

# Effective community collaboration in emergency management

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## Why are emergency management organisations and professionals seeking information about effective community collaboration?

Community collaboration has found its way onto the strategic planning agenda of emergency managers over the past couple of years. But why? Emergency services are already well-loved and respected by their local communities. They also have the ear of the local press, and generally receive very positive and prominent treatment by the press.

So, is there a problem? Are there opportunities to gain benefits from greater collaboration with local communities?

To help emergency managers to deal with these questions—which they have set for themselves—they have turned to the field of community-based injury prevention that has acquired almost a decade of practical experience in Australia, and nearly two decades of experience internationally. This article draws out some of the lessons from that field, illustrated with practical examples and anecdotes. The aim is not to present a blueprint for emergency services, but rather to dissect and distill some of the wisdom that has accumulated in the injury prevention field. It is left to the reader to extend and apply the principles and practical lessons to the emergency field, partly because the author has limited practical experience of community based approaches in that field, and partly so as not to impose too narrow boundaries on what emergency management professionals might usefully make of the information.

## Case study: Hume City Council's 'Safe Living Program'

Hume City Council is accredited by the World Health Organisation as a member of its prestigious International Network of Safe Communities. The WHO network has about twenty members world wide, including five Australian communities: Illawarra, Hume, Noarlunga, La Trobe and Parkes.

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Hume City Council is located on the north-west fringe of Melbourne, between the Hume and Calder Highways and bounded by the Western Ring Road to the south and the Shire of Macedon Ranges to the north. Hume has been selected as the case study because the author has been closely involved with the Safe Living Program since its inception in 1990 in the former Shire of Bulla (now subsumed into Hume).

## The Swedish experience

Hume's Safe Living Program was based on the program in the Swedish rural community of Falköping, which attracted the attention of the international injury prevention community by reducing injuries at home, in the workplace and in traffic by about 27% in the three years from 1980 to 1982. Monash University Accident Research Centre approached the (then) Shire of Bulla, and a three-year program was funded by VicHealth, VicRoads and the Shire of Bulla. The program is now operated by Hume City Council as part of its core business, and the overall coordination and many elements of the program have been included in service contracts under compulsory competitive tendering (CCT).

## Principles of community-based injury prevention

The Safe Living Program is community based and targets all injuries to people of all ages in all settings. It is based on the principles that:

- Community ownership of, participation in and responsibility for the program will lead to progressive commitment to injury reduction.
- The synergistic effect of many interventions will be greater than the sum of isolated interventions.

- The effect of environmental changes will be cumulative over time.

## The difference between 'community participation' and 'community involvement'

'Community participation' is generally taken to mean that the community takes responsibility for all stages of the program including planning and implementation. 'Community involvement' is used to refer to a less-ideal situation in which the community is asked to participate in a program that has already been designed by someone else, without consultation, and usually on the terms of (and possibly in the interests of) the outside designer rather than on the community's terms and in the community's best interests.

## Program planning

The Safe Living Program is managed by an inter-sectoral committee with community representatives, and has working groups in priority areas such as children's safety, seniors safety and traffic safety. Planning of the program is characterised by the following features:

- the program is planned strategically and works systematically, but is also ready to seize opportunities and run with them as they arise
- priorities are set according to the frequency, severity and preventability of injuries
- multi-faceted approaches are preferred, using several approaches simultaneously and in a coordinated way to deal with particular problems.
- The program seeks intersectoral cooperation, involving different levels of government, community organisations and agencies. Many interventions require the cooperation of organisations outside the health sector.

## Examples of interventions

The Safe Living Program implemented about one hundred different interventions during its first three years

(1991 to 1993). These included:

- Collaborating with a local builder to design and build a safe display home. The home was inspected by about 20,000 people in a year and received prominent live national television coverage and good print press coverage. The home won the HIA award for best display home under 16 squares, proving that safety is compatible with an attractive marketable home. This was achieved at no cost to the Safe Living Program.
- Preparing an 8-page *Family Safety Guide* and delivering it to all homes in the municipality, at a net unit cost of 54 cents for production and delivery (assisted by major sponsorship and by a massive volunteer effort to envelope and deliver it).
- Legalising footpath cycling throughout the municipality (except for designated 'no cycling' areas in shopping centres and outside schools).
- Conducting safety audits of arterial roads, footpaths, school playgrounds and other public places.
- Training peer educators to conduct children's safety training for parents and carers in the community.
- Provision of short (3-6 hour) courses in emergency first aid for children, including cardiopulmonary resuscitation (CPR).

### Working with the community

Several lessons were learned from working alongside the community.

- Some people participate in activities in several different settings, such as safety in sports, in schools, on the farm and at work.
- Different people prefer to participate in different stages of injury prevention. Some like planning and decision making, others hate meetings and prefer to pitch in when 'arms and legs' are needed.
- It is important to work with people and organisations on their terms. Don't try to impose your needs or agendas onto them, if you want strong and lasting collaboration.
- Form partnerships to prevent injuries, based on mutual respect and trust.
- Seek to empower the community at every opportunity. Provide training and information to enable and encourage others to take on injury prevention roles. Sharing the power can harness enormous community energy.

### Forming partnerships

Some points to consider when forming strategic intersectoral partnerships are:

- on whose terms are we forming the partnership?
- whose interests are we serving?
- what does our organisation want to achieve?
- what are we prepared to give?
- what is our common ground?
- who is in charge?
- document the understanding (e.g. minutes, a short letter, joint media release)
- Achieve consensus, avoid fights (no one wins.)

### Opportunities for community collaboration

Community collaboration has the potential to strengthen the efforts of emergency services at all stages of disaster management planning and implementation, as set out in *Table 1*.

### When collaboration can help

Before	<i>Prevention, preparation</i>
During	<i>Smooth cooperation Compliant community</i>
After	<i>Recovery, rehabilitation and healing</i>

*Table 1: Benefits of collaboration*

### Role of schools and pre-schools

Schools and pre-schools have been one of the cornerstones of the Hume City Council Safe Living Program. There are several quite different ways in which schools can collaborate for emergency management, including:

- student education
- community education
- networking
- preparing their own emergency management plans.

### Role of Local Government

Local government has a range of different potential roles and can bring to bear a wide range of resources to contribute to local responses to emergency management, including the following examples:

- emergency response and disaster planning
- strategic planning
- infrastructure design and provision
- civic leadership
- Victorian Safer Cities and Shires Program.

The Shire of Yarra Ranges in Victoria has shown leadership by recently appointing a 'Team Leader Emergency

Management', with a wide range of duties including strategic planning and coordinating intersectoral collaboration.

### Other agencies

In Victoria, for example, there is a range of organisations that are already collaborating in emergency management, including Police Community Consultative Councils (PCCCs), Community Road Safety Councils (for example, 'operation coffee break'), other emergency response agencies, other agencies (post, telecommunications, etc.), workplaces, other community groups, and local community leaders ('movers and shakers').

### Community Safety Week

**6-12 September 1998**

Following its successful introduction in 1997, Community Safety Week will again be celebrated in Victoria from 6-12 September 1998. The theme is *Local Action for a Safer Community*, and the aim is to promote collaboration at local community level right across Victoria. The week offers a rallying point for all stakeholders in the community safety field. The fire services were prominent participants last year. The central contact is the Victorian Community Council Against Violence (telephone 03 9655 5220).

### Conclusion

We are beginning to see some resources committed towards a more concerted approach to community collaboration in emergency management. The ground is fertile, but it is important that we properly train and resource the people who are beginning to work in this area. It is also important that a strong culture of collaboration at all levels and right across the emergency services and community safety field be fostered and projected to the community, who are, after all, our sole client and the object of all our work.

### About the author

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