Disaster Resilience Project
Consultation Report

Exploring and supporting the roles and responsibilities of community organisations providing services to people at risk before, during and after emergencies, disasters or extreme weather events

January 2020

Executive Summary

The SACOSS Disaster Resilience Project (2019-2020) is funded by SAFECOM to increase clarity regarding the emergency management roles and responsibilities of organisations that support people at risk, and develop tools and resources to support their work with people at risk before, during and after emergencies, disasters or extreme weather events.

The project engaged with the following stakeholder groups between July and November 2019:
- People who may be at increased risk or need additional support in a disaster or extreme weather events (29)
- Consumer representative bodies (12)
- Service providers (20)
- Community sector peak bodies (6)
- Emergency services/ emergency management sector (4)
- Other stakeholders (8)

Many people living with factors that increase their risk in emergencies are concerned about their safety, with 80% of people participating in the survey indicating they have thought about what they would do in an emergency. The key considerations for how service providers provide support in emergency situations are to be mindful of mental health (38%), have a plan in place before an emergency (34%), and just wanting to know that someone will make sure I am safe (34%). The feedback indicates that people look to emergency services for information about making emergency plans (37%), but many would appreciate the support of service providers in developing their emergency plans (35%). During a disaster, respondents indicated they most look to service providers for support to access and store medications (46%), food and water (37%). After a disaster, people look to service providers for support to access financial assistance (67%), manage insurance claims (56%), access mental health support (56%) and assistance to provide care for family members (37%).

The project engaged with seven funders that manage a significant amount of the funding for the health and community services sector. Most funders (71%) do not have any expectation that service providers will meet the needs of their vulnerable clients before, during or after emergencies, disasters or extreme weather events, however most organisations (90%) believe they have an ethical responsibility to meet those needs.

The project engaged with 20 service providers. Many organisations (total of 68%), reported they either do not engage in disaster planning, rarely engage in disaster planning or undertake disaster planning in a reactive, ad-hoc manner. Service providers are more likely to have systems in place to provide supports during a disaster (53%) and after a disaster (37%). This is not surprising given that, largely, they are not funded to do this work. There are, however, excellent examples of service providers that take a very person-centred approach to ensuring the safety of their clients in emergencies, disasters or extreme weather events – regardless of the lack of funding.

Peak bodies recognise that changes in our climate will have most impact on vulnerable people and the organisations that support them. Most of the peak bodies engaged in the project are willing to facilitate opportunities for professional development and information sharing in their sectors.

Consultations indicate that many consumer representative organisations have not considered the impact climate change could have on their constituents and are keen to learn more and share information and resources.

The next steps and recommendations have been informed by the project consultation. The next steps are considered to be within the scope of the project, while the recommendations fall outside of the scope of the project and/or are not achievable within the timeline of the project.

Next steps
The next steps will be informed by, and undertaken in collaboration with experts in the emergency management and health and community services sectors:
1. Negotiate with SA Government agencies to identify the most suitable website to host disaster resilience resources for the community services sector.
2. Develop guidelines for similar service types, planning tools, and a range of document templates for organisations and their boards.
3. Collate a list of resources for community members that service providers can refer clients to before, during or after an emergency, disaster or extreme weather event.
4. Investigate options for education for staff and board representatives.
5. Identify options for annual or biannual regional meetings that include emergency services, control agencies and key service providers.
6. Develop good practice case studies.

Recommendations
The following recommendations will be shared with stakeholders in emergency management, health and community services, state and commonwealth government funding providers and regulators, and the energy sector.
1. Develop a disaster resilience toolkit for the health and community services sector
2. SACOSS and/or SA Health further develop the concept of a text message system for communicating health warnings to people at risk and the organisations that support them.
3. Partner with key stakeholders in the development of consumer resources and communication strategies for particular populations (including people living with mental illness, the deaf/blind community and Aboriginal communities).
4. Advocate for funders and regulators to recognise service providers addressing the needs of people at risk before, during and after emergencies, disasters or extreme weather events.
5. Advocate for innovative funding options or resources to enable housing providers to make public, community or social housing more energy efficient.
6. Advocate for the broadening of the Medical Heating and Cooling Concession to be available for people living with physical or mental health conditions, people who take medications that interfere with their ability to regulate body temperature and/or those whose health significantly deteriorates in extreme heat or other weather conditions (such as ME/CFS – chronic fatigue, or those on antipsychotic medications).
7. Identify, develop or promote a comprehensive risk assessment form that addresses a person's exposure, sensitivity and adaptive capacity to cope with relevant emergencies, disasters or extreme weather events.

Contents

Glossary

Carer - a carer is a person providing unpaid care for a parent, partner, child, relative or friend who has a disability, is frail, aged, is dependent on alcohol or other drugs, or has a chronic physical condition or mental illness (Carers SA, 2020).

Consumer representative body – Consumer representative bodies are consumer representative, non-government organisations whose membership is predominantly consumers with a shared interest (eg. diabetes, heart health). As such, consumer representative bodies offer a strong voice and important integrative functions by undertaking key roles which normally include:
- Research, policy development, advice to government and their sector
- Advocacy and representation to government and other decision makers
- Information dissemination within their community and the broader public
- Sector consultation and coordination within their sector
- Sector capacity building to enable better service delivery and functioning of service providers

Disaster - A serious disruption of the functioning of a community or a society at any scale due to hazardous events interacting with conditions of exposure, vulnerability and capacity, leading to one or more of the following: human, material, economic and environmental losses and impacts. The effect of the disaster can be immediate and localized, but is often widespread and could last for a long period of time. The effect may test or exceed the capacity of a community or society to cope using its own resources, and therefore may require assistance from external sources, which could include neighbouring jurisdictions, or those at the national or international levels. (AIDR, 2020)

Emergency - An event, actual or imminent, which endangers or threatens to endanger life, property or the environment, and which requires a significant and coordinated response.

Extreme weather event - Signifies individual weather events that are unusual in their occurrence (minimally, the event must lie in the upper or lower tenth percentile of the distribution) or have destructive potential. This can include a heatwave, severe storm, cyclone etc. Extreme weather events may or may not result in a disaster. For example, while a severe storm may result in significant flooding and damage to infrastructure and homes, a heat wave may be considered a disaster if the health system becomes overwhelmed, significant power outages are experienced or transport infrastructure is damaged and services fail.

Organisation – An organisation is an organized group of people with a particular purpose. In the context of this report, an organisation can include service providers, peak bodies, consumer representative bodies, advocacy groups, research organisations, government agencies or community groups.

Peak body - Peak bodies within the health and community sector are representative, non-government organisations. Their membership predominantly consists of other (legally unrelated) organisations of allied interests which are recognised by other peaks, and their sectors' generally, as a representative of the whole of their sector. As such, peak bodies offer a strong voice and important integrative functions by undertaking key peak roles which normally include:
- Research, policy development, advice to government and their sector

- Advocacy and representation to government and other decision makers
- Information dissemination within their sector and to the community
- Sector consultation and coordination within their sector
- Sector capacity building to enable better service delivery and functioning of community organisations. (SACOSS)

Service provider – Service providers provide or carry out activities, facilities or projects for the benefit or welfare of the community or any members who have a particular need by reason of youth, age, infirmity or disablement, poverty or social or economic circumstances. The focus of this project has been not-for-profit service providers, however service providers may also be government agencies or for-profit businesses.

Stakeholder - A person, group or organization that has interest or concern in an organization. Stakeholders can affect or be affected by the organization's actions, objectives and policies.

Introduction

The SACOSS Disaster Resilience Project is funded by SAFECOM to increase clarity regarding the emergency management roles and responsibilities of organisations that support people at risk, and develop tools and resources to support their work with people at risk before, during and after emergencies, disasters or extreme weather events.

The project engaged with and consulted community organisations, which included government or non-government organisations that support people at risk: people who are frail, unwell or living with a disability or mental illness, people living with addiction or homelessness, people living in poverty, people who may experience language or cultural barriers or other people who may be living with disadvantage in the community.

This report provides a summary of outcomes from consultation with people who may need additional support in emergencies as well as service providers, funders, community sector peak bodies, consumer representative bodies and a number of other stakeholders.

Rationale

Changes to our climate will have implications for every area of our lives – our work, food production and food security, access to water, energy production and use, where we live, home design and sustainability, our health and mental health.

The rate of change to our climate is happening faster than many scientists had forecast. Australia is experiencing warmer temperatures and longer hot spells which can cause more dust storms and fires. A reduction in rainfall is forecast but the rainfall is expected to occur with greater intensity, raising the risk of flooding. The rising sea level is expected to put some coastal properties and environments at risk (CSIRO 2019).

The impacts of changes in our environment are felt most by people living with the highest levels of disadvantage, who are less likely to have their homes and possessions insured against fires, floods and storm damage, and live in poorer quality housing where they will struggle to keep cool. Power outages caused by extreme weather events have a significant impact on people who live with a disability or illness that makes them dependent on power to breathe, mobilise or live independently. People living with disabilities and chronic conditions can have difficulty coping with extreme heat conditions, or sudden temperature changes, and can be made more unwell if exposed to poorer air quality due to dust storms and smoke from fires (WHO 2018).

Failure to address the impact of our changing climate on people who are at higher risk in emergencies would put at risk the health and lives of people who live with disabilities, physical and mental health conditions, those who are frail aged, people experiencing homeless, people experiencing language and cultural barriers and those who live in poverty or financial stress. South Australia tends to have less sudden impact weather events than other Australian states. However we already have the highest number of heat-related deaths per capita of any Australian state or territory (SA Government 2019).

The Lancet and Medical Journal of Australia have teamed up to present the inaugural Australian Countdown assessment of progress on climate change and health, acknowledging that climate plays an important role in human health (Beggs etal, 2019). Australian research has identified;

- significant linear associations between exposure to higher temperatures and greater mortality,
- statistically significant associations between heatwaves and mortality,
- in warmer states and territories, higher mean annual maximum temperatures predict elevated suicide rates (Zhang et al, 2018).

We are facing a future where the demand on services in an emergency may exceed the capacity to respond (SA Government 2019). Volunteering rates across Australia are declining for the first time in 20 years (SA Government 2019) and falling volunteerism is impacting many sectors, including emergency management. There is a role for federal, state and local governments, community service providers, the business sector and community members to play to ensure the needs of those most at risk in emergencies are addressed before, during and after emergencies.

Community organisations play an important role in building the resilience of the people and communities they work with to minimise the potentially devastating impacts of emergencies, disasters and extreme weather events.

Project scope and context

The purpose of the SACOSS Disaster Resilience Project is to develop clarity around the roles and responsibilities of organisations that support people who are at increased risk in emergencies, and to develop tools or resources to assist organisations in this work. The consultation has included meeting with funding providers, peak bodies and service providers. The lived experience perspective has also been addressed through an online survey, telephone interviews and consultation with consumer representative bodies.

The SACOSS Disaster Resilience Project takes place in the context of work that has been, and is being, undertaken across South Australia and nationally. The South Australian government recently released *Stronger Together: South Australian's Disaster Resilience Strategy 2019-2024*. Australian Red Cross has played a leadership role in supporting communities during and after emergencies and disasters for more than a century. In recent years, they have had an increasing focus on preparation and resilience building to minimise the impact of disasters and enable successful recovery. Their work included the development of a *People at Risk in Emergencies Framework for South Australia*. SACOSS would like to acknowledge the excellent work that Red Cross has been undertaking in communities across South Australia. This SACOSS project has been designed to build upon that work.

Stakeholder identification

Everyone experiences being at risk at different points in our lives. There is an inherent fluidity of vulnerability and resilience, and our circumstances are always changing. This means the extent to which we can prepare for, cope with and recover from emergencies also changes from time to time (Australian Red Cross 2018). There are however some population groups that are over represented in the injuries and fatalities that result from emergencies, disasters or extreme

weather events. SAFECOM has funded projects to address the needs of homeless people sleeping rough, culturally and linguistically diverse communities and people experiencing financial hardship and SA Health and the aged care sector have already undertaken a significant piece of work relating to hospitals and residential aged care facilities. SACOSS has therefore engaged with service providers that work with people who live with disabilities, physical and mental health conditions, those who are frail aged and living at home, or people in supported accommodation. Further, we have engaged with the major funders and peak bodies of those service sectors. Finally, the lived experience perspective was considered essential to the project, so people who are living with factors that lead to them requiring more support in emergencies and their related consumer representative bodies were consulted.

Given the limited resources of the project, it was only possible to get representation from a small number of services across each sector - the list of stakeholders is far from exhaustive.

Stakeholder consultation

Lived experience

The purpose of engaging with people who may be at increased risk was to get advice and support around the engagement strategy and to identify whether people with factors that could increase their risk in emergencies had considered what they would do and who they would seek support from in an emergency, what support would be helpful to them, and any factors that were important about how organisations provided assistance. Given the limited time and resources in the project, engagement was via an online survey that was circulated by Health Consumers Alliance SA, Lived Experience Leadership and Advocacy Network, Carers SA, Mentally Fit Eyre Peninsula and Myalgic Encephalomyelitis/Chronic Fatigue Syndrome Australia (SA). Survey respondents were invited to participate in a telephone interview to provide further information about their experience of emergencies, disasters and extreme weather events, including the services they accessed, and their recommendations about future service responses. There were 29 respondents to the survey, with three taking up the opportunity of a telephone interview.

The needs of people who could be at greater risk in emergencies, disasters or extreme weather events were additionally communicated by consumer representative organisations who are informed by thousands of their members across South Australia and Australia.

Service providers

The purpose of engaging with service providers was to gain insight into their understandings and practices relating to supporting clients before, during and after emergencies, disasters or extreme weather events, and what tools or resources would be helpful to support their work in emergency management. Discussions were based around a survey that was completed by SACOSS' Senior Project Officer (henceforth SPO).

Meetings were held with the following service providers:
- Southern Cross Care
- Resthaven
- West Coast Home Care Services (phone)
- ac.care

- Life Without Barriers
- Community Living Australia
- Hills Community Options
- Uniting Communities
- Catherine House
- St Vincent de Paul
- Salvation Arm
- Housing Choices SA
- Unity Housing
- Nunkuwarrin Yunti
- Mission Australia
- DASSA (phone)

The SPO also engaged with a number of service providers through the SACOSS Policy Council, including:
- St John's Youth Service
- Legal Services Commission
- ECH

SAFECOM has funded other organisations to undertake work with the homelessness sector in relation to people sleeping rough as well as with culturally and linguistically diverse communities . For that reason, this project has not significantly engaged with the CALD community sector, and the engagement with the homelessness and housing sector focused on supported accommodation services.

Consumer Representative Bodies

The project engaged with consumer representative organisations in acknowledgement that the lived experience consultation was limited, and to get a better picture of the potential human impact of not providing sufficient support to people at risk before, during and after emergencies or extreme weather events. Consumer representative bodies are often also providers of services and information to people at risk and therefore can play an important role in improving the safety of people at risk in emergencies.

The consumer representative bodies engaged with the project through face to face, telephone or network meetings. Ten of these were based around the service provider survey.
- Health Consumers Alliance SA
- Carers SA
- SA Council on Intellectual Disability
- Cystic Fibrosis SA
- Asthma Foundation
- Diabetes SA
- Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (MECFS) Australia (SA)
- Lived Experience Leadership and Advocacy Network (LELAN)
- COTA SA
- Heart Foundation
- JFA Purple Orange
- Multicultural Communities Council of SA

Peak bodies

The purpose of engaging with peak bodies was to get a broad perspective on the roles, responsibilities and practices of organisations within their respective sectors. The engagement was focused on how organisations supported clients before, during and after emergencies, disasters or extreme weather events. Through this we aimed to find out if their sector had already undertaken work relating to emergency management, and whether they would be prepared to promote the outcomes of this project to build the capacity of organisations within their sector. Discussions were based around a survey that was completed by the SPO.

Face to face meetings were held with the following peak bodies:
- SA Network of Drug and Alcohol Services
- Aged and Community Service Australia
- Aboriginal Health Council of SA
- National Disability Service
- Shelter SA
- Mental Health Coalition of SA

Funders

The purpose of engaging with funders was to identify whether funding providers have an expectation that service providers respond to the needs of their clients before, during or after emergencies, disasters or extreme weather events, and whether these expectations are implied or explicit in their contracts. They were also asked about funding for organisations that had provided additional services in response to a disaster, and whether they anticipated any change to the way they fund organisations to address the needs of clients before, during or after emergencies, disasters or extreme weather events.

Meetings were held with the following funders:
- SA Housing Authority
- Department for Human Services
- SA Health
- Adelaide Primary Health Network (telephone)
- Country SA Primary Health Network
- Department for Health
- National Disability Insurance Agency

Other stakeholders

Other stakeholders were engaged in the project because of their roles in regulation, disaster resilience and connection to workforce. These other stakeholders engaged include:
- Office for the Chief Psychiatrist
- Local Government Association
- Local Government Community Services Managers Network
- Volunteering SA
- Australian Services Union
- Australian Association of Social Workers
- NDIS Commission
- Aged Care Quality and Safety Commission

Consultation results

Lived experience

There was diversity in the risk factors experienced by the 29 survey respondents as indicated below with many people having multiple morbidities.

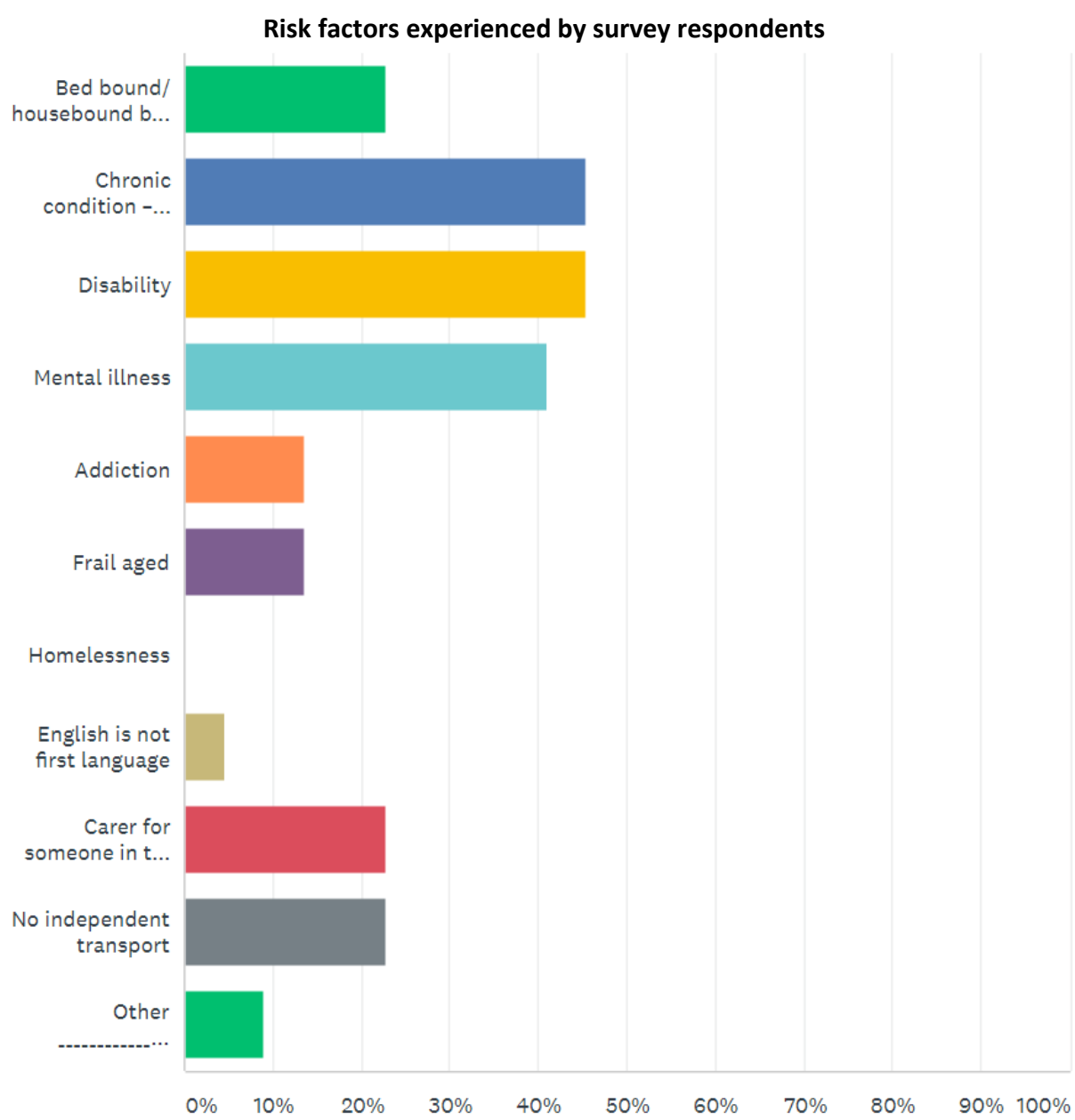**Risk factors experienced by survey respondents**

Figure 1: Please tick any of the following factors that apply to you that could increase your risk or require you to have extra support in emergencies

Almost 80% of survey respondents have thought about what they would do in an emergency situation, with 54% of respondents also indicating they had been impacted by an emergency in the past.

When asked "Who would you or did you turn to for support in an emergency situation?", family was selected by 39% and emergency services were selected by 29% of respondents. Only 11% of respondents indicated they had or would turn to service providers in an emergency situation.
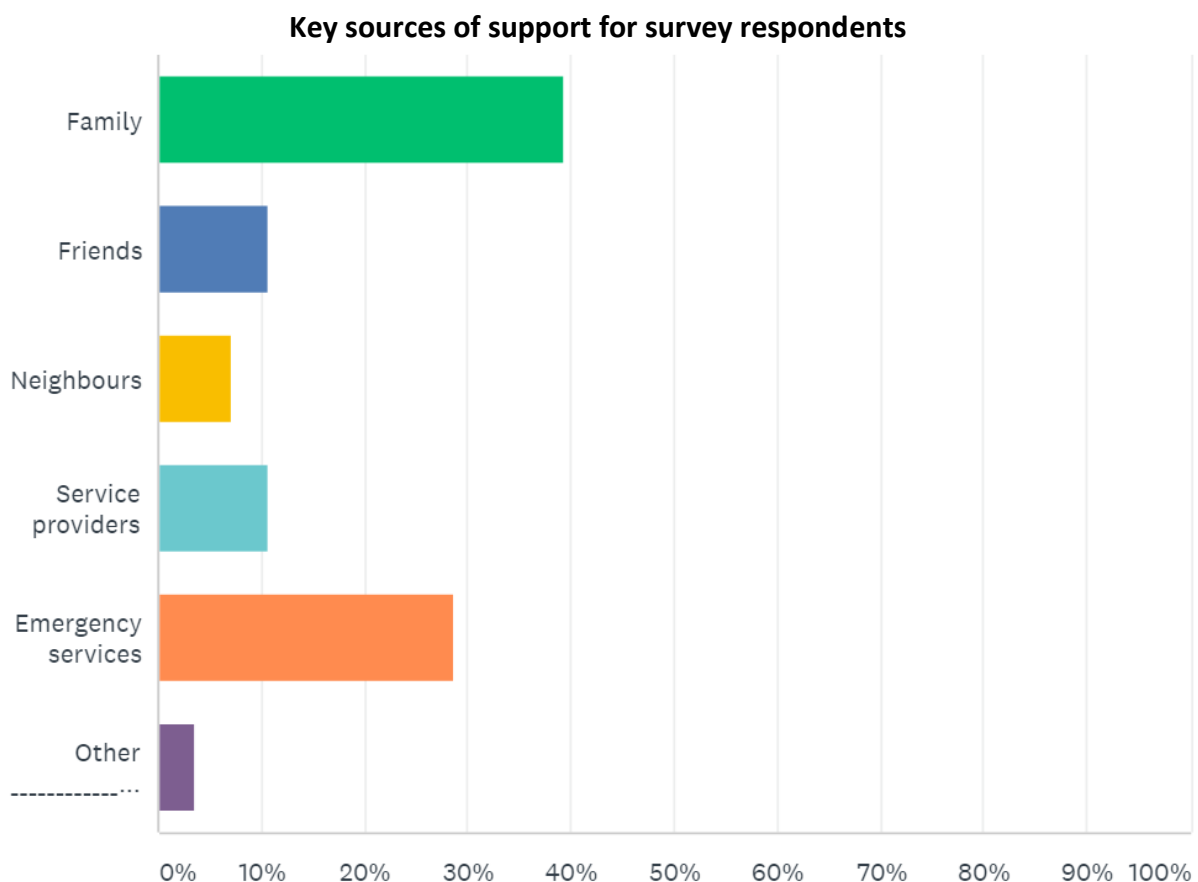
Key sources of support for survey respondents

Figure 2: Who would you/ did you turn to for support in an emergency situation?

Thirty-two percent of respondents indicated the people they would turn to were not aware that the person would want their assistance in an emergency.

When asked who they would ask for assistance for specific tasks, respondents indicated a consistent reliance on family support, particularly during a disaster or emergency. Friends and neighbours were also included as an option, but did not rate very highly, other than friends being a source of refuge from extreme weather, and assisting with pets. Neighbours did not feature strongly for any type of assistance, with no more than one person indicating they would turn to neighbours for any particular support.

Respondents would most look to service providers for support after an emergency or disaster to access financial assistance, manage insurance claims and access mental health support, but would also look to service providers for support to develop their emergency plan.

Respondents look to emergency services as the source of information for making their emergency plans, assistance to clean up after a disaster, and a source of transport to escape an emergency, disaster or extreme weather event.

Fifty two percent of respondents indicated they were not a carer, and 44% indicated they did not have pets, so those questions were not relevant to them. A further 18% indicated that medication storage was not an issue for them, and another 18% indicated that transport to get away from an emergency was not relevant to them.

Key sources of support for specific roles

Support/assistance	Family	Service providers	Emergency services
Information so you can make your own emergency plan	22%	22%	**37%**
Assistance to develop an emergency plan	29%	**35%**	18%
A call to check that you are ok	**29%**	21%	18%
Transport to get away from the emergency	**29%**	14%	**29%**
Help with pets/animals in an emergency	**15%**	7%	11%
Refuge from extreme weather	**29%**	18%	21%
Emergency accommodation	**37%**	33%	19%
Help accessing or storing medications	29%	**46%**	4%
Help accessing or storing food and water	30%	**37%**	11%
Help to clean up	14%	33%	**36%**
Help accessing financial assistance	30%	**67%**	0%
Help managing insurance claims	33%	**56%**	0%
Mental health care and support	22%	**56%**	0%
Help with the person I care for	7%	**37%**	0%

Table 1: What sort of assistance would you like or expect, and who from?

The key considerations for how service providers provide support in emergency situations are to be mindful of mental health (38%), have a plan in place before an emergency (34%), and just wanting to know that someone will make sure I am safe (34%).

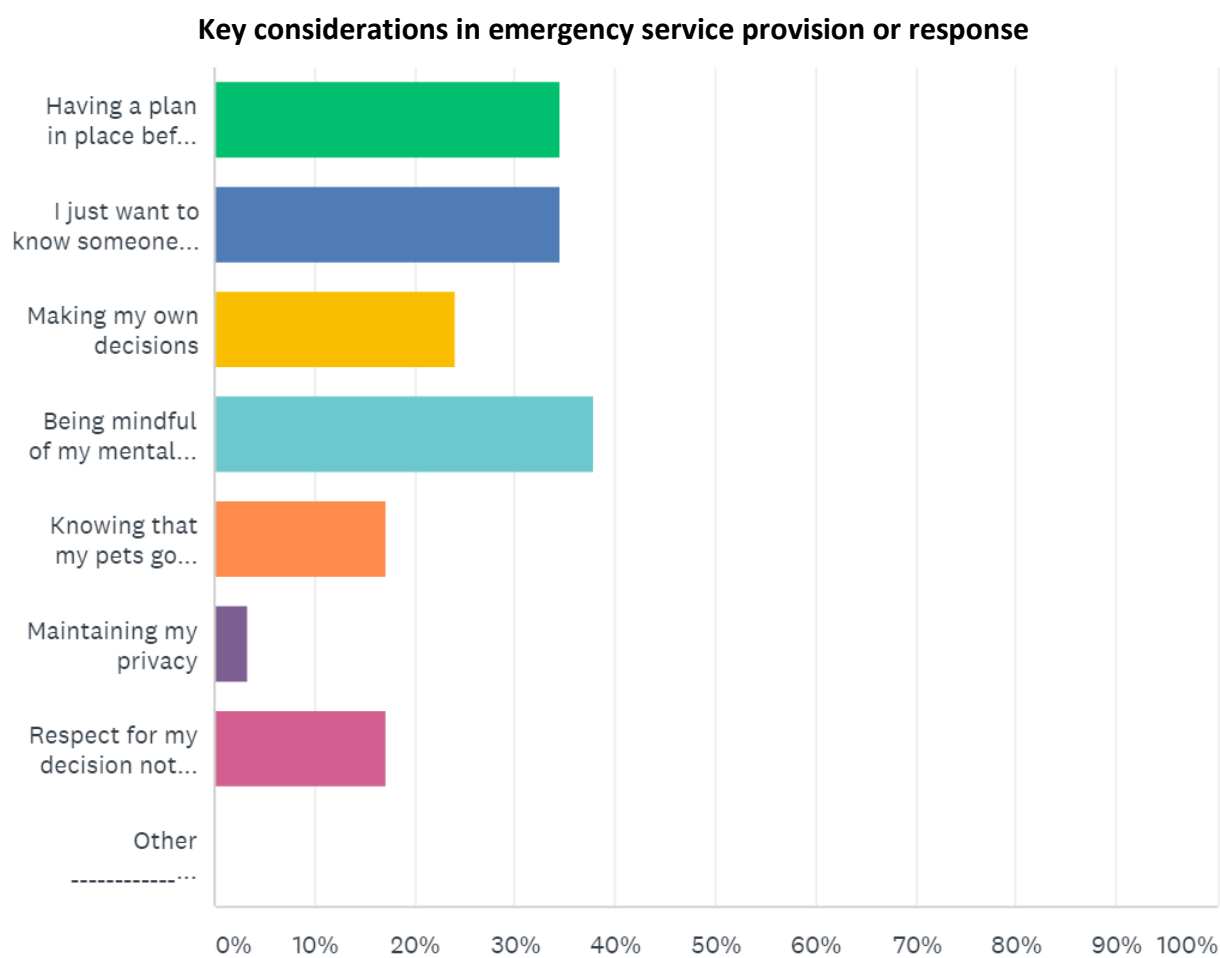**Key considerations in emergency service provision or response**

Figure 3: What is most important to you about how service providers provide support to you in emergency situations. – Tick up to 2

The three interviews with people with experience of emergencies, disasters or extreme weather events identified some key considerations:

- Planning for emergencies, disasters or extreme weather events is usually focussed on the home environment. People need to be encouraged or supported to consider the risks and plan for emergencies when on holidays or away from home.
- Emergency alerts to mobile phones may recommend evacuation, however visitors to the region may have no transportation and no idea where to evacuate to, so repeated alerts particularly at night can be very alarming.
- Workshops and role plays for people who may be at risk in emergencies and their carers could be helpful.
- Service collaboration is important. A consent form to share information in a disaster recovery centre so you can tick the services that you are happy to have your information shared with would be useful. Making people repeat their stories over and over is re-traumatising, as is making people go to multiple locations to access different services.

Service providers

Service providers were asked, "to what extent are you aware of your contractual obligation to clients during or after a natural disaster or extreme weather event?" Across the 19 respondents there was an 80% rate of awareness of their contractual obligations. Most indicated that they did not believe they had any contractual obligations, with the exception of homelessness services supporting people living rough.

In response to the question "To what extent are you aware of any ethical obligation to clients during or after a natural disaster or extreme weather event?" there was a 90% rating. The reason given for not having an ethical obligation related to being a provider of housing rather than personal support services. The highest level of obligation was for those most at risk due to homelessness, or receiving home base care due to high support needs. The survey data showed that 68% of service providers have policies and procedures in place to guide their response in relation to providing services to clients at risk as a result of emergencies, disasters or extreme weather events, with the same number having policies and procedures in place for staff and volunteers.

When asked "To what extent are you aware of how to prepare vulnerable clients or community members for natural disasters or extreme weather events?" a rating of 55% was given. Most respondents with regional services had awareness of how to prepare clients for fire. Some outstanding disability services ensure all clients have an emergency plan, and emergency kits with torches, batteries and relevant paperwork that is updated before each fire season. They put clients into hotel accommodation if their property is at risk from an active fire. The Telecross Redi service is recommended by many of the aged care and disability service providers.

Thirty-two percent of respondents indicated that their service has systems in place to work with clients before disaster or extreme weather events, with the same number indicating they never work with clients on planning or preparation for these events.

Support for clients is more commonly provided during disasters or extreme weather events, with 52% of respondents having systems in place for providing support, and only 5% indicating they never do this work.

After disaster support is provided by 37% of respondents with systems in place to guide that work, with 26% indicating they never provide after disaster support.

An average of 38% of respondents provides support before, during and after a disaster or extreme weather event rarely or in an ad-hoc manner.

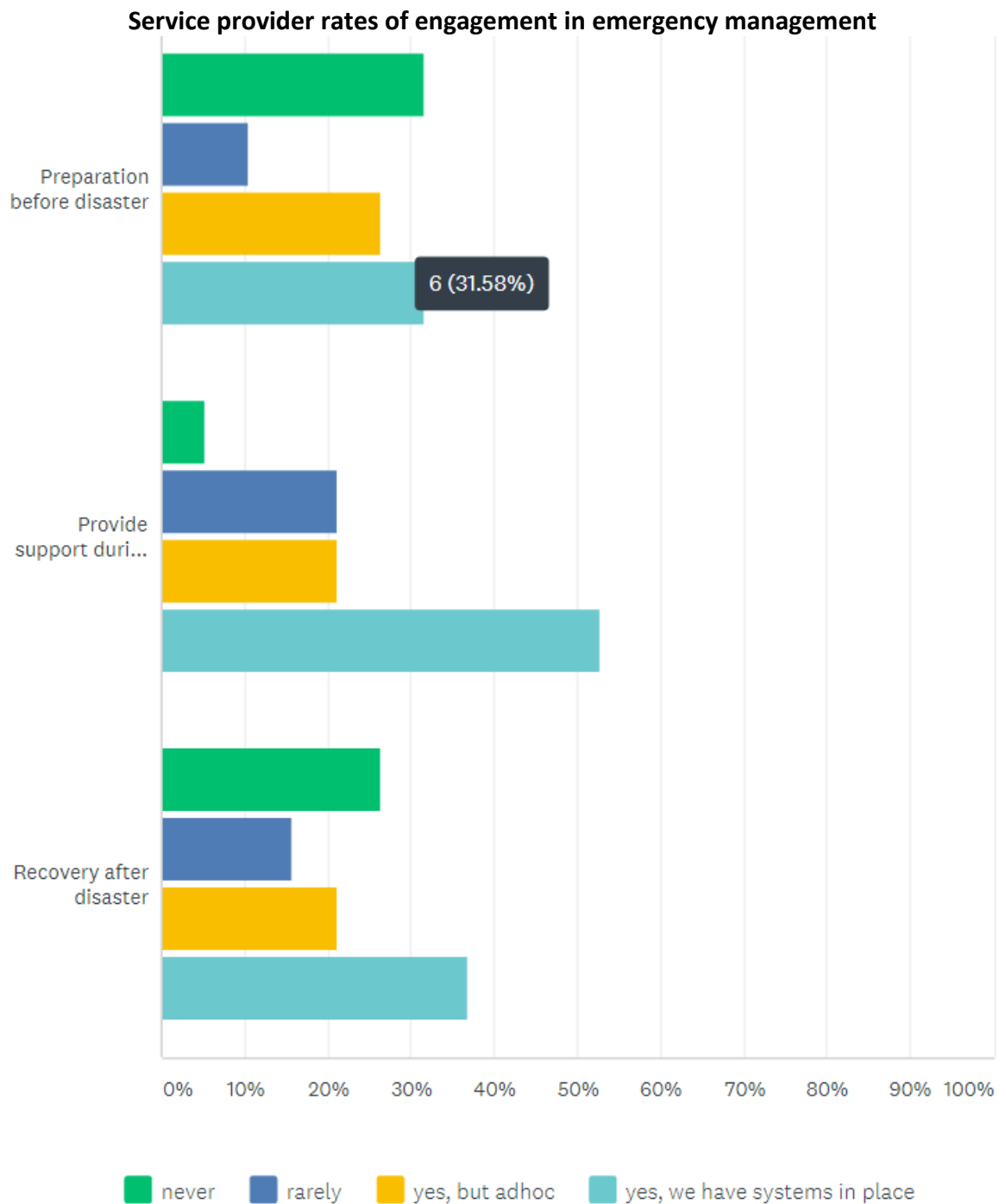**Service provider rates of engagement in emergency management**

Figure 4: To what extent does your service work with clients to address disaster or extreme weather events?

There is a very low rate of collaboration before during or after disasters or extreme weather events, with 47% indicating no collaboration before or after disasters and 26% not collaborating with any other services during a disaster. Community service clubs and volunteer groups did not feature amongst the organisations that service providers collaborate with.

53% of participating service providers collaborates with other NGOs, emergency or state services or both before a disaster, 74% during a disaster and 53% after disasters.

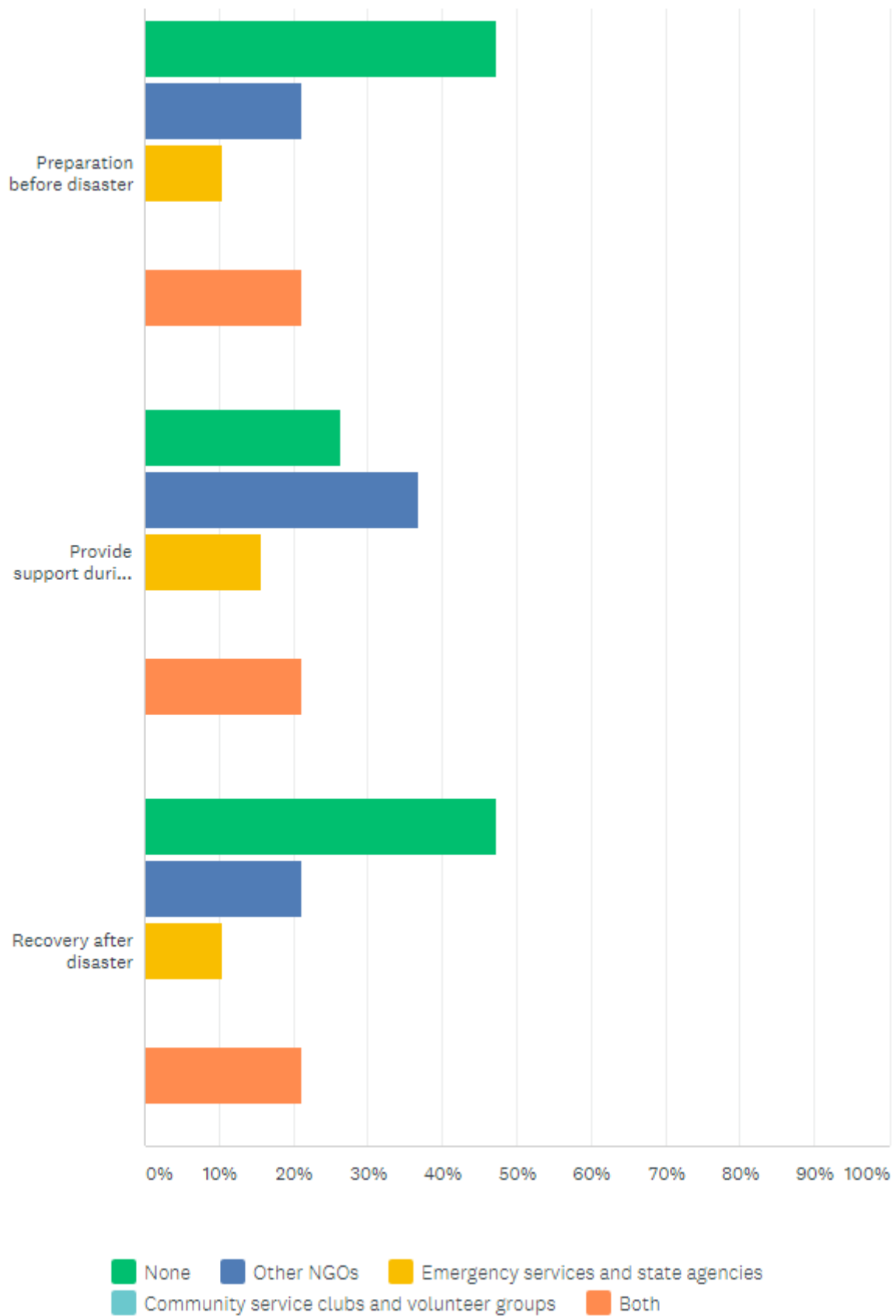**Service provider collaboration before, during and after disasters**

Figure 5: What other service types do you collaborate with to address the safety of vulnerable community members or clients in regard to natural disasters or extreme weather events?

Organisations were asked "What tools or resources would make it easier for you to incorporate disaster preparation, response and resilience into your everyday business"? There were a variety of responses, with the most popular being:

- A website with all the relevant information and resources in one place (61%)
- Guidelines for similar service types (56%)
- Templates (policy, business planning, intake forms etc) (44%)
- Planning tools (emergency planning) (44%)
- A network of organisations they could meet with before peak disaster seasons (44%). This item was particularly favoured by organisations working in regional areas.

The other tools identified by respondents as being useful included:

- SMS messaging campaign (4 respondents)
- Government program providing solar panels on public/ community housing in exchange for organisations providing air conditioners (3 respondents)
- Improved cooling and energy efficient housing for the sector
- Interest free loans to install sprinklers in/on roofs
- Staff education
- Money to Red Cross so they can provide a coordination role and administrative response
- List of vulnerable people in specific regions
- Networking across the homeless sector to learn what others are doing
- Mapping program that that enables organisations to overlay client locations with CFS/ SES mapping and automatically alerts clients in a high risk region
- Assessment tool to be used nationally to categorise people at risk
- Apps that are useful and don't steal data
- Directive from funders and resources to do this work
- Access to information resources to build campaign materials for Aboriginal communities.

Tools to support service provider engagement in disaster preparation, response and resilience
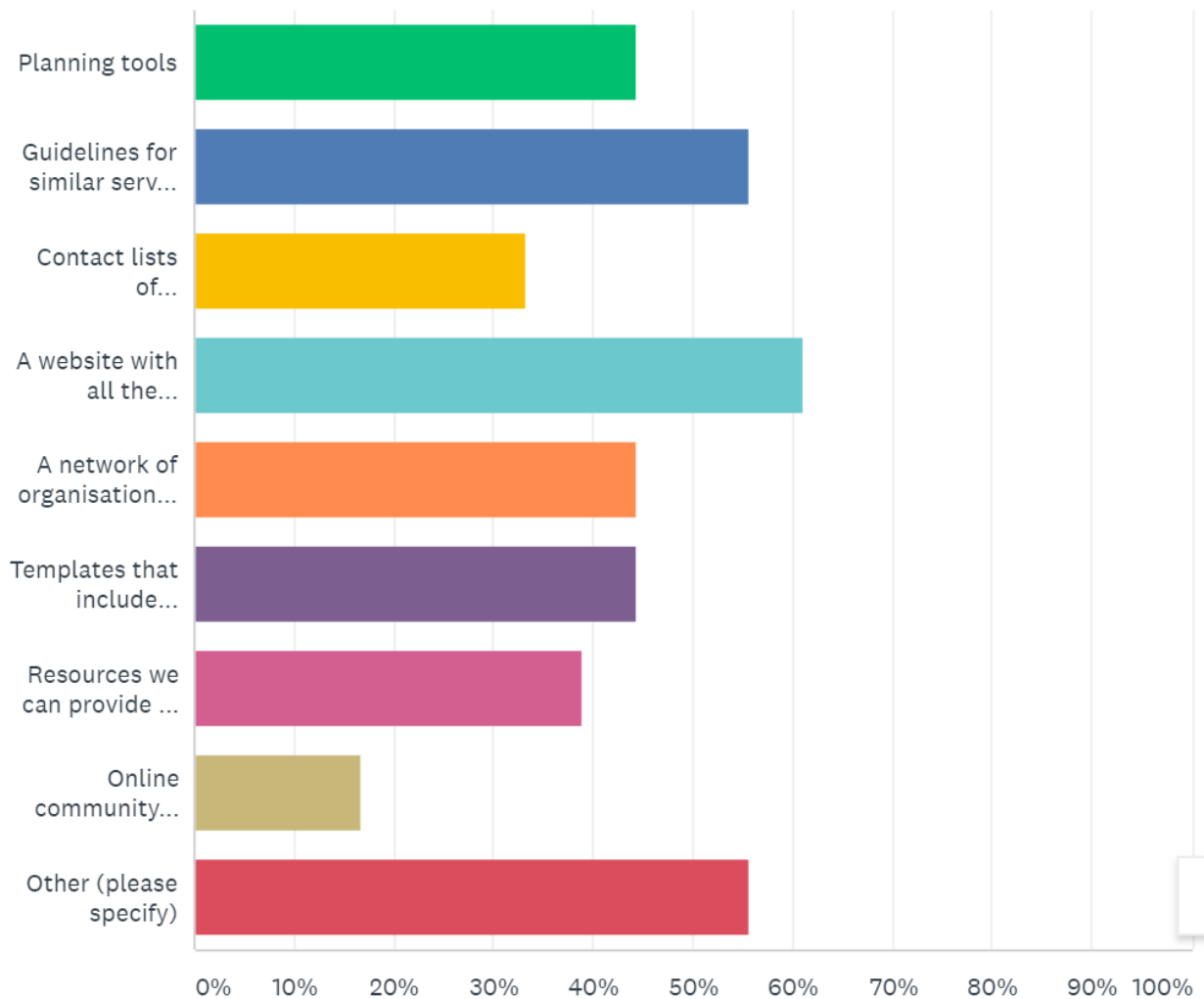

Figure 6: What tools or resources would make it easier for you to incorporate disaster preparation, response and resilience into your everyday business?

There was a willingness indicated by 89% of service provider respondents to trial or provide feedback on any tools or resources developed through the project.

Consumer Representative Bodies

Consumer representative bodies were asked "to what extent are you aware of your contractual obligation to clients during or after a natural disaster or extreme weather event?" Across the 10 respondents there was a 72% rate of awareness of their contractual obligations. Most indicated that they did not believe they had any contractual obligations.

In response to the question "To what extent are you aware of any ethical obligation to clients during or after a natural disaster or extreme weather event?" there was a 20% rating. The reasons given for not having an ethical obligation related to having not considered their role in disaster management, due to being providers of information rather than being involved in direct service delivery.

Only 20% of consumer representative bodies have policies or procedures in place to guide their response in relation to providing services to clients at risk as a result of emergencies, disasters or

extreme weather events, with 40% having policies and procedures in place for staff and volunteers.

When asked "To what extent are you aware of how to prepare vulnerable clients or community members for natural disasters or extreme weather events?" a rating of 35% was given. Generally the level of preparation is related to information provision through newsletters and recommending use of Telecross Redi.

Twenty percent of respondents indicated that their service has systems in place to work with clients before emergencies, disasters or extreme weather events; 50% indicated they never work with clients on planning or preparation for these events.

Support for clients is even less commonly provided during disasters or extreme weather events, with 20% of respondents having systems in place for providing support, and 60% indicating they never do this work.

None of the participating service providers have systems in place to provide support after emergencies, disasters or extreme weather events, and 26% of service providers indicated they never provide after disaster support.

An average of 38% of respondents rarely provide support before, during and after a disaster or extreme weather event or do so in an ad hoc manner.

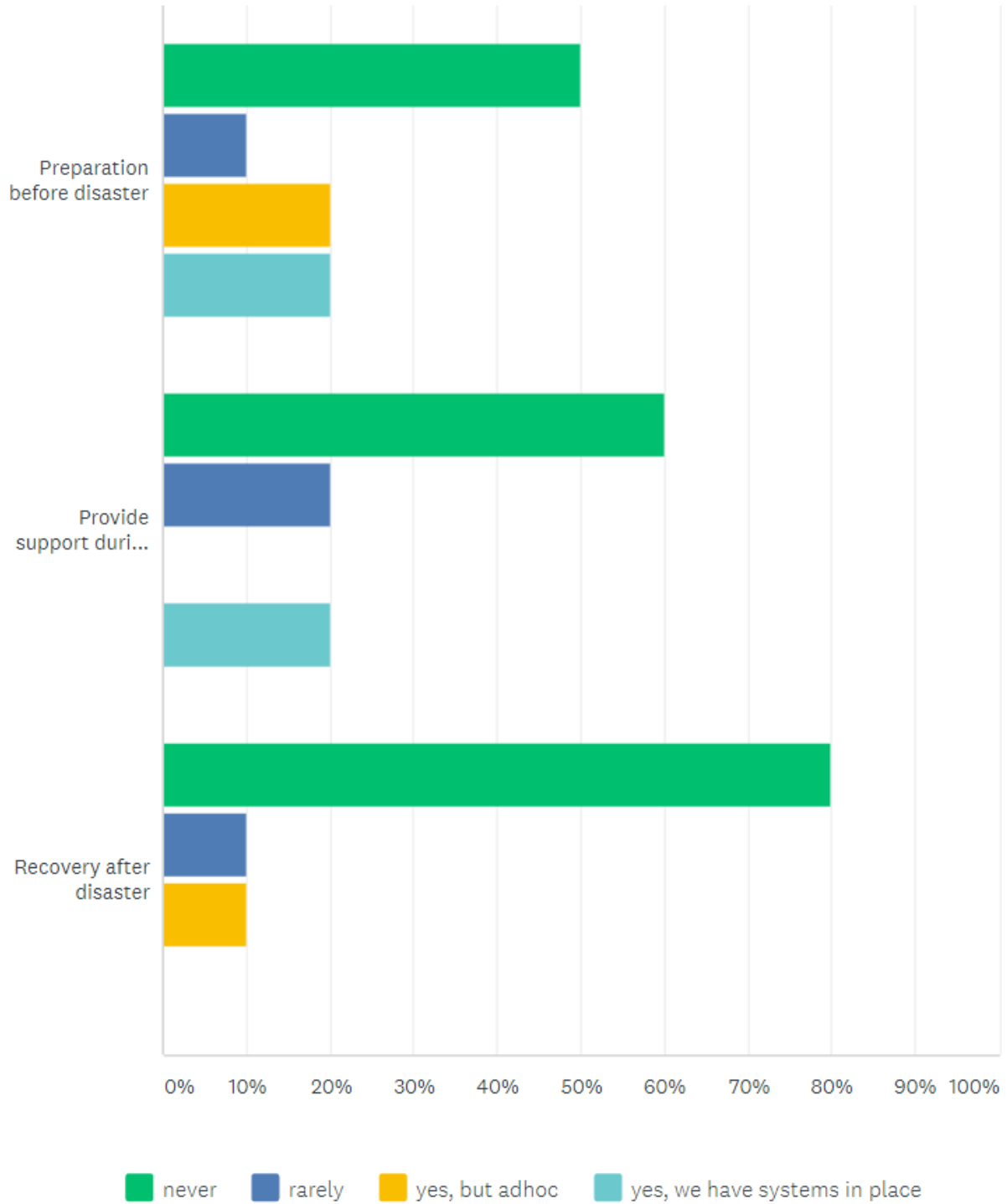**Extent of consumer representative bodies addressing disaster or extreme weather**

Figure 7: To what extent does your service work with clients to address disaster or extreme weather events?

There is very little collaboration around disasters or extreme weather events. Respondents indicated they collaborated with no other services (60%), during (80%) or after (80%) a disaster or extreme weather event.

Consumer representative body rate of collaboration in disasters or extreme weather events
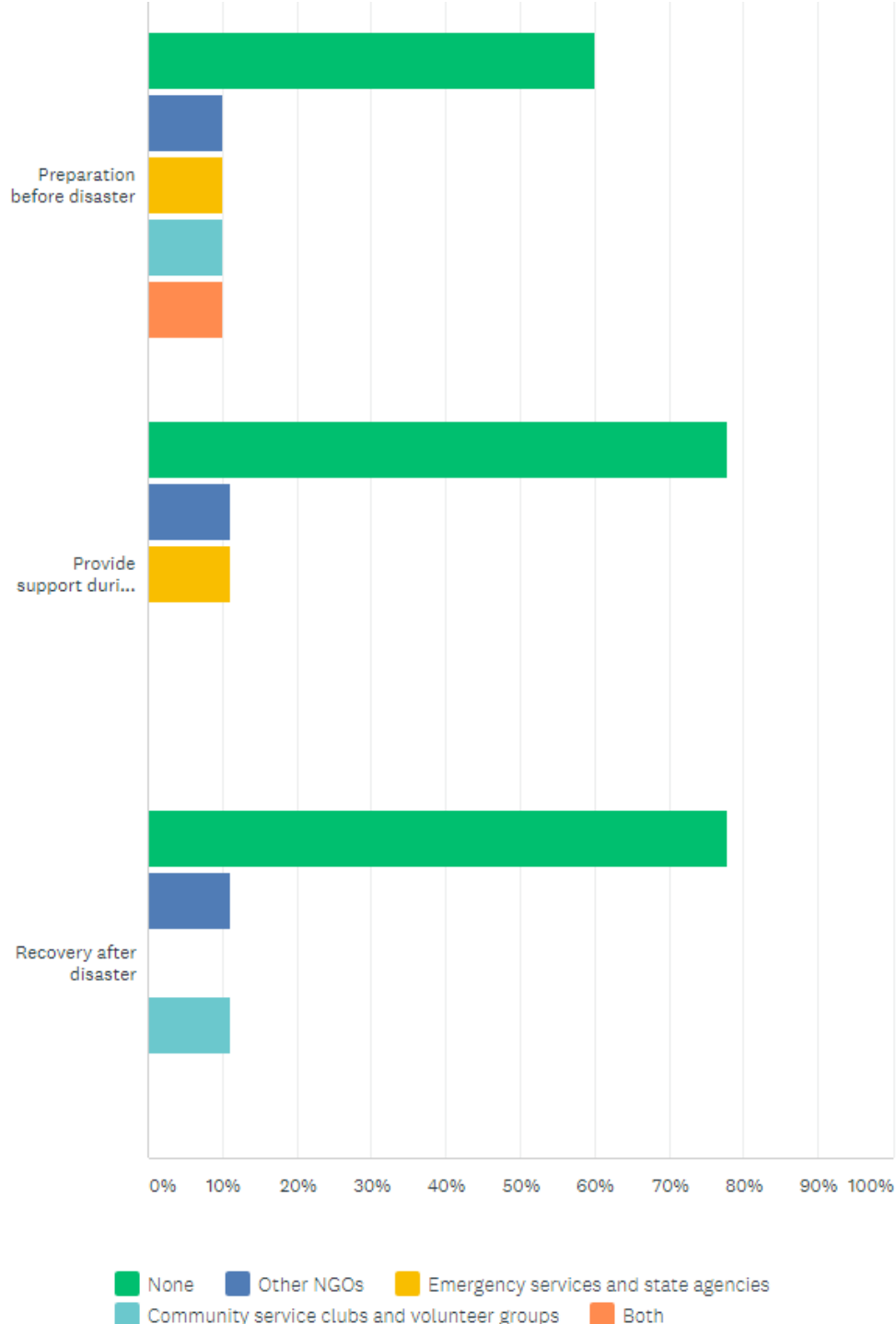

Figure 8: What other service types do you collaborate with to address the safety of vulnerable community members or clients in regard to natural disasters or extreme weather events?

Organisations were asked "What tools or resources would make it easier for you to incorporate disaster preparation, response and resilience into your everyday business?" There were a variety of responses, with the most popular being:

- A website with all the relevant information and resources in one place (67%)
- Planning tools (emergency planning) (56%)
- Resources we can provide to clients (56%)

The other tools identified by respondents as being useful included:

- Text message campaign and warnings (6 respondents)
- Policy regarding medication management in relief centres
- Air purifiers and oxygen supplies in relief centres
- Policy guidelines
- Contractual measures
- Auslan translators for public service announcements and warnings

Tools to support Consumer representative body engagement in disaster preparation, response and resilience
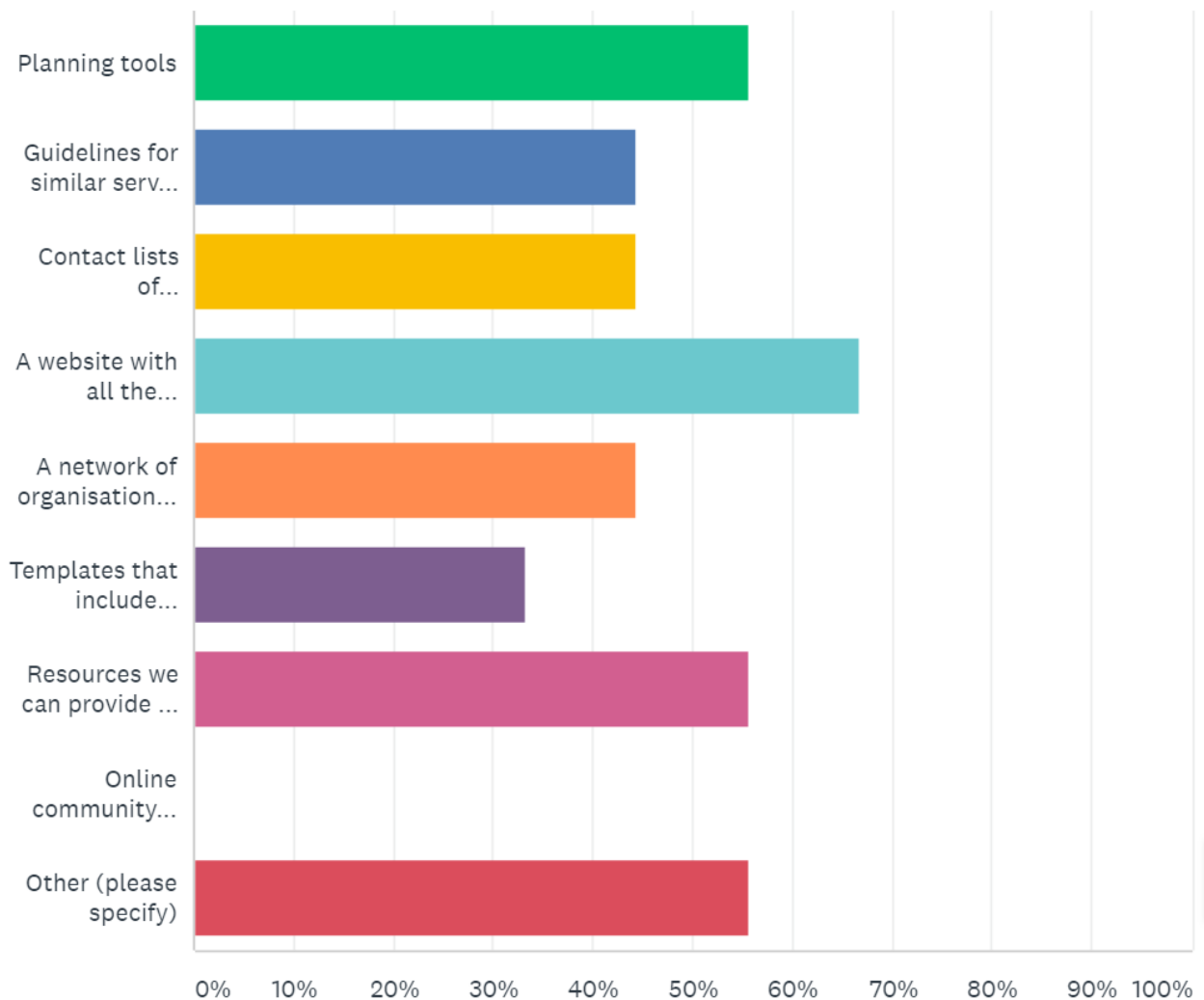

Figure 9: What tools or resources would make it easier for you to incorporate disaster preparation, response and resilience into your everyday business?

Peak Bodies

When asked whether they believed member organisations had a contractual obligation to support clients during or after a disaster, 83% of respondents said no, however 66% said they do have an ethical obligation. It was believed by 83% of respondents that service provider organisations have a role to play in preparing their clients for disaster to minimise any negative impact of emergencies, disasters or extreme weather events.

None of the peak bodies currently provide any support, guidance or education to member organisations to build their awareness or capacity to take a planned approach to responding to natural disasters or extreme weather events. Aged and Community Services undertook a large piece of work in partnership with SA Health a number of years ago to prepare hospitals and residential aged care facilities for disasters, and the Code Red/Blue system was developed by SA Housing Authority in partnership with service providers to address the needs of people sleeping rough. No other sectors have addressed disaster resilience in a broad, strategic or collaborative manner.

None of the peaks believed that their member organisations would have systems in place for preparing clients before disasters or extreme weather events and then supporting them during and afterwards, but thought that any engagement in disasters would be ad hoc.

A variety of tools were identified as being useful to build the capacity of the sector to engage in emergency preparation and support roles with their clients.

Tools to support peak body engagement in disaster preparation, response and resilience
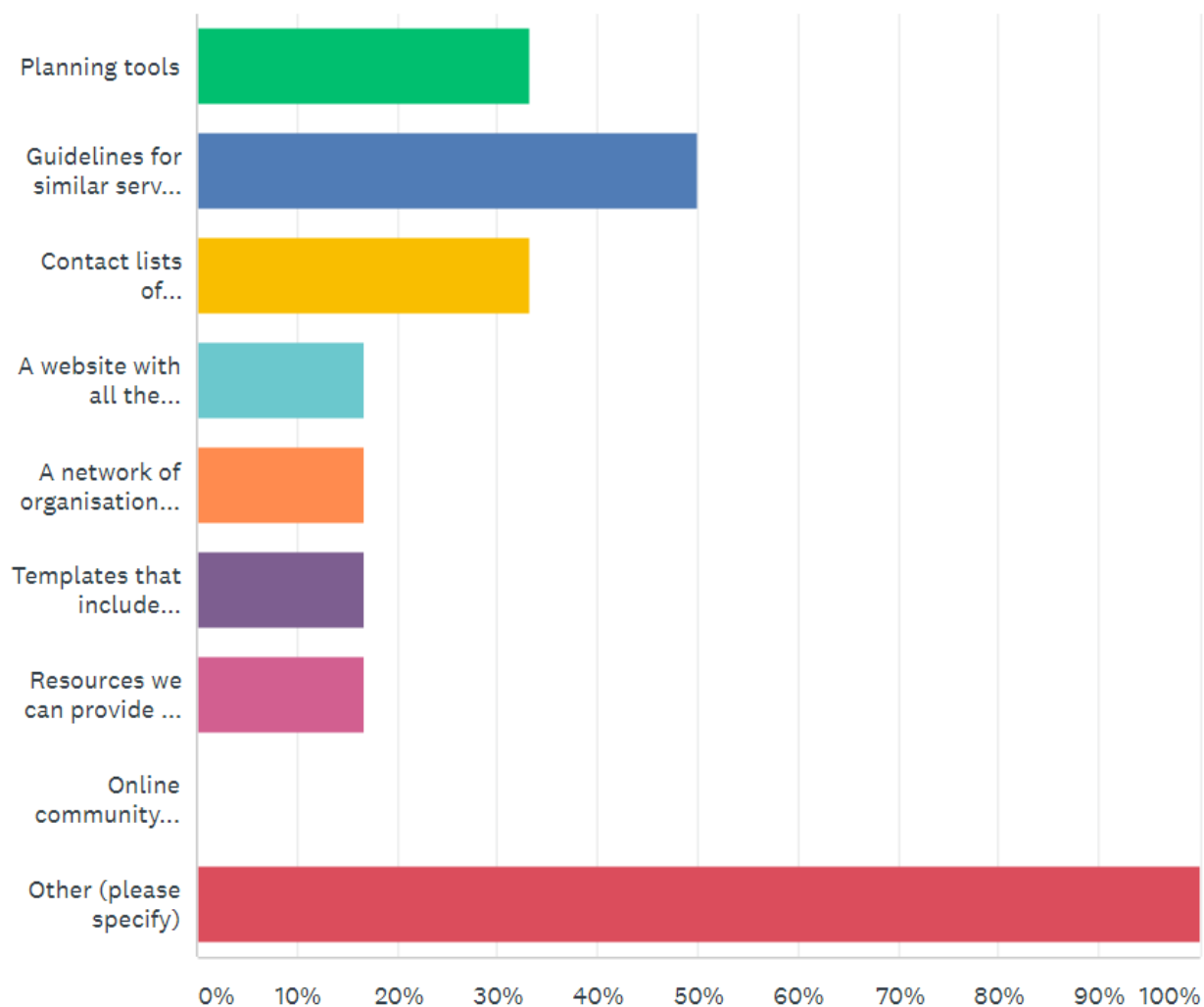

Figure 10: What tools or resources would make it easier for your sector to incorporate disaster preparation, response and resilience into everyday business?

- SMS messaging campaign and warnings (5 respondents)
- Education for staff on identifying or assessing risk and disaster planning (3 respondents)
- Help with bushfire plans for individuals and local areas (local collaboration) (2 respondents)
- Identifying risks specific to the mental health sector
- Vulnerable persons register
- Education for boards and executives
- Start the conversations, terminology and definitions – disaster/emergency/extreme weather event
- Questions on intake forms to identify if clients have an emergency plan and to consent to sharing their information in emergency situations
- Government or treasury should be funding this work
- There should be accreditation requirements relating to preparing and supporting clients for disasters or extreme weather events

Funders

Most of the funders do not refer to disasters or weather events in their service agreements, and have no expectations that service providers will provide services relating to their client's needs as they relate to weather related disasters or emergencies.

SA Housing Authority provide the highest level of expectation, as they fund the Code Red/Blue program to meet the needs of homeless people sleeping rough in extreme weather conditions. They also expect services to prioritise the needs of the people most at risk, and this includes people at risk from the weather conditions.

The Department of Health does have expectations of the aged care sector relating to emergency management with a focus on continuity of service. There is a requirement for people with Continuity of Support Individual Support Packages, that the service agreement should outline emergency support arrangements, including arrangements for emergency support outside of business hours. The emergency situations referred to may include the service being unable to continue providing care for the client, client exhibiting challenging behaviour, clients' primary carer being temporarily unable to care for the client, service cancellation or support worker not turning up, and extreme weather events. There are no directions or recommendations about how to deliver these requirements to an acceptable standard.

Other stakeholders

Aged Care Quality and Safety Commission

To seek further clarity on the roles of home care providers in the aged care sector, the Senior Project Officer met with the Aged Care Quality and Safety Commission to find out what acceptable or good practice would look like in relation to emergency management. They indicated that Standard 8: Organisational Governance was the most relevant standard, but admitted that it was not always assessed in detail regarding risk systems at an individual client level, particularly given the move towards consumer choice rather than being prescriptive. They admitted that more work needed to be done in this area and offered to follow up with aged care peak bodies in South Australia and interstate colleagues.

NDIS Safety and Quality Commission

The NDIS Safety and Quality Commission indicated that emergency planning and management are not recognised as being directly related to a person's disability, so therefore is generally not funded or expected of service providers. Providers are however, expected to reduce, minimise and eliminate harm to the participant. Regardless of this, they did not expect that NDIS funds would be used to make any home modifications such as clearing the property, sprinkler systems etc as they are not considered to be directly related to the person's disability. This perspective was challenged as it may be the persons' disability that prevents them from being able to evacuate independently from an emergency in a standard motor vehicle.

There are registered and unregistered providers of NDIS services. Unregistered providers are often family members providing support so there is less expectation that they will have systems and standards in place compared to registered providers. The higher standards required for ensuring staff safety include:

- Organisations or individuals providing outreach are required to create risk assessments for their own safety
- Risk assessing the homes of clients. Where the home is a workplace (24 hour support, or daily support) there is an office space created for staff
- As a workplace, the home has to meet higher work, health and safety standards

Local Government Association (LGA)

Local government was acknowledged as playing a significant role during and after disasters. Meeting with the LGA clarified four key messages:

- Councils know their communities
- Councils are not service providers (most)
- People at risk are not the core business of councils
- Councils have protocols to support the control agencies

The role of councils before disasters is to implement the building code, share information about risk and risk management, enforce management of vegetation and participate in Zone Emergency Management Committees.

During disasters councils provide a support role to the control agencies: close roads, make fire breaks, communication support, welfare checks or calls (for those still in service provision), and

attend to logistical issues with trees, footpaths and roads. Councils may also choose to open libraries, community centres and pools for longer hours in extremely hot weather.

After disasters, councils may move to a leadership role: recover own assets and services, set up community recovery, undertake community development and engagement.

Local Government Community Services Managers Network

The geographical size, population size and diversity, and sociodemographic of every council is quite different. Some councils provide direct services in aged care, disability and homelessness, while other councils have withdrawn from all direct service delivery. Council responses to the needs of their communities will have different needs and expectations. This means that some councils feel that they may be obligated to do more than is indicated by the LGA.

Before a disaster, some councils are participating in Code Red/Blue and delivering homelessness programs, they refer people to the TeleCross Redi service, check on people who may be isolated, work with particular communities to develop community emergency plans, and provide information about how to be bushfire ready.

After a disaster, some councils take on quite a strong advocacy role. One example was of a number of homes that were flooded and found that their insurance premiums were increased by 600%. Council lobbied the state government who then lobbied the insurance providers, resulting in a much more modest increase in premiums.

Network representatives indicated it can be difficult for councils to understand at what point the state government will declare a disaster and bring in state government support rather than a localised incident with council expected to coordinate support, or an incident effecting only a couple of properties with residents expected to look after their own needs.

Volunteering SA

Volunteering SA&NT play an important role of managing spontaneous volunteers through their website and a call centre. Some of this role is funded, but many of the costs of the call centre have to be absorbed by the organisation.

Volunteering SA&NT could see value in:
- documenting the rights and responsibilities of volunteers in emergencies
- a human resource to support organisations to develop and implement policies regarding emergency management for clients, staff and volunteers
- making emergency management a funded deliverable in service agreements.

They would also support board member education about the importance of considering the risk implications associated with their approach to supporting clients before, during and after disasters or extreme weather events.

Australian Services Union (ASU)

Recently, the ASU has completed some work with its members in the community service sector on heat and extreme weather. Their survey of 66 members found that 74% believed their workplace has a heat policy, but only 58% believed the policy was followed or enforced during extreme heat. 74% of respondents indicated that extreme heat increases pressure on their workplace, with 82%

indicating they are supported to modify activities with clients to avoid being outdoors in extreme heat. They are noticing the following impacts of extreme heat for their clients:
- Increased seizure risk
- Sunburn
- Lethargy
- Missing appointments which can impede recovery
- Increased isolation
- One person experienced the death of a client due to a combination of poor health, medication and extreme heat
- Lack of services which are cancelled due to heat
- Increased anger and mood changes
- Heat stroke
- Dehydration

The ASU members also acknowledged the poor quality of housing their clients live in, with no or poor insulation, heating or cooling.

Australian Association of Social Workers (AASW)
AASW completed the service provider survey at the SACOSS Policy Council meeting.
The organisation has recognised climate change is the greatest challenge that we face and have declared a climate emergency.

Social workers work with communities who are hardest hit by climate change and appreciate that while climate change is affecting the entire population, the social, health and economic burden is falling most heavily on already vulnerable people. Their members provide support to affected communities particularly during and after disasters or extreme weather events.

Office for the Chief Psychiatrist (OCP)
The OCP undertook a project for the State Emergency Management Committee in 2018 on the mental health impact of disasters. The project identified that people were confused about navigating services and led to a new landing page on the SA Health website about the three tiers of service.

They would like to see:
- education for providers on the links between climate and mental health, medications and attendance at appointments
- recommendations for good practice
- and access to resources to provide to clients.

They identified pharmacies as a potential touch point for information.

Next steps and recommendations

The next steps and recommendations have been informed by our project consultation. The next steps are considered to be within the scope of the project, while the recommendations fall outside of the scope of the project or are not achievable within the timeline of the project.

Next steps

The next steps will be informed by, and undertaken in collaboration with experts in the emergency management and health and community services sectors:

1. Negotiate with SA Government agencies to identify the most suitable website to host disaster resilience resources for the community services sector.
2. Develop guidelines for similar service types, planning tools, and a range of document templates for organisations and their boards.
3. Collate a list of resources for community members that service providers can refer clients to before, during or after an emergency, disaster or extreme weather event.
4. Investigate options for education for staff and board representatives.
5. Identify options for annual or biannual regional meetings that include emergency services, control agencies and key service providers.
6. Develop good practice case studies.

Recommendations

The following recommendations will be shared with stakeholders in emergency management, health and community services, state and commonwealth government funding providers and regulators, and the energy sector.

1. Develop a disaster resilience toolkit for the health and community services sector
2. SACOSS and/or SA Health further develop the concept of a text message system for communicating health warnings to people at risk and the organisations that support them.
3. Partner with key stakeholders in the development of consumer resources and communication strategies for particular populations (including people living with mental illness, the deaf/blind community and Aboriginal communities).
4. Advocate for funders and regulators to recognise service providers addressing the needs of people at risk before, during and after emergencies, disasters or extreme weather events.
5. Advocate for innovative funding options or resources to enable housing providers to make public, community or social housing more energy efficient.
6. Advocate for the broadening of the Medical Heating and Cooling Concession to be available for people living with physical or mental health conditions, people who take medications that interfere with their ability to regulate body temperature and/or those whose health significantly deteriorates in extreme heat or other weather conditions (such as ME/CFS – chronic fatigue, or those on antipsychotic medications).
7. Identify, develop or promote a comprehensive risk assessment form that addresses a person's exposure, sensitivity and adaptive capacity to cope with relevant emergencies, disasters or extreme weather events.

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