbours
- Council Community Development Officers/ Coordinators
- Ethnic Community Councils
- Local cultural organisations
- Community and religious leaders
- Translating and Interpreting Services (TIS)
- Department of Communities, Child Safety and Disability Services



Some factors to consider:

- home country experiences of disasters
- translation of written materials (translations need to be culturally appropriate)
- provision of interpreters
- language identification cards at the registration desk
- additional support at registration
- dietary requirements
- food preparation
- special washing practices
- items and clothing of special cultural or religious significance such as cultural headwear
- history between nationalities and ethnicities
- cultural norms
- prayer mats and other religious needs
- segregated sleeping
- preferred community networks and channels for receiving information
- need to communicate with same-gender staff
- sensitivities discussing personal information
- body language may need to be altered, touching may be inappropriate

Group: Young Children and Youth

Unaccompanied minors are children who have been separated from both parents and relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

Possible sources of support/expertise:

- Other family members, friends and neighbours
- Department of Communities, Child Safety and Disability Services
- Department of Employment, Education and Training
- Kindergartens and schools
- Local toy library
- Family day care service
- Mother's groups

Some factors to consider:

- consider evacuation centres integrated with or in proximity to child care facilities or ensuring a qualified child care agency is on-site to run children's activities
- provide age-appropriate recreation opportunities (e.g. TV, DVD, music, toys, books, playground)
- provide baby and young children's equipment e.g. highchairs, cots and nappy bins
- monitor for any instances of bullying between children
- consider giving teenagers appropriate roles to support evacuation centre functions
- structure daily routines to engage children and allow caregivers time to access support services
- designate a child safe space within the centre



Note: Anybody given specific duties to provide childcare must be appropriately qualified. In Queensland, these personnel must have a valid Blue Card which is provided for under the *Commission for Children, Young People and Child Guardian Act 2000*.

Note: in the event of an unaccompanied minor, appropriate agencies should be contacted and efforts should be directed towards identifying the caregivers.

Group: Elderly Community Members**Possible sources of support/expertise:**

- Other family members, friends and neighbours
- Aged Care Queensland
- Carergivers
- Council on the Ageing (QLD)
- Senior citizens clubs
- Rotary
- Queensland Health

Some factors to consider:

- access to the evacuation centre
- past experiences of disasters and other emergency situations
- provision of interpreters
- additional support at registration
- dietary requirements
- access to and storage of medications
- additional support with written materials and other communications
- notifications to family and personal support networks
- raised stretcher beds with foam padding
- separate sleeping area away from family area

Group: People of interest to law enforcement agencies**Possible sources of support/expertise:**

- Queensland Police Service (QPS)
- Security services

Some factors to consider:

- anyone who is known or suspected of conducting criminal activity should be reported to police at the earliest opportunity
- due care should be given to carefully consulting appropriate evacuation centre staff and any possible witnesses before making the serious step of reporting suspected criminal activity
- people of interest to law enforcement agencies can also include witnesses, people impacted by domestic violence orders, and others

Group: Pre-existing medical conditions

People who are medically frail or dependent.

The disaster event may have exacerbated or altered people's medical conditions and they may require extra medical support or changes in medications.

Possible sources of support/expertise:

- Accredited first aiders eg. St John Ambulance
- Local hospital
- Pharmacy Guild and local pharmacists
- General Practitioners
- Community health centres, including dental services
- Australian Psychological Association
- Lifeline and other appropriate counselling services
- Other family members, friends and neighbours
- Accommodation Centres
- Medical Equipment Hire Services
- Queensland Health
- Queensland Ambulance Service (QAS)

Some factors to consider:

- determine and source any required medications
- provide medical aids, equipment and power, as required
- ensuring continuity of care for existing health clients including access to medication, nursing, personal care and respite services
- scripts and storage of medications

Group: Assistance Animals

Assistance animals are by law permitted in an evacuation centre and are permitted to stay with their owner.

Group: Pets and Other Animals

The LDMG would have considered the availability of suitable housing of pets within close proximity to the evacuation centre. Evacuation Centre Managers should contact the LDCC for advice on the arrangements for pets and other animals.

Possible sources of support/expertise:

- Disability services including Guide Dogs Queensland, Assistance Dogs Australia, Lions Hearing Dogs and other providers of assistance animals
- Council's animal management teams
- Local vets
- Local animal shelters
- RSPCA
- Pet host family services
- Other family members, friends and neighbours and other local farmers

Some factors to consider:

- securing pets in an appropriate environment external to the centre – shaded or enclosed
- feeding needs
- responding to injured animals
- people with animal related allergies or phobias
- affected individuals' emotions when separated from their pets
- animal registration processes

Note: Pet owners retain the responsibility for the care of their animal at all times.

Group: People in poverty or who are marginalised

Persons who are socially or geographically isolated from the larger community, have very low income or persons who are undocumented.

Possible sources of support/expertise:

- Red Cross
- Council Community Development Officers/ Coordinators
- Family members, friends and neighbours

Some factors to consider:

- lack of or unwillingness to share personal information
- potentially uncomfortable in close proximity to others
- limited experience with disaster management agencies

Group: Pre-disaster homeless

A disaster event may disrupt the usual sources of food and shelter for persons who were already homeless before the disaster event.

Possible sources of support/expertise:

- Homeless service providers

Some factors to consider:

- pre-existing medical, mental health and substance abuse issues
- potential substance abuse

Note: Experience shows that pre-disaster homeless make up a significant proportion of residents requiring temporary housing.

Group: People with a disability

- Developmental or cognitive
- Visual
- Deaf or hard of hearing
- Mobility disabilities

Possible sources of support/expertise:

- Personal caregivers
- Relevant disability organisations
- Other family members, friends and neighbours

Some factors to consider:

- toileting, washing and showering needs
- access and mobility support
- a buddy system for staff to provide initial reassurance, calm explanations for people with developmental or cognitive disabilities
- writing or slowly repeating information for people who are deaf or hard of hearing
- verbal mapping of the facility
- navigable aisles that are free from obstructions
- mobility aids such as walkers, wheelchairs and canes
- assistance moving between areas e.g. beds to chairs

Group: Tourists, transient workers and travellers**Possible sources of support/expertise:**

- regional tourism organisations
- Queensland visitor information centres
- ABC local radio

Some factors to consider:

- information about roads and flights
- transport arrangements
- language challenges
- limited exposure to disaster management arrangements

(Adapted from the Victorian Relief Handbook⁵)





Critical decision making

04



Key Messages:

Management will be required to make tough decisions with the best available information.

When in doubt, discuss the options with your Local Disaster Coordinator.

Always document the reasons behind making key decisions and the information available at the time.

Negotiation is a mechanism that allows all parties to achieve their interests and overcome an initial situation of real or potential conflict.

From the Field: Scenario It is 25 minutes to a coordination meeting of agency team leaders operating in the centre. A busload of affected people has just arrived and there are not enough staff members on the registration desk. Unopened bedding is running low as residents are doubling mattresses on stretchers for comfort. The daily situation report for the LDCC was due an hour ago. A phone call comes through that a well-known political figure is en route to the centre for an unplanned tour. It is made clear the visit should go smoothly. What do you do first?

For those who have been in the role of an Evacuation Centre Manager, or worked in an evacuation centre before, hypothetical scenarios like the one described are quite common. Daily operations of a significant sized evacuation centre can pull staff in multiple directions, making the task of ranking priorities difficult.

The Evacuation Centre Manager's job is one of being engaged with a wide variety of people and activities constantly. It is a large job with key responsibilities including:

- coordinating other agencies in the centre
- monitoring health and safety standards
- identifying and managing situations of possible conflict
- promoting harmonious relationships and participation
- addressing administrative tasks
- broader staffing and agency issues

An Evacuation Centre Manager's role can entail the following:

- leader
- ambassador
- diplomat
- finance officer
- technician
- trainer and all-round fixer

Evacuation centre management requires quick thinking, innovation and careful planning.⁶ Within an evacuation centre, while it is important to plan and work with experienced staff, it can be difficult to predetermine which situations, problems or challenges may arise. Each centre and disaster event will present different issues. The best-case scenario is that the running of the centre progresses smoothly with few significant decisions to be made. The most likely scenario in a real disaster is, however, that any number of unexpected difficulties will arise—so there is a need to be prepared for anything.

The Evacuation Centre Manager is responsible for making decisions and taking the initiative within the centre. This is particularly the case when there is limited communication with the LDCC or the management of the agency where the manager is from. All going well, there will be good support from an experienced team at the centre, who will be able to discuss ideas and provide solutions to problems. Whatever the case, there will always be decisions to be made.

There are many different processes for making decisions, many courses available and a lot of information on the subject. Disaster management decision-making generally requires quick, on-the-run decisions. A better solution may come to mind at a later stage, however, making a decision that works at the time is the most important thing.

Some key questions to consider when making decisions:

- Is the situation life threatening?
- What concerns or issues do you have?
- What possible actions can you take?
- Can this be dealt with at the centre or should you direct the issue to the LDCC?
- Can you deal with it through your knowledge or experience?
- Can you ask another staff member or partner agency member with knowledge or experience?
- Can you discreetly find out if a resident has skills necessary to deal with a potential situation? For example, doctor, nurse or cultural leader.





Key Messages:

Engaging residents in the centre operations will assist in their wellbeing, their ability to cope with the disaster event and their emotional recovery.

Consider consulting appropriate community leaders present in the evacuation centre in decision-making processes.

When residents participate in the way an evacuation centre operates, it will add value to the daily activities of the centre, with improvements in experiences for the affected people and improved emotional recovery.





Experience has shown that creating a well functioning evacuation centre environment is dependent on the direct and indirect participation of centre residents. A commitment to participation, a belief in its value and a resourceful and positive approach are all important for centre management. Active participation reinforces residents' own coping skills and gives voice to those who are otherwise not heard. Participation is thus an important element in helping displaced people regain trust in their own abilities and potential.⁷

The way that residents are engaged is influenced by the following:

- the nature of the disaster event
- the outcome sought
- the degree of resident input into decision-making required

Basis for resident engagement

Before, during and after disasters, the value of resident engagement activities should not be overlooked. The benefits of good resident engagement generally include:

- providing residents with a sense of control over their lives, which in turn means affected people will cope better and it will assist their emotional recovery
- higher quality and innovative solutions to issues and problems with more effective use of resources
- enabling management to gain a better understanding of local needs and issues
- opportunities for learning by management and through this, enhanced organisational and community capacity building
- an open process to identify and resolve conflict
- contributing to accountability and transparency in the way the evacuation centre is run
- resident ownership of final decisions and a greater commitment to the implementation of decisions as a result
- assistance with strengthening and building a sense of community spirit, identity and social cooperation between residents

From the field! Including people capable of advocating for the interests and concerns of residents is one way of ensuring needs are being met and considered at all times.

Ways residents can be engaged

A variety of approaches should be undertaken to engage residents, including:

- establishing informal contacts within the centre
- engaging residents to participate in specific tasks/projects which use and/or develop their skills
- ensuring that management feedback mechanisms are in place, and resident information sessions occur
- identifying and engaging resident leadership in management activities
- ensuring the involvement of groups with specific needs and those at heightened risk

It is important to consider the stage of the disaster event and recovery of the people in the centre. When engaging residents, one or more of the following may be employed:

Inform

Meaningful information will reduce the impact of disasters on people. Providing balanced and objective information on any aspect of the recovery process is beneficial. Information assists communities to understand the problems, alternatives and preferred solutions. This type of engagement includes information gathering but does not involve community input into decision making, although it does result in having more informed communities.

Consult

Needs to involve genuinely seeking community feedback on proposed solutions, alternatives and decisions. Consultation which respects resident input can be valuable. When consultation is considered token, this can lead to resentment, increase stress and reduce social cohesion. While this type of engagement allows communities to influence the direction of decisions, it may not result in direct input into decision-making.

Involve

Working directly with the community to understand concerns and to generate aspirations and ideas that are directly reflected in the alternatives developed and decisions made. This type of engagement is similar to consultation but provides for greater community inclusion in the development of options, making decisions about which option to pursue and feedback opportunities.

Collaborate

Forming a partnership with the community on each stage of a project including:

- scoping
- information gathering
- developing alternatives
- identifying the preferred solution

In such an approach to engagement, communities collaborate with the decision maker but may not be equal partners in the process.

Empower

Where all or part of the decision is implemented by the community (with various stakeholders involved). This type of engagement provides for the greatest level of devolved decision-making to communities.

Note: Engaging residents of evacuation centres along the lines of involvement, collaboration and empowerment needs to take place in a measured and sensible way. Such engagement can be extremely positive for the short-term and long-term emotional recovery of evacuation centre residents.

Resident leadership

Local cultures in the community will influence the evacuation centre environment. Seek out community leaders who have influence and can assist in identifying local cultural and other evolving resident needs.

Resident leadership can assist:

- by acting as a liaison between management and residents
- to set up daily schedules such as meal times and entertainment
- by identifying and helping with disputes between residents
- in identifying community resources to support the centre
- to provide support to other residents during challenging circumstances e.g. explaining the de-registration process

By including the resident population in the operation of the centre, they not only assist in determining how the needs of the centre are met, but also help to provide a more positive atmosphere for the residents.⁸

From the Field: Management should not use the resident leadership to rubber stamp policies that have already been decided ahead of time. If residents are consulted regarding policies, their recommendations need to be taken seriously. Otherwise, residents may become demoralised and lose respect for centre management.⁹

Resident participation

Recruiting residents to participate in the operation of the evacuation centre can increase the number of workers and allow residents to contribute to their own recovery. When engaging resident participation there are a number of basic steps to follow.

1. Identify the daily operational tasks required. Suggestions include:

- cleaning
- logistics
- administration
- meet and greet
- pet walking
- information board content management

2. Encourage residents to express an interest in assisting with the tasks required. Considerations are:

- past experience and training
- skills and competencies
- daily availability and responsibilities e.g. need to look after dependants
- impact of the disaster event on personal recovery

3. Nominate staff members to buddy up with participating residents.

4. Communicate with all staff about the role of participating residents.

5. Give clear briefings and position descriptions where possible. Consider just-in-time training on functions.

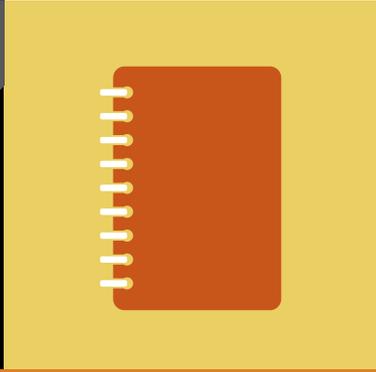
6. Regularly check in with participating residents to monitor progress and gather feedback.

Note: Since residents have not been background checked or trained, it is not appropriate for them to work in certain areas such as childcare or in handling confidential information.

References

(Endnotes)

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