Background

Disaster preparedness, and in particular, efforts to reduce risks for migrant communities, is a key area of programming for the Australian Red Cross. The organization supports people to prepare for disasters through its RediPlan – the all-hazard household preparedness tool of the Red Cross\(^1\).

The tool takes an individual’s strengths as a starting point to build his or her resilience through a four-step process:

- Get informed (about risks);
- Get connected (to sources of support);
- Get organized (make a plan);
- Get packing (bring everything together in a kit).

In understanding migrant communities, staff in the Brisbane office in 2013 recognized that Red Cross migration support clients living in the community had reduced disaster resilience capacity, often due to:

- having poor health status, particularly mental health,
- not being well-connected into their local communities,
- limited understanding of the Australian disaster risk landscape, or
- limited support networks, and
- limited financial resources to help them prepare for emergencies.

A programme of community education was devised, and the content was developed in conjunction with volunteers drawn from the client base and focused upon key basics; hazards awareness, sources of warnings (the role of uniformed emergency services in evacuations), household planning, and building emergency kits. Australian Red Cross
conducted volunteer training based on existing Rediplan content and public speaking skills. The volunteers then conducted a range of sessions within their own communities, which were a mix of formal sessions or informal sessions at kitchen tables. Over 900 people participated in the pilot, and success was measured through positive shifts in knowledge.

**What did the action seek to change?**
Reduce the risks and build capacity (knowledge, skills and connection) of a high risk group.

**What were the key actions taken to achieve this change?**
Build a capable volunteer base, then deliver adapted messages to asylum seeker clients of the Red Cross

**What were the essential steps taken along the process to bring about this change?**

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**What SFDRR principles were applicable to this change process?**

- **Principle 1**  
  **Shared responsibility:** working with a high risk group, and empowering them through knowledge and skills to work within their own communities.

- **Principle 2**  
  **Multi-hazard approach and inclusive risk-informed decision-making:** generic Rediplan messaging adapted for a high risk and marginalised group.

**What were the Achievements and the Impacts?**
Over 900 people participated in the pilot, and success was measured through positive shifts in knowledge in the following areas:

- knowing who to call in an emergency (pre-session 51%, post session 89%),
- knowing what hazards might affect them (pre-session 35%, post session, 89%),
- knowing which radio service to turn to for information (3.5% pre-session, 91% post session), and
- knowing how to develop a household plan and kit (pre-session 3.5%, post session 80%).

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1 e.g. Primary responsibility of the State, Shared responsibility, Protection, All-of-society-engagement, coordination mechanism, empowering local decision makers, Multi-hazard approach and inclusive risk-informed decision-making, Sustainable development, Local and specific risks.
What were the key Lessons Learnt?

- Spend time finding out what people’s strengths are and build on them
- Use a range of delivery methods, but always in a non-technical or informal way
- Recognize that some participants may not have the financial capacity to undertake preparedness activities
- It is important use a two-prong approach; 1) to work with cultural leaders and get buy in; 2) to work directly with community members
- The positive wellbeing effects of asylum seekers has bearing on being able to contribute and participate in their host/haven country.

What were the Good Practices arising from this action?

**Good Practice 1**  
Co-design of the programme with volunteers drawn from client base.  
The project took a community-centred approach, in which a Red Cross staff member acted as a facilitator, and volunteers drawn from the asylum-seeker community determined the best approaches to reach their respective communities. Asylum-seekers were invited to attend a volunteering information session. Of the 12 initial attendees, eight people became volunteers, and Migration Support Programs staff worked with authorities to ensure their engagement did not breach the requirements of their visas, which at the time held restrictions around working.  
It was agreed by the volunteers to use a conversational approach to engagement, rather than formal presentations, to deliver preparedness messaging. This approach allows flexibility in delivery through discussions with individuals or within household or group settings. Two hours were allocated for education sessions, and participants used RediPlan in “Easy English” (a pictorial version, originally developed for people with cognitive disabilities which can be used to communicate with people with low levels of literacy). This was recognized as a more culturally appropriate way of communicating information to many of the communities of non-native speakers. It was also recognized that formal presentations might not work, as people’s command of the English language was basic, and the presentations relied upon laptops and projectors and would therefore be difficult to deliver in community or household settings.

**Good Practice 2**  
Use community leaders to gain access to communities. Gaining the trust and blessing of cultural leaders and elders is important, and using them to help deliver information or welcome people at meetings or informal events help when engaging and communicating with all community members.

**Good Practice 3**  
Draw upon community members to act as educators and facilitators. The programme was well-received in culturally and linguistically diverse communities because it was delivered by community members sharing the same cultural background. Community networks in migrant communities are important channels for reaching out to people. It was necessary to be mindful of the role of children and young people in some cultures. It is also important to be conscious of gender and age, as well as the confidence and skill levels of the volunteers and their capacity to translate to and from English, when pairing volunteers together to deliver conversations or sessions.
Policy Relevance to DRR in Action

This case study contributes to Priority 3, investing in disaster risk reduction; through a relatively small scale investment of time and effort, had significant reach within a highly vulnerable community. It also recognizes that this group has capacity and agency when it is harnessed and supported.

Key Messages from this Case Study

- Specific needs of at-risk groups are often ignored and poorly prepared for in disaster risk management policy and practice – asylum seekers are at high risk of being heavily impacted by disasters due to reduced financial capacity, health and wellbeing, connections into the community, and a low understanding of hazard profiles.
- Red Cross supported a high-risk group to develop their own understanding of their risks, to take their own action to make themselves safer, and to participate in official decision-making about prevention and response to risks.
- There were positive wellbeing effects of asylum seekers being able to contribute and participate in their host/haven country – this is an excellent example of how a high risk group can be empowered to build resilience within their community.

The case study was included in the International Organisation of Migration’s publication, Migrants in Disaster Risk; Practices for inclusion (2017). It highlights programming that contribute to reduction of losses in lives, livelihoods and health of communities in displacement.

References for this Case Study


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