

Evacuation Centre Management Handbook



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Introduction

01



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

Responsibility for the establishment and Management of Evacuation centres varies across jurisdictions, with detailed arrangements documented in local emergency plans.



Evacuation Centres come in all shapes and sizes. Temporary Evacuation Centre, Bundaberg Showgrounds QLD, 2013 Floods.



Audience

- This material is designed as an operational and training guide, but can be utilised for planning purposes as needed.
- This material has been written for government, emergency management stakeholders and community organisations, to inform the planning for and operation of evacuation centres. It provides valuable guidance for those working in or supporting evacuation centres.
- This material will have application across jurisdictions. The experiences which inform this material have been gathered from Red Cross and emergency management stakeholders to provide a practical focus on Evacuation Centre activities.
- This material complements emergency management arrangements and evacuation centre guidelines and plans.

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 Evacuation Centre Field Guide and the National Evacuation Planning Handbook.



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.

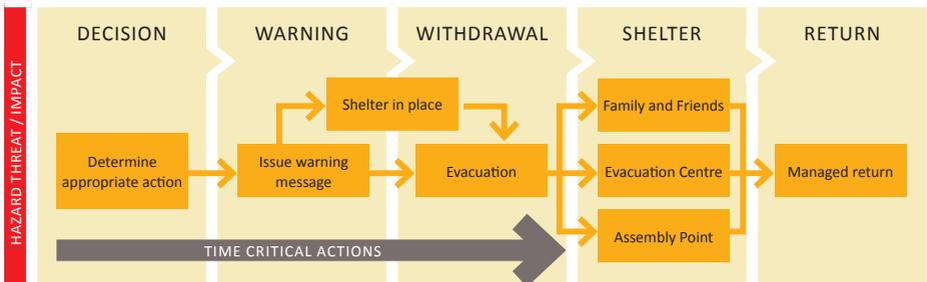
Evacuation centres are one type of shelter used during a disaster.

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, 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. 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 established relief and recovery arrangements.

A range of sheltering options may be utilised to support the evacuated community, however the most common sheltering solution used during evacuation emergencies is an 'Evacuation Centre'. People should always be encouraged to self support in the first instance before resorting to the use of an evacuation centre.

Defining characteristics of an evacuation centre

The establishment of evacuation centres during a disaster should be detailed in Local Emergency Management Plans. During a disaster, evacuation centres will be established by the authorised authority.

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
- supporting the basic needs of those affected by an emergency including:
 - food, water, and shelter
 - 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 or organic shelters may be 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 suitable 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

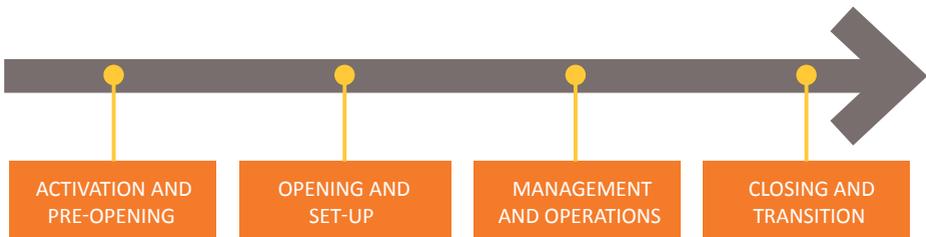
Experience shows that when an evacuation centre progresses beyond the opening and set-up point, managing an evacuation centre becomes more complex. The complexities are heightened when there are a range of agencies working in the centre to provide support services for residents and guests. This shift 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

Safety of people and property

Shelter

Food and clothing

Adequate rest and sleep

General physical and emotional wellbeing

Secondary needs

Maintenance of dignity

A sense of control over one's destiny and a sense of order and belonging

Privacy

Access to accurate and timely information

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 living with a disability normally self manage and have established routines around their own care. Just because a person lives with a disability, it should not be assumed that he or she would require assistance. Before any attempt is made to assist a person, stop, think, and respectfully ask if help is needed. An offer of assistance 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 authorities should not be obliged to take sole responsibility for managing specific needs and should continue the good practice already underway of engaging with providers who have expertise in supporting these 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 teams 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 and escalate or refer to 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
-

Children in Evacuation Centres

The needs of children and young people will require particular attention in an evacuation centre. Well planned and delivered child and youth recovery supports will be required, which can include:

- The establishment of a ‘child friendly space’
- Provision of child and youth activities by trained workers
- Mechanisms to ensure the safety and wellbeing of children
- Age-appropriate toys, games, books, movies, and play equipment
- Age-appropriate furnishings and equipment including beds, bedding, porta cots, highchairs, strollers, and baby bath equipment
- Provision of baby change table, nappies, wipes, creams, and provision of nappy bins
- structured daily routines to engage children and allow caregivers time to access support services

Infant Feeding

Child and infant feeding in evacuation centres is a critical issue, that if not addressed appropriately can impact on the health and wellbeing of the child and care giver. Interruption to the food supply chain can exacerbate the issue.

Unaccompanied Minors

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

In the event of an unaccompanied minor, appropriate agencies should be contacted, and efforts should be directed towards identifying the caregivers. The child should be cared for in accordance with the ‘Rule of Two’ (two people with the child at all times within eyesight and earshot of other team members) until a more suitable solution is identified.

Note: Agencies nominated under the local emergency plans to provide child and youth supports in evacuation centres are normally required by law to hold a current working with children / vulnerable people card.

Note: Mandatory reporting applies across jurisdictions for child abuse incidents or disclosures.

Challenge	Solution
Inadequate supplies of age appropriate and nutritional food	Ensure supply of age-appropriate infant formula, and baby foods.
Impacts to a breast-feeding mother’s milk supply	Provide private area for Breast feeding and access to feeding hygiene items. If required facilitate support for breast feeding mums from a trained health practitioner.
Food and milk requiring preparation, heating, cooling	Provision of microwave / boiling water. Provision of safe storage / fridge
Sanitisation of baby feeding equipment	Provision of baby bottles and sterilisation equipment.
Timely access to food	Ensure food is available when required (24/7)
Food allergies	Ensure mechanisms are in place for the preparation and supply of allergy free foods. (Address dietary requirements)

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)



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

- Other family members, friends and neighbours
- Aged Care Agencies
- Carergivers
- Council on the Ageing
- Senior citizens clubs
- Rotary
- Health support agencies

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:**

- Police Service
- 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 support regimes, requiring additional 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
- Health Providers / Authorities
- Ambulance Service

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, including secure storage for controlled drugs and cold storage of medications requiring refrigeration.

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

Local emergency plans should include specific sub plans on the support of animals and pets during evacuation. Primary responsibility always remains with the pet / animal owner however support may be required for the safe shelter and feeding of animals.

Possible sources of support/expertise:

- Disability services including Guide Dogs Australia, Assistance Dogs Australia, Lions Hearing Dogs and other providers of assistance animals
- Council's animal management teams
- Local vets
- Local animal shelters
- RSPCA / Animal Welfare League
- 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, toileting, and exercise 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, have very low or no income, or persons who are undocumented.

Possible sources of support/expertise:

- Community Services Organisations
- 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
 - limited capacity to recovery without assistance
-

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
- little to no support network

Note: Experience shows that disaster impacts may force more people into homelessness, which increases the demand for housing support.

Group: People living 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 bus load 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 Coordination Centre 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 determining 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 big 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.





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

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

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 solutions 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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