PUTTING THE PUZZLE TOGETHER: REDUCING VULNERABILITY THROUGH PEOPLE-FOCUSED PLANNING

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Supporting and integrating vulnerable persons into emergency management has emerged as an increasing priority in emergency management in Canada. Events such as the 2003 European heat wave and Hurricane Katrina have shown that disasters almost always have the harshest affects on the frail elderly, people with disabilities, the disadvantaged and the least able. While it is neither possible—nor the role of emergency management—to eliminate or reduce many factors that make people vulnerable to hazards, it is important that emergency managers work closely with communities to not only identify risks and vulnerabilities, but also to build on the resources and capacities that enable people to effectively prepare for, respond to and recover from threats of all types. To this end, emergency management must take into account the level of capacities and resources that a community has to prepare for emergencies and disasters, in addition to people's vulnerabilities to extreme events. To be successful, people must be viewed not as a part of the problem to be solved or managed during an emergency, but rather a part of the solution to building more resilient and disaster-resistant societies. This requires ‘people-focused’ planning methodologies that move beyond planning for to planning with all segments of society, including the most vulnerable and marginalised groups that are more readily overlooked. This not only begins to ensure that emergency planning and response capacities can effectively address the diverse needs of all people, but is also an important step to empowering the most vulnerable to prepare themselves for emergencies and other critical events.

Supporting and integrating vulnerable persons into emergency preparedness and response activities has emerged as an increasing priority in emergency management in Canada. Events such as the 2003 European heat wave and Hurricane Katrina have shown that disasters almost always have the harshest affects on the elderly, people with disabilities, the disadvantaged and the least able. In France in 2003, 70% of the 14,800 heat wave deaths were people over 75 y of age. In New Orleans, 73% of the Hurricane Katrina-related deaths were among persons aged 60 and over, although they comprised only 15% of the city's population.

Quarantelli has observed that ‘a disaster is not a physical happening, it is a social event’. Over the past 25 years, there has emerged a recognition that people's vulnerability to disasters is essentially a social and community construct. That is, it is the very conditions that limit the ability of people to cope and adapt to the demands of daily life (such as poverty, social and economic marginalisation) that also make them vulnerable to the affects of disasters. To this point, Lindsay has written, ‘[t]he potential for a downward spiral is at the heart of vulnerability—the most vulnerable people in a disaster are also the most vulnerable people in the society. Their inability to meet all their own needs in a disaster, or even to access the supports provided to the population, is driven by their inability to access resources on a day-to-day basis’. Similarly, Enarson and Walsh observed that the factors enabling people to resist the shocks of everyday life relate closely to those that promote disaster resilience, leading to the conclusion that reducing or addressing social vulnerability in emergency management poses essentially the same challenges as promoting health and well-being in sustainable communities.

It is important, however, to acknowledge that even the most vulnerable groups in society retain critical capacities that can be harnessed to increase their resilience, defined here by Resiliency Canada as ‘the capability of individuals and systems (families, groups and communities) to cope with significant adversity or stress in ways that are not only effective, but also tend to result in an increased ability to constructively respond to future adversity’. In their hallmark work, Rising from the Ashes: Development Strategies in Times of Disaster, Anderson and Woodrow observed that even the most marginalised peoples retain important social/organisational and motivational/attitudinal attributes that determine their capacity to plan for and adjust to crises of all types. People and communities struck by disasters are neither helpless nor passive recipients of assistance. Rather, they should be regarded as active partners in emergency preparedness and planning, having the knowledge and skills to plan and act on their own behalf in ways that will strengthen their communities at all levels.

At its simplest, the purpose of emergency management is to assist communities to prepare for

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unexpected and sometimes overwhelming events that threaten people's well-being (be this physical, economic, social and/or emotional). It is neither possible—nor the role of emergency management—to eliminate or reduce many factors that make people vulnerable to hazards. However, it is important that emergency managers and decision-makers work closely with communities, not only to identify risks and vulnerabilities but also to build on the resources and capacities that enable people to effectively prepare for, respond to and recover from threats of all types. Good emergency management recognises that engaging communities is critical to raising people's awareness of hazards and risks, identifying resources that may be mobilised during a disaster and building partnerships to ensure a coordinated and collaborative response capacity. In this sense, emergency preparedness is only as strong as the community it supports. Similarly, to the extent that it engages stakeholders, it may either intensify people's vulnerabilities to existing hazards or strengthen their capacity to plan and act on their own behalf.

To this end, it is fundamental that people be viewed not as a part of the problem to be solved or managed during an emergency, but rather as part of the solution to building more resilient and disaster-resistant societies. This requires ‘people-focused’ planning methodologies that move beyond planning for to planning with all segments of society, including the most vulnerable and marginalised groups that may be overlooked as planning partners. As outlined in the US National Organization on Disability's Guide on the Special Needs of People with Disabilities for Emergency Managers, Planners and Responders,[8] '[the] most effective way to view emergencies through the eyes of people with disabilities is to involve community members with disabilities in the planning and preparation process'.

The capacity of community emergency preparedness organisations to assist more vulnerable persons will reflect on not only the degree to which they are understanding of the diverse needs of community members (including the elderly, people with disabilities, newcomers and so on) but also how the needs of these individuals may change or be heightened in unexpected ways during an extreme event. A critical lesson learned from the US experience is the importance of recognising the diversity and complexity of vulnerability. Until recently, emergency practitioners tended to group at-risk people with disparate needs and varying capacities into a broad special needs category. Groups considered at-risk included but were not limited to the very old, the very young, the poor, people with disabilities, non-English speakers as well as the socially isolated, the seriously ill and single-parent families.[9] Kailes and Enders[10] observed that the clumping of these groups could total more than 50% of the US population, making the definition essentially meaningless. From a planning perspective, Handmer[11] and Parsons and Fulmer[12] noted that the 'special needs' label often fostered stereotypes and planning biases, painting many groups as helpless and dependent on assistance while failing to take into account not only the diverse needs but also the capabilities of these people.

This speaks about the importance of building and maintaining a community-based approach should emergency management effectively integrate vulnerable groups into planning structures and activities. Although emergency management organisations in Canada have long emphasised that emergency preparedness is a shared responsibility that begins with the individual and household, there has been little effort to engage and consult communities in meaningful ways. A 2004 study by Haque et al.[13] of risk communication practices in Canada found that over two-thirds of surveyed emergency management organisations did not specifically target vulnerable groups. Nine of 10 relied on generic written materials (namely websites, brochures and fact sheets) to encourage individual and household preparedness. A 2007 study of voluntary sector organisations conducted on behalf of the Canadian Red Cross, Enarson and Walsh[14] found that only 31% of the surveyed agencies participated in local emergency preparedness committees, although 87% indicated they would be in position to disseminate information and 55% to provide support during a public health emergency. Gilbert’s (unpublished results) research of Canadian emergency managers showed that only about one-half (52%) actively involved vulnerable groups in their planning activities.

Increased attention may also be given to identifying and promoting networks of mutual support and aid. Coping and recovery in the aftermath of disasters is likely to reflect not only the extent to which members of a community have prepared for the potential impacts of an event, but also their ability to access available social, financial and material supports. Generally speaking, the stronger the existing social networks and mutual aid of a community, the more capable and resilient it is[14]. Although it is not the role of emergency management to undertake community development endeavours, it can contribute to more resilient communities by planning with all segments of a community (particularly vulnerable groups) in an inclusive manner that promotes equitable access to information and decision-making. As the Ottawa Charter[15] states:

Health promotion [and resiliency building] works through concrete and effective community action in setting priorities, making
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decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavors and destinies.

From a more practical perspective, community groups and networks can serve as an invaluable partner in providing outreach to and raising awareness among the public, particularly to hard-to-reach or socially invisible groups (for example, frail and isolated seniors, non-English speaking newcomers, the poor and homeless). These groups are often not only the most knowledgeable of the distinct needs of their members (for example, the Canadian National Institute for the Blind would be the most informed about sight impairment populations and their coping skills in everyday crises), but generally have established networks of mutual aid as well as channels of communication through which information can be readily disseminated. Indeed, these relationships can form the basis for a more interactive and holistic system in which the needs and priorities of various groups are effectively voiced and integrated into planning and programming.

This process need not be resource intensive should greater attention be given to developing more collaborative approaches to enhancing community awareness and emergency preparedness. There exists a myriad of community and voluntary agencies and networks that not only support communities, neighbourhoods and social groups during crises, but can also be enlisted to facilitate a more inclusive and informed approach to emergency management planning and programming. In Canada, the voluntary sector includes over 161 000 registered charities and other non-profit organisations, representing a workforce of 1.5 million paid workers and 549 000 full-time equivalent volunteers. This totals over 12% of the economically active population. Vulnerable Canadians rely on these organisations for a range of essential services, with three-quarters (73%) of registered voluntary organisations serving people other than their own members: 46% serve the general public, 23%, children and youth, 11%, the elderly and 8%, people with disabilities.

In 2006, with a financial contribution from the Public Health Agency of Canada, the Canadian Red Cross, in partnership with the Salvation Army and St John Ambulance, launched the Voluntary Sector Project to mobilise the voluntary sector to participate in an emergency response. The objectives of this project included enhancing government and public understanding of the contributions of the voluntary sector to the health and resiliency of Canadians, raising awareness about the risks of health emergencies to organisations within the sector and to the clients they serve, and encouraging voluntary sector organisations to prepare for health emergencies through the development of service-continuity planning tools. One outcome of the project has been the development of the Ready for Crisis website, which offers practical tools to assist community and voluntary sector organisations to disaster-proof their services and their resources. The site features an on-line tutorial for service-continuity planning as well as a readiness survey and a community resiliency handbook to help organisations take inventory of the vital resources they may use to prepare for disasters.

Recent years have seen the development of a multitude of better practice resources that can form the foundation of an informed Canadian strategy to address vulnerable populations. The USA, for example, has developed numerous resources to assist emergency managers to plan for vulnerable groups. These include the Community Planning Toolkit for State Emergency Preparedness Managers, Emergency Evacuation Guide for People with Disabilities, and FEMA’s Comprehensive Preparedness Guide CPG (301). In Canada, a number of provinces have developed tools to address vulnerable populations, including Ontario’s Emergency Preparedness Guide for People with Disabilities/Special Needs and Nova Scotia’s Are you ready? Nova Scotia’s Guide to Disaster Preparedness: Tips for Persons with Disabilities, Tips for Frail or Older Seniors. In British Columbia, recent publications include the Public Safety Education Plan for Vulnerable, At-risk and Multicultural Populations, A Road Map to Emergency Planning for People with Disabilities, Workplace Emergency Planning for Workers with Disabilities and Checklist to Facilitate Health Emergency Planning are At-Risk People. At the federal government level, the Public Health Agency of Canada has collaborated with the World Health Organization to publish Older Persons in Emergencies: An Active Ageing Perspective and Older People in Emergencies: Considerations for Action and Policy Development.

In many respects, the challenge in advancing planning for vulnerable populations in Canada is not a question of access to resources and better practices, but rather a shift and commitment to a more inclusive and informed approach to planning. Planning for vulnerable groups must first and foremost be recognised as a priority – if not mandated – activity for emergency managers at all levels, a situation that is currently lacking in Canada. It is important, however, that the integration and mainstreaming of emergency preparedness planning for vulnerable groups is not reduced to portable awareness-raising and preparedness tools.

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significance in different hazard zones. Equally, communities differ remarkably not only in their capacities to prepare for and respond to hazards but also in the way their members perceive, interpret and respond to risks. As such, there must be flexibility in planning and programming, which cannot be effectively achieved without emphasis on a participatory and consultative approach that accounts for regional and local differences. Moreover, it is only through a strong participatory approach that the voices of the most vulnerable and marginalised groups may be integrated into planning and decision-making processes, thereby initiating a paradigm shift from vulnerability to resiliency.

REFERENCES


