

# Australian Red Cross psychosocial approach to disaster preparedness

Peer reviewed

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## Introduction

Emergencies and disasters have long lasting and profound effects on people’s lives. Not only can these events injure people and cause death and ruin homes, they also have consequences for people’s wellbeing, employment and education; disrupt community networks; destroy landscapes, places and buildings that have meaning; and challenge people’s ontological security. They also effect the goals and aspirations of people and whole communities.

Taking pre-emptive action to build resilience and reduce such negative psychosocial effects can have a positive influence on people’s experiences during and after disasters (Randrianarisoa *et al.* 2021). In this paper, these actions are described as ‘disaster preparedness’.

Preparedness is defined as:

*The knowledge and capacities developed by governments, response and recovery organisations, communities and individuals to effectively anticipate, respond to and recover from the impacts of likely, imminent or current disasters* (UNDRR 2020, n.p.).

Definitions like this and preparedness programming can be problematic as they focus on practical action to help people survive the first 72 hours post-event, after which formal assistance often becomes available (Kohn *et al.* 2012). However, this perspective fails to consider the longer-term psychosocial, financial and physical impacts of disasters on people and communities (Gowan *et al.* 2015).

This paper presents an overview of how Australian Red Cross conceptualises disaster preparedness. This adds to the literature by providing a case study example of how psychosocial preparedness has been operationalised and developed in practice. The theory and research around psychosocial support and adaptive capacities is explained and, in demonstrating how theory is operationalised, we explain the Red Cross approach, including its messaging used to encourage people to take action. The monitoring and evaluation methodology links to and upholds the practice principles and provides evidence to support this approach to preparedness.

## Abstract

Emergency and disaster preparedness is often centred on preparing the physical environment. Moving the emphasis from the physical to the personal, people can be physically and mentally better prepared to face and recover from these events. This paper examines the approach by Australian Red Cross to improve psychosocial preparedness. It outlines how theories of psychosocial support, adaptive capacity and behaviour change are operationalised as well as the evaluation methods used to assess effectiveness.

## The evolution of the unique approach to preparedness

Australian Red Cross provides psychosocial support before, during and after emergencies and disasters, based on the Hobfoll *et al.* (2007) 5 pillars of psychosocial support of safety, calm, self-efficacy, social connection and hope. Since 2007, this work has focused on preparedness actions that strengthen people's psychosocial wellbeing so that they feel safe, calm, connected to others, able to help themselves, can see a positive pathway to recovery and have access to the services and support they need.

When Australian Red Cross established the preparedness program in 2007 the content of existing household preparedness advice was analysed to identify gaps. The advice at the time concentrated on people being informed about hazard risk, making a household plan to guide actions in response to this risk and creating an emergency kit. These actions aligned with surviving the hazard and with an approach to disaster preparedness that had emerged in the 1990s (Kirschenbaum 2006). Where there was advice related to reducing post-disaster affects, it was limited to ensuring adequate insurance coverage and guiding people to make copies of their identity documents (Richardson 2009).

Since that time, Australian Red Cross identified patterns in people's experiences in the recovery stage of severe events and developed actions that could help reduce the longer-term consequences. The lived experiences of people that were prominent included bereavement (associated with the loss of family, friends, colleagues, neighbours and pets), separation during disasters, loss of housing and income and grief associated with loss of family heirlooms. Australian Red Cross developed advice related to planning for potential separation and reunification of family members, alternative short- and long-term accommodation, disruption to income, identification and protection of items of sentimental value as well as planning for pets.

American Red Cross preparedness messaging ('be informed, make a plan, and get a kit') was adopted in Australia with the additional ground-breaking step of 'know your neighbours' (Richardson 2009) to account for the emerging knowledge about the importance of social connection for better preparedness (Nagakawa & Shaw 2004, Paton, Smith & Johnston 2005). The advice was also deliberately hazard-agnostic and recommended that people seek specialist hazard advice from emergency management agencies (Richardson 2009).

To encourage individual and household preparedness actions beyond resource distribution, Australian Red Cross also developed a community education program that included free face-to-face information sessions delivered by volunteers and the provision of RediPlan booklets in local councils across Australia. To understand the effect of these sessions, a self-report survey from program participants in South Australia and Western Australia was administered before, immediately after and 3 months after each program. This feedback showed that 98.5% of respondents felt more prepared to deal with an emergency and 89% planned to take preparedness action. Three

months after the sessions, 81% of respondents had taken action to increase their community connections and 56% had written down important phone numbers and swapped numbers with neighbours (Australian Red Cross 2015).

In 2010, Australian Red Cross introduced the psychological preparedness AIM technique to its preparedness program (Morrissey & Reser 2003). This technique helps people anticipate what challenges they may face, identify how they may react to these challenges or threats and put plans in place to manage those challenges.

In 2014, Australian Red Cross commenced its annual disaster preparedness awareness campaigns. These were broad-based media campaigns with localised activations for volunteers to conduct within their community. In addition to this, Australian Red Cross offered capacity-building workshops to community service providers and carers who worked with people with disability, the elderly or people who were socially isolated.

A review of Australian Red Cross preparedness resources and its program in 2014 showed opportunity to explore other delivery channels, use a range of formats for resources, address a potential gap in the sector working with children and leverage the popularity of face-to-face engagement models in prompting people to take action. Face-to-face engagement allowed for the tailoring of information to suit the audience, adapting content to local contexts and prompted people to assess their own risks and capacities. The group dynamic allowed people to hear how others may have addressed the risk in their lives before, during and after an emergency.

The RediPlan resource document was updated and reorganised with greater use of iconography to deliver messages. 'Prepare your mind' became the starting point. The content for 'Know your neighbour' was also moved to precede 'Getting an emergency kit' to highlight its importance. The resources and program were updated to reflect 4 key messages:

- Get in the know
- Get connected
- Get organised
- Get packing.

The updated resources presented a person-centred approach to self-assessments of people's capacity and capability to deal with emergency events and directed people to advice in the booklet on how to build capacity. The language used was positively framed to encourage self-efficacy and reduce fear to motivate people to prepare (see Paton 2019).

The review also identified a need to adopt a behaviour-change approach to community engagement. As a result, Paton's (2018) Critical Awareness Theory and Prochaska and DiClemente's (1983) well-known Stages of Change Model were adapted to guide this work and be incorporated into the program. Linking to the work of Prochaska and DiClemente (1983), Paton's (2019) theory proposes there are 3 stages a person goes through psychologically to prepare for disaster: motivation, forming intention and taking action. Within those stages, enabling conditions that help people move through to the next stage

include high frequency of local discussion about the threat, high anxiety about the threat and realistic perception of risk.

To address the potential gap in the sector in working with children, an international pilot of the Pillowcase Project was undertaken in 2015. This project was a US school-based preparedness education program emphasising psychosocial preparedness. The project was adapted for the Australian context. The interactive activities were designed to help students aged 8–10 understand and discuss the importance of being prepared; how to prepare their mind for the thoughts and feelings that may arise before, during and after an emergency; how to know what to pack in an emergency kit and how they could be positive change agents in their community (McNeill & Ronan 2017). This program is a key offering in the Australian Red Cross preparedness program.

Australian Red Cross has examined and expanded its work at a community level to encourage communities to take preparedness actions to improve the collective resilience to disruptive events. Factors like participation (Paton 2013), a sense of belonging (Thornley *et al.* 2015), collective efficacy (Paton & Johnston 2011) and social infrastructure have significant influence on people's psychosocial wellbeing and recovery and warrant further investigation.

## A psychosocial approach to preparedness

The term 'psychosocial' refers to the dynamic relationship between the psychological and social dimension of a person. The psychological dimension includes internal, emotional, thought processes, feelings and reactions. The social dimension includes relationships, family and community networks, social values and cultural practices (IFRC 2014). Hence, the term 'psychosocial preparedness' is applied to the Australian Red Cross approach to preparedness. Psychosocial preparedness refers to the practical, psychological and social actions a person takes to prepare for an emergency. These actions include acquiring knowledge about their threat environment; building their skills and capacity to take care of themselves and others, both psychologically and practically; and increasing their social capital (Australian Red Cross 2016). It should be noted that the psychosocial approach developed by Australian Red Cross is broader than implied by the individual concept of psychological preparedness discussed by researchers such as Boylan and Lawrence (2020) and Every *et al.* (2019), in that it incorporates the important role of social and community relationships and connections.

The broad suite of Australian Red Cross preparedness messaging and actions, linked to the Hobfoll *et al.* (2007) 5 pillars of psychosocial support are shown in Table 1. Viewing preparedness in this way links preparedness and recovery.

## Targeting action with a capacity approach

Many preparedness programs use a deficit-based approach when targeting work in community. Groups of 'vulnerable' people

are identified around demographic categories, for example, age, ability, ethnicity and gender. Australian Red Cross takes a capacities approach, in that all people have capacity and are the experts on their circumstances. Factors within and outside of their control can result in reduced capacity to manage the effects of a severe event. Other people can have greater capacity and are able to adapt to a changed situation (Richardson 2014).

To help with targeting, Australian Red Cross draws on the adaptive capacities described by Norris *et al.* (2008), which are grouped into 4 areas of wellbeing, knowledge, security and connection (Richardson 2014). Wellbeing refers to a person's health and quality of life, including their psychological coping ability. Knowledge relates to having access to appropriate information, communal knowledge and local and traditional wisdom in respect to hazard risk profiles and risk mitigation strategies. Security relates to having adequate shelter, personal safety and the capacity to maintain financial protection of people or a household's assets and livelihoods (Richardson 2014). Connection relates to the amount of support people can draw on to achieve goals or shared objectives. This can be through formal or informal links such as family, friends, local groups and colleagues. It also relates to a connection to place (Baker 2011, Bishop *et al.* 2000, Bihari & Ryan 2012, Proudley 2013) and, in Australia, to Country (Williamson, Weir & Cavanagh 2020).

The idea of connection as links between people is commonly referred to as social capital, or the network of relationships that exist between people and communities that allow them to function collectively, share norms and exchange information (Putnam 2000). Social capital has a strong positive correlation with resilience, disaster outcomes and disaster recovery (Aldrich & Kyota 2017, Nagakawa & Shaw 2004). People with strong social capital are likely to cope and recover faster from upheavals than those with weaker social capital. People and communities with deeper reserves of social capital have greater trust, believe in their ability to alter their circumstances, have a stronger sense of belonging and are likely to take collective action (Aldrich & Kyota 2017). As such, developing and strengthening the social capital of individuals, communities and organisations is a significant part of the Australian Red Cross disaster preparedness approach, with the recognition that social capital can be created and sustained through deliberate action (Australian Red Cross 2012).

## Measuring effectiveness

The effectiveness of the Australian Red Cross psychosocial approach to preparedness was assessed via evaluations of groupwork programs, which were measured using before and after surveys, monitoring of organisational data as well as interviews and focus groups (Kelly, Goodall & Lombardi 2022). The bushfires in the Perth Hills area of February 2021 was an opportunity to assess the effectiveness of the approach. Australian Red Cross had worked in the affected area delivering preparedness activities for several years prior to the bushfires. Some months after the bushfires struck, researchers from Curtin University conducted an evaluation with affected community members to assess whether preparedness activities had made a difference. The evaluation looked at how being prepared

Table 1 - Red Cross' psychosocial approach.

Preparedness actions	Key pillar/s of psychosocial support	Reducing disaster impact
Psychological preparedness (preparing the mind)	Calming	Remaining calm and confident during disasters, reduces stress, and has a positive impact on recovery times (e.g. Randrianarisoa <i>et al.</i> 2021, Morrisey & Reser 2003).
Understanding the hazard risk	Safety	Reducing death and injury.
Understanding how the disaster event might affect them	Safety	Reducing disruption from the effects of disasters (Gibbs <i>et al.</i> 2021).
Understanding an individual's strengths and weaknesses	Self-efficacy	Targeted action (e.g. Villeneuve <i>et al.</i> 2021, Chandonnet 2021).
Understanding the importance of community connections and building activities	Connection	Information, support and resources during and after disaster (Aldrich & Meyer 2015, Nagakawa & Shaw 2006).
Planning for separation and reunification	Calming, Safety	Reducing short- and long-term stress and mental health effects (Richardson <i>et al.</i> 2016).
Developing a personal support network	Connection	Assisting with evacuation, relocation, and others (Teague, McLeod & Pascoe 2010).
Planning for business and income disruption	Self-efficacy	Minimising financial disruption and having financial resources for recovery (Ulubasoglu & Beaini 2019).
Ensuring that Powers of Attorney and Wills are in place in case of injury or death	Calming, Self-efficacy	Reducing stress and distress emerging from managing an estate in the context of a disaster (Australian Centre for Grief and Bereavement 2011).
Planning for pets	Calming	Ensuring people make good evacuation decisions, and reducing grief and loss from pet bereavement (Harms <i>et al.</i> 2015, Taylor <i>et al.</i> 2015).
Identifying irreplaceable items	Hope, Calming	Reducing grief from loss of items that shape a person's identity or loss of family cultural heritage (Miller <i>et al.</i> 2012).
Copying and securing identity documents	Self-efficacy	Expedited application for disaster assistance.
Having adequate household insurance	Self-efficacy	Reduction of financial impacts and potential homelessness and or poverty (Every, Richardson & Osborn 2019).

influenced people's immediate response to the threat as well as their capacity to recover after the event. Of particular interest was how the preparedness activities of the in-school Pillowcase Program had prepared children in the region.

Through analysing survey responses (n=51) and in-depth interview results (15), the evaluation showed that respondents who used the Australian Red Cross preparedness resources, particularly the emergency plan, indicated that they felt being prepared had reduced harm because they were confident in their knowledge of what to do and acted purposively to activate their plan (Newnham & Dzidic 2022). Regarding child-centred preparedness, the evaluation noted that 'Participants frequently reported that students had applied the skills and lessons learnt from the Pillowcase Program during the...bushfires and had remained calm during evacuation' (Newnham & Dzidic 2022, p.5). Overall, participants in the evaluation identified that the program helped them respond and recover better from the event and that the emergency plans, survival kits, important document lists and psychosocial skills development training were particularly beneficial.

A study conducted by Australian Red Cross in 2019 examined the experiences of 165 people who lived through an emergency or disaster between 2008 and 2019. The analysis of the survey responses relied on descriptive statistics as well as factor and cluster analyses. Findings were that feeling prepared reduced stress levels, which improved self-reported recovery outcomes. Survey responses showed that the more people did to prepare, the more they felt prepared. Respondents reported that the Australian Red Cross psychosocial-specific information helped them feel in control of actions during an emergency while information from fire and emergency services or local government (hazard-specific) helped them feel confident with decisions made during the emergency (Randrianarisoa *et al.* 2021).

Similarly, the psychosocial approach to recovery was assessed through rigorous external evaluations of recovery programs. While these evaluations demonstrate good outcomes, apart from the Curtin University example, they do not specifically and explicitly address any causal links between preparedness programs and recovery outcomes. This indicates that further research in this area would be beneficial.

## Conclusion

This paper presented an overview of Australian Red Cross psychosocial approach to preparedness. This approach presents as unique in its holistic focus on individual and community resilience and contributes to the other elements of preparedness that are hazard-specific, infrastructure and physical landscape related that are the prelude of the emergency management sector. Although psychosocial preparedness is only one part of disaster preparedness, it is a vital part that is often overlooked. Psychosocial preparedness can improve people's ability to cope with and recover from disasters.

To add to this evidence of the efficacy and impact of psychosocial preparedness programs on individuals and communities, further evidence is required to test this approach in a range of settings. Future research should include larger-scale studies on the efficacy of psychosocial preparedness as well as examining what actions have the most effect to improve people's longer-term recovery outcomes. The Australian Red Cross experience of operationalising this approach is limited to the Australian context and largely to fairly homogenous regional areas so this limits its ability to generalise in broader applicability. Testing the approach internationally and with a larger number of participants would help to demonstrate its efficacy (or not) outside of community area where Australian Red Cross has been active with its programs. It would be particularly beneficial to replicate and extend studies such as the one conducted by Curtin University to examine whether and how people recover differently depending on their exposure to psychosocial preparedness programs prior to the event.

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