Our Community, Our Voice

GenWest

Lessons from the 2022 Maribyrnong Flood

Acknowledgements

GenWest recognises that the land on which we work and provide our services always was and always will be Aboriginal land. We pay our respects to Elders past and present.

We proudly acknowledge the First Nations communities across Naarm / Melbourne's westthe Wurundjeri Woi Wurrung and Bunurong Boonwurrung people of the Kulin Nation. We acknowledge their rich diversity, cultures, histories and knowledges, and the deep contribution they make to the life of this region.

We acknowledge the ongoing impacts of colonisation, as well as the strength and resilience of First Nations people, and express solidarity with the ongoing struggle for land rights, self-determination, sovereignty, and recognition of past injustices.

Contributors

Special thanks to Nilaufer Singh, Thuy Dang, Edwina Landale and Phoebe Armstrong. Nilaufer and Thuy conducted the field research and interviews that underpin this report with heart and skill, and Edwina and Phoebe analysed the women's stories, reviewed the literature and crafted the rich and revealing insights we present in this report.

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Contents

Foreword

The second largest river in Victoria, the Maribyrnong River, has been a sustaining lifeforce for all who live near it for over 40,000 years. The word 'Maribyrnong' is an anglicized version of the Wurundjeri Woi wurrung term 'Mirring-gnay-bir-nong', which roughly translates to: 'I can hear a ringtail possum'.

It is from Aboriginal communities that we always learn so much. For this project, the name of the river itself helped influence our direction and engagement approach from the beginning. If we were still, what could we really start to hear? Not only has Aboriginal language been at the heart of our work in Maribyrnong, but Aboriginal community engagement approaches have too. The name of this project, 'Our Community, Our Voice', states the underlying principle of the project from the outset, which is so vital to its success: self-determination. It is from here we believe the best results for community - whether that be a family or whole community rebuilding - are always achieved.

It is from here that trust was built, and we were privileged to hear 10 courageous women sharing their stories - voices not heard nearly enough, particularly at times of emergency. Women's health needs are so often over-looked, and this is more pronounced for refugee and migrant women, mothers, older people, those with financial precarity, and those with a disability, as this report illuminates.

To each of the incredible women who recounted some of their most frightening moments and distressing experiences; thank you so much, we are so grateful. We dedicate this report to you.

These women shared their stories in the hope that future emergency planning and recovery efforts learn from their experiences. We hear you. We hope you hear them too.

'The SES came by boat to rescue us. The rescue boat was small and could only carry 5 people, so the first trip was only me and my two younger children. The water was very cold... The water flowed strong and fast, the boat swayed which made us very scared. My mind was frozen, I couldn't think at that moment sitting in the boat, I was just scared.'

– Nguyen

Introduction

On 14 October 2022 the Maribyrnong River broke its banks. The resulting flood was devastating for the community of Maribyrnong in Melbourne's west; over 500 properties were affected by flooding.

This report examines the impact of the flooding on this community, with a particular focus on the impact on women and children from migrant and refugee backgrounds.

Research shows that women are 14 times more likely to die in a disaster situation, with evidence showing that rigid stereotypes and discriminatory practices about gender are significant contributing factors (Van der Gaag, 2013). Women also experience poorer mental and physical health outcomes in times of disaster, often because of having prioritised the care of family members over their own self-care. This report tells the stories of women and their families in Maribyrnong who experienced flooding and outlines their experiences of the disaster response in 2022, as well as their attempts to recover and rebuild their lives in the aftermath.

Disasters compound existing vulnerabilities in communities, and specific cohorts of people face the greatest difficulties. These include women, children, older people, people who identify as LGBTIQA+ and communities from migrant and refugee backgrounds (Parkinson & Weiss, 2022). Other factors that can further affect people's health and safety in times of disaster include cultural background, family status, age, disability, material wealth and level of education.

Census Data shows the City of Maribyrnong is an area with a higher than state average migrant population (38 percent of people born overseas; 9 percent born in Vietnam and 3.4 percent born in India). The Census also showed that 6,678 people who spoke a language other than English at home reported difficulty speaking English, creating a significant barrier to traditional service delivery models. Studies show that migrant and refugee women's mental health and wellbeing is affected by a range of intersecting factors such as structural, institutional, and interpersonal forms of disadvantage and oppression; gender norms; gender-based violence; migration-related stressors; and loneliness and social isolation (Tran et al., 2023). These are exacerbated in times of disaster.

The stories in this report show the profound need for disaster recovery, management and long-term preparation to be localised, gendered and intersectional.

We make recommendations to improve disaster planning, response and recovery in urban contexts and to ensure diverse communities are adequately prepared for the impacts of climate change and future disasters.

We are hugely grateful to the ten women who generously and courageously shared their stories with us, to help improve the lives of others in future.
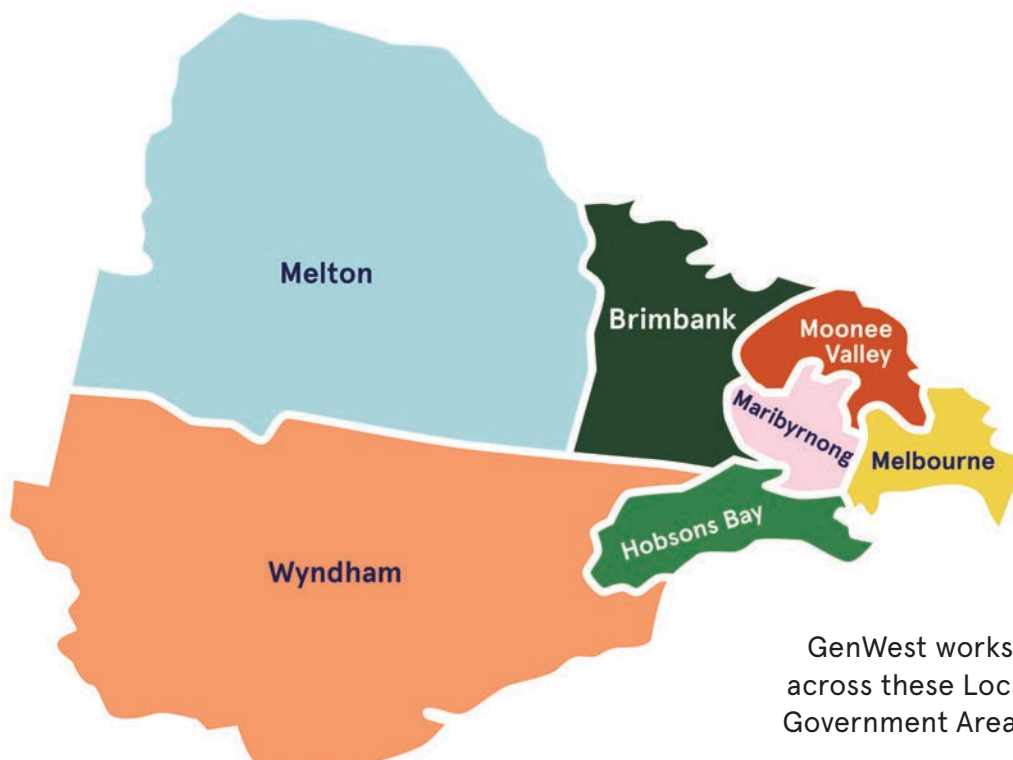
About GenWest

GenWest is an organisation working towards gender equity in Melbourne's west.

We provide services that help victim survivors of family violence. We support communities to lead safe and healthy lives, by running social and education programs for people who experience inequity. We also partner with other organisations to advocate for equal rights and the prevention of family violence.

GenWest is a place-based organisation, our work covers Melbourne's western metropolitan region, and we have close ties to the diverse communities across the region. With expertise in gender equity, primary prevention, community engagement and family violence, GenWest can provide unique insights into local community needs during times of crisis.

About our work in flood recovery

The *Our Community, Our Voice: Resilience and Flood Recovery in Maribyrnong Program* (Flood Recovery program) is run by GenWest's Multilingual Health and Education Team (MHE). The program has engaged with flood affected migrant and refugee women based in Maribyrnong, supporting them to receive and understand vital health and human rights information. The program also provided a space for the women to connect through community events and to share their stories of disaster in a safe and empowering environment. The program provided appropriate mental health support pathways to support the community to recover from ongoing disaster displacement and trauma.

GenWest works across these Local Government Areas.

About this report

This report has been developed as part of GenWest's Flood Recovery program.

The stories and insights gained from interviewing flood-affected women in Maribyrnong offer an invaluable perspective on the effectiveness and gaps of disaster response and recovery efforts.

This report contributes to evidence about migrant and refugee women's experiences of disaster and the impact on their health and wellbeing. In Australia, research on the impacts of disaster on women from migrant and refugee backgrounds is very limited (Minas et al., 2013). This reflects wider patterns in disaster and health planning that tend to exclude the voices of culturally and linguistically diverse communities (Minas et al., 2013; Sullivan et al., 2020).

Migrant and refugee women face ongoing hardships in accessing culturally effective support before, during and after a disaster. Examining the gendered impact of disasters is vital in helping to minimise poor outcomes for women and their communities, strengthening the resilience of disaster-prone communities, and improving disaster preparation and response for the future.

In each chapter, we complement local community stories with evidence from research literature to show patterns and trends in peoples experiences of disaster, and how they can be addressed.

Many of the women we interviewed chose to be photographed for this report, and they selected the scenes and objects that help to tell their stories of the Maribyrnong flood.

We have written this report for the Maribyrnong community, including migrant and refugee communities, local government, service providers, volunteer groups, policymakers and the broader emergency response and recovery sector.

We hope that the findings and recommendations will contribute to meaningful change at local, state and national levels, and ultimately improve disaster preparedness and resilience for diverse communities across Melbourne's west.

The report is available in English and Vietnamese.

Method and approach

Literature review

We conducted a literature review of migrant and refugee women's experiences of flood response and recovery, with a focus on Australia. We also reviewed the Gender Emergency Management Guidelines, a comprehensive examination of gender in disaster contexts within Australia (WHGNE et al., 2016a). We identified a gap in the literature concerning migrant and refugee women's experiences of disaster, particularly in Australian urban contexts.

Interviews with community members

We conducted interviews with ten community members to understand their experience of the flood event itself, and their recovery from it. From these interviews we identified six themes that we present in six chapters.

We designed a semi-structured interview guide, enabling interviews to be flexible yet focused, allowing interviewers to explore unanticipated responses and stories, and a natural flow of conversation. This approach is culturally sensitive and is consistent with community development and participatory research frameworks, which are adaptable to community needs and priorities.

Interviewee recruitment

We recruited interview participants using a Snowball Sampling Method from GenWest's Flood Recovery Program. The interviews gathered stories from migrant and refugee women to address the gap in evidence on gender and culturally diverse community voices in Australian disaster contexts. Vietnamese residents were a priority group for community engagement because of the large Vietnamese population in Maribyrnong. Some participants' names have been changed to protect their privacy. In these instances, participants chose their own pseudonyms.

Community member interviews

Eight of the women we interviewed were residents affected by the flood. Seven out of eight have a refugee or migrant background, but aside from these shared characteristics, they had a diverse range of experiences, life circumstances and demographic characteristics.

We also interviewed two women who are considered community leaders and who provided volunteer or professional support to flood affected migrant and refugee residents. These participants' dual position in community and in the disaster response and recovery offered unique insights into local support service approaches. Their views are shared in the report as 'community health worker perspectives.'

The GenWest team

The Multilingual Health Education (MHE) team spent six months speaking and working with community members before interviewing some of them for this project. The strong and trusting relationships between MHE team members and residents helped the participants share their stories and insights fully and confidently. Interviews were conducted in Hindi, Vietnamese and English.

Data analysis: Feminist and community development principles

We have followed Hesse-Biber's (2014) Feminist Research Practice framework to analyse and theme the data. We paid attention to the key commonalities and differences between participant stories and experiences. We also included specific case studies to fully illuminate stories.

Guiding feminist principles

We use well-established feminist principles in our approach to research, including:

1. Qualitative data analysis is an iterative approach of data collection and analysis;

2. Reflexivity: Researchers must be conscious of power dynamics and their position in relation to research subjects and audiences;

3. Negative case analysis: Look for inconsistent cases that challenge assumptions.

We regularly shared emerging themes and findings with interview participants to ensure they maintained ownership of their stories, and could help ensure our analysis and findings were accurate. The interviewees have provided feedback at key stages in the report's development.

About the participants: Women from the Maribyrnong community

We interviewed eight women who were directly affected by the Maribyrnong floods. Seven of the women come from migrant or refugee backgrounds and all are mothers.

Thuc is a Vietnamese woman who has adult children. She has suffered from ongoing safety issues due to robberies. She lost all pictures of the family when the children were young and has since moved out of the community of Maribyrnong.

Andrea is a single mother with two teenage children. Before the floods, she suffered from a chronic health condition, which has impacted her physical and mental health since the floods. She has also suffered health risks related to water contamination. She has experienced ongoing financial hardship and safety concerns.

Thuy Pham is a Vietnamese mother with two young children. Her husband works away from home, and she has faced ongoing challenges in rebuilding her home after the floods alongside raising her children and managing the household alone.

Maria is an older woman from Italy who lives by herself. She has been struggling alone since the floods and has had ongoing safety issues with trespassing and break-ins. She has been attending events and advocating for improvements to the ongoing safety of her neighbourhood.

Quyen is Vietnamese and a mother of three young children. Her house had no home flood insurance cover and she received little support from the government. She and her family have faced many challenges with the rebuilding of their home in the year since the floods.

Ragini is an Indian woman living with her husband in a rental property. She is suffering from a chronic illness, which has severely impacted her and her family's ongoing financial situation and quality of life since the floods. They also faced a robbery and at the time of writing, were waiting for ongoing government support.

Nguyen is a Vietnamese full-time working mother with four children. The family had to stay on the roof of their house to wait for the rescue from the SES team as they received no warning. Her older children have suffered ongoing health challenges due to disruption to routines and displacement.

Chau is a Vietnamese stay-at-home mother with a son. She and her family have suffered financial hardship and safety issues with break-ins. This situation has impacted her sense of security and mental health and wellbeing.

Community health workers

We interviewed two community leaders who provided support to Maribyrnong residents during the October 2022 floods. These women's dual position in the community and in the emergency response sector offer unique insights into the role of local Council and other community health services during times of disasters.

Thuy Dang is a Vietnamese program staff member at GenWest. She has been an active volunteer in her community for many years, including Chair of the Cairnlea Advisory Group, Committee member of Australian Vietnamese Women Association, Program Manager for Vietnamese Radio, Founder of Australian Vietnamese Arts and Women's Support Network and President of Melbourne Vietnamese Lions Club.

Colleen Hartland is a Red Cross volunteer who supported affected families during the Maribyrnong floods and has done previous work for communities impacted by the Black Saturday Bushfires. She has been a resident of Footscray for over 40 years, has worked on local Council and was an MP for 11 years.

Recommendations

Effective disaster management depends on national, state and local government collaboration and coordination. Local communities are best placed to inform local strategies, and the experiences and knowledge of locals is essential in reducing the devastating consequences of disasters. Working in partnership is the best way to build more resilient, equitable and disaster-prepared communities.

We make recommendations to state and local governments to improve disaster planning, preparation, response and recovery, especially for women and children, women with refugee and migrant backgrounds, older people, and people with disability or chronic illness. Our recommendations focus on ways to support residents to rebuild stable, safe, secure and healthy lives.

We recommend:

1. Communications

1.1   The State Government works with emergency departments and Councils to develop and implement community-based early warning models to improve disaster awareness and the effectiveness of early warnings to impel residents to action.

1.2   Councils develop strategies that communicate the specific disaster risks in a community, including ways to inform new residents of risk, ensuring communication is accessible and meaningful for those from migrant and refugee backgrounds, and those with low English proficiency. These communications plans must include disaster preparation, the role of services in the event of a disaster, and how to access supports in the aftermath of a disaster.

2. Financial security

2.1   State Government and Councils advocate for national insurance system reform to ensure insurance systems are simple, easy to use and effective at compensating people for losses caused by disasters. Councils play an essential role in sharing the experiences of and advocating for the needs of those most vulnerable to exploitative and inefficient insurance practices.

2.2   Councils responsible for disaster-prone areas deliver place-based, disaster-specific financial literacy programs as part of their disaster preparedness strategy, with a focus on understanding and navigating Australian insurance systems.

3. Housing

3.1   The State Government review its emergency accommodation housing plan in metropolitan settings to ensure appropriate emergency, temporary and transitional housing is available immediately following disaster.

3.2   State government to ensure that all emergency accommodation housing strategies are sensitive to the specific needs of diverse population groups, including women, children, people with disabilities or chronic illness, older people and people with refugee and migrant backgrounds.

3.3   Councils communicate emergency housing information as a priority, allocating accommodation in consideration of people's specific needs.

4. Safety

4.1 State Government and Victoria Police develop comprehensive community safety plans for during and after natural disasters, that Councils' can tailor in collaboration with local communities for their specific local context.

5. Family violence

5.1 All disaster preparation, response and recovery plans include specialist family violence agencies, as evidence shows that rates of family violence can increase during and following disaster.

6. Children

6.1 All disaster preparation, response and recovery plans include a specific focus on children, with consideration of women's and carers' roles in caring for children. This must include working with educational institutions to provide support to children during and post disaster.

7. Community

7.1 Councils invest in actions that promote community cohesion and resilience both in preparation for a future flood, and to bring disaster-affected residents together in the aftermath of a disaster. This includes actions that promote a strong sense of belonging and connection to neighbourhood and mutual confidence in the community's ability to mitigate the effects of a disaster on human health. It also includes Councils playing an active role in connecting residents to support services in the aftermath of a flood.

7.2 State Government develop local Spontaneous Volunteer Plans and support councils in disaster prone areas to mobilise and coordinate spontaneous volunteer networks during disasters.

8. Climate adaptation

8.1 State Government and Councils's work together to develop strategies for climate adaptation in urban contexts, in collaboration with local communities and those most vulnerable to the negative consequences of extreme weather.

8.2 State Government provide and coordinate support for local councils in disaster-prone areas to develop and implement their own adaptation strategies to mitigate impacts from climate change. This can include funding specialist agencies to build the capabilities and capacity of local councils.

9. Implementing GEM guidelines

9.1 State Government promote the Inspector General of Emergency Management to evaluate the implementation of the Gender and Emergency Management (GEM) Guidelines by Regional and Municipal Emergency Management Planning Committees and emergency management agencies.

9.2 All strategies to implement the GEM Guidelines include a focus on monitoring and evaluation with the dual purpose of a) embedding accountability measures and b) building an Australian evidence base on effective strategies for gender in emergency management.

Section 1

Early Warning Systems

'**There was no previous warning to prepare. Who looks at the phone at 4am in the morning? On the other side of the lights, they knocked at everyone's house and asked them to get out, but for this side of the lights, they didn't tell anyone to take their things or prepare to leave. No warning was given until the last minute. Within two seconds I had to tell [my husband] to get out of the shower, because a lady said that we had to leave.'**

– Ragini

Early warning systems (EWS) are information sharing and communication systems which aim to keep residents safe prior to and during a disaster event. This includes extreme weather warnings and evacuation notices. Key themes that emerged about the EWS were inconsistency and failure to mobilise action – even when warnings and evacuation notifications were received, they were not always considered effective by Maribyrnong community members.

Inconsistency

We learned of striking inconsistency in early warning systems. Some women remember receiving a warning the night before, and others on the morning of the flood. Some received evacuation orders from emergency response personnel through face-to-face door knocking, while others received text messages.

Chau did not see the text notification until it was too late.

'There was a text message sent at 4am but I missed this message as I was asleep. I only saw the message after evacuating and by that time damage was already done.'

Whatever their experience, all the women interviewed felt that the early warning system was ineffective and did not adequately prepare them for the severity of the October 2022 flood event.

Chau's story

Chau recounts the challenges she encountered with the early warning systems for the Maribyrnong flood: 'In my opinion, I think it would have been more effective if they sent fire trucks to alert people of the incoming danger. I don't think it was enough to send a few volunteers knocking on the doors of 500 houses in the neighbourhood. This course of action wasn't effective because people at that time were in a deep sleep and were hesitant to answer the door, in fear that the person knocking was a burglar and thus led to a slower reaction with the evacuation. For me personally, the side of my house was flooded at 8:00am, so my neighbours and I couldn't get out of the house in time, and we had to rely on a rescue boat to take us to safety.'

Failure to mobilise action

Receiving an official early warning did not always lead community members to act. Some interviewees received notifications from emergency services, but then made judgements or decisions based on their own experiences of other flood events or based on the advice and behaviour of neighbours.

Communication failed in these instances, not because the messages weren't received, but because they failed to prepare or mobilise residents as intended. Several interviewees kept an eye on emergency services pages to seek up-to-date information on the changing risk levels. The day before the flood, Chau said she had 'seen a warning on the Emergency Victoria page stating that at about 11am or 12pm on the following day, water levels in the river would rise to 2.1 metres.' In addition to official condition reports, she drew on her own knowledge of the local environment. 'That night, we went to the river to check. If the water rose that high, we assumed it wouldn't affect our house, so we went to bed unconcerned.'

Some residents received evacuation orders but chose to stay as flood waters overtook their homes, either because they could be on an upper floor or had housing that was on an elevated block. 'The SES knocked on our door and asked, "is there water in your backyard?"... They said, "you need to go."' Despite the evacuation order, Quyen and her family 'chose to stay, given that we've got a backyard cottage with a kitchen, a fridge, and everything is up high... We didn't leave the house at all.'

Knowledge of the flood plain

Community members who had experienced a disaster before were able to draw on the knowledge and skills they had acquired previously. Three of our interviewees had been through floods before and drew on their experiences to set expectations and make informed decisions about preparation and evacuation. The themes that emerged around lived experience are outlined below.

Beliefs and expectations

Andrea compared preparations for the October 2022 flood event to earlier ones from 2011. She said 'the SES had a lot of meetings for the community [in 2011], and we were informed about how to use sandbags. None of that happened this time, so I thought it's not going to be as urgent as last time when we did all of these preparations.'

The impact of the 2022 flood event was significantly more severe. Maria told us that 'other times we had floods it was about 90 centimetres of water. That was 36 years ago roughly. And now the water was just 1 brick down from the ceiling.' However, preparations and warnings for this flood were insufficient. As a result, many long-term residents were surprised by the severity of the flood and did not make appropriate preparations.

Others had no previous experience of flooding. Quyen said she 'took it very light and easy because we've never been through a flood before. No fear, no worries, nothing like that... We saw water approaching our house and we thought that it was OK, with no understanding of what flood water could do to our property, our furniture and all the stuff in the house.'

These interviews show how lived experience shapes beliefs, expectations, and decision-making during natural disasters.

Local knowledge

Experience of natural disaster is different from place to place, depending on the natural and built environment, social and cultural practices, and other local factors.

Nguyen has been through many floods in Vietnam and assumed that the impact in Maribyrnong would be similar. 'I thought that when the water recedes, all the furniture in the house would be used again as normal', she said. 'When I was in Vietnam, my house was next to a river, so floods often happened. The water doesn't get muddy when it recedes like it does here. I could not imagine that my house would be so damaged.'

Community health worker perspective

Colleen, a Red Cross volunteer who supported flood-affected families during the Maribyrnong floods, speaks about how community knowledge and preparedness may be limited in urban environments like Maribyrnong as compared to other disaster-prone regions.

'I think there's a real difference between country disasters and urban disasters. Country people know what's required. They know how to listen to the warnings. They know how to organise their houses. They know each other, and they just know what they have to do. It happens so rarely in the city. People don't have that skill... Most people don't know what to do, it's really frightening.'

What the research shows:

Living on a floodplain

The Maribyrnong River has a history of flooding dating back to the 1880s, according to recorded settler history, with varying flood severity and impact over this period.

Houses affected by the most recent flood event in Maribyrnong LGA in October 2022 occupy a section along the Maribyrnong River known as 'racecourse length', where the river system opens out onto a broad floodplain. In 2010 there were a total of 250 residential and 55 industrial and commercial properties on this floodplain.

Victorian Government design guidelines for racecourse length state that 'future development needs to remain relatively discrete to retain the sense of an open floodplain' (Department of Planning and Community Development, 2010). The built environment includes the Flemington Racecourse, Victoria University, various commercial properties including several petrol stations, and a range of suburban housing.

Early warning systems

Community-based early warning systems (EWS) for flooding have proven highly effective in Asia, which is significantly more disaster-prone than Australia (Gautam & Phaiju, 2013; Lassa et al., 2013; Perez et al., 2007). These approaches are based on four elements of people-centred early warning systems:

- Knowledge of the risk;

- Monitoring and warning services;

- Warning dissemination and communication; and

- Emergency response (Macherera & Chimbari, 2016).

Importantly, people-centred approaches consider the communication needs of community.

The goal of effective communication in EWS is that warnings are accessed, interpreted, and understood by different groups, and that they prompt the intended actions (Glantz, 2009; Holloway & Roomaney, 2008; Mercer et al., 2010; Shah et al., 2012; Sorensen, 2000). Even when warnings are clearly understood, some people require additional support to follow recommended safety measures, often for reasons such as age, ability, language, and trust in government and emergency services.

Baudoin et al (2016) recommend community-centric approaches to the development and implementation of EWS. This involves participatory approaches, bringing community experience, and local and traditional knowledges into partnership with expert-driven scientific risk detection and monitoring. Mercer et al. (2010) offer an example of a framework for integrating indigenous and scientific knowledges in disaster risk management, as well as outlining some of the key challenges of bringing these two knowledge and practice systems together.

Section 2

Financial and Housing

'Because we were living in temporary accommodation, we moved to so many places. My children didn't have a place to do their homework and their spirit wasn't stable. So, I urgently looked for a house to rent, and fortunately we found one, but there were so many things to buy, and it was right on the street, so it was very noisy, making us unable to sleep, more tired and worried.'

– Nguyen

Housing

The 2022 Maribyrnong flood caused significant damage to community and housing infrastructure. 525 properties were severely affected, and many residents displaced. Our interviewees faced challenges finding emergency accommodation in the aftermath of the disaster, and most experienced ongoing housing insecurity for months following the flood event.

Insurance has been a major cause of housing insecurity and financial stress for residents, with many claims being rejected, partially filled, or taking months to process. Some interviewees were still unable to live in their homes more than a year after the floods. This chapter explores various aspects of housing in the disaster cycle, from the immediate challenges of emergency and short-term accommodation to long-term housing instability and recovery.

Community health worker perspective

Thuy Dang, a community leader and program staff member at GenWest, explains that:

'The SES volunteers took flood affected people's name and details when they came to the community centre. They encouraged people to contact family or relatives for accommodation. Those who have no support from family or relatives got three days free accommodation.

Some got accommodation support from their insurance company, but it was subtracted from the total insurance payout for the house. Some paid for accommodation from their own pocket.'

Emergency accommodation

None of our interviewees had prepared emergency accommodation in advance of the flood. Themes that emerged related to differences between formal (Council-provided or privately brokered) accommodation, and informal accommodation (freely provided through community networks). Despite the inevitable difficulties of mobilising emergency housing solutions on the day of the flood, local Council and informal networks were effective and all our interviewees found adequate housing in the immediate aftermath of the flood.

Formal emergency accommodation (Council and private)

Formal emergency accommodation includes all paid housing, public and private, including Council emergency accommodation, insurance-brokered, and private accommodation.

Nguyen received three days free accommodation from the local Council. She remembers 'there were a lot of people calling so it was difficult to get through the phone line. Finally, after many calls, I was able to talk to the manager. She gave my family two rooms. At 6pm, a bus came to take my family to the hotel.'

Andrea organised accommodation as she waited for an SES boat to rescue her and her family from their flooded home. 'While I was at home waiting for the boat, I called an insurance broker I know and organised a hotel for accommodation and arranged accommodation for my dogs. We dropped off the dogs. I picked a friend each for my kids and went to the hotel as a distraction and to flip the experience for them. We went to the Crown.' Financial status can shape the experience of a disaster. Residents who can afford the expense of private insurance and accommodation have a significant advantage in accessing secure housing options in times of disaster.

Grassroots and informal emergency accommodation

Alongside formal emergency accommodation, informal options from family, workplaces, friends, and the broader community proved vital for displaced residents immediately after the floods.

Chau stayed with family; 'luckily my sister let me stay with her.' This solution proved more long term than initially planned. In the end, she stayed with her sister for three months.

Ragini stayed with a community member on the night of the flood. 'We did not know her. She just came to our street to see the flood water and was kind and wanted to help because the Council did not have any accommodation for us that day.' This story shows how, when there are gaps in access to formal support such as council-provided accommodation, community-based supports can come into play.

Short term accommodation

Short term accommodation refers to the housing interviewees accessed in the weeks after the flood event, as they waited to assess the level of damage to their homes. Themes that emerged were housing instability, increased burden of domestic labour on women, and accessibility.

Housing instability

Lack of short-term accommodation meant that many residents were forced to move from place to place, sometimes for months, unable to return home and unable to find secure housing.

Andrea's story

'I had to book all the Airbnb accommodations myself. There was no housing. It was very difficult to get an Airbnb because everyone in Maribyrnong was looking for a house and they were very expensive. The hotels were full. We moved houses in 2 days, then 5 days and then 7 days. It was exhausting because every time you had to clean it up perfectly.

The hotel accommodation was not paid for by the insurance. I paid for it. We had two nights there and then we went to an Airbnb and another Airbnb and another Airbnb and another Airbnb. So, there was lots of moving.'

Gender roles

Existing gender roles and workloads for many of the women were exacerbated during the floods. This was particularly evident with the additional labour associated with insecure, short-stay accommodation and temporary housing.

Normal, day-to-day domestic tasks became far more challenging, and some interviewees spoke about the increased stress and anxiety this created. Research suggests that it is common for traditional gender roles to be reinforced and amplified in times of disaster (WHGNE et al., 2016a).

Thuc said her family 'constantly had to move from one place to another over a four-month period. At first, they let us stay in a hotel, so I didn't have to cook, but I didn't have any kitchen utensils and spices to do the cooking anyway, so food was costly.' As she points out, the cost of buying pre-made food is prohibitive, especially when faced with the financial burdens of disaster. Cooking for a family in short stay accommodation might mean purchasing new essentials, like cooking

oils and spices, making do with limited cookware and utensils, and finding time amongst the many other urgent needs that arise following a disaster. Similar problems arise when we consider other domestic tasks, such as cleaning, emotional support, and childcare.

Accessibility

Some residents had additional accessibility requirements which added to the challenges of short-term accommodation, including health, language, and social barriers.

Quyen's parents faced additional housing challenges relating to age and language barriers. She said 'My parents were offered emergency accommodation somewhere near the airport, but they didn't want to go to out of their comfort zone because of the language barrier. They can't communicate [in English]. I was communicating on their behalf. They also get nervous driving around places that they're not familiar with.'

Quyen supported her parents to overcome these barriers, inviting them to live with her family in their temporary accommodation, but feels that their needs may not have been met otherwise. 'My parents are lucky enough to have us around… Can you imagine the damage other people from the diverse community are facing?'

Moving forward: Ongoing housing instability

Residents faced ongoing housing instability for months after the event. As outlined above, the gendered dimensions of this problem are considerable, with women often taking on the additional burdens of domestic labour and care associated with housing instability.

Quyen's story

'We're still living at the back cottage of the flooded house, which is better for us to stay than a temporary place elsewhere. We're alright to live in the back cottage while waiting for the house to be rebuilt back to the way it was – but having three young kids… They are growing, they're developing to teenagers. This is not the right environment. They need to have their own bedroom, a study room. They need to have room to grow. That's why we are working hard, beyond our strength to have a home back as soon as we can.

We also helped my parents to clean up their house and looked after them as they stayed with us in the first few months. The cottage is liveable but is very small for seven people living in one little common area with one toilet and bathroom, it became really hard, especially when my husband was trying to get ready for work and I was helping three kids get ready for school.'

What the research shows:

Gendered dimensions of disaster housing

The gendered dimensions of housing and homelessness are significant. Women account for 44.1% of homelessness in Australia, and the rate of women experiencing homelessness is increasing (Australian Bureau of Statistics, 2021).

Many victim survivors of family violence remain in unsafe homes because their only alternative is homelessness, but data on this is impossible to capture – these men, women, gender diverse people and children are invisible in national homelessness estimates.

As it is, family violence is the leading cause of homelessness for women (Australian Institute of Health and Welfare, 2022), and single women are the majority of rent assistance recipients in Australia (Department of Prime Minister and Cabinet, 2023a).

Impact on un-housed and insecurely housed populations

Research shows that rates of extreme weather events are rising due to climate change. This, in turn, increases the risk of homelessness for people who are already vulnerably housed, and populations in lower socio-economic situations (Bezgrebelna et al., 2021). Despite this, disaster planning frequently overlooks urban homeless populations (Ramin & Svoboda, 2009). Consistent with these findings, the impact of climate change and disasters on housing security, sustainability and health are priority areas in Australia's National Housing and Homelessness Plan (Department of Social Services, 2023).

Although the participants in this research project were securely housed prior to the flood event, we consider the visibility and consideration of un-housed people to be a priority at all levels of disaster planning, response, and recovery – especially women and children fleeing family violence. On a local level, Gibson (2019) recommends establishing relationships with homeless populations to help locate and engage unhoused people when natural disasters occur. This supports the broader view that community engagement and network strengthening with marginal groups must be embedded into ongoing local government activities as part of a preventative approach to disaster planning, rather than as a response measure.

Considering the socio-economic dimensions of Airbnb and short-stay rentals

Airbnb played a significant role in short-term and emergency accommodation following the flood. The accommodation platform is increasingly integrated into disaster planning around the world. In 2016, Victorian Premier Dan Andrews signed an agreement with Airbnb as part of the state's disaster planning (Galletta, 2016). Through the deal, Airbnb may facilitate free or discounted emergency accommodation following a disaster, however our interviewees booked accommodation through the mainstream site and paid full price, either out of pocket or through insurance. While Airbnb's ability to contact hosts and mobilise housing solutions is highly valuable and efficient in disaster contexts, the experiences of our interviewees suggests that free accommodation was not made available in this case, or was not effectively communicated to flood affected residents.

'I had to take time off work because I was so stressed. I could not concentrate and could not sleep. My husband and I had to use our sick leave then annual leave. No special leave given by the employer. When I went back to work, I didn't do well. I could not concentrate because I was always worried about the situation and how my children were not living in a stable environment.'

– Thuc

Financial

Themes that emerged about financial security were the restrictions of rigid gender roles, the double burden for single parents, and financial stress. These stories suggest that paid and unpaid labour must be considered together in assessing the financial impacts and needs of a community following a disaster.

Gender roles and financial independence

Research shows that the effects of disaster tend to reflect and reinforce gender inequality, and amplify existing inequitable gender roles. This can have significant consequences on women's financial and emotional wellbeing. In applying for government support and grants, some of the women interviewed could only be assessed in accordance with their husband's financial status.

For Chau, she is financially dependent on her husband. 'I stopped working five months before the flood. I'm a stay-at-home mum and my husband has a business in Vietnam, so he had enough income for us." However, now with the additional costs associated with the flood, 'we expect a financial burden.'

For Ragini, who suffers from a chronic health condition, she faces ongoing barriers to financial independence, exacerbated by the floods. She said her 'injections are very expensive, $20,000 a year.' To be able to pay for these costs, she has 'to show my husband's income. He sometimes works overtime and then I don't get any benefit. I have a healthcare card with which my medications cost less. Without that, I don't know how I was going to afford it.'

Double-burden for single parents

Single parents faced some of the greatest financial and labour stress following the floods, particularly single mothers.

Andrea's story

Andrea, as a single mother, was forced to take on additional domestic and financial responsibilities.

Her workplace 'wasn't very sympathetic because they had to keep moving clients and they were annoyed. I had to keep moving house, I was tired, there was so much to do, and I didn't have as much time.'

The mental and financial strain from this double burden was significant and compounded over time. 'I still haven't gone back to working like I did before. After the floods, I survived on my credit card and my loan money. I drew down my loan and used that money.'

Stress and mental health

The financial burdens that come with recovering from a disaster are significant, and inevitably affect residents' emotional and mental health. Help-seeking attitudes can play a part in this stress, with some residents finding it hard to ask for help. For Quyen, 'We don't want to admit that we come down to financial hardship, but we are.'

Lack of workplace support can also contribute. Some residents were strongly supported in the aftermath of the floods. Ragini reports 'my husband's company is paying for everything.' For others, workplaces were unsupportive and added to the stress of the floods. For Nguyen 'there is more stress, and we are very disappointed because we ran out of leave and our workplaces do not support us at all.'

What the research shows:

Financial and employment impacts of disasters

Demographic factors such as being employed or having a higher income are associated with higher preparedness in disaster situations (Witting et al., 2021a).

Disasters can have significant financial and employment impacts on women from migrant and refugee backgrounds. These impacts are often exacerbated by existing inequalities and systemic barriers. During disasters, women may find it hard to access resources and support because of language barriers, differing cultural norms, and discrimination (Van der Gaag, 2013).

In Australia, women with migrant backgrounds may experience loss of income, especially if they work in industries heavily affected by a disaster. They might also encounter challenges in accessing financial assistance or insurance because of limited English and or unfamiliarity with the Australian financial system (Teo et al., 2018).

Rigid gender roles

The National Gender and Emergency Management (GEM) Guidelines (WHGNE et al., 2016a) emphasises the influence of gender roles on disaster preparation and response, and on outcomes for men, women and children.

Research shows that gender roles become more amplified in disasters, and can deepen inequality between men and women, and girls and boys. Gender norms mean that women often take more responsibility for the safety and health of others, especially children, older people and people with disabilities, while men tend to protect the home and property.

Studies show that men tend to want to stay and defend their properties, while women want to leave and protect life. The GEM Guidelines warn disaster planning and management agencies that these exacerbated gendered roles and stereotypes limit women and men in ways that can reduce capacity for community resilience and recovery, and increase risks for women and children.

Insurance

Financial security and insurance are closely intertwined for flood affected residents. For many of our interviewees, insurance has been the biggest source of stress and difficulty. Themes that emerged around insurance were inefficiency, additional costs, consumer experience, knowledge gaps and mental health.

Community health worker perspective

Thuy Dang, a community leader and staff member at GenWest, explains that: 'The most difficult thing that flood affected people face is the insurance company. For those who have no flood insurance cover or content insurance, they find it difficult to apply for funding and some applications were not eligible due to the income assessments.

The other thing they faced was moving from one place to another temporary place as they couldn't rent a long-term rental. Some people were too tired to deal with the insurance company therefore they just accepted what they're offered, which was not enough to rebuild the house as the cost of materials and labour had increased.'

Thuc's story

'Oh, talk about extra work! I had to deal with the insurance company for compensation. It is so simple when we pay for cover but extremely difficult when we claim. I had to ring to remind them almost every day for a solution, which came after 7 months [Oct 2022 to May 2023]. I had to make an effort to ring them often because if I did not do so, my claim would not have been resolved, as there were many claims from other states at that same time, not just us in Melbourne. In addition to that, there was a builder and trades shortage. It was hard finding them to assess the damage of the house.

I paid a small sum for contents insurance cover, so the amount of compensation from the insurance company was not enough. I also had to buy equipment for working on and cleaning the house, as well as devices for the children which were lost during the flood.

We were fortunate to be compensated by our insurance company, as many families were not. This meant that they couldn't recover their material losses. Those who do not receive compensation from their insurance company are very desperate and need material and mental support. I would also advise everyone to increase their contents cover if possible and ensure their policy covers flood, theft, and fire damage.'

Limited choice and increased premiums

Risk premiums in disaster-prone areas are becoming far more expensive (McAneney et al., 2016).

Two interviewees reported that their insurance premiums have increased significantly since the flood, but due to delays in claims being filled they are unable to transfer to a more affordable provider. Andrea is 'not concerned about the flooding because it's going to flood again. I am concerned about my insurance which is $18,000 a year. They increased my insurance from $2,500 to $18,000 [a year], but I have no choice because my house is not fixed. I can't go anywhere else to get insurance.' If these women are unable to pay or transfer to another provider before their claims are filled, they forfeit their right to claim and may receive nothing.

Inefficiency

Interviewees stated that while it had always been easy to pay for insurance, dealing with companies to make a claim has been extremely difficult and inefficient. Four interviewees reported challenges contacting or getting a response from their insurer.

Barriers to contacting insurers created considerable additional labour as residents were forced to chase up claims indefinitely. When companies responded to claims, there were significant delays to them being filled. In the meantime, interviewees were unable to return home. One interviewee reported that when her husband began doing work on their house since the insurance claim was taking so long, they were informed that this was a breach of the insurance agreement and they had to wait to begin work until the claim was processed. As a result, insurance delays and inefficiencies have led to indefinite housing instability for many residents.

Community health worker perspective

Colleen, a Red Cross volunteer who supported flood-affected families during the Maribyrnong floods, explains that:

'A flood, I think is actually harder to deal with than a fire because in a fire, everything's gone but in a flood you're trying to rebuild... But it could happen again. All your possessions are gone, and you're dealing with the insurance. I think, that has been the thing that has been the hardest for people. Either under-insured, not insured, or don't understand their insurance... It's so expensive and they're unlikely to ever get flood insurance now.'

Consumer experience

All the interviewees who were insured reported a very poor experience with insurers. Maria says that, based on her experience, she will not take out home and contents insurance in the future. 'If I move, I won't get insurance again because I spoke with a few other insurance companies, and they are all the same. They are the first to take your money and promise everything, but they don't deliver.'

Andrea's story

'Cleaning-up and dealing with the insurance company after the flood were the two major challenges. The cleaning is still going on and the repairs are still not done. You think that you are safe when you have insurance. You pay the premium all these years thinking that when you need, they will take care of you and now when we need them, they are not even attending my calls.

They are the first to take your money and promise everything, but they don't deliver. When I wanted to change insurance two years ago... They quoted me $7,000 to join because I was more than middle-aged, and I didn't work. The pensioner insurance or whatever, is not real. What they show on TV is different from when you try to ring up and get information. The bill goes up because they look at your age and income.'

Knowledge and information gaps

Several interviewees had information gaps regarding their insurance. These related to the complexity of the system, difficulty understanding Australian insurance, and lack of transparency on the part of insurers.

Three interviewees only discovered after the disaster that they were ineligible to claim.

When Quyen first returned home and saw the damage to her home, she 'felt so blessed compared to everyone else, so I comforted myself, "I'm OK. We are good. We are very lucky."' But when she contacted the insurance company to make a claim, 'that's when we found out we don't have flood cover... Then actually I broke down. Everything is gone, and we have no insurance cover for the flood.'

Chau did not have contents insurance because 'in Vietnam, this kind of insurance doesn't exist. I only wish I had known about contents insurance cover.'

Her story highlights the additional information migrant and refugee communities need when navigating complex financial systems in Australia.

Maria felt she was not given important information about her insurer when she first signed up. 'My insurance company is through the bank, but now they tell me it's independent. I said, "well, they never told me when I joined." Otherwise, I would have chosen another company. I found this company through the bank. I thought that I could trust it.'

These challenges have severely affected interviewees' mental health, with insurance being their biggest stressor since the disaster.
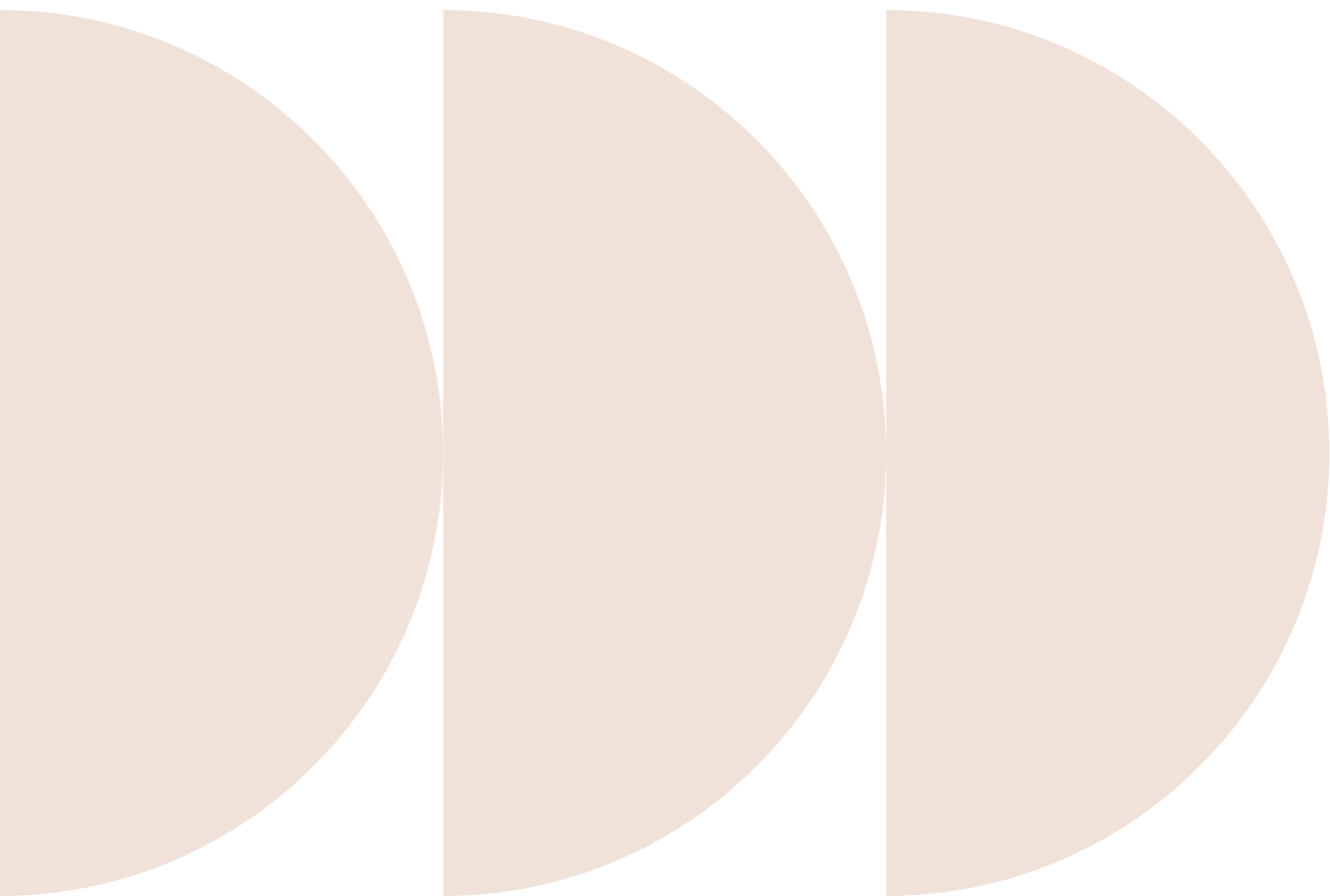
What the research shows:

Housing costs and insurance

The impacts of disasters and climate change in Australia has significantly increased housing costs for individuals and communities, including rising insurance premiums and energy consumption and demand (Reinhard & Lefebvre, 2022).

Property insurance is becoming more unattainable, particularly in disaster-prone areas that are often home to low-socioeconomic communities (Bezgrebelna et al., 2021). One in 25 houses are expected to have annual damage costs from extreme weather and disaster events that make them effectively uninsurable by 2030 (Climate Council of Australia, 2022).

Insurance barriers can lead to housing insecurity following disasters, particularly for low-income households who may not be able to pay higher premiums or relocate to insurable and appropriate housing (Liu et al., 2019). Disasters and climate change have also put additional strain on transitional and short-term housing services and providers as well as the broader housing sector due to increased demand (Paddam et al., 2022).

The Australian government, in its response to the National Housing and Homelessness Plan, recognises the increasing severity and scale of disasters across Australia and the impact this has for diverse communities, particularly for low-income households (Department of Social Services, 2023, p. 77). However, better policies and more urgent actions are needed to protect communities from disaster-induced housing insecurity, displacement and homelessness. (Osborn et al., 2019).

The 'riskscape'

Australian home insurers calculate the cost of premiums based on a customer's exposure to risk. Calculating premiums is a complicated process with many variables, but the fundamental principle is that the higher the risk of property damage or theft, the more expensive the home insurance (McAneney et al., 2016). In the face of increased natural disasters, risk premiums in disaster-prone areas are becoming prohibitively expensive.

In some countries, governments provide affordable insurance to compensate for rising risk premiums and market failures post-disaster. However, these solutions are often financially unsustainable. The infeasibility of insuring high-risk areas raises questions about zoning and residential land use. However, in the absence of transparency about the cost of risk, mobilising local government and developers to improve the 'riskscape' is difficult. Under the privatised model, insurance companies, rather than government and developers, are the experts on risk knowledge and management (McAneney et al., 2016).

Section 3

Health and wellbeing

'I try to keep myself busy… Because everything comes back to me. I switch the TV on until I get so exhausted that I fall asleep on the couch. That's the impact the flood had.'

– Maria

All of the women interviewed for this project stated they were experiencing ongoing mental or physical health challenges after the Maribyrnong floods devastated their community in October 2022.

Stories of women's health

In the aftermath of the flood women we spoke to felt overwhelmed, anxious, exhausted, guilty, sleepless and socially isolated in their roles as mothers, wives, carers, and workers. Many of the women expressed concerns for the wellbeing of their families, and the worry and work associated with helping family members compounded their stress.

Stress, anxiety, and sleeplessness

Long-term financial and housing instability in the wake of the floods heightened stress and anxiety and affected women's ability to sleep, rest and work.

Thuc said she 'had to take time off work because I was so stressed. I could not concentrate and could not sleep… I was always worried about the situation and how my children were not living in a stable environment.'

For Thuy Pham, her mental health was 'adversely affected by having to deal with the insurance company and taking care of the paperwork for financial assistance. This caused many sleepless nights.' A year on from the floods, 'the house has not been repaired and things are not stable.' The impacts of ongoing financial stress and housing uncertainty meant she continues to 'suffer from insomnia when I think about my family's current situation.'

The causal link between housing instability stressors and increased mental health challenges for disaster-affected communities is well-established (Brookfield & Fitzgerald, 2018; Osborn et al., 2019; Paidakaki, 2012). This theme is explored in more detail in the section on Housing.

Burn out and social isolation

Some women talked about burn out and social isolation. They said that daily activities and social connections they had previously enjoyed and engaged in before the floods had changed significantly. Andrea has become more insular and inward-looking since the floods: 'I feel that I am a different person. I used to like a phone conversation. I don't like it anymore. I don't see my friends as much. I don't really want to… I find that my time needs to be quieter …no talking. I can't be bothered following someone's conversation. Maybe that's a bit of burnout.'

She also stated feeling disconnected from friends and conversations that felt monotonous and unhelpful. 'I am sick

of hearing, "How is your house going? What is happening with the insurance?" Nothing's happening. I am sick of the same conversations.'

Quyen's life also altered considerably. She describes feeling socially isolated, disconnected from her children's lives, and exhausted from having too much to do at home. 'My life after the flood has changed completely. I used to be out and about everywhere. I love to walk my kids to school and stay for the mothers' group chat or be involved with their school activities. But after the flood I feel like I'm just at home. Because there is so much to do, it's a never-ending story...I feel hopeless.'

There were also moments when some women wanted support but felt socially isolated from their communities and wider networks. We explore this more in the section on Mother and Children's Wellbeing.

Grief, sadness, and loss

Participants expressed feelings of grief and sadness, especially at the loss of cherished and irreplaceable objects that had been destroyed.

Ragini expressed her sadness for her lost items – 'like the pictures I had of my grandkids, we lost everything. The baby photos of my kids, our wedding photos, my sarees (Indian traditional clothes), jewellery etc. were all lost in the flood.' Ragini finds it challenging to buy new or unnecessary items in fear they will be taken from her. 'The trauma that we have suffered in the past has impacted our mental health. Sometimes we think that whatever is lost, we can't get it back and so now we only keep those things that we need.'

Quyen also recounts the extent to which losing her valuable possessions affected her and her family. 'I was worried about losing documents, important paperwork like passports, birth certificates and stuff like that

because I know the pain and the hassle of getting those copies again. That was the only thing on my mind which made me panic so I tried to look for it. Everything else I think will be no big deal because I can wash it, clean it, dry it, and reuse it. I didn't think of the computer; the hard drive was on the floor. Photos, memories, videos of our kids were in there. Everything was fully flooded. It took my husband one week trying to save [it]. He tried every way, but it's gone. That's heart breaking when I think of it.' She goes on to say, 'our lives have been affected by the flood so severely. It's greater than my imagination... We lost everything after the flood... All our valuable memories that we can never get back like the kids' pictures and jewellery from my grandma, my mum and that my husband gave me.'

Physical and mental health is closely interconnected for Maria when she speaks about the flood's impact and the things that were destroyed: 'this time [of the flood], the water was terrible, and I was sick. I had a migraine for weeks and weeks. Even today when I talk about or think about, I feel very sad. The things we lost can never be replaced.'

Community health worker perspective

Thuy Dang, a community leader and program staff member at GenWest, recounts a story of when she supported Thuc and her family, and how they felt disappointment and socially isolated from their community during the post-flood period.

'The first family we visited was Thuc and her husband. She was so sad and stressed. She said she didn't know what to do, her mind was frozen. She didn't know where to start to clean in the first few days, everything was messy, mud formed thick and smelly.'

What the research shows:

The gendered impacts of disasters on mental health for women

All ten participants interviewed spoke about ongoing mental health challenges.

Research shows disaster-affected communities experience a range of mental health conditions such as post-traumatic stress disorder (PTSD), psychological distress, depression, and anxiety (Black Dog Institute, 2021; Fernandez et al., 2015; Fredman et al., 2010). Ongoing hardships and insecurity after disasters also contribute to poor mental health, including:

- Housing insecurity or homelessness (Brookfield & Fitzgerald, 2018b; Osborn et al., 2019; Paidakaki, 2012b);

- Disruption to daily routine and employment (Bryant et al., 2013);

- Financial loss and stress such as managing protracted insurance claims (Bezgrebelna et al., 2021; Liu et al., 2019; Witting et al., 2021b);

- Pre-existing mental and/or physical health vulnerabilities (Black Dog Institute, 2021); and

- Lack of social networks and barriers in accessing formal health and wellbeing supports (Alderman et al., 2013; National Mental Health Commission, 2021).

- Australia lacks comprehensive research into the gendered impacts of disaster, (Parkinson et al., 2022) however, one study found that during and post-disaster, women experience more mental health problems than men (McKinzie & Clay-Warner, 2021). Disasters disproportionality impact women by deepening existing inequalities and posing threats to their livelihoods, health, and safety; exacerbating violence against women; and increasing care and family responsibilities (Parkinson, 2022a; Parkinson et al., 2022; Parkinson & Zara, 2013).

Physical health

Women experienced physical health problems due to flood contamination, injuries, and vulnerabilities related to ongoing chronic health conditions.

Health risks related to contamination

Participants spoke about their poor physical health in the wake of the floods because of water and mould contamination.

Flood disasters give rise to major public health risks. Many of the women interviewed were exposed to contaminated water and mould. Contamination can cause skin diseases and gastroenteritis; increase vector-borne diseases such as Dengue and Ross River virus and can lead to respiratory allergies and irritations associated with mould exposure (Rice et al., 2022, p. 12). Some of the women were not even aware of the serious health risks associated with flood water contamination.

Andrea was unable to move back to her home 'because of all the contamination and the smell was overwhelming...' Her family became sick because of contamination from draining the pool. 'I was concerned about our health and so I wanted the hygienist's report. It has come back. There were some mould spores. We emptied the swimming pool out and my daughter and I got very sick. We had this constant cough and when we moved out again, it went away in 3 days.'

Chau said she 'didn't realise flood water is extremely dirty and dangerous.' One of her friends who was experienced in dealing with floods recommended she take a shower and change into clean clothes. She admits, 'I thought it was just water and didn't worry about it. During the aftermath, the Government officers took flood water and soil samples for testing, which just highlighted how serious the situation was.'

A week after the floods, Quyen was told by the State Emergency Service (SES) 'to throw out everything. They came and helped us to remove everything... Because the mould and spores are already in there. We can't wash or dry to get rid of the moulds. It's very high risk to our health.' Quyen concedes, 'to be honest with you I did try to save our things. After they brought it all outside, I said to my husband, "I really need something to put our clothes in at least." He brought back one cupboard for me...[but] everything we tried to save, a week later I saw mould growing, so we broke it down and threw it out.'

Early warning systems and health information can contribute to reducing natural disaster impacts on communities by improving health risk reduction strategies and activities (Baudoin et al., 2016).

This should extend into the immediate aftermath and recovery phase of disasters, with key government agencies disseminating appropriate and widescale health-related information and messaging about the health risks associated with flood contamination. This should also take the language and cultural needs of migrant and refugee communities into account.

Post-disaster injuries

Maria, as an older woman living alone, faced increased challenges related to the physical labour required as part of the disaster clean up and recovery.

She suffered a series of injuries from undertaking the manual tasks required to clean up her home without sufficient supports in place. 'I want to see the physio again because after the flood, all of the lifting, pushing, sweeping with the broom and everything, I have got back and neck pain. The other day my shoulder was so sore that I had to take medication that was stronger than Panadol.'

For Maria, a specific post-flood injury became so severe and painful that it has affected her mobility and requires costly medical treatment.

'Maybe it was all of the going up and down the stairs when the flood came but a week later, I couldn't walk. My knee was swollen, red like anything, and I had to walk on my toe. And that's all the inflammation. And when I did the MRI, they found a little bone chipped. That's why I have a limp now. I should have an operation, but I can't afford it. Because the operation cost $30,000. I went to speak with the specialist and yeah, I just have to put up with the pain.'

Best practice approaches recognise and include the specific needs of older people within emergency response efforts, including additional wrap-around health supports, and with the aim to integrate older people at all stages of disaster planning, response and recovery (Powell et al., 2009).

What the research shows:

The impacts of disasters on older women

Research highlights that older people are disproportionately vulnerable to the negative physical, emotional, social and economic impact of disasters.

This is particularly so for those with impaired physical or cognitive ability or chronic illnesses; who are caring for other dependent family members; who require homecare themselves; have limited economic or social resources; and are physically or socially isolated (Brasher, 2020; Brockie & Miller, 2017).

These risks are exacerbated by Australia's reliance on 'self-help' approaches to disaster management policies, which emphasise that all individuals should be equally capable of being responsible for themselves when preparing for and recovering from natural disasters (Goode et al., 2017).

One study examining the impact of disasters on older people found that emergency responders were often not aware of the distinct needs or abilities of older people and were ill-equipped to respond appropriately, particularly to the needs of older women (Powell et al., 2009).

The effects of disasters on pre-existing health conditions

The women spoke about the additional challenges they were confronted with after the floods when having to deal with existing and ongoing chronic health issues. People's level of good health and wellbeing before disasters directly affects their ability to respond and recover in the aftermath (Brasher, 2020). For people living with significant or chronic health conditions, their poor health is compounded, and they face a range of increased economic, social, and health-related barriers (Parkinson & Weiss, 2022).

Ragini is a woman who suffers from several chronic health conditions. She and her family have experienced many challenges since the floods. In the immediate aftermath, Ragini's illnesses meant her husband 'had to use his long service leave - 4 weeks, 5 weeks, then 6 weeks - because without him, I could not do anything, it was impossible for me.' Ragini and her family were already experiencing severe financial stress as they were reliant on only one income and had to pay for expensive ongoing medical treatments.

A couple of months after the floods, Ragini became even more unwell, and this created even more financial hardship and stress related to her care. 'We were doing so much work, and then I became very sick so my husband had to take lots of leave again. I had asthma attacks. It was very severe and every day I had to go to the medical centre because I did not have an asthma machine as I lost it in the flood along with my ventilator. Whatever medicines I lost in the flood, I had to buy everything again from my pocket.'

The re-establishment of normal daily activities following a disaster, such as shopping, attending exercise classes, walking or attending social events is fundamental for individual physical and mental wellbeing, and fosters disaster resilience (Brasher, 2020). Ragini said she 'felt quite lonely after the floods' as she is socially isolated, housebound, and much of her time is taken up with attending different health appointments. 'I cannot leave Maribyrnong... I have to travel to my doctors, physiotherapist, psychologist, chemotherapist etc. They all are close by.' She also cannot engage in social connection and wellbeing activities due to her physical ailments. 'I can't go to walk, because my legs get swelled, I can't do yoga.'

Andrea is a single mother with two teenage daughters. Research suggests that single mothers are one of the most vulnerable cohorts in times of disasters (Parkinson & Weiss, 2022). Andrea suffered from a range of ongoing physical and mental health difficulties prior to the flood which made the disaster recovery process even more challenging.

Andrea's story

'I felt that the flood was just consuming in its time. The one thing that I did for me before the flood was swim. Every morning, I would get up at 5.30 and swim. I haven't been once since the floods... I had breast cancer, so I put the swimming pool in for my therapy because I took out my lymph nodes which means I get swelling. I am meant to swim to keep all the fluid [down].

I will try to get a rental house with a pool so I can do the therapy then. I just haven't had the energy or the time to be able to drive. I am just managing to carry on by not thinking too much. After my chemotherapy, I still get very fatigued. So, if I have a big day at work, the next day I don't have much energy or if I clean my house, I don't have much energy the next day. Most days I fall asleep on the couch at 4pm. I just can't keep my eyes open. Have a nap and then get back to work.'

'I started blaming myself for not taking advantage of the one hour I had before evacuating, and regretted not cleaning up and putting things away to protect them from major damage. At that time, I was only concerned about the safety of my children.'

– Thuy Pham

Mother's and children's wellbeing

Mother's health

The unequal division of care

All of the women interviewed for this project were mothers, and all carried the primary responsibility of care in their households prior to the flood. There were significant social, economic, cultural and health differences amongst the group including the makeup of their family arrangements, which included single mothers, stay-at-home mothers, full-time working mothers, dual parent households, and some who shared caring responsibilities with grandparents or extended family members. However, all had the disproportionate burden of child and household responsibilities, and this burden increased significantly in the aftermath of the floods.

What the research shows:

Rigid gender roles and the burden of care

Women in Australia are overwhelmingly responsible for the majority of household and childcare duties (Department of Prime Minister and Cabinet, 2023b).

Rigid gender roles become more deeply entrenched in the aftermath of disasters (Parkinson & Zara, 2013). Typically, these stereotypes solidify the role of women as 'nurturers'; responsible for the wellbeing of their family and expected to put their own needs last (Reyes & Lu, 2016).

Men are cast as 'providers and protectors' (Parkinson, 2022b). There is a lack of evidence regarding the impact of disaster on the roles that LGBTQIA+ parents take on (WHGNE et al., 2016b).

Heavy burden of care

All of the mothers highlighted the significant increase to their workloads in caring for their families, households and managing competing obligations in the aftermath of the floods. Many of the mothers expressed that the responsibility of caring for the wellbeing of their partners, children, and other family members in addition to their own created additional stress and ongoing mental health impacts.

Nguyen is the 'main person to clean and arrange everything around the house' and talks about the additional labour she had to undertake in the post-flood period. 'I managed to clean 3 houses; 2 houses were flooded and the house I was renting.'

Ragini has been the primary carer for her son. Since the flood, 'the cleaning of the house and the repair work in the house increased a lot. We used to come in the morning at 8:00am and return back to our accommodation at night. We would work all day, every day, 7 days a week. I took 2-3 months of doing that extra unpaid work, before we could say that now my life is [returning to] normal.'

Maria is an older mother whose children have now left home. However, she still 'had to roll up my sleeves and do everything myself because like I said, you pay someone to do the job right but they don't do it.' Her 'biggest concern is that I have to do everything myself.'

What the research shows:

Mothers' mental health during disasters

During times of disasters mothers frequently experience health challenges because of their physiological and emotional needs not being addressed in emergencies and during relief budget allocations (Chowdhury et al., 2022). One study found that mothers prioritised caring for their family members and protecting their households over their own needs and self-care, leading to poorer mental health outcomes (Reyes & Lu, 2016). Evidence suggests that young mothers from migrant and refugee backgrounds are especially prone to experience higher rates of depression and anxiety, especially in the perinatal period (Shafiei & Flood, 2019).

Mothers' feelings of guilt and shame

Not only were the women responsible for the majority of household and childcare obligations, but rigid gendered expectations about to 'success' as mothers and wives contributed to additional stress and feelings of guilt and shame when they did not live up to these expectations.

Additionally, children's needs after the flood were complex, and simultaneously, mothers had less time to provide care due to the immense additional labour required of them in securing temporary housing, organising insurance claims, cleaning, and rebuilding homes, and managing ongoing financial and health needs. Most of the mothers spoke about their guilt and 'failure' when they felt they could not put the priorities of their children first.

When Thuy Pham first came home, she blamed herself for not doing enough cleaning and packing before she had to evacuate. 'I was shocked at the amount of damage caused by the flood. I started blaming myself for not taking advantage of the one hour I had before evacuating, and regretted not cleaning up and putting things away to protect them from major damage. At that time, I was only concerned about the safety of my children and important documents.'

Quyen was a full-time mother in the time before the floods, and in the year since has felt incredible guilty at not being able to complete everything she previously did. 'After the flood, I can't be a full-time mum anymore. The extra works on cleaning and helping my husband to rebuild the house, I can't focus on the kids. I can't carry on with their normal activities and follow them through with their schooling. I don't have time for that.'

Quyen feels she is 'failing' in her role as a mother because most of her time is being taken up with the post-flood recovery and rebuild. 'I feel hopeless. There were times that I came to the realisation that I didn't cook dinner. I couldn't even make their lunch the way that I used to. I feel that I am failing my job as a stay-home mum, to look after the kids, guide them and be on the journey with their education, their extra curriculum, and activities. I have to pull them out from their swimming lesson because I can't afford to be with them.'

Quyen's husband also has certain expectations of her role as a wife and mother as evident in the below case study. These expectations added to her workload and created additional pressure when she felt she was unable to meet those expectations.

Quyen's story

'One day, while cleaning our cottage, my kids ran in saying to me, "Mum, I'm hungry. I'm hungry." I looked at my watch, "Oh my goodness it's almost 9pm!"

I was too busy cleaning and trying to make space, I didn't realise the time and we didn't have much food left.

The next day I reached out to the Flood Warriors Group (FWG) and asked for some dinner. The FWG came with dinner that night, but my husband was at the front of the house cleaning, he told them, "We don't need food. My wife can cook. You should give it to those who need it more than us. We still have the kitchen."

At around 6:30pm, my kids were hungry. I asked my husband to leave the lights on so the people from the FWG know that we lived at the back. My husband asked if I was waiting for the food. He told me that he refused the food because I could cook. Looking back to that day, it was such a hard time for all of us.'

There were also some positive instances where Quyen's family came together and helped to take some of the work load off. 'After the flood, he helped me to pick up the kids and learnt to cook the meal that the kids like to eat. Children also tried to help with the laundry. We all tried to help each other.'

For Andrea, a single mother of two children, she experienced a range of physical and mental health symptoms after the flood (see the Health and Wellbeing section for more). She talks about feeling guilty for not being able to provide better support to her extended family members in the wake of the floods because of juggling immediate work and care commitments. 'Before the flood, I was able to support one of my sisters more. I just couldn't do that anymore.'

Andrea also feels 'really guilty, initially I was so busy trying to get things back together again and going to meetings at the community centres and up at the centres for insurance. I just felt like I couldn't give my kids the time I would normally be able to. My kids are older now, but for the parents with young kids, [they needed] someone to look after them when we needed to clean our house after the floods, that first week of floods especially.'

Children's health

For all the mothers interviewed for this project, their greatest concern was for the health and wellbeing of their children. The flood event caused significant phycological distress for children, and created huge disruptions to daily routines, increased issues of safety and delayed long-term recovery. Yet none of the mothers received or were aware of specific post-disaster support initiatives tailored to the specific needs of mothers and children. This gap is consistent with the evidence base. For instance, pregnant women impacted by an earthquake in one study were given no additional consideration in emergency responses. This oversight triggered anxiety and depression among many of the women in the post-disaster recovery phase (Chowdhury et al., 2022). Similarly, research on the Black Summer Bushfires also showed how emergency responses were significantly inadequate and did not take into account the needs of mothers, caregivers and their children (Gribble, 2023).

Community health worker perspective

Thuy Dang, a community leader and a program staff member at GenWest, recounts a story about the direct impacts the flood had on the children and families she helped.

'We came to meet a young Australian lady as I contacted her via the Flood Warriors group on Facebook. A little boy was sitting on the low brick fence, playing with the keys, looked at his toys but was not allowed to touch his toys that lied in the damaged stuff for Council to pick up.

It's a heart-breaking moment that we have witnessed. When we offered the vouchers for his mother to buy his toys or a gift for his Christmas present, he gave me a hug and went around hugging all the volunteers who were with me.'

Being strong and adaptable

Some mothers have tried to remain strong and positive as role models for their children's wellbeing. Thuy Pham describes that 'throughout this time, I comforted my children and explained that we would come back home after it was repaired and once everything was resolved with our insurance company. I believed that if I stayed optimistic and accepted the current situation, my children would be more secure.'

Thuc speaks about the adaptability and resilience of her children during the floods and her own role in supporting this process. 'Fortunately, my children are gradually adapting. They accept the circumstances and are moving on.'

Housing instability and disruptions to normal routines

For Quyen, her 'biggest fear and concern right now is that I can't give my kids a normal life that they had before. I've been teaching my kids to live with less. They are ok with that but a normal house with bedrooms, with beds for them to sleep on, and a space for them to grow and develop, a space for them to do their arts, craft, and a proper study space for them to do their homework. We're using our dining table for everything. Children use the dining table to do homework... We use the couch for their bed, etc. All those little things that is my biggest concern.'

Similarly, Nguyen describers that her 'biggest concern is my children have lost their daily activities. Because of financial problems and a stable place for our children, all our children's daily activities are neglected. We don't have time to take care of them like before. We don't have the time and money to continue sending my children to the gym or swimming like before.'

Quyen's story

Quyen speaks about the changing impact the flood had on her children in relation to fears caused by feeling unsafe in the wake of instances of trespassing and theft. 'Initially, I thought that the flood didn't affect my kids at all. The youngest one and the second one. They were so happy because they got to sleep with us but not my oldest one. I tried to make change around the small area and made it like we're camping. But after the first week of the flood, I took my youngest one back to Kinder. This was the first time he held on to my legs crying and would not let me go. He said "Mummy, please don't leave me here. What if I can't come home? Mummy, I need to go back home to save that house". That broke my heart.

The break-ins after the flood affected my older one seriously. On the break-in day, I sent her to my older sister for a few days as she was so sad and very scared. She kept crying and asking, "why are they doing this to us? Haven't we lost enough?"'

Feeling unsafe, unsettled, and reliving trauma

Other mothers spoke about the mental and physical challenges the floods presented for their children, particular in relation to feeling unsafe and unsettled.

Andrea says, 'I have definitely observed changes particularly in my youngest. She started sleeping back with me, actually both of them sometimes due to dreams about flood, rain and storms. When it would rain, I would say, "look it's good for the garden, we need the rain." They don't like when it rains. So, I tried to minimise things for her.'

Chau speaks about her son who 'was unsettled after the floods so I provided extra care for him.' She goes on to describe how her 'son was afraid of going back to the house. He understands the house is in the flood affected area, he was nervous the floods would return so he asked us to move. He had nightmares and from time to time he said, "I want to stay at home which had stairs, I don't want to stay in this house, I'm afraid of floods." After a few months, I felt more confident to comfort my son. His school had a specialist come to support the students' morale. I talked to my son about this, and it seemed to help calm him. His nightmares about floods began to go away so I didn't feel the need to get further medical or mental support. He has comfort being close to me and my husband and I've also gained an understanding of how to avoid and respond to future floods.'

Andrea's story

Andrea's daughter experienced ongoing trauma, which was exacerbated by her school's curriculum, including a term studying natural disasters shortly after the flooding. She says:

'We were already moving around, and she had so much on. [After the flood] she was very unsettled at school. She was just starting year 7. They took her to view natural disasters. They wanted to do an excursion past our house. She was very worried about that. She started [doing] repetitive, quite OCD types of things. She definitely had a big stress response. They did not come [on the excursion] because I wrote a very strong letter suggesting they do not come. But the damage was already done.

School was not a safe place for her. She was reliving it.'
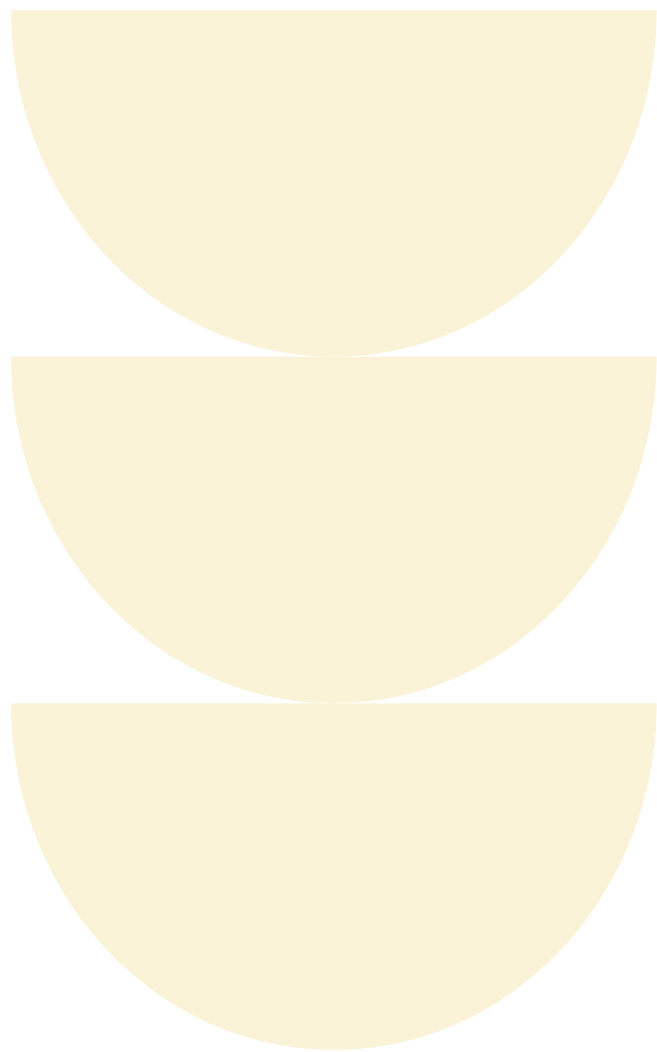
Wellbeing supports

What do women want for their health and wellbeing in post-disaster contexts?

We asked the women what they would want if GenWest designed mental health and wellbeing activities for them and their families. The responses were varied.

Mental health as a 'luxury'

Andrea states that 'I don't think that the people are ready for it. A lot of work goes in the background to attend events like these. It is like an add-on to whatever we have on our plate... I still think it is too much to fit in. When I look around, there are just so many houses that are [still] at the frame stage.'

Ragini and her family find it hard to focus on mental health due to the immediate financial constraints related to the floods, compounded with dealing with ongoing chronic health conditions. Ragini's lack of mobility means she would not be able to attend wellbeing events outside of her immediate neighbourhood. She explains, 'I cannot leave Maribyrnong because travelling in public transport is difficult for me...[and] I can't go to walk, because my legs get swelled.' Ragini's husband adds that 'The newsletter that we receive every month informs us of a few events happening in our suburb. We can't go there because I don't have the time and she cannot go alone... On the weekends, she has to take injections of chemo. So only Sunday is left and there is lots of work on Sundays related to house that has to be done.' Ragini's husband goes on to summarise 'It is almost like a luxury, to take care of your own mental health, feels like a luxury. There is no time, there are many barriers.'

Community health worker perspective

Thuy Dang, a community leader and program staff member at GenWest, talks about the recovery phase for the flood-affected women.

'People still [have] a long way to go. They are busy to rebuild their houses. They are not ready for any activity or mental health session unless their family has settled back in their house like before. They admit they have mental health issues and understand the reasons for their mental health issues. The flood has affected them heavily but the other issues like dealing with insurance, [dealing with] Council for building permits and traders for their rebuilding work etc, that causes them more stress.'

'People still [have] a long way to go. They are busy rebuilding their houses. They are not ready for any activity or mental health session'

– Thuy Dang

Activities focused on the health and wellbeing of children

Nguyen would like to see more health and wellbeing activities that focus on children and young people. As she explains, 'The biggest concern for me is my children have lost their daily activities. Because of financial problems and a stable place for our children, all our children's daily activities are neglected.'

Andrea would also like to see activities that cater to children. For example, 'arts and crafts sessions for the children would be helpful.'

GenWest organised a Mother's Day event for the community of Maribyrnong. Andrea mentions 'We still have the flowers that my daughter made on the Mother's Day event arranged by GenWest. Even something [like that] to collate something together.'

Maria also highlights her enjoyment of attending the Mother's Day event and engaging with children from the community. 'Something with the kids will also be good. When you had the Mother's Day get together, I really enjoyed it. It was nice to see all the children and meet other people I had never met before. All the nice little things the children made, the little flowers, they gave it to me as a present.'

Understandings of wellbeing and self-care

Andrea said, 'Self-care for me would be – I just love a massage. That's my self-care if I can ever get to it. You'll get more people if you did a pedicure one. And if you could have a mobile nail salon. Those are the things that people don't get done. You don't get your nails or your feet done because of the money, you have needs to go on other things.'

Wellbeing for Maria is about connection. She hopes to see activities that bring people together. As she states, 'If GenWest organises any events for mental health and wellbeing, I will attend. My suggestion is that you try to get people together. Get them to speak with one another so they can know one another. The more you meet, the more you talk, the more you know, and you get it out of your system and maybe you give support to one another. Like I said, a lot of people I didn't know were living in the area before the flood. You can have cooking workshops or learning some kind of skill. Something to calm and relax people.'

What the research shows:

Barriers for migrant and refugee women accessing wellbeing supports

One study found that while health services for refugee and migrant women were available, migrant and refugee women were not able to access them due to a range of barriers. Some of these include:

- Language barriers

- Lack of time and opportunity because of family responsibilities and gender roles of migrant and refugee women

- The location of services and transport barriers

- Inflexible service delivery methods

- Communities lacking awareness and/or confidence in accessing services

- Lack of culturally appropriate specialist services

- Limited take up of formal services and the overreliance on informal support networks such as family and friends (De Maio et al., 2017, p. 35).

Similarly, MCWH's (2023) study found that many participants expressed a strong willingness to access services. However, factors such as racial and gender discrimination in healthcare, lack of culturally and linguistically responsive services, lack of accessible information on mental health, inadequate in-language and interpreting services, a complex Australian healthcare system, long waiting times, and costly services were among some of the systemic factors that prevented many migrant and refugee women from being able to access the mental healthcare they needed in a timely way.

Best practice principles in mental health and wellbeing

Evidence for 'best practice' principles when engaging migrant and refugee women in mental health and wellbeing support services, includes:

- Responding to clients and the delivery of services in a culturally appropriate and gender-responsive way.

- Recognising the importance of a culturally competent and bilingual workforce in engaging and maintaining service relationships with key client groups.

- Partnering and collaborating with community leaders and cultural groups.

- Embedding strengths-based service models (De Maio et al., 2017, p. 41).

Effective service delivery must be attentive to the added family and caring responsibilities migrant women may be responsible for, and flexibility in service access, eligibility and delivery options are important mechanisms to address these issues (De Maio et al., 2017).

Section 4
Safety

'I never expected this to happen in Australia, especially to flood victims who have already lost so much.'

– Quyen

Women's stories of trespassing, theft and feeling unsafe

Six of the women we interviewed had their homes broken into and their valuables stolen. Many more heard of stories of theft and trespassing from their neighbours and friends.

These incidents caused significant, ongoing psychological distress and fear on top of the already heavy financial and housing burdens the women were grappling with in the aftermath of the floods. All of the women interviewed for this project spoke about feeling unsafe and were concerned for their families, especially the safety and wellbeing of their children.

Maria's story

'We got robbed on Sunday at 11:00pm in the night. The robbers took away the stuff we tried to save [starts crying]. Every time I think about it.

When the robbery happened, I was by myself. I screamed, and I came out. [I live alone but] I pretended to have a gun. I said, "What are you doing?" I pretended to call my husband and I said, "Get the gun, get the gun!" So they ran off, but they ran off with the box of paint worth $500. When you are scared, you become strong.

On Monday morning, I reported to the Community Centre because the police were there... I went there, all dirty. I said, "That's it. I'm going back." I tried to call the police, but my mobile, I don't know what was wrong, they could not hear me. So, I jumped in the car and went to Randall Street. Half the way I walked. I couldn't walk fast because it was still slippery. I managed to speak with the people from the Council, the police, and the State Emergency.'

Psychological distress, trauma, and financial strain

Quyen has been deeply traumatised by her experience of break-ins.

Her self-confidence and sense of safety have been completely eroded. She is scared to leave her home, will not answer the door to strangers, and has been unable to sleep.

'My husband works extra hours to earn more money, that's why he's hardly at home. I can't sleep for so many months. I'm scared the robbers might come back. The chance that they're coming back is very high and knowing that it's still happening all around us, it's very scary. I get up more often at night. When hearing a noise outside or inside the house, it scares me. I told my husband, "I can't carry on like this anymore", even though my husband has installed the camera, roller shutters, the fence and more lighting to make me feel safer. I try to be strong, but I can't handle it, I still can't sleep at night.'

Quyen goes on to explain that 'After the robbery incident, I don't want to leave the house because I don't feel safe. I find myself now constantly checking the security camera on my phone... One day, the police came knocking on the door. I went to hide in the bathroom without taking my phone with me. When they called out my husband's name, I thought they must be someone that knew my husband. It took me a while to get myself together and I went out. I didn't open the door. I stayed inside and told them my husband's not home. They introduced themselves, one was a policeman, the other was a detective. They were not in uniform, so I didn't let them in. After they showed me their ID's, it took a while for me to open the door to talk to them. I wasn't like that before. After the flood and the break-in, I'm not myself, I'm scared of everything.'

The break-ins have not only caused additional stress and trauma for Quyen and her family, but substantial time, money and resources have been used to ensure their property is safe. This has caused ongoing delays to the original house repairs needed after the floods and limited their ability to access supports like emergency accommodation. 'We had to put the repair of the house aside because there was a lot of money going into the security of the house itself. We need to have the front fencing and the back fencing done. We must have roller shutters done. Criminal safe done. Further extra security cameras and having the data recorded, we have to pay it monthly.'

Other women also spoke about the stress and anxiety brought on by their experiences of trespassing and theft that took place in their homes after the floods.

For Thuc 'What I'm most worried about right now are further disturbances in the house. Not only was our house damaged by the flood, while it was getting repaired, items donated by people in the community, our clothes, and even our repairer's tools left in the house were stolen. As a result, I had to install a security camera to monitor any further disturbances, which created more mental stress, anxiety, and insomnia.'

Chau had her house broken into while they were away.

'Due to the water damage to the front door, we couldn't lock it properly. They [the trespassers] freely drove into the garage taking the TV and fans from the house. If my neighbour had seen what happened, they would have assumed it was the landlord so didn't think to confront them. We were able to get a license plate number and shared this with the police, but we didn't hear back from them. I never expected this to happen in Australia, especially to flood victims who have already lost so much. I felt disappointed, angry, and hard done by.'

Maria recounts not only her own break-in story but those experienced by neighbours and others in her community.

'I see some of the houses, they're still empty. They got robbed five times. The one in the corner of Burton Street, the family next to the petrol station have now come back to live there because... they fixed everything. But while they were fixing downstairs, they put a chain with a big lock. The lock was cut, and they got robbed again...

Number 17 was my friend's house who moved overseas. It was purchased a few years back by an Australian family. It was the first flood for them. They had to strip everything as well. They don't live there. They put in the safety fence because they got broken in." Maria feels incredibly unsafe living alone on her street. 'Until today, I don't have light. My street is very dark…If we had extra light, it would be safer.'

What the research shows:

The exacerbation of gender roles in disasters

Strict gender roles and the division of labour is heightened in times of disaster. These occurrences are often denied or overshadowed by other priorities associated with disaster recovery and reconstruction (Chowdhury et al., 2022).

According to a study conducted by Plan International, women and children are 14 times more likely to die or experience violence in a disaster situation due to rigid gender stereotypes and discriminatory practices that place greater value on the priorities of men (Van der Gaag, 2013).
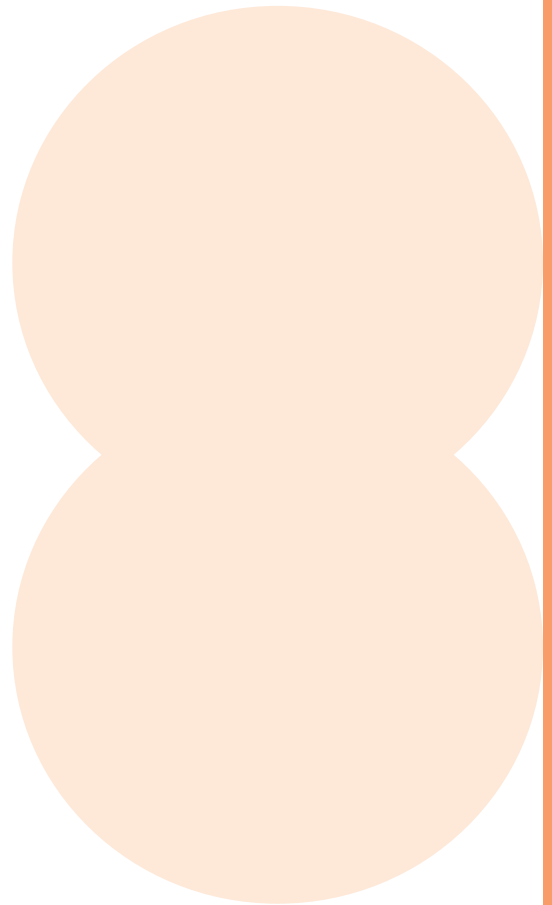
Concerns for children's safety and wellbeing

Some of the women had their children present when trespassers or burglaries took place in their homes. This made them worry for the safety and wellbeing of their children both inside the house and when out in the community.

Andrea is worried when her children come home from school on streets that do not feel safe. 'The kids get off the tram and it gets dark at 5:00 or 5:30pm and she [my daughter] is walking past all these abandoned houses. I say, "I will meet you at the corner."' For Andrea, the thing 'that has really been difficult is being on my own with break-ins, my daughter was also home, she was sixteen... In that time next door has been broken into, then we see somebody in a mask at the front, my daughter had spotted him... So, we had quite a few break-ins that have affected the kids... Back then I didn't have any security, after that I got the security system on, it absolutely affected us all.'

For Ragini, she was by herself when she first saw someone trespassing on her property. 'I was at home. I was washing dishes in the kitchen at around 6:00pm. One person came and he was banging on the window in the kitchen heavily like this and I was afraid. I asked him what he wanted, and I didn't open the door. I locked it from inside. Then he asked where the nearest train station was, and I just pointed out that it is on that side. He went and then he came back within 2 minutes and was standing here in the front on the street. He was staring at me from there. I straightaway called my husband and told him that a stranger was watching me from the front of our house while I am standing in the kitchen...'

She describes how her son was home alone when the actual burglary took place, 'That was Sunday, and my son was sitting here in the lounge room and studying. He kept the bedroom window open, and someone came in and took his IDs and wallet. Somebody has used his driver's licence... The police came, took pictures and left. The main loss were his IDs. We had lots of safety issues, so whatever cameras are there, we paid and installed them ourselves. We did not get any reimbursement.'

Violence against women

During times of disaster women experience higher rates of family violence and other safety concerns (WHGNE et al., 2016b). Women's safety needs must be considered at all stages of disaster emergency planning, response and recovery as is evident in the community health worker's story below.

Andrea, a single mother with ongoing health challenges during the times of the floods, recounts an experience of intimate partner violence from before the flooding. She told us how she had experienced post-traumatic stress disorder (PTSD), which was triggered by negative interactions with her child's school. 'I hadn't cried this whole time, but I was deeply shaken. Days later I just had this anxiety.' She talks about how difficulties in dealing with the school had been the most impactful event for her in the wake of the floods and had caused ongoing anxiety and PTSD.

Community health worker perspective

Colleen, a Red Cross volunteer who supported affected families during the Maribyrnong floods, tells a story about the safety considerations women experience in times of disaster. 'I was the only Red Cross volunteer on the day who could actually get to the relief centre. We register people for a couple of purposes... [One reason] is so that if someone's looking for them, they know that's where they are. If they don't want to be looked for, we ask that as well because, you know. I was a [volunteer] staff during the Black Summer, and there were quite a few women who just had the 'look' and I said, 'He's after you, isn't he?' And

so, we also are trained to make sure people don't want to be found...

Women are the most vulnerable after a natural disaster, because [if] they've hidden themselves, a man might go to the relief centre to find them, because the relief centres are a really public place.'

She goes on to say, 'I think the way it often happens post-disaster around family violence, that everything that is piled on to families and then, you know, people are just losing it. Where there wasn't family violence before, or the family violence is just made so much worse in these kind of situations. It's often hard to know what goes on behind closed doors.'

Section 5

Support systems

'Reading this report made me reflect on what we have been through. I now understand that the flood has affected my mental health much more than I initially realised. As the time, I didn't ask for help as I thought I would be able to manage it all on my own. But now I know it's OK to ask for help.'

– Community member and interview participant

Each of our interviewees received support from a network of formal and informal sources, including friends and family, community, volunteer groups, local not-for-profits, emergency services, government, and service providers. Experiences and attitudes towards these supports varied according to each person's gender, background, circumstances, needs, and experience.

Help seeking and receiving attitudes

Interviewees had differing attitudes towards seeking and receiving help. Gender and cultural background are recognised factors which influence help-seeking and receiving attitudes. Quyen felt that 'any gesture, big or small, is precious and very much appreciated.' On the other hand, Ragini felt a frustrated lack of agency in receiving donations. 'The most difficult thing for me was that we had to wait endlessly for help and support, and I had no choice. For four weeks, people were giving shampoos and toiletries, but nobody asked us about what we want. It was more like, this thing is available, so take it.'

Some interviewees felt that they did not need volunteer support or donations, and that others were worse off. Quyen says, 'I told [the flood warriors] to help people who were more seriously affected... I felt so blessed compared to everyone else, so I comforted to myself, I'm OK.'

Support systems for migrant and refugee women

Cultural background and language influence disaster affected residents' access and engagement with recovery support. Themes that emerged around migrant and refugee experiences largely related to communication. Lack of in-language and culturally informed messaging created additional barriers to accessing support for culturally diverse residents, while the practice of networked information sharing amongst residents and cultural groups was an enabler. The below case studies on community health worker perspectives highlight these points.

Thuy Pham's story

'In terms of support, at first my children's school gave them new uniforms and Centrelink provided us with disaster relief payment. Since the beginning of this year, I have applied online for financial assistance for my children's expenses from the Emergency Hotline website. We received a reference number but did not hear back from them. My neighbours and I also seek for financial support through Cohealth, as a lot of our neighbours were beginning to become quite desperate, and the matter was of urgent concern.

We were rejected by the Government Support Service which I applied for disaster funding, stating that the deadline for applying for children's financial help had expired even I have told them I have applied in January with the reference number been provided and others advised me to call the Emergency Hotline back again. It felt like some places didn't really want to help us.

Fortunately, after speaking with Cohealth again, we were promised funding for all flood-affected children, regardless of whether they applied before or after the deadline.

We also received information via our Council's Newsletter, but because some of our neighbours weren't fluent in English and others were just too busy dealing with other matters, such as speaking with insurance companies, repairing, cleaning etc. not everyone was able to make the most of the support.'

Community health worker perspective

Colleen, a Red Cross volunteer who supported affected families during the Maribyrnong floods, talks about the challenges relating to communication and engaging with multicultural communities:

'Communication has not been as effective as it should have been. This kind of engagement I think is quite nuanced, it's not a one size fits all. And the need for particularly multilingual information, particularly Vietnamese has been quite an issue because most of the other communities, they're older communities, the Greek and Italian community [have often] got adult children who can help them, whereas the Vietnamese [are] still almost relatively new.

A distrust of government has been a really big issue, they need a community voice to tell them that this is what you're entitled to. I've felt this is a particular problem in the Vietnamese community, this lack of trust of any government makes them very fearful of engaging.

[Its] super important, people knowing who they can trust, seeing people who speak their language is pivotal and I've been involved in a lot of community consultations over the years and where I think all of them fail is not doing the face to face... It's really important that people's questions are answered.'

Community health worker perspective

Thuy Dang, a community leader and program staff member at GenWest, talks about the gaps in services that she saw through her work in the community:

'The communication before and after the flood was not good enough. Some people received the text message or email, some didn't, and no information was sent out in the mail for the flood warning.

After the flood, the SES took down flood affected people's details but there was limited follow up. For people with English as a second language, they have no support or information in language at all.

There was not any specific support given to women and children. Council and organisations supported families on accommodation and food. Government has provided information on the website, news about the support like the flood disaster payment, funding, etc. which was not helpful for those affected by the flood because they have no time, no facility to follow the news online or on television.'

In-language and culturally informed messaging

Most of our interviewees' primary languages were not English, and most felt that information about the emergency and recovery support was not tailored to their cultural and/or language needs. For Chau, 'As a woman who has a language barrier, I hope that future urgent notifications are in Vietnamese and received in a timely manner.'

Quyen reported that, if it wasn't for her and her husband, her parents would have been unable to ask for or access the support they needed and were entitled to. '[My parents] are old, they are fragile, and they have a language barrier. They did not get any information in language. No one was out there knocking on their door speaking their language to help them. Imagine the elderly out there in the community, the Greeks, the Italians, that can't speak the language and are afraid to ask for help.'

Networked information sharing

In the absence of culturally informed and in-language communication, networked information sharing played a key role in accessing information for many of our interviewees.

Nguyen relied on her network of friends and neighbours for information about flood recovery support:

'We got information from my neighbours. They told us about the flood disaster support from the Centrelink that we needed to apply.' One of GenWest's multilingual community health workers also connected Nguyen to recovery support services such as 'WestJustice, Cohealth and DFFH.' Networked information sharing can be an effective and powerful form of communication, suitable to the needs of marginalised communities during times of disaster.

Ragini's story

When Ragini was asked about whether her language and cultural requirements were met, she felt they weren't. She feels she and her family did not get sufficient support for someone with English as their second language:

'We did not get any donation from Flood Warriors Group. Nobody told us about the group. We did not have any support from anyone to educate us as to what we can or should do. Nobody guided us that we could get a mattress or blankets to put on the floor and use. We bought everything from our own pocket. The volunteers came only once in the beginning to help us clean. After that, people just came to check if we were ok. They used to ask, "Are you doing alright?" What could we say?

Government support services were not easy to access and took a long time. We had to chase and call every day. Nobody answered and they didn't return the messages that we left. There was no other number. There was no other way to seek help. [Our son] had to call them everyday and chase them. Sometimes he would be on the call for hours. Communication was bad, very bad. Even when we went to the Council, they did not tell us clearly what we should and should not do.

We found out [about flood relief grants] from the people around here. In the community, the flood victims used to tell each other to do this and that, it was through word of mouth.

The most important things that I want from the government are timely communication, accommodation, cultural and in-language support, and information about the support services and help available post-flood. I want a well-in-advance warning if the flood happens again and accommodation in the area because of health appointments. Public transport is difficult when you have lots of appointments.'

Community

Our interviewees reported a range of experiences seeking and receiving support, with no 'one-size-fits all' solution. Help from family, friends and community was vital in filling the gaps left by formal support services, especially for marginalised people whose needs were not necessarily met by council and mainstream emergency service responses.

Informal support

Informal support can play a huge part in individual recovery journeys; however, it tends to depend upon a person's existing social connectedness. Isolated people are at a disadvantage when it comes to accessing informal support.

Chau was self-critical following the flood, but the support of friends and community helped her to find a more hopeful perspective and keep going. 'I felt disappointed in myself that I didn't know how to prepare for the flood to avoid damage, but through this, I have gained a greater appreciation for friendship and the community who helped me... The community showed their humanity and generosity towards the victims.'

Informal support often depends on social connections and relationships such as friends, family, and local community networks. As a result, isolated and vulnerable community members can receive less informal support, while socially connected and networked individuals and families receive much more. Chau was aware of this in the aftermath of the floods and felt fortunate for her strong informal support network compared to others. 'Whilst I was [at the emergency community centre on the day of the floods], I didn't seek any additional help [other than re-establishment grant] for accommodation or help from volunteers to tend to the house. I was lucky to have friends help me instead and I wanted the limited resources to help other people in much more difficult circumstances.'

'I hope and wish in the future that the community would come to the site after such an event to witness it first-hand and approach the victims for comfort. Any offer for assistance, such as providing small vouchers for groceries, goes a long way because the victims are often afraid to ask. Any gesture, big or small, is precious and very much appreciated. Each person has a different situation, with some people having it worse than others. Those who do not receive compensation from their insurance company are very desperate and need material and mental support.'

– Thuc

Networked care

Networks of care amongst affected individuals and families can prove effective in the aftermath of disaster, as communities band together to recover collectively. Ragini and other families on her street formed a network of support after the flood event. 'There are a couple of families on our street who we know now, and we have helped each other.'

Several of our interviewees reported providing informal support to other affected residents. In addition to cleaning and rebuilding their own home, Quyen and her husband helped other flood affected community members. 'We have lot of extra works to do, like helping my parents and neighbours.' Maria helped an elderly neighbour when her son wasn't around, 'Whenever I cook, I always take some food to my next-door neighbour because she's over 90 years and most of the times she lives on her own.' Social connectedness has been a key aspect of recovery for our interviewees.

Volunteer groups

Themes that emerged around volunteer support included the feeling of care from volunteers, a sense of community belonging, and the valued role of spontaneous volunteers. Andrea describes how 'I put my name down at the community centre for assistance from the Flood Warriors. They were amazing… The volunteers were fabulous. They came out of the community from different suburbs. Every day, I would find cleaning products at my doorstep. Sandwiches would come around.'

Community health worker perspective

Thuy Dang, a community leader and program staff member at GenWest, explains why she volunteers:

'I came to Australia with my parents as a teenage refugee with no English. I didn't get many supports in language. I've been through a hard time in language and [feeling] socially isolated. Therefore, I understand, and have the experience in helping others…

My mother didn't say much, but she did all the work and I learned from that. She keeps telling us that we are lucky. We are in Australia. That's why we must pay back Australia. At first, she didn't support me to go out in the community because of the cultural perspective, like women not working in the public… But when she saw me doing some events that support people back in Vietnam; with child trafficking in Thailand and education for children in Cambodia, she hugged me and she said, "I support you." That has changed her mind because it's like what she taught me via her work, respect people, give and support people… That's why I'm involved in a lot of organisations. From there I have lots of chances to work and connect with others. I have learnt good listening skills and learnt to be more patient.

The more I'm involved in the charity work and volunteering, the more I see the benefit from helping others and the value of the volunteers. My children are adults now, so I want my children to understand life is not only working, making money or just family, but for the community as well.'

The feeling of care

One important impact from volunteer groups is the feeling of care that it imparts for residents reeling from disaster. While the material support provided by volunteer groups addressed important immediate needs, such as food vouchers, ready-made meals, cleaning supplies, and help with clean up tasks, none of these groups were resourced to address more significant concerns such as rebuilding, accessing leave from workplaces, financial support, complex health issues, or ongoing childcare. Despite this, interviewees reported that volunteers gave them a lift in spirits and a sense of being seen, valued, and cared for by the broader community.

Community belonging

Volunteer support can reflect a sense of community belonging in disaster recovery. Thuc's support network included both Vietnamese and Anglo Australian volunteer groups:

'Organisations like the Melbourne Vietnamese Lion Club and AVA (Australian Vietnamese Arts) initially offered food and vouchers to help flood victims. I felt emotional and very appreciative.'

However, resources from these Vietnamese volunteer groups were not sufficient to meet all of Thuc's needs. 'The Coles or Woolworths vouchers from Vietnamese group didn't last for too long.' Thuc also received informal support from the local community. 'People from other neighbourhoods also came to give us a hand right away. Our Australian friends and neighbours were very helpful, for example, they would post on Facebook offering times out of their day to help.'

Spontaneous volunteers

Spontaneous volunteers are an emerging trend in disaster response, with numbers increasing year by year. With the rise of social media, anyone can access information about disaster events and turn up to offer support, independent from a formal organisation or volunteer group.

Maria remembers receiving support from a spontaneous volunteer:

'One lady came from Point Cook with her 14-year-old son. I thought she was from the Council. When I asked her, she said, "No, no, I'm a volunteer. I saw the disaster on TV and I'm here."'

Community health worker perspective

Thuy Dang, a community leader and program staff member at GenWest, talks about the importance and challenges of volunteering, and how volunteers helped the community of Maribyrnong:

'I think caring and sharing are the best way to build a stronger community. We're lucky to have many supports from the Government and charity organisations in Australia, but there are also many gaps and regulations that don't deliver supports to affected people. Working as a volunteer, no one expects to get paid, but I think an allowance would help them with petrol, meals, etc. I'm still spending my own money on helping people as I can't get the funding to help them. In the Flood Warriors Group on Facebook, there're lots of people giving out furniture, clothes, toys, goods.'

Council and government services

> 'Council was putting the food trucks which was very beneficial as we didn't have the time to cook. All my services got knocked over like the hot water, no heating, no cooling. And it was always nice to catch-up with other residents. And then they started putting newsletters out which were very informative'
>
> – Andrea

Support with clean-up and food

Several of our interviewees described the value of government support in the form of council initiatives such as food trucks and clean-up volunteers. Two days after the flood, Thuy Pham 'contacted the Council for assistance, and they provided two volunteers to help alongside my brother, who had also reached out to help.'

The need for gender-specific and trauma-informed supports

Nguyen felt let down by the lack of gender-specific supports available in the post-flood period:

'There was no support from any government, especially for the flood affected women and children. There was also lack of support information or where to ask for help. During the flood, the Council had our details, but they did not follow up or send us any information.'

Thuy Pham reports how the process of accessing services was not always appropriate or trauma-informed, such as having to 're-live the flood event' to make a claim for government support:

'Upon their request, I uploaded all the documents and pictures related to the flood through the MyGov website. When the documents were submitted and approved [by Centrelink], they called back to ask me questions related to what happened on the day of the flood, which was a really miserable experience.'

Community health worker perspective

Colleen, a Red Cross volunteer who supported affected families during the Maribyrnong floods, recounts how Council and support services coordinated the flood event at the relief centre:

'In the immediate aftermath in the relief centre, Council run it. Council have the recovery role, and you also have the Salvation Army in there, you have the chaplains, you'll have SES. You'll have the police, you'll have all kinds of people working out of that centre, but it is the responsibility of Council to operate relief and recovery in the immediate aftermath of a disaster... Everybody knows what they're supposed to do, and so even though Council probably hasn't done this for 20 years, it just rolled out.'

Local services and not-for-profits

Themes that emerged around local services and not-for profits related to:

- The importance of community-led programming, especially concerning mental health,

- The need for programs that strengthen informal networks between residents, and

- Helping residents navigate a complex system to understand and access support.

Navigating a complex system

Challenges navigating and accessing support for government and community services were exacerbated for residents with English as a second language.

Ragini had trouble navigating emergency services until she was connected with tailored, one-on-one support from a local service. She recalls that emergency services 'were not effective because we had to wait for hours and hours on the phone line. One day my elder son got angry and told them, "people have lost everything, and you don't even answer our calls." Then they called us back, and I got that lady [from Cohealth] who helped me a lot.'

Connecting to a service provider at Cohealth and forging an ongoing relationship with a real person was hugely important for Ragini's recovery journey. '[The Cohealth worker] called me every second week or every week.' Ragini reports that, since the flood, she has been 'supported by three people – the lady who hosted us in her home [spontaneous volunteer], our next-door neighbour, and from Cohealth.'
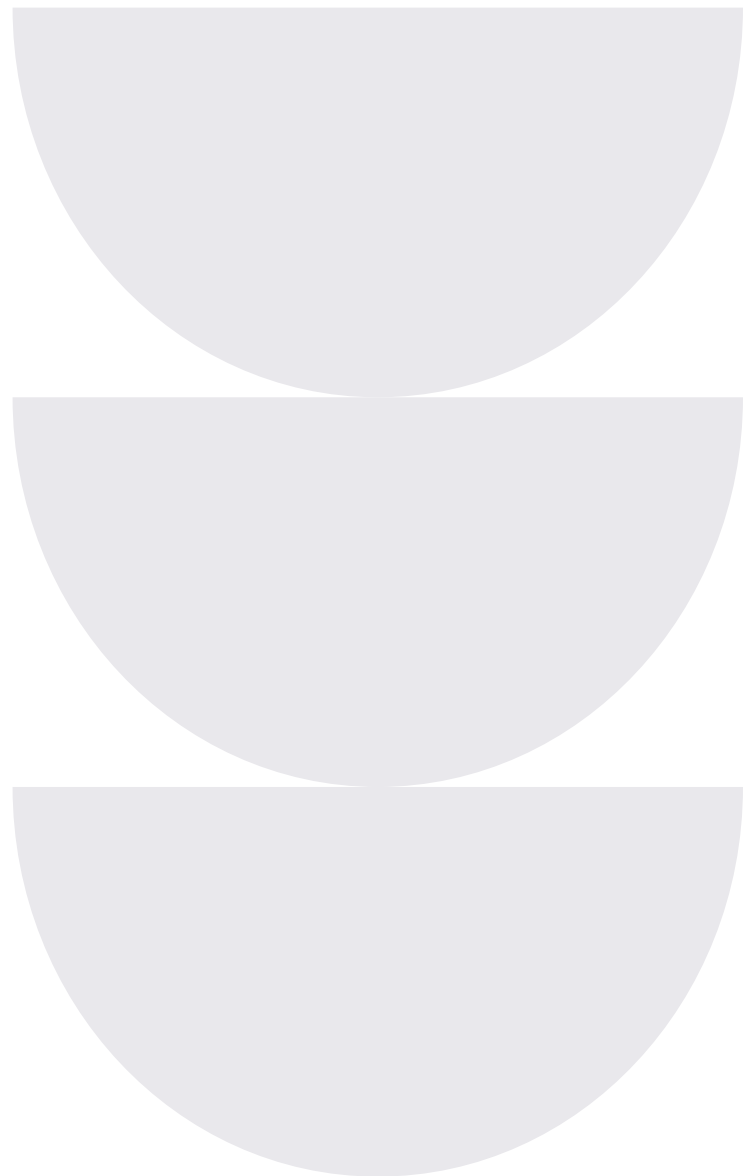
Strengthening informal networks

In addition to facilitating ongoing, trusted relationships with service providers, local services with existing links to community can support residents to establish and strengthen informal networks of support amongst themselves.

Thuc felt that GenWest program activities facilitated an informal support network for women to connect and engage based on shared, gender-based experiences of disaster and recovery:

'GenWest's activities are very practical, comforting mentally as well as physically. GenWest organises meetings, events, creates opportunities especially for women and children to comfort each other and share their stories and thoughts. That is very important.'

Mental health support

Community-led programming ensures that recovery support meets the real needs of residents. Following the Maribyrnong flood, GenWest was funded to provide mental health support programs, however community consultation revealed that flood-affected residents were not ready for this kind of support, as they had not had their basic needs met - such as financial and housing security.

Quyen's story

'Sometime in April, someone knocked on my door, introducing themselves from the Maribyrnong Council, "We are here to see how you're going and if you need any help. What can Council do?" I asked them, "What can Council do to help flood victims? Look at my skeleton house. I need to rebuild my home."

He said, "Council can help you with mental health support." I told him that we were robbed after the flood just a few weeks ago and I'm still living in fear, not feeling secure at all, because there are robberies all around the flooded areas.

How can Council help us? I just want my normal life back, to rebuild my home and live with no fear of break-ins like before. Counselling sessions will not resolve mental health problems for now, it just ends up being a waste of my time. And right now, time is something that I don't have.'

What the research shows:

Community engagement – the importance of support services engaging with communities

For local councils involved in emergency planning, diverse community engagement is a critical process to identify how the local community understands and interprets disaster management and preparedness (Teo et al., 2018). It also means individuals and communities can exercise choice and take actions to safeguard themselves, their families, and communities in the event of a disaster (Hansen et al., 2013).

Psychosocial needs change throughout the disaster cycle, particularly as social supports deteriorate over time. Particular consideration needs to be directed toward the differential and inequitable impacts of disasters based on gender, age, cultural background, socio-economic status and other vulnerabilities (Amaratunga & O'Sullivan, 2006).

A study on vulnerable populations during disaster events, such as those who experience homelessness, found that trust was a pivotal factor as to whether people accessed local support services (Brookfield & Fitzgerald, 2018a). Council and local community service organisations must develop relationships with their communities by building a level of credibility, and by providing consistent and reliable support (Silver, 2018). This takes time and as the study found, stigma still acted as a large barrier for homeless and other vulnerable populations groups when accessing support during disaster periods (Brookfield & Fitzgerald, 2018a).

Socially networked recovery

In a post-disaster context, studies of social capital tend to focus on social networks as a source of support and assistance for affected communities. Studies of disaster recovery processes across socio-economic and cultural contexts suggest that social capital and community leadership support collective decision making and community recovery (Nakagawa & Shaw, 2004).

Woolcock's model identifies bonding, bridging, and linking social capital. Bonding social capital is generally strongly embedded in community groups. It describes the ties between family, friends, neighbours, and peers. Bridging social capital describes the ties between people with similar economic or political characteristics. This can also be a characteristic of community groups. The third category, linking social capital, describes ties between community and institutions of power and influence; formal organisations such as government entities, service providers, and local authorities such as the police. This third category is important in post-disaster recovery processes, and is often the weakest of the three amongst affected communities (Nakagawa & Shaw, 2004).

Community leaders as information intermediaries

As information intermediaries, community leaders can deliver important health information to population groups that are not receptive to mainstream methods for public health communication. Community leaders can function as 'gateways' into culturally and linguistically diverse communities, providing culturally safe and situated health information.

Communication barriers with CALD communities are often understood by services in terms of language barriers. Responses therefore approach the problem by providing translated health information and training staff in cultural competency (Abdi et al., 2020; Wild et al., 2021). The shortfall of these strategies is that (1) they are not always accessible to CALD people, who may lack the literacy skills to interpret written information, even if it is in language; and (2) CALD communities have distinct information-sharing practices and preferences, which can mean that translated resources do not reach the target audience, or that the target audience does not find them meaningful (Seale et al., 2022).

Research has shown that people from CALD backgrounds generally prefer to receive information through social networks and interpersonal communication, and from people who share identity characteristics (see: Mileti & Darlington, 1997; Tierney, 2019). In Australia, CALD communities are often tight knit, with strong social ties amongst people of similar backgrounds within physically local community networks. These interpersonal relationships can function as trusted sources of information regarding health and medical care (Brissette et al., 2000). The advent of social media and digital communication has transformed the physically local nature of information sharing to some degree; however these preferences and practices remain deeply ingrained for some population groups.

'The government tends to inform the professional public to further inform their constituents and customers… through media releases or government policy documents. They can consume that, understand it, and then regurgitate it. When I look at how the community leaders are being briefed, I can't see any guidance document to community members' (Seale et al., 2022, p. 4).

Seale et al (2022) identify four themes regarding the working relationship between response and recovery actors, and community information intermediaries:

1.   An essential role in bridging the gap;

2.   Failure to consult with community leaders;

3.   Level of briefings and support;

4.   The danger of 'burnout'.

Community engagement models

'Every time we need anything that has to do with CALD [communities], we go to the leaders, and then we get the information that we want, and then we forget about them. We don't even go back to tell them; "this is the outcome of whatever we were doing, and this is what we achieved"' (Seale et al., 2022, p. 4).

Response tends to bring community health workers and community leaders in too late, and when they do, there can be problems in the approach. Aside from being contracted too late, there are not enough community workers, and they tend not to be supported meaningfully.

Research also shows that, in some cases, there is doubt in community about whether governments are actively involving community leaders, or whether they are extracting information from them (Seale et al., 2022).

Community resilience and preparing for the future

> **'I am still proud that despite the suffering and despair, I was able to come to a solution.'**
>
> **– Thuc**

Coping strategies

What women did to help themselves

Finding solace in nature

For Andrea, a trip to the country helps her relax and cope with the challenges brought on by the floods. As she states: 'Going to the country is my favourite thing... Looking at the sunset, watching the horses is peaceful.'

If Andrea cannot make it to the countryside, then she likes to be in her garden. 'I enjoy my gardening…That's what grounds me.' She also mentions using other strategies such as 'having a bath. That is my go-to now most nights, I love it. I also watch a lot of telly and I do my own mindfulness exercises.'

Connecting through creative tasks

Maria likes to undertake creative activities such as knitting to feel good and to connect with families in her community. As she explains, 'I make baby's booties and I give them away as a present to pregnant women and mothers with little babies that I see around the area. That's what makes me feel really, really good.'

Feeling good through hard work and helping others

Many of the women felt proud of the way they were able to help others through their hard work. Nguyen speaks about the work she undertook to help her family. She explains,

'My two older children are teenagers, so it is difficult for them to live together in one room and there is no place for them to study. I set it up so the children could have a place to do homework... I did help with building repairs like clearing the building materials waste, painting, cleaning, etc.'

Chau said 'I was able to help my uncle to clean up and rebuild the house so we can resettle back in after seven months.'

Finding agency through problem-solving and coping with stress

Many of the women spoke about how they felt a sense of agency through their ability to cope with stress or when they were able to problem-solve challenging situations.

Thuc said she tries 'not to think about sad things, to restore my health because the flood happened just over 9 months ago.' She goes on to explain the ways she has been able to cope: 'Despite going through many ups and downs in my life, I am still proud that despite the suffering and despair, I was able to come to a solution with the insurance company about repairing the house and am still maintaining my mental strength to this day.'

Chau also feels good about the way she was able to manage her stress. 'I feel proud that I can cope with my stress and comfort my son to overcome his issues.'

Women's visions for the future

'My biggest goal is to get my house rebuilt. I don't need … a bigger house or a nice-looking house. I just want it to be repaired, to have walls up, to have windows on, to have doors on and make it a home again.'

– Nguyen

Interviewers asked 'what goals do you have for yourselves and for your families in the future?' Given the extent to which many of the women and their families were still grappling with the immediate effects of the flood - such as ongoing housing and financial instability - many of the stories were negative or pragmatic in scope.

Chamlee-Wright and Storr (2011) contend that community narratives play a significant role in shaping the recovery and healing strategies used by communities. For the women of Maribyrnong, narratives of self-reliance and community connection helped shaped their recovery journey in the face of limited formal support structures. A common vision of the future for these women related to their need to feel adequately prepared in case the floods came back.

Negative narratives about the future

For Andrea, her response was mixed. In some ways it is hard to imagine life after the floods because 'I would say that I am still cleaning up. There is mould under my desk, but I can't reach it. When it rains, we can still smell the contamination.'

Maria aims to 'sell [my house]. Because of the river I don't feel safe or comfortable anymore. Every time it rains, I feel anxious. The weather will come in again.' She explains that 'I used to go to Italy every year but with the fear of the floods, I can't go anywhere.' She hopes that for her immediate future, 'After all this insurance work is done and my house is repaired, I would like to visit my family. I have only got a couple of sisters left and that's why I like to go overseas every year to catch up with my sisters. One by one they all passed away. I was the younger one but I'm not the younger one anymore.'

Ragini is also worried about the floods coming back. She states: 'My biggest concern is what will we do if the flood happens again. There was no previous warning to prepare. Who looks at the phone at 4:00am in the morning?'

Similarly, Chau 'wonders why the council doesn't make the flood issue a priority and take measures to avoid damage to the residents. Maybe there are too many projects that need to be tackled first or maybe they don't prioritise this issue as they might assume there's not that much damage to the community caused by floods.'

Nguyen originally 'thought very positively that we could start again from the beginning. We have the building insurance cover. We could move back to the house after the floods. We could reuse white goods and furniture. But the longer it took to rebuild the houses, the problems we have with the insurance company, the more tired I became.'

Quyen speaks about how since the floods, 'we don't have a normal life. We can't do normal things that we do every day like before.' She goes on to explain that 'It's still a long way for us to get our life back.'

Positive narratives about the future

For Andrea, although she had some negative points she does 'love being in Maribyrnong. We have a beautiful river. Not many people have a river. We must respect that. Hopefully, we can get some things done to mediate the river.'

Andrea envisions staying in Maribyrnong for the immediate future but eventually might want to move to the country. 'Ideally, I would love a farm... Some horses. It is a bit too much to look after but I have been thinking about a more peaceful life, but I love our community as well... I can't do anything until my house is fixed. After that I might rent it out, probably a good Airbnb and go somewhere else that's peaceful. I think I just need some peace.'

Thuy Pham's response was a mixture of pragmatism and positivity. She is hopeful 'that our family home will be repaired so that we can move back in and ensure our children will have a familiar space to live in... We have been warned that there will be more floods to the area in 2040, but I have decided to stay.'

Pragmatic narratives about the future

Five of the women spoke about wanting to feel self-prepared and ready if the floods were to come back and described what they would do when it next happened.

Thuc's main goal is to 'repair the house and most importantly, make sure it is protected from future floods, fire, and theft.' She outlines how 'from now on, I won't be buying expensive gadgets and ensure we gather important documents such as passports, birth certificates, insurance records, family photos into a common folder so we can easily access them when needed. The most important being our insurance documents.'

For Thuy Pham, her 'goal for the future is to be prepared, look out for the warning signs and be ready for any potential danger. Firstly however, I will increase the sum insured on my insurance policy, buy cheap essentials, and attempt to prevent loss from future floods.'

Nguyen's response has been both negative and pragmatic. 'I change my mind about life after the flood. It's all temporary after we lost everything we've built up. We will have to spend money to buy and repair the furniture, but we will buy cheaper things. My goal is to return to a normal life so that I can take care of my children like before. Give them a stable place to live, return to normal activities.' Her goal for the future is to 'have time with my children after work and can rest, without having to do extra work for so many houses.'

For Chau, her main goal is to 'do what I can to minimise the damage from future floods.' One of the ways she plans to do this is will be to 'choose to buy simple and affordable items. Although I hope floods won't happen again, I know that when they do, I will be more prepared.'

Preparing the community for the future

Identifying gaps and the role of Council and service providers

Many of the women impacted by the Maribyrnong floods have painted a pragmatic community narrative about the need for self-reliance, resilience, and individual preparedness. This is in line with Australian 'self-help' approaches to disaster management policies, which emphasise that all individuals should be equally capable of being responsible for themselves when preparing for and recovering from natural disasters (Goode et al., 2017).

We suggest that there is a need for greater trust, consistency, communication, planning, and the building of strong partnerships between local Council, support services and the Maribyrnong community to ensure adequate recovery and disaster preparation for the future.

Community health worker perspective

Colleen, a Red Cross volunteer who supported affected families during the Maribyrnong floods, talks about disaster preparedness for the community moving forward and the gaps that took place:

'When do we review everything that's happened? When do we start on the what happens next? Looking at the gaps, why they happened, how they happened, and why was it that it was left to the community to identify the gaps. Is this because we haven't done this for a long time and do not have a really tight plan? Because there is a huge number of agencies involved in all of this, quite an impressive list of people who are doing pretty amazing work on the ground, but the residents don't necessarily know [about] them.'

She goes on to talk about the importance of having a consistent, systematic approach where support given by council and services is localised, face-to-face and caters to the specific language and cultural needs of the community:

'Non-judgmental [communication], we're not here to tell you how to run your life. We're here to give you some information. We could have a community multilingual call-centre where people could have well-trained call takers who could help people negotiate claims and support services, something that could be done very localised.'

The importance of spontaneous volunteers

Many of the women's stories highlighted the importance of informal networks and volunteer support. This was particularly significant for community members whose situation or needs were not addressed by mainstream or formal support frameworks.

For example, one government discussion paper highlights that 'spontaneous volunteers are a crucial resource for Australia, often responding immediately at the site of an emergency and contributing to community-led response and recovery' (Department of Home Affairs, 2023).

We suggest the development of a spontaneous volunteer workforce model is significant to meeting marginalised communities' needs in disaster contexts such as Maribyrnong.

Community health worker perspective

Colleen, a Red Cross volunteer who supported affected families during the Maribyrnong floods, talks about community strategies that would support community disaster preparation such as the training of volunteers:

'We need to get residents trained, they need to know each other, they need to have each other's phone numbers - people being able to identify who their elderly neighbours are and how to help them early to get to a relief centre. The people should have been given an evacuation order the night before, it came too late. Something went badly wrong with the warnings.'

She goes on to say that 'Barriers to volunteering is often around being trained. I think we could actually do better with volunteering and even the idea of neighbourhood ambassadors - you know the person on the street who has been trained by Council to know which services to plug into or how to listen to the warning so that they can tell everybody else in their street, that neighbourhood stuff is super important.'

Conclusion and references

Conclusion

The Maribyrnong neighbourhood hit by the 2022 floods remains in recovery – many families remain displaced or living in damaged homes, with uncertain futures. However, there is great strength and resolve in people's determination to reconnect as a community, to look after one another, and, as demonstrated here, share their experiences for the benefit of others in the future.

It is vital that local communities are consulted and involved in all stages of disaster management. This includes proactively engaging with migrant and refugee communities, especially women, during all disaster planning, response and recovery efforts. This is the only way to build communities that are well-prepared for and can better recover from disasters.

Research and women's experiences show us that the basics of life – secure housing, finances and connection to community – must be in place before people can experience good mental health and recover emotionally from a disaster.

We are committed to ensuring the recommendations from our research, informed directly by women, are considered and implemented by councils, state government, and relevant support services.

Maribyrnong will experience flooding again, and more and more urban settings are at risk of extreme weather events. It is imperative that Australia adapts and responds to this global challenge in a way that is localised, community-based and inclusive.

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