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BUILDING RESILIENCE: UNDERSTANDING THE CAPABILITIES OF DIVERSE COMMUNITIES

Case studies of two communities

Dr Fiona MacDonald
Victoria University





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TABLE OF CONTENTS

TABLES	5
FIGURES	6
ACKNOWLEDGEMENTS	7
EXECUTIVE SUMMARY	8
Key findings	8
BACKGROUND	10
INTRODUCTION	11
METHODOLOGY	12
DIVERSITY AND INCLUSION PROJECT DEFINITIONS	14
A diverse nation	14
Community	14
Social inclusion	15
DIVERSE COMMUNITIES: OPPORTUNITIES AND CHALLENGES	16
Karen community	16
Young people: 18–25 year-olds	17
RISK LITERACY	18
ATTRIBUTES, SKILLS AND CAPABILITIES	19
Positive or deficit attributes, skills and capabilities	19
Analysing attitudes, skills and capabilities	20
ATTRIBUTES	21
Organisational understanding	21
Environmental understanding	22
Collaborative	22
Openness	23
Engaged	23
Intercultural understanding	24
Respectful	25
In summary - Attributes	26
SKILLS	27
Communication and Language	27
Research and training	29
Perception	30
People management	32
Collaboration	32
Networking	33
In summary - Skills	34
CAPABILITIES	35
Trust	35
Community cohesion	36
Social cohesion	38
Strategic thinking	39



Resilience	39
In summary – Capabilities	39
EDUCATION AND LEARNING	41
Education	41
Learning	41
The Karen community – education levels	42
Young people	42
Work experience	43
Capacity to learn	44
Desire to learn	45
Motivation to learn	45
CONCLUSION	47
REFERENCES	48



TABLES

Table 1: Overview of attributes, skills and capabilities identified in case study research.....	p.13
Table 2: Demographics of participants in Karen case study.....	p.17
Table 3: Demographics of participants in young people case study.....	p.17
Table 4: Challenges facing EMOs as they look to engage with diverse community's.....	p.19
Table 5: Attributes identified in case study research.....	p.21
Table 6: Skills identified in case study research.....	p.27
Table 7: Capabilities identified in case study research.....	p.35
Table 8: Education levels of participants in Karen Community case study on arrival in Australia.....	p.42
Table 9: Education level of participants in young people case study.....	p.42



FIGURES

Figure 1: Adapted co-learning disaster resilience toolkit.....	p.20
Figure 2: Australian curriculum, F-10 Curriculum, General Capabilities, intercultural understanding.....	p.24
Figure 3: Australian curriculum, F-10 Curriculum, General Capabilities, personal and social capability	p.43



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EXECUTIVE SUMMARY

The *Diversity and Inclusion: Building Strength and Capability (D&I)* project has identified building resilience with communities as a key focus of diversity and inclusion (D&I) strategies for emergency management organisations (EMOs) (Young, Jones & Kumnick, 2018). The project has identified a need for EMOs to develop greater understanding of the specific **characteristics, barriers** and **needs** of the communities they serve, and to identify their **attributes, capabilities** and **skills**. Interacting and communicating effectively with diverse communities has been identified as 'critical to the building of resilience and reduction of risk associated with natural hazard events' (Young, Jones & Kumnick, 2018, p. 6).

D&I strategies are vital to EMOs, but they cannot be developed in isolation, as communities themselves play a significant role in building relationships. The research to date has focused on developing knowledge of how EMOs must be more open to understanding and working with the diverse communities they serve. The need for strategic change in D&I strategies and practices in EMOs is evident, and, in some cases, already in place (Rasmussen & Maharaj, 2018; Young and Jones, 2019). However, less is understood about how aware Australia's newer communities are of potential natural hazard risks, their own capabilities and readiness to respond, and the potential roles they could play in building resilient communities with EMOs.

While D&I strategies include greater representation of Australia's diverse communities in EMOs (Rasmussen & Maharaj, 2018), this alone does not build resilient communities. Achieving this goal requires greater understanding of attributes, skills and capabilities from the perspective of the communities themselves. It also requires a fundamental change in the 'nature of relationships EMOs have with their communities, from delivering a service (transactional), to working with them (relational)' (Young & Jones, 2019, p. 8; see also Pyke, 2018; Young et al., 2018).

The case study communities reported on here were selected for their diversity rather than their specific engagement with the EMS. Neither have a strong relationship with, or even a complete understanding of, the emergency services and the role they play. The case studies reflect the disparate nature of diversity, with one a migrant community living in regional Victoria and the other an investigation of young people, aged 18–25 years. While the migrant community is an obvious choice in developing understandings of the skills and capabilities of diverse groups, young people represent a unique challenge to EMOs in communities due to their emerging independence into adulthood, and trends in regional and rural contexts that see young people moving on to study, work and live in larger regional cities or urban environments.

KEY FINDINGS

- The research reveals how little some groups understand natural hazard risks and the role they could play in reducing the impact of future events.
- Understanding the significance of culture and life experiences is vital, including an acknowledgement that culture, experience and understanding can be very specific to each community.



- Social cohesion and a sense of belonging do not automatically denote connection to place-based community. This can be achieved through different types of community, e.g. online, communities within communities.
- Language and communication is linked to culture, society and lived experience, not simply the art of learning words.
- There are many barriers to understanding, conveying a message or instruction should not be assumed as shared understanding.
- Deficit factors must be measured alongside strengths in community attributes, skills and qualities.
- Young people highlighted the considerable attributes, skills and capabilities they offer the EMS to build resilient communities.
- Limited education and work experience may result in limited capacity for some refugee communities.
- Trust and respect for the EMS is evident.



BACKGROUND

Diversity and Inclusion: Building Strength and Capability (the project) is a three-year project that has been funded by the Bushfire and Natural Hazards Collaborative Research Cooperative (BNHCRC). The key purposes are to understand what effective diversity and inclusion (D&I) looks like and to explore what this means for emergency management organisations (EMO) in terms of practice and measurement. The project aims to develop a framework that supports improved management and measurement of D&I by providing a basis for more effective evidence-based decision-making that can be developed by EMOs as practice progresses.

EMOs are complex, and their scope of activity spans the Prevention, Preparedness, Response and Recovery (PPRR) spectrum of emergency management, and requires a range of activities that contribute to the wellbeing of communities. Yet this diverse set of tasks is often not reflected in the workforce or the behaviour of stakeholders. Recognising that EMOs have 'unacceptably low levels of diversity' and need to better reflect the communities they work to serve (National Strategy for Disaster Resilience, COAG, 2011), is driving the need for EMOs to diversify their skills, workforce and services to meet the changing needs of their communities.

The project has three stages:

- Phase 1: Understanding the context in which D&I exists in EMOs and the community.
- Phase 2: Developing a D&I framework suitable for EMOs.
- Phase 3: Testing and utilising the framework.

Phase 1 has been completed, and seven reports have been released. These reports provide the basis for development of the draft framework and contribute to improved understanding of what underpins best practice in this area. Key activities for Phase 2 of the research are:

- Interviews within brigades and units to understand how D&I relates to day-to-day tasks and to inform the development of the D&I framework.
- Two case studies examining community attributes and capabilities.
- Two economic studies of D&I programs.



INTRODUCTION

Working with communities to build resilience and reduce the impact of future events is a key focus of EMO's D&I strategies. Many strategies include greater representation of diverse communities (Rasmussen & Maharaj, 2018). This in isolation, however, does not build resilient communities. Achieving this goal requires greater understanding of (and participation from) the communities the EMS works to serve. The consequences of not understanding the diverse communities they serve, increases the level of risk for EMOs and communities, and may result in a 'reduction in community safety and increased vulnerability in diverse cohorts' (Young & Jones, 2019, p. 14).

Communities who have experienced fire or disaster may already have a strong sense of the role they could play in working with EMOs to build resilience and work together. Little is known, though, about how Australia's increasingly diverse communities see themselves and the role they may play in working with EMOs to build resilience. Even less is known about how resilient Australia's increasingly diverse communities are in the face of natural hazards and disaster and what capacity they have to recognise their own attributes, skills and capabilities. This report aims to introduce the community perspective of these and consider how aligned, or divergent, they are with those identified by practitioners, the community, research and D&I-related industry bodies and agencies (Young & Jones, 2019).

The focal point of this report is the findings from two case studies. While the research builds on the knowledge already gained from the larger *D&I* project, the case studies have been undertaken with two communities who do not have a strong relationship with the EMS. The case studies emerged from Pyke's (2018) earlier community research for the *D&I* project (Young et al., 2018).

They were designed to investigate a community perspective of their attributes, skills and capabilities in relation to the EMS. The case studies were underpinned by the understanding that building resilient communities is a two-way relationship. It is only through understanding the perspective of both parties that EMOs can begin to map the attributes, skills and capabilities of communities that could be harnessed to reduce the impact of future events.

The first case study, the Karen community in Bendigo, represents the changing nature of global trends, Australia's immigration policies and waves of immigration (Young et al., 2018).

The second case study was undertaken with young people, aged between 18 and 25. While young people may not identify themselves as a diverse community, in relation to the EMS's current workforce (paid and voluntary), they represent a community who is largely under-represented. Young people have been identified as an important community to the EMS (Cormick, 2018; Pyke, 2018; Young et al., 2018) who are looking to younger generations to build 'capacity to meet future needs' (Young et al., 2018, p. 18).



METHODOLOGY

A case study approach was adopted as it enables an investigation of the skills and capabilities of diverse communities within a particular context. It was determined, in consultation with the reference group, to focus on two case studies that would provide greater insights into specific diverse communities, and would build on Phase 1 of the project (Cormick, 2018; Pyke, 2018; Young et al., 2018; Young and Jones, 2019).

The case studies were identified for the challenges they present to the EMS and because neither have a strong affiliation with the sector, bringing the perspective of communities who have traditionally not been involved with the EMS. The case studies were designed to develop greater knowledge of the community's understanding of the EMS, as well as identify their attributes, skills and capabilities.

The first case study involved fifteen face-to-face interviews with members of the Karen community, newly arrived humanitarian refugees, who have settled in the Bendigo area. Bi-lingual workers from the Karen community were engaged to translate the open-ended interview questions and responses.

The second case study was undertaken with young people aged 18–25 years. Eight interviews (face-to-face and telephone) were conducted with young people from Victoria, Tasmania and New South Wales. This age group proved to be more difficult to access as a key requirement was to interview young people who were not actively engaged with EMO. Many of the young people, and organisations, invited to participate felt that without some level of involvement with the EMS they had nothing to contribute to the research. The researcher's own networks were used to invite young people and a snowball affect determined the geographical location of participants in this case study.

Participants in both case studies were asked to describe their understanding of diversity and inclusion, their knowledge of the EMS and the role it plays, and identify skills and capabilities that would enable their community to work with the EMS. The interview schedules are attached to this report, Appendix A for the Karen community and Appendix B for the young people. Initial interviews with the Karen community invited them to speak to specific attributes, skills and capabilities, as included in the young people's interviews. The limited understanding of these concepts made it difficult to stimulate responses and these were removed from the interview schedule. Analysis of the participant's education levels, work experience and responses to the remaining questions enabled an analysis of the Karen community's attributes, skills and capabilities.

A limitation of both case studies, but particularly that of the young people, is the small size of the sample group. Limiting participation to young people who had no active engagement with the EMS revealed the cohorts' reluctance to participate in research outside their experience. However, the findings presented here provide valuable knowledge of the attributes, skills and capabilities of this age group, and their potential to the EMS. The findings indicate that further research with this age group is warranted.



Attributes	Skills	Capabilities
Organisational understanding	Communication	Trust
Environmental understanding	Language	Community cohesion
Collaborative	Research	Social cohesion
Openness	Training	Strategic thinking
Engaged	Perception	Resilience
Intercultural understanding	People management	
Respectful	Collaboration	
	Networking	

TABLE 1: OVERVIEW OF ATTRIBUTES, SKILLS AND CAPABILITIES IDENTIFIED IN CASE STUDY RESEARCH

The interviews were professionally transcribed and analysed for emerging themes and evidence of the attributes, skills and capabilities of the two communities. Challenges and barriers to building a relational engagement with the EMS were also analysed. The findings are reported under key themes, with individual analysis for each case study, as there was a considerable level of divergence in the analysis.



DIVERSITY AND INCLUSION PROJECT DEFINITIONS

At its simplest, the term 'diversity' refers to the 'range of differences that define individual identity' (Pyke, 2018, p. 49). Definitions of diversity that are relevant to organisations often depend upon the area of diversity in scope, and may include race, gender, culture, age, faith and thought. The literature contains many definitions for diversity within organisations that are often interchangeable with workplace definitions (Young et al., 2018).

To address the diversity that spans across government, the community, the paid and volunteer workforce in the EMS, the following definitions have been used:

Diversity is the way we all differ and how those differences enable, enhance or inhibit the ability of individuals, groups and organisations to achieve individual, collective and/or organisational goals and objectives. (Davidson and Fielden, 2004, p. 60)

Inclusion represents a person's ability to contribute fully and effectively to an organization. (Roberson, 2006, p. 215)

An inclusive workplace values and uses individual and intergroup differences within its workforce, cooperates with and contributes to its surrounding community, alleviates the needs of disadvantaged groups in its wider environment, collaborates with individuals, groups, and organizations across national and cultural boundaries. (Mor Barak, 2000, p. 339)

A diverse nation

Global mobility, social movements and the fluid nature of global power relations demand an acknowledgement of relational processes, complexity and the intersectionality of diversity. Diversity is not a stable or cohesive variable, as individuals and communities embody a range of affiliations, culture, age, gender, race, ethnicity, occupation or sexual orientation, which can change across a lifespan. Importantly, diversity must be understood within a specific context (Young et al., 2018).

Four key principles underpin Australia's definition as a multicultural nation—social cohesion, cultural identity, equality of opportunity and access, and equal responsibility for, commitment to, and participation in society (Australian Government, 2016).

Community

While there is no one agreed definition, 'community' refers broadly to shared territory or space (either physical or virtual), common life, collective actions, and shared identity (Theodori, 2005). Communities are most commonly delineated by place, interest and identity.

Throughout the project, the term 'community' is defined by place and identity. This is significant, as EMOs are by necessity place-based. However, the research



acknowledges that communities based on identity, such as the young people's case study, are not bounded by the same spatial context (Young et al., 2018).

Social inclusion

The concept of social inclusion has largely guided social policy development in the 21st century (Silver, 2010). The term 'social inclusion' acknowledges the complex and related factors that enable individuals to engage in society. Social inclusion includes equal citizenship, membership, belonging and social cohesion. It broadly refers to an individual's sense of connectedness or belonging within a community or social context (Young et al., 2018).

Achieving a sense of belonging is considered to be an indicator of social inclusion and connectedness, and part of an individual's identity. Yet, belonging is not simply about connecting to social locations; individuals can be emotionally attached or identify with specific groups or people within a community (Yuval-Davis, 2006).

For refugees or migrants, ties to the homeland often continue to be more important than those to their local community, and continue to be for generations after their re-settlement (Ben-Moshe et al., 2012).



DIVERSE COMMUNITIES: OPPORTUNITIES AND CHALLENGES

I mean, we're not reaching out to them, but also, they're not reaching out to us. (Young female)

The D&I project has identified the importance of building resilience and developing partnerships between the EMS and communities to reduce the level of risk and impact of future natural hazards and disasters (Pyke, 2018; Young & Jones, 2019; Young et al., 2018).

To achieve this goal, the research has identified the need for a fundamental change in the nature of the relationships between EMOs and the communities they work to serve, moving from 'delivering a service (transactional), to working with them (relational)' (Young & Jones, 2019, p. 8). The project has demonstrated the need for the EMS to develop their cross-cultural understanding and work with diverse communities to educate and improve their preparedness, response and recovery to emergencies.

The disparate nature of diversity and social inclusion determines that communities cannot be simply defined by a single category or location. The rapidly changing nature of globalisation and global mobility, contemporary movement of immigrants and refugees, transnationalism and the nature of local and global risks are reshaping Australian communities (Young et al., 2018). At the same time, we are witnessing the acknowledgment of new identities, as identity politics have focused our attention on diversity issues 'concerning gender, sexuality, race, ethnicity, multiculturalism, class and cultural style' (Elliott, 2013, p. 20).

Diversity is not a stable or cohesive variable as individuals and communities embody a range of affiliations, culture, age, gender, race, ethnicity, occupation or sexual orientation, which can change across a lifespan. The two communities investigated in this report demonstrate the disparate nature of diversity in Australia. They also demonstrate the extremes of educational attainment and learning, which are vital to the development of skills and capabilities. A separate section of education and learning has been included in this report to demonstrate the challenges of working with communities with limited education and work experience.

Karen community

The Karen community is a migrant group who has established itself in the regional City of Bendigo. Since the first arrivals in 2007, over 2,500 Karen community members now call Bendigo home.

Originally from the mountainous areas of eastern Burma, the Karen community lived subsistence existences as farmers before fleeing the civil war. With limited education in their villages, the Karen people fled great unrest at the end of the 20th century, spending decades in refugee camps on the Thai border.

The Karen community is representative of the changing nature of Australian communities and the recent re-settlement of migrant and refugee people in



Australia. Their understanding of risk and Australia's climate is impacted by low levels of education, limited English language skills and work experience.

Karen Community Case Study – Participants	
<p>Gender 8 identified as female 7 identified as male</p>	<p>Arrived in Australia 2018 (1 participant) 2013–2017 (6 participants) 2011–2012 (5 participants) 2005–2010 (3 participants)</p>
<p>Time in refugee camp 7 years (1 participant) 11–20 years (8 participants) 20–29 years (4 participants) 30+ years (2 participants)</p>	<p>Age 18–25 age group (1 participant) 26–40 age group (5 participants) 41–50 age group (5 participants) 51–65 age group (4 participants)</p>

TABLE 2: DEMOGRAPHICS OF PARTICIPANTS IN KAREN CASE STUDY

Young people: 18–25 year-olds

Young people were identified in Pyke's three case studies in: Bordertown, South Australia; Bendigo, Victoria; and Parramatta, New South Wales; as largely under-represented in community groups or within the EMS (Pyke, 2018).

The need for proactive inclusion strategies with young people, regardless of cultural identity, was identified as a common theme across the case studies and seen as an opportunity for the EMS (Pyke, 2018; Young et al., 2018).

Young people's lack of engagement in communities is influenced by their life stage of emerging independence, limited employment opportunities, rural-urban migration, an ageing volunteer workforce combined with a lack of understanding of young people's behaviours and motivations, skills and capabilities (Department of Infrastructure and Transport, 2011; Pyke, 2018).

The 'unwillingness or incapacity of established organisations to engage with young people' was also identified as a possible barrier to participation (Pyke, 2018, p. 62).

Young People Case Study – Participants	
<p>Gender 6 identified as female 2 identified as male</p>	<p>Location 3 lived in metropolitan Melbourne 2 lived in Regional Victoria 1 lived in metropolitan Hobart 1 lived in Regional Tasmania 1 lived in metropolitan Sydney</p>
<p>Country of birth Australia (7 participants) New Zealand (1 participant) Parents born in Australia (5 participants) Parent/s born overseas (3 participants)</p>	<p>Age 20 years (1 participant) 22–23 years (5 participants) 25 years (2 participants)</p>

TABLE 3: DEMOGRAPHICS OF PARTICIPANTS IN YOUNG PEOPLE CASE STUDY



RISK LITERACY

A key focus of EMS strategies to engage with diverse communities is to increase understanding of the types of natural hazard risks Australia is facing now and will face in the future. The findings provided valuable insights into the lack of understanding of potential natural hazard risk and these are introduced here.

It was evident in the young people's case study that the participants' understanding of natural hazard risk was relative to their own context. One of the young participants lived in the Kilmore area of Victoria. Her family had been evacuated on several occasions over the 2018/19 summer, and her awareness of the risk that posed to her and the community was acute and linked to Black Saturday and lesson learnt for both the EMS and communities:

If you think back to like that day, a few years ago, that affected our community, a lot of the town were trapped in and that's why it got wiped out. So, there is that – from that, they've learnt to – we trust them [EMS]... now they don't risk it at all, they just – as soon as there's a fire, they're like, get out, straightaway. (Young female)

Other young people, living in urban environments, reflected on EMS they encounter in their own lives, including police, ambulance, child protection and family violence. They also reflected on the risk that their age group posed to the EMS rather than natural hazard risks.

The Karen community were also unaware of the types or severity of natural hazard risk. The initial resettlement education offered to immigrants and refugees is basic and focuses on risks in the home or to them as individuals (Refugee Council of Australia, 2018). All Karen participants identified triple zero and fire, police and ambulance as the EMS when asked.

Detailed information about environmental risk and natural hazards was not covered according to the Karen community, who also admitted that even if it had been provided they would have found the information overwhelming. Most indicated that this **information should be provided to them post-settlement**.

The Karen community have not yet developed the level of understanding that comes with experience of natural hazards. The majority of participants settled in the Bendigo area after the Black Saturday bushfires in February 2009. The lack of understanding of risk and the severity of Australia's natural hazards was evident in comments around how they would respond if asked to leave their home:

Sometime, not sure if I can trust them [EMS] but I mean if there be fire break out in my house I'd probably leave, but if not happening in my house, in my surrounding, I wouldn't leave. (Karen male)



ATTRIBUTES, SKILLS AND CAPABILITIES

The D&I project has identified specific skills and strategies that representatives from EMOs and the EMS believe are required to work with Australia's diverse communities (Young & Jones, 2019). In the 2018 workshop, *into the future: building capabilities and skills for inclusive and diverse organisations*, risk was a key theme and the participants 'chose interventions that prioritised community safety, security, trust and engagement' (Young and Jones, 2019, p. 5).

Pyke's (2018, p. 3) diversity and inclusion research highlighted the dynamic and fluid nature of change, and identified key barriers and opportunities for community engagement with the EMS. Her research and the broader D&I project (Young et al., 2018) highlight how little is understood about how diverse communities perceive their own attributes, skills and capabilities, and how they could work together with the EMS.

Positive or deficit attributes, skills and capabilities

Underpinning the drive for new programs and policies to build resilience with communities and reduce risk is a strengths-based approach that assumes communities bring relevant attributes, skills and capabilities to a working relationship with the EMS.

A strengths-based approach is particularly important for refugee communities, who are often considered to be lacking in relevant skills and capabilities (Hutchinson and Dorsett, 2012). Acknowledging the strengths of communities is important, however the case studies demonstrate the potential shortcoming of this approach and provided evidence that an assessment of communities must **identify deficit skills and capabilities, as well as positive factors.**

Both communities demonstrated attributes, skills and capabilities that could be harnessed to build resilience. They also highlighted challenges for the EMS if a detailed analysis of positive and deficit attributes, skills and capabilities is not undertaken.

Young People	Strong attributes, skills and capabilities	Limited community involvement	EMS faces challenges in connecting with this younger cohort as they are less likely to be involved with their local community
Karen Community	Deficit attributes, skills and capabilities	Limited language skills, poor education and limited work experience	EMS faces challenges in communicating natural hazard risk and identifying positive attributes, skills and capabilities with this community

TABLE 4: CHALLENGES FACING EMS AS THEY LOOK TO ENGAGE WITH DIVERSE COMMUNITIES

Analysing attitudes, skills and capabilities

Measuring the attributes, skills and capabilities of a community requires a **framework that is flexible enough to interpret the disparate skills of diverse groups**. The framework should enable the EMS to identify relevant attributes, skills and capabilities from the lived experiences of diverse communities, as well as deficit factors. While this is obviously important for refugees and migrants, it is important to acknowledge that other diverse groups, including women, race, LGBTIQ, young people and the elderly, also have particular life experiences that may not be familiar to EMOs.

While the aim of the D&I project is to develop this framework, the *Co-learning disaster resilience toolkit*, developed by Lakhina (2018) provides a good basis to build from.

The toolkit views **co-learning disaster resilience as a systematic process**, that works to inform, engage with, and create partnerships with individuals, that recognises their life experiences and strengths acknowledges needs and identifies challenges.

The person-centred mapping tool, which focuses on experiences, strengths, challenges and needs could be **adapted to measure positive community attitudes, skills, capabilities and deficits** (see Figure 1 below). A further strength of the toolkit is the **mapping of perceived risk and safety**, a key focus of EMS D&I strategies (Young and Jones, 2019).

Lakhina's (2018, p. 1) toolkit adopts a 'person-centred approach to engaging with refugee narratives and practices of safety' that could be adapted for communities by the EMS.

The toolkit is separated into five Sections, which can operate conjointly or independently. Section IV, the Operational framework for co-learning resilience is most relevant here.

The key aim of the Operational framework, to inform, engage and partner aligns with the EMS desire to enter into relational engagements with communities. Developing this framework and testing it with EMOs is the next step in this aspect of the D&I project.



FIGURE 1: ADAPTED FROM CO-LEARNING DISASTER RESILIENCE TOOLKIT (LAKHINA, 2018)



ATTRIBUTES

Attributes are qualities or features that are defined as inherent parts of someone or something. They have been described as the ‘raw clay’ which organisations use to build capabilities (Young & Jones, 2019 p. 6). The following attributes that would be beneficial to raising community awareness and developing relationships and resilient communities with the EMS were evident in the research.

Attributes	
Organisational understanding	Engaged
Environmental understanding	Intercultural understanding
Collaborative	Respectful
Openness	

TABLE 5: ATTRIBUTES IDENTIFIED IN COMMUNITY CASE STUDY RESEARCH

Organisational understanding

The majority of participants in the young people case study lived in urban environments and identified the ambulance, fire brigade and police when asked about the EMS. The findings revealed that young people recognise the key role of the EMS:

Essentially to help the community, keep the community safe, create a safe environment, also discourage anti-social behaviour, behaviour that puts other people at risk and encourages safe behavior. (Young female)

The responses were context-specific however, and participants living in regional areas also identified the CFA and SES. One participant identified the EMS as the first responders in an emergency. Domestic violence and child protection were also identified as falling under the umbrella of the EMS.

One young participant lived in a regional area of Victoria, and her awareness of the role the EMS played in her community was different from participants living in metropolitan locations:

I live in a town called Wallan. We've been evacuated a few times over summer over those really hot weeks. It's pretty scary. One year, it was like every day for a week we got evacuated. (Young female)

The Karen community was largely unfamiliar with the broader role of the EMS beyond fire, ambulance and police. The roles were not evident in their homeland and the refugee camps, and several participants made a point of commenting



on the absence of anyone in an official capacity, reporting that they were left to their own devices in emergencies:

Back in the camps one time the fire broke out, so we have to look after ourselves, so we go and kill the fire, that's it. So nobody come to help us. But here it's different, we got people who respond. (Karen male)

The Karen community's understanding of the EMS was aligned with the triple zero emergency line. Younger Karen participants were aware of the SES and CFA:

There's a card, ring triple zero. Triple zero, and if we need a fire truck you ask for fire truck. If you need police, you ask for police and if we need an ambulance, you ask for that one. (Karen female)

Environmental understanding

Understanding the Australian environment presents a challenge for the Karen community, who have little understanding of the Australian landscape, climate and potential natural hazard risks.

Young people's understandings of the environment were context specific, with some being very aware of the Australian bush and the potential for natural disasters, while others focused on risks within urban settings, such as car accidents, domestic violence, drunken behaviours.

Collaborative

Engaging with communities is vital if the EMS is to shift their relationship from transactional (delivering a service) to relational (working together). Despite a detailed awareness of the role of the EMS **both groups reported little evidence of the EMS in their community** outside of emergencies.

Young people living in urban environments spoke about an EMS organisation coming to their primary school, but few described points of community engagement in their secondary years or young adulthood. They assumed though that there was a level of engagement:

I assume they're like a PCYC (Police and Community Youth Clubs) team in the police team. They do programs for the school, school fairs, they always tried to get police there and the ambulance, just to, sort of break down that barrier. (Young male)

For one young female participant, living in a regional environment with regular fire dangers and ever-present risk, the EMS maintains a very visible presence in the community, especially the CFA:

We have markets and they're (EMS) always there, always fundraising there. They also come out to the local high school, a lot of the students are part of the CFA. (Young female)



The Karen community struggled to recall activities or events where the EMS was present. The participants suggested that the **EMS could be more visible at multicultural events:**

They [EMS] have a section, like Karen information sections. You can learn every day information regarding the emergency services. I feel they [Karen community] are not aware ... they come from totally different country. (Karen female)

Openness

One of the attributes the young people felt they brought to the EMS was an openness to learn and a new perspective on how things could be done. They felt that young people could bring a different mindset to working together with the EMS in communities:

I think that they [young people] want to know more and people aren't closed off maybe so much or stuck in beliefs; that they're open to actually, there is a different perspective, [for example] 'this is actually not what I initially thought and I'm more open to changing that', maybe not as rigid. (Young female)

Several felt that they would be open to learning from others, not fixed in their ways and open to discovering better ways of doing things:

We bring a new perspective on things, I think young people are liberal and open with their, like even with their values they're quite accepting. (Young female)

Similarly, the Karen community were open to learning about the EMS, but the information was not always in an accessible format and other barriers made understanding difficult:

This year in English class, our teacher, they taught about emergency services and also, if something happened to the family or to your friend, you can call the service like police, ambulance or fire, but it's in English. There's no interpreter so I [do not] understand all the information. (Karen male)

Engaged

Young people reported a limited involvement with their local community at this stage of their lives. Most described themselves as being not very connected in their local community, focusing instead on work, study, or social environments. They suggested though that the best way to engage with young people in communities was through sport or schools.

In contrast, the Karen community looked inward to their own community for their social networks. Their connection to community was largely through activities organised through Karen networks. However, some spoke about activities they would attend with members of their own community and younger members of the Karen community suggested that things were changing:



Back in 2007, 2009, 2011 in Bendigo you wouldn't see – you don't see – much diversity activity things going on in Bendigo, but as more people from different backgrounds came in, the city council are looking to create an environment to get people from different backgrounds and different sort of race to mix together and get to know each other. (Karen male)

Intercultural understanding

Diversity and inclusion practices enable everyone to learn from each other. (Young female)

Participants in the young people's case study viewed their age group as being particularly inclusive and understanding of the importance of diversity and inclusion practices. Globalisation, Australia's increasingly multiculturalism, increasing awareness of immigration and refugee movements and the internet all contribute to their belief. They are also being taught the importance of embracing difference through the Australian curriculum, which includes a specific focus on intercultural understanding, as shown in Figure 2.

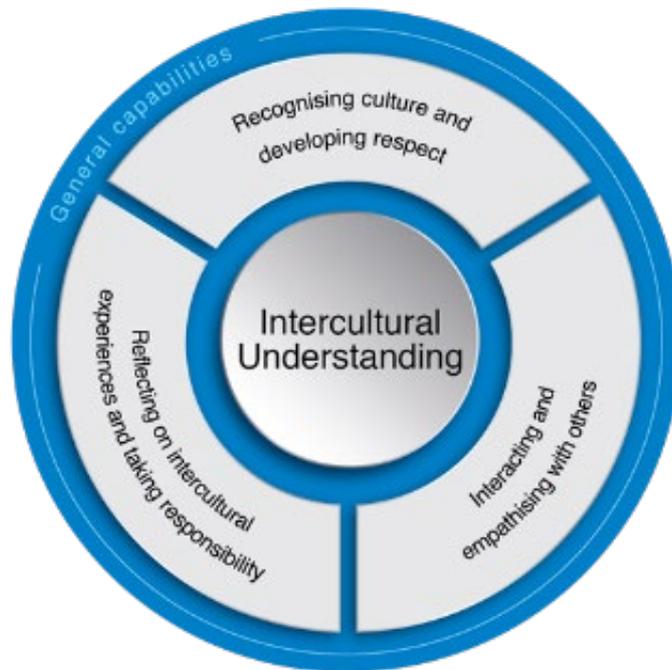


FIGURE 2: AUSTRALIAN CURRICULUM, F-10 CURRICULUM, GENERAL CAPABILITIES, INTERCULTURAL UNDERSTANDING

For many young people, D&I is a part of their everyday lives. Almost half of the participants were the children of immigrants or refugees, describing themselves as mixed race, or Australian but with other influences:



I was born here, I have a lot of Australian values, but my mum was actually born in Malta, so we have a lot of European influence in our traditions. My dad was born in India. (Young female)

Diversity and inclusion or more accurately, social exclusion, are reportedly an everyday experience of many refugees and immigrants. A number of Karen participants reported incidents of discrimination in the Bendigo area. The experience was clearly distressing, impacting on their confidence when engaging with the broader Bendigo community:

The car stopped and opened the window and looked at me and yelled at me. I don't understand what they say but it made me very bad feeling and I know it's because I am from Asia and also, I can't speak the language. It's something that is very, very challenging for me. I'm still thinking of this. I didn't do anything to them. Why me? (Karen male)

Understanding the level of racism and discrimination that some diverse groups experience may assist the EMS as they develop D&I strategies and programs.

Respectful

Respect is one of the core organisational and institutional values for EMS organisations that are already aligned with diversity (Young et al., 2018). Mutual respect between the EMS and communities is vital to building relationships. There were two distinct themes in relation to respect that emerged from the case studies:

- 1) A level of respect for EMS that is instilled in young people who have grown up in Australia.
- 2) The level of respect that can be created within new communities through the actions of the EMS and caring professions more broadly.

Firstly, the young people felt that respect for the EMS was well established by the time they reached young adulthood, although we know that respect for the EMS is not always evident (Maguire et al., 2018). However, the young people acknowledged that while the activities they engage in – drugs, alcohol, pushing boundaries – may prove difficult for the EMS, they felt that their underlying respect for the EMS was instilled from childhood:

I know a lot of my friends, if they're absolutely off it, they're still not going to be an idiot with the EMS. Because I think we have our values of them are a bit different and we know to stay out of the way. (Young male)

In contrast, the Karen community's relationship with the EMS is a short one, and they have not previously experienced the level of care and protection of life and property provided by Australia's EMS. While they did not have a full understanding of the role of the EMS in managing risks to communities and the environment, the Karen participants respected the EMS for the help they could provide to them individually or the community:

The emergency services, they help people. When we call them, if we need police, and when we call them, they come in and they help



solve the problem and also, with the other service, they come and help us. (Karen male)

In summary - Attributes

A high level of respect for the EMS was clearly evident in both case studies, although neither group demonstrated a detailed understanding of the full extent of their role. While both were open to sharing their attributes with the EMS, neither group demonstrated strong connections with their local place-based community. This will present challenges for the EMS who by necessity focus on place-based interventions and programs. Knowing this though, enables the EMS to think more broadly about how the strategies they develop engage with diverse community groups for both information sharing and building relationships.



SKILLS

Skills are the learned or developed aptitudes or abilities that enable an individual to undertake a specific task or activity. The case studies demonstrated a breadth of skills that could be harnessed by the EMS to achieve their goal of building resilience and preparedness. The Karen community also highlighted deficit skill factors that would present significant challenges for the EMS's aim to work together to build resilience.

Skills		
Communication	Training	Collaboration
Language	Perception	Networking
Research	People management	

TABLE 6: SKILLS IDENTIFIED IN CASE STUDY RESEARCH

Communication and Language

Language is widely recognised as a barrier to inclusive practices with diverse communities. Strategies to overcome this include: employing a member of the community in the EMO; developing relationships with community leaders; running community D&I programs and building trust and confidence between the EMS and the community (Young & Jones, 2019). More though is needed to engage more broadly with diverse communities and ensure a level of understanding of risk and to develop relationships that will enable the EMS to work together with communities to build resilience.

Desired Outcome

Effective communication between communities and the EMS is vital to raise awareness, improve understanding, and encourage community participation to increase resilience and reduce risk (Young et al., 2018).

Challenges

Even with well-developed English language skills, there are no guarantees that messages will be 'received, understood or responded to' (Pyke, 2018, p. 30).

Language and communication is not simply the art of learning new words. There is a nuanced complexity to language that is linked to culture and society and an individual's lived experiences (Bennett, Grossberg and Morris, 2005).



Assumed understanding

The Karen community was very aware of shortcomings in their language skills and level of understanding. Participants reported ongoing challenges as they try to make sense of written information. The case study demonstrated how reliant they are on the English-speaking members of their community.

Participants reported that **receiving a message or instruction should not be assumed by others as conveying meaning:**

Here, everything is going well and get support from ... but the challenge is the language because it is not our own language. This is English language and we understand little bit but it's hard to understand the whole thing. Like, we receive a letter from somewhere and we can read it but we don't understand the meaning. We can understand some meaning. If we don't understand the meaning, if we don't understand very well and, it's all a bit ... very challenging. (Karen male)

Research shows that older immigrants and refugees struggle to gain sufficient language and communication skills to enable them to fully engage in their new nation (Guyen, Akbulut-Yuksel & Yuksel, 2019; Refugee Council of Australia, 2018).

While young people recognised that the formality of language may be a barrier for some, they did not perceive language as a key barrier to working with the EMS.

Effective communication with diverse communities

For the young people it was important that the EMS recognised that their **communication channels are more effective online**. This would not be unique to young people, but they are arguably less likely to engage with other forms of communication from the EMS:

That's where I get the alerts, from the CFA Facebook page they update. Half the time I find out there's a fire in Wallan, it's through Facebook. (Young female)

A number of young people were concerned that the EMS would not recognise that communication had to be specifically developed and targeted to connect with young people:

Attention space – because they're so used to things being instant. We don't watch a video if it goes for more than two minutes anymore, that's just how it is. (Young male)

Communication was vital for the Karen community's understanding of potential risks. Several participants referred to a card that they had been given during resettlement that listed the emergency numbers they could contact in the Bendigo area. Despite the card, the Karen community highlighted the challenges they face in understanding information.

Because we are diverse, then we speak different language and we have different culture. It's really hard to communicate. (Karen male)



In some instances, this was due to the complexity of the communication; but in others, cultural nuances and understanding were barriers to communication. Communication barriers have the potential to impact on the Karen community's understanding of risk, to themselves and the broader Bendigo community, and some instances may inadvertently place themselves and others in danger.

Confidence

Confidence is an often misunderstood factor in communication (Strang, Baillot & Mignard, 2017). Many new arrivals are concerned that their language skills are inadequate and choose not to engage in conversations that highlighted their limited understanding and comprehension.

Vulnerability and fear were evident as the Karen community expressed concerns about contacting triple zero and being asked questions that they could not understand. They were keen to know if there would be a Karen interpreter available if they rang triple zero. In many instances, they avoided ringing triple zero without the assistance of family member (often a child), or bilingual workers:

I call the triple zero and they ask me, "What do you need, fire, ambulance and police?", and I call ambulance.

They ask me, "Where are you?" At first, I can't understand and [said] "no, I don't know. "

"Which state are you in?" and I told, "Victoria", yes,

"Victoria, which suburb?" yes, and I [said], "Bendigo" and which number - I can't remember. (Karen male)

The research demonstrates how reliant the Karen community is on their bilingual workers for communication and understanding:

I find it very important to have an interpreter as a bilingual worker because for me if I want to ring the triple zero and I try to report things maybe I can't say in details if they have interpreter so that you can say everything, the location. (Karen male)

Research and training

The young people feel they already had attributes, skills and capabilities that would be beneficial to D&I strategies and to build resilient communities with the EMS.

The Karen community acknowledged that they needed more training about the EMS to enable them to identify the skills and capabilities they bring to this relationship.



The young people felt that their education placed them in a good position to understand the evidence-based strategies and interventions of the EMS. They believed that their transferable skills and training differ from those of previous generations. Skills in the diversity and inclusion space included understanding inclusive practices, embracing difference, and an awareness of emotional and cultural nuances. Young people believed they have:

Current skills and research-based, evidence-based skills that maybe older emergency service workers aren't familiar with. (Young female)

A number of young people felt that they had technical skills that would be useful for the EMS, with skills in first aid, technology and online activity identified. They felt that their grasp of technology positioned them well to understand the EMS's systems:

Technology is growing more and more every day. Especially with machines and things like police scanners and heart rate machines and things like that. I think technology is really important in emergency services. (Young female)

In contrast, a lack of education was identified as a significant barrier for the Karen community. Combined with limited English language skills, their capacity to engage with the EMS and understand risk was limited. The Karen participants recognised that they needed more training from the EMS and to increase their risk literacy:

I think it's very important if they educate us and then if we understand, yeah, what their role is, each one of their roles, that would be very helpful and important for us in the future to use them. (Karen male)

The challenge was knowing when and how this training may take place, as many had stopped attending training courses within the first year of resettlement. Keeping new arrivals enrolled in education and training is acknowledged as a challenge beyond the EMS (Refugee Council of Australia, 2018).

Young people reported a shift in recent decades to service organisations focusing on prevention rather than treatment. One of the young people, working as a nurse, made the observation that there had been a generational shift from focusing on treatment to prevention. She felt that this training could be adopted by the EMS as a positive step, appealing to the training of younger generations:

And I think another thing in the health services is the emphasis on preventative health measures and promotion of wellness, as opposed to treating an illness. That's definitely the step they take in our education. And it wouldn't have been like that twenty years ago. (Young female)

Perception

The young people described themselves as being more culturally diverse and accepting of others than older generations. For some, this was the prevalence of young people being multi-lingual, raised in an era where D&I is a priority and



everyone has the right to be valued. Their views were context-specific though, and highlighted how discrimination and racism is still present in Australian communities:

My friends in [regional town], they hate international people – not hate, but their view of them to people in Hobart are going to be completely different. (Young male)

The Karen community were appreciative of the work of the EMS, but there was a strong theme throughout their interviews that the sector was not aware of their culture heritage, values or beliefs. Culture was particularly important for the Karen community. While they had fled from Burma (now known as Myanmar), all participants proudly identified themselves as Karen:

They (Karen) come from totally different country, you know, people do things differently. (Karen female)

Community perception of the EMS's commitment to diversity and inclusive practices plays an important role in building relationships. The young people saw the EMS as an inclusive organisation that engages in inclusive practices, welcoming people from all diverse backgrounds. They acknowledged though, that the EMS workforce is largely of Anglo-Celtic background. However, they believed the EMS created an environment where difference was accepted and people could feel safe:

I would say their values would be, well again, respect within the community, leadership, setting a good example, accepting all and everyone, discrimination is just, no go. (Young female)

Importantly, the young people perceived the EMS as an inclusive sector, promoting D&I practices through employment strategies and in their work with communities across Australia. They identified a good gender mix within the organisations and believed that the EMS practiced inclusive employment strategies:

I think they do actively try to employ people of diverse backgrounds. (Young female)

I would say it [inclusion] is highly valued. They usually work in teams and want to have good leaders, so they value including all different sorts of people and probably want to be as diverse as they could. (Young female)

The Karen community recognised that working with the EMS would be beneficial for their community. Several spoke about having someone working with the EMS from their community, or having an interpreter available who could translate messages from the EMS:

If someone who speaks Karen works with the emergency services that would be helpful. (Karen female)

Both groups recognised though that a diverse workforce is not always possible, and the EMS would need alternate strategies to work with diverse communities.



You can't always have a diverse workforce, it's not always going to happen. And then, you do your best to make sure everyone is open, accepting. (Young female)

People management

A number of young people were already working in environments where they are taking on leadership roles with diverse groups of people. The young people also had a good grasp of effective D&I practices and had strong views on the value of D&I in the workplace. They recognised that D&I made the workplace easier to run; created positive teams; enabled everyone to voice their opinion and be heard; and creates a safe space where everyone is supported and included. They argue that these experiences position them well to engage in communities with people of diverse language and culture, and the EMS. Some reflected that their leadership approach is more inclusive than older generations:

A positive work environment. I mean you feel like you're a part of a community. I think when there's diversity you can definitely learn off other people, experiences, cultures, age. So, I think it can grow the work, the work can grow and people can learn, and just keep kind of striving off each other that way. (Young female)

Some members of the Karen community had spent over 30 years in refugee camps on the Thailand/Burma border. While the majority found it difficult to find work in the camps, several participants reported that they had taken on leadership roles, developing skills that would be beneficial to assisting their community to engage with the EMS:

I worked with refugee community and focused on hygiene, water. In the camp. And one year after that I'm a supervisor. (Karen male)

Despite this level of leadership experience, the Karen participants were largely working on production lines in local organisations, or, as was the case for several participants, taking on a primary carer role in their family.

Collaboration

The Karen community identified the value of communities coming together and respecting everyone's individual values and rights when questioned about diversity and inclusion:

The best thing is we come together and it is like equal rights for everyone. Come together, sharing. (Karen female)

Their understanding of inclusion was often informed by personal experiences of racism and discrimination, and as a result, they were acutely aware of the negative aspects of diversity and social exclusion:

I think there's challenges in community. Some people don't really know about your background and you may feel excluded from that and racism, or getting involved. (Karen male)

Participants in both case studies perceived their relationship with the EMS as a one-way relationship. They acknowledged that the EMS were very effective in



the role of keeping communities safe, but neither community identified a role for themselves in building resilience and preparedness for future events.

Developing relationships with communities is crucial if the EMS is to successfully shift their current engagement with communities from transactional to relational (Young & Jones, 2019).

The young people acknowledged their own complacency in this relationship, but they also felt that the EMS was not reaching out to them. Their focus, when asked about how they would work with the EMS, was to consider employment opportunities – paid or voluntary. It was only through the interview context that the participants began to consider different ways of engaging with the EMS and the role they could play in their communities:

Collaboration is definitely important, working with people in the community and the emergency response people. Working together and collaborating on ideas and how to make things run smoothly, or be better prepared. (Young female)

Relationships with the EMS for the Karen community were also reported as one-way. While the participants were appreciative of the role the EMS could play in assisting them in an emergency, there was a limited acknowledgement that the EMS would want to work in collaboration with their community:

We come to this country, everything is different but we have support. Support from the community here and also, we feel like we are safe. It's safe. (Karen male)

Networking

Young people believe they have a lot to offer the EMS, and advocacy was a specific skill they brought to the table. One young female participant, was very positive about the EMS's community involvement, but felt advocacy was one area they could do better:

I think that's one aspect where the CFA can improve. I think young people can bring a lot to the table and they can be very useful in that situation ... if the CFA used them in that way. (Young female)

Despite their limited engagement with community, the young people demonstrated a strong engagement with wanting better outcomes for their local environment:

I think young people embrace that a lot. I think they feel like they can advocate for what they believe for a particular community. (Young female)

Some of the Karen participants advocated for their own community and their way of learning, suggesting that practical training would be more appropriate:

Not just a training, theory training, but practical training, which will help them understand when a car accident happens what we should do. And some people learn, like older people, they learn by observing not just theory work. (Karen male)



In summary - Skills

Communication and understanding is vital to developing relationships and understanding. The barriers of language that go beyond the simple aural experience are significant, impacting on the confidence of new arrivals and engendering fear of being seen to be incompetent. It is important that the EMS consider the challenges of language and understanding as they develop strategies to work with diverse communities.

Developing strategies and approaches that build confidence, address deficit skills and find ways to communicate the risk of natural hazards and disasters is key to shifting their relationship with communities. Focusing on these aspects as a starting point begins the process of building relationships to lay the ground work for their ultimate aim of working together to build resilient communities.



CAPABILITIES

Capabilities can be defined as ‘qualities, abilities or features that can be used or developed’ or ‘of being capable and having capacity and ability’ (Oxford Living Dictionaries). Both definitions are relevant to D&I in organisations, and are applicable to individuals and organisations (Young & Jones, 2019).

Capabilities		
Trust	Social cohesion	Resilience
Community cohesion	Strategic thinking	

TABLE 7: CAPABILITIES IDENTIFIED IN CASE STUDY RESEARCH

Trust

Building trust with diverse communities underpins many of the ‘organisational and institutional values that are already aligned with diversity’ in EMOs. (Young et al., 2018, p. 18)

Trust between the EMS and the communities they serve is widely acknowledged as playing a significant role in building relationships and social capital. Research shows that outside of family and friends, the EMS are the most trusted occupation (Cornick, 2018). However, the case studies demonstrated that trust is complex, and determined by the local context and needs. It is also important to understand that there are sectors of the EMS who are more trusted than others (Cornick, 2018).

The Karen community viewed trust as a one-way relationship, identifying the role of the EMS as protectors whose role is to assist them, rather than to develop relationships and work together:

We trust in them that they can help and yeah, we let them help us. If we not trust them, we have issues. (Karen female)

Young people agreed that **trust was integral to communities** working with the EMS. They felt, for the most part, that their values and respect for the EMS was something that had been a part of their lives:

I think it is a socialised thing, you’re taught to trust someone in uniform. (Young female)

They believe that trust in the EMS could be developed by engaging with them in community activities:

The CFA are part of our community, like you know them through football and netball clubs, you have that high level of trust as well. (Young female)



They acknowledged an individual's history and their own context influenced the level of trust:

I think it's [trust] integral. Depending on people's background and their own experience, their level of distrust with police law enforcement is different. I think there's assumed trust in people like ambulances and fire services and you would in the police, but I think police is kind of more shaped by your own experience or your community's experience, your immediate family. (Young female)

Previous research has suggested that some refugee or migrant communities are fearful of the EMS, linking the uniforms to previous unpleasant experiences or events in their lives. This is particularly relevant for refugees who have fled decades of civil war and lived in refugee camps with 'men walking around camps wearing uniforms and armed with every conceivable type of weapon available' (Lischer, 2005, p. 79). In these circumstances, lack of trust in uniformed EMS is understandable.

The Karen community challenged this perception, while several recalled the experience of civil war in their villages before fleeing, they did not witness uniformed officers in their refugee camps on the Thailand border. As a result they had not built up a fear of those in uniform:

Not really but because back then we don't use actual uniform to be a fire-fighter or a police, security guard, you only have a normal t-shirt which has a logo which says police or fire. (Karen male)

Community cohesion

The two case studies highlight how diverse communities may feel a sense of community cohesion with others who share their cultural heritage or sense of identity, but have little connection with their broader community.

Networks, for young people, are disparate, formed through friendships, sporting, and study rather than location. Connecting with others online was more common, rather than in physical spaces in their local environment. Young people are very familiar with the concept of social networks, although these differ from location-based community networks envisaged by the EMS.

Even though I live here, I would consider those people (online) my community I guess because they're the people that I hang out with the most. I'd say we're (young people) not as good at community groups. (Young female)

Having worked together to establish their community in the Bendigo area, social networks within the Karen community were strong and they demonstrated a strong sense of social cohesion:

I find that if I study bilingual language it will be helpful for me to help the community, like the Karen community, who are new and trying to fit in and like who need help I'd say. (Karen male)



Their connections though, were largely within their own refugee groups and the service organisations established specifically to support their integration. Remaining tight-knit is a common occurrence within refugee or immigrant groups (Refugee Council of Australia, 2018), and this presents particular challenges for the EMS.

Connections with social networks in the broader Bendigo community were less clear. While there was evidence of links to the Bendigo community through work, school and settlement assistance, the preference, in the face of uncertainty, would be to turn to their own people for support and guidance, particularly the bilingual workers.

The insular nature of the Karen, and other diverse immigrant or refugee communities, suggests that the EMS needs to be aware of all cultural groups or smaller communities that exist within the broader local context. In the Bendigo region, this would include Karen, Indians, Burmese, Afghans, and people from Thailand, China, Philippines, Sri Lanka, South Africa and Malaysia (Pyke, 2018).

Despite this, members of the Karen community expressed their appreciation at living in a community that helped them feel safe. This was not something that had experienced either in their homeland or the refugee camps:

Everything is different but we have support. Support from the community here, and also we feel like we're safe. It's safe. It's different to our country and the police here, we don't need to [be] scared. They're kind. (Karen male)

Young people reported that this was a stage of their lives where they did not have strong links to their local community. For them, connectedness and social cohesion was expressed through their workplace, in their educational environment, online, and with their friends and peers.

Their acceptance of others and understanding of the values of embracing diversity and promoting social inclusion in partnership with the EMS was clearly evident. Recognising the contribution of all people and the value of working together was a strong theme, and has been a part of their education and learning.

Similarly, the Karen community reported that their understanding of the community and environment was limited. They recognised that re-settlement in Australia was an enormous task, and there were many things that they had to learn, including language, the environment and country, local area and culture:

The first thing is because the language, it's really hard to communicate, it's not our own language. The second thing is because we're not born in this country and we don't grow up in this country, we come here when we are adult, and there's so many things that are a challenge for me in this life, in this country. And the third thing is because of the diversity, the culture also is different as well. Sometimes it's really hard to understand culture. (Karen male)



Social cohesion

Research shows that many refugees or migrants retain ties to their homeland and these are considered to be more important than those to their new nation and community. Ties to their homeland can continue to be for generations after re-settlement (Ben-Moshe et al., 2012; Refugee Council of Australia, 2018).

This phenomenon was evident in the Karen case study. While participants had spent the majority of their lives in refugee camps before settling in Australia, all participants described themselves as Karen when asked to describe their cultural identity:

I was born in Burma but I'm not Burmese, I'm Karen. So, my identities belong to the Karen family. I still see myself as a Karen person. I feel like I'm Karen, I'm just living in another country, that's all. (Karen male)

The concept of collective identity reveals the significance of a shared history, culture and experience that continues to shape the notion of identity. Regardless of their arrival date in Australia, the participants demonstrated an ongoing connection to their Karen identity and culture:

I'm Karen because I'm from ... was born in Burma. I'm Karen and I come to this country and living this country but I'm Karen. I still remember my past experience and also, the family, the grandparents because they are Karen but, in this country, we're safe but I still remember our people. (Karen male)

This is not a unique scenario: migrant and refugee communities have been establishing themselves in specific locations in Australian cities and regional areas since Australia's commitment to becoming a multicultural nation in the 1970s.

Younger members of the Karen community identified with their Karen culture but were more open to achieving a sense of identity that was more a hybrid — Karen/Australian.

Measuring the young people's sense of belonging within their physical communities revealed an age group that did not necessarily have strong connections to their local environment:

I instinctively think that community is a location, but I guess you could be part of a broader community; be it your school community or your cultural community. (Young female)

A number of participants reported that this was an age where they identified more with friends, educational or works groups and less with their local community. They also felt this was a period of discovery and uncertainty:

When you're not really certain about yourself and where you're trying to work that out. (Young female)

Young people also identified a number of barriers to working with the EMS. One of the most significant ones was a lack of connection between the two:



Access, or maybe not access, presence. I don't know, I don't feel like they were – I know they're there, but I didn't feel that connection maybe. (Young female)

Others felt that existing members of the EMS might be stuck in their ways and reluctant to listen to young people's perspective:

Some elderly people who don't want help, and they get stuck in their ways. Vice-versa, if a young people, I guess they can feel quite invincible, they probably don't want help either. (Young male)

Strategic thinking

The participants in both case studies had not considered the role they could play in building resilient communities, and protecting lives and their local environment. When questioned, both groups felt strongly that they should be involved in ensuring their community was cared for, for them and future generations:

The older generation, I would say the need to be educated to understand where to get help and then they will. Yeah, it's [working with the emergency services] important for that. (Karen male)

I think because we're the next generation, so I think it's better to get ready now for when we are older than to grow up and not really be a part of it and then not knowing what to do if something does happen. (Young female)

Resilience

Resilience factors for the Karen community were evident, having been gained during the uncertain decades awaiting resettlement in refugee camps (Pyke 2018). Their internal resilience as a community was achieved by working together to resettle and create new lives in the Bendigo area. Less clear within the community though was the type of resilience required to survive emergencies and disaster, or work with other organisations, such as EMOs, to achieve this goal. This was evident in the responses to what they would do in the face of a fire. One participant suggested he would run to the other end of the house, another said that if they could not see the fire they would not leave their home, even if advised to. These are not included here as flippant responses, but rather to demonstrate their limited understanding of Australia's natural hazard risks and potential danger to themselves and others.

There was no clear consensus on whether young people were more resilient than others in the face of an emergency. One young female participant reported that they considered themselves to be very resilient as a result of their experience of fire and natural disaster. Other young people felt that their age group was less resilient than older generations.

In summary – Capabilities

The Karen community demonstrates important capabilities such as trust, resilience, a strong sense of community and social cohesion, and an openness



to accept assistance from the EMS. **The challenge for the EMS is that these capabilities tend to focus inwardly to their own Karen community rather than Bendigo more broadly.** Knowing this, will assist EMOs to develop strategies that acknowledge the strong sense of community and support within the Karen community and to **build on the trust they demonstrate towards the EMS.**

Strategies to build relationships with younger people and other diverse groups not bounded by a physical space should not underestimate their desire to achieve a sense of belonging. Recognising that this can exist in online spaces as well as workplaces, education institutions provides the EMS with new opportunities to engage with younger generations. While the immediate benefits may not be evident, the strategies build relationships with groups who will be called upon to meet the future needs of the EMS.



EDUCATION AND LEARNING

Education

The case studies highlighted the extremes of educational attainment that may be present in Australian communities. The young people interviewed had obtained Year 11 or 12 certificates and many had completed, or were in the process of obtaining, tertiary or TAFE qualifications. In contrast, a number of participants from the Karen community had not attended any level of education and several had only achieved a primary school education. This section has been included to outline the challenges of limited education and work experience that is evident in some of Australia's refugee communities (Refugee Council, 2018).

Learning

Learning is the process of acquiring new knowledge and continues across the lifespan. Early childhood learning and development lay the foundations for lifelong learning.

International law determines that all people have a right to education; yet only 50% of refugee children attend primary school (United Nations, 2016). **Missing out on education has a lifelong effect for an individual**, having negative impacts on not only work opportunities, but also important skills such as self-reliance, problem-solving, critical thinking and teamwork (United Nations, 2016). These are skills that would be beneficial in building resilient communities with the EMS.

Learning is not simply about attending school and gaining an education. Learning also takes place within the environments and contexts of an individual's life. For global refugees like the Karen community, the average length of time spent in refugee camps awaiting re-settlement is around 20 years (United Nations, 2016). During this time, refugees are not engaging in work experience or enhancing their education beyond lower secondary school.

The level of education achieved in refugee camps is also considerably different from the education that is offered to Australian children and young people.

Like from refugee camp, you just learn the basics, English like A, B, C, D, and yes and no, but here, when I came to Australia, it was different. I had to start over again from scratch. Yeah, it was challenging and difficult to re-learning everything. (Karen male)

The Karen community – education levels

Karen participants education level on arrival		
Gender	Age	Education level
Male	20	Year 4
Male	28	Year 7
Female	29	Year 5
Female	30	Year 10
Female	34	None
Male	38	None
Female	41	Year 8
Male	41	Year 9
Male	41	Year 4
Male	42	Year 8
Female	48	Year 4
Male	51	Year 10
Female	51	None
Female	52	Year 10
Male	61	None

TABLE 8: EDUCATION LEVELS OF PARTICIPANTS IN KAREN COMMUNITY CASE STUDY ON ARRIVAL IN AUSTRALIA¹

Young people

Young People Case Study Level of Education		
Female	20	Year 12
Female	22	Year 12
Female	22	Year 12
Female	23	Tertiary Degree
Male	23	Tertiary Degree
Female	25	Tertiary Degree
Female	23	Tertiary Degree
Male	25	Year 12

TABLE 9: EDUCATION LEVEL OF PARTICIPANTS IN YOUNG PEOPLE CASE STUDY

While the educational experiences of young Australians are unique to the individual, the F-10 Australian Curriculum and Melbourne Declaration ensure that young people are taught capabilities that will enable them to successfully

¹ While age explained the limited education of some of the older Karen community, it was clear that caring responsibility for family was a barrier for female members of the community



navigate their lives and 'become successful learners, confident and creative individuals, and active and informed citizens' (Australian Curriculum, 2019; Lucas and Smith, 2018; Ministerial Council on Education Employment and Training and Youth Affairs, 2008).

Capabilities taught in Australian schools include: Critical and Creative Thinking, Ethical Understanding and Intercultural Understanding and Personal and Social Capability. The focus of this learning is shown in Figure 3.



FIGURE 3: AUSTRALIAN CURRICULUM, F-10 CURRICULUM, GENERAL CAPABILITIES, PERSONAL AND SOCIAL CAPABILITY

In contrast, the educational attainment of the Karen community, particularly those who arrived in Australia as adults, was limited. Three reported that they had not completed education beyond Year 4 in primary school and a further 4 had no formal education:

I never attend school, when I was 13 years old I started working in a farm. (Karen male)

Members of the Karen community who arrived in Australia as children or young people under the age of 17, reported greater educational attainment as they came under Australian law, which dictates that young people must engage in schooling up to the age of 17 (Education and Training Reform Act, 2006).

The lack of education presents a particular challenge to EMOs wanting to work with communities such as the Karen, with language and understanding a key component of building relationships and developing risk literacy.

Work experience

Further challenges were evident in the limited work experience of the Karen community. Prior to fleeing their villages, participants reported that they worked on family farms or for others, providing for their own families, being paid with rice or produce.



A number of participants reported that they had lived in refugee camps on the Thailand border for, in some cases, over 30 years (see Table 1). Their work opportunities during this time were limited. Some reported helping out with schools or programs for women, while others worked outside the camps doing manual labour, cutting sugar cane, or picking fruit and vegetables.

Work opportunities for members of the Karen community in Australia have also been limited. Many worked for food manufacturing companies in the Bendigo region, while younger members of the community have more work opportunities. Several participants had developed their English language skills and worked as interpreters for the Karen community in the local library or community support organisations. Other participants reported that they had undertaken domestic or caring roles for their family. A number of participants also indicated they have health issues and are unable to work.

Among the participants in the young people case study, work experience was varied, with some working in retail, the leisure industry, hospitality, nursing, or administration. A number were combining work with education and looking towards a future with qualifications, and the specific skills and capabilities required to undertake their desired role.

Capacity to learn

Without a basic level of education, individuals find it difficult to build knowledge. It is also difficult to measure an individual's capacity to learn.

Refugee communities, such as the Karen community, represent a unique challenge for the EMS. While the aim of the EMS is to work together with the communities they serve, there is an assumption that the community has the capacity to engage and learn (Young et al., 2018). Findings from this case study demonstrate how some refugee communities may bring a deficit capability to this relationship.

While younger members of the Karen community will enhance their learning by entering the Australian education system, it was evident that a number of participants had extremely low levels of learning capacity. This was evidenced in their limited English, basic understandings of D&I, and risk and inability to respond to more complex questions. Despite living in Australia for up to ten years, the participants had limited work experience, low levels of education and, for some, very little social engagement outside their familial relationships. One 28-year-old female participant's story is representative of several of the participants:

She fled Burma at the age of 7 and lived in a refugee camp on the Thailand border for 16 years. She studied up to Year 7 in the refugee camp then undertook manual tasks, including cutting sugar cane. She married and had two children in the camp and another on arrival in Australia in 2013. She is pregnant and undertakes domestic duties. She has not worked since arriving in Australia and has very limited English language skills.



Desire to learn

Despite these significant communication barriers the Karen community demonstrated a desire to better understand the EMS and potential risk. The interest of the older participants was focused on the triple zero emergency line – police, ambulance and fire – rather than larger scale emergencies and disaster management of EMOs, but this should not restrict opportunities to engage with the Karen community and enhance their understanding. Understanding the **level of information they receive on arrival** in Australia, should help EMOs to plan training and education after settlement:

When they [refugees] arrive, too much information. Some they got overwhelmed, because the first time they're not going to go to school yet and that, so maybe the learning is delayed. (Karen female)

A number of Karen participants wanted more information about the EMS. They were particularly interested in the translator service and whether they would be linked to a Karen interpreter if they rang triple zero.

When asked, participants in the young people's case study were interested in understanding more about the role of the EMS, but it was not something they had considered in recent years. Overall, the young participants felt that they had a good understanding of the EMS that operate within their own urban, regional or rural context. Engaging them in broader community resilient building is not something they have considered, but the young people interviewed here showed a level of interest.

Motivation to learn

Participants in the young people's case study indicated that they were motivated to learn and to understand the role they could play with the EMS. Several participants indicated that they believed this cohort would:

Want to know more and people aren't closed off maybe so much or stuck in beliefs that they're open to actually, there is a different perspective, such as this is actually not what I initially thought and I'm more open to changing that, and not maybe as rigid in some of their views. (Young female)

English language lessons are one of the key settlement programs for newly arrived refugees in Australia. Lessons provide new arrivals with a good start to their re-settlement, but are not sufficient for individuals to enter mainstream education or to find work (Refugee Council of Australia, 2018). Learning English is a challenge for many refugees, particularly those with limited education; or those living with disabilities, raising children or undertaking caring roles. The challenges that refugees face were clearly evident in the Karen case study, and impacted on their motivation to learn.

All participants indicated that they had undertaken English language training on arriving in Australia. Some reported attending for several months, and others for



up to a year. The majority indicated that this was where they learnt about triple zero and how they could ring for assistance:

The training we have, when we first arrive and we just explain to them about triple zero and the free service. They can call and yeah, they know but because of the language ... at this start it's difficult. (Karen female)

A number of participants indicated that they were not ready to learn additional information about the EMS and potential risks when they first arrived. They suggested that they would have been more open to learning if this information was provided to them at a later stage:

This year in English class, our teacher, they taught about emergency services and also, if something happened to the family or to your friend, you can call the service like police, ambulance or fire. But it's in English, there's no interpreter so I understand not all the information. (Karen male)

Despite their apparent interest, the majority of participants stopped attending English language classes within the first twelve months of arrival. Younger members of the community were the exception, as they engaged in formal education upon arrival in Australia. As a result, they have learnt more about the EMS and the potential risks they face in their local community.



CONCLUSION

EMOs acknowledge that Australian communities are changing and becoming increasingly diverse. The EMOs recognise that if they do not engage in effective D&I strategies and practices, the communities they work to serve will be placed at risk and community safety may be compromised.

The broader D&I project has investigated D&I from an organisational and economic perspective within EMOs and the sector's understanding of the attributes, skills and capabilities in Australia's diverse communities that can be harnessed to build resilience and preparedness for future events. EMOs recognise though that the success of their D&I strategies with diverse communities can only be successful as a collaboration, with community engagement and involvement in the process. Achieving this is only possible if EMOs have a rich understanding of the community's perspective of the sector and their own attributes, skills and capabilities.

The case studies presented in this report, the Karen community from Bendigo and young people aged 18–25, have provided valuable insights from communities who do not have existing relationships with the EMS or an understanding of the role they could play in building resilient communities.

The young people's case study highlights the possibilities and opportunities that this age group offer EMOs as they develop strategies to shift their relationship with communities from transactional (delivering a service) to relational (working together). Young people bring many attributes, skills and capabilities that the EMS could work with to build resilient communities. The benefits may not be immediate, but the longer-term outcomes suggest an investment in strategies to engage this age group would be advantageous. Young people's acceptance of others, sensitivity to different values, needs and capabilities all demonstrate effective D&I strategies that could be harnessed by the EMS.

In contrast, the Karen community brings with them many deficit skills and capabilities, and view the EMS as a one-way relationship. Their limited education, language and understanding present the EMS with significant challenges as they seek to identify skills and capabilities that could be harnessed to build resilience within the Karen community. They represent the challenges that the EMS must overcome as they develop strategies and frameworks to understand how to work more effectively with Australia's diverse communities.

Having completed the case studies, the next step in the project is to develop a D&I framework that enables the EMS to measure the attributes, skills and capabilities of Australia's diverse communities. Lakhina's (2018) co-learning disaster resilience toolkit provides a solid framework to build upon. The next stage is to adapt this to suit the needs of the EMS and invite EMOs to test the framework.



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APPENDIX A

Karen interview schedule

Can you tell me a little bit about your life before you came to Australia, the work you have done, study undertaken, family life?

How long have you been in Australia? Can you tell me a little about how you came to be in Australia, why you came, how you travelled, and where you have lived in Australia since arriving?

Can you tell me about the things that you do now in Bendigo? Do you work at home, study, training for work, working, or a mix of lots of things?

Can you explain your understanding of inclusion?

Can you explain your understanding of diversity?

How do you think about yourself in terms of cultural identity?

What are the best things about diversity and inclusion in communities? In your job?

What are the challenges with diversity and inclusion in communities? In your job?

Can you describe an organisation, a group or business that you believe is committed to diversity and inclusion. If you have a good knowledge of what they do can you explain how the programs and practices they use for diversity and inclusion?

Emergency Services

Can you tell me what you think I mean when I talk about the Emergency Services?

What sorts of work do you think the EMS do?

How important do you think the EMS are in your Karen community?

When you see the EMS people do they remind you of anyone from Burma or the refugee camp?

Can you tell me about any experiences you have had with the Emergency Services in Australia?

How would describe your experience? Very good/Good/Alright?/Not so good/Bad

Thinking about the Karen community, can you tell me about the work that the EMS have done for/with your community?



How have the bi-lingual workers from the Community Health Services here in Bendigo helped you to engage with the EMS?
How important do you think that diversity and inclusion are to the EMS?
Can you tell what the word trust means to you?

How important, do you think, is trust between the Karen community and the EMS here in Bendigo?

What would you do if someone from the EMS knocked on your door and told you that you have to leave?

Are there opportunities/events that the Karen community would like the EMS to run with you? Engage with your community?

Demographic information

Could you tell me how old you are?
Could you tell me what gender you identify with?
Where were you born?
Where were your parents born?
Where were your grandparents born?
When did you arrive in Australia?
What languages do you speak?
What languages do other members of your family speak?



APPENDIX B

Young people interview schedule

Diversity and inclusion

Can you explain your understanding of diversity and inclusion?

What do you see as the most beneficial aspect of diversity and inclusion in the workforce?

What do you see as the most challenging aspect of diversity and inclusion in the workforce?

Describe an organisation or company that you believe is committed to diversity and inclusion. If you know, explain the programs and practices do they use for diversity and inclusion?

Emergency Management Organisations

Explain your understanding of Emergency Services. What do they do? What is their role?

Describe any experiences you or your family have had with the Emergency Services

Thinking about your own community, where you live/work, describe the emergencies/disasters that the EMS may respond to here?

How important, if at all, are the EMS in your local community?

Explain the EMS engagement with your local community. What do they do? How do they do it?

Explain the relevance of trust between EMS and communities

Demographic Information

Would you tell me how old you are?

Would you tell me what gender you identify with?

Would you tell me how you describe your cultural identity? (could be geographic, where you belong)

Where were you born?

Where were your parents born?

Where were you grandparents born?

What languages, other than English, do you speak?

What languages, other than English, do your family speak?



Relevance of diversity and inclusion in EMS

From your own experience, can you describe how the EMS engage with communities?

Explain the importance of diversity to the Emergency Services, what value do you think they place on inclusion? If we describe young people as a diverse community, how does the EMS engage with young people in communities?

Can you explain the level of commitment to diversity and inclusion in the EMS? Explain how effective these programs are in creating a more inclusive environment for young people?

Can you describe what you see as the most challenging aspect for diversity and inclusion as the EMS engages with communities?

Skills and capabilities

Explain how active you are in your local community, what types of roles you have taken on and which organisations have you engaged with.

What skills and capabilities do you bring to this organisation? Can you explain if/how this organisation fully engages with your skills and capabilities?

Thinking about yourself and other young people, aged between 18 and 25 as a diverse community, explain what skills and capabilities young people have to offer the EMS in the face of an emergency or disaster?

What skills and capabilities to young people bring to building a community that is ready to respond to these?

What skills do you, and people of your age, bring to the EMS in your community.
Technology, social media, local knowledge, groups and networks, collaborations, advocacy, flexibility, responsiveness, resilience, cross-cultural knowledge, connections to family and community, educational aspirations

Explain how the EMS could engage with these skills to undertake their role in communities

Describe any barriers you believe may exist for the EMS engaging with the skills and capabilities of young people

Language, unfamiliar culture and society, social systems (family structures, schools, changing sense of community), community knowledge, trauma, persons in authority, racism, discrimination (implicit, explicit, structural or individual), family structures, negotiating identity