What We Have Learnt
(Report 2)

Aged care sector response to the Canterbury earthquakes – residents' perspectives and emergency assistance

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Te Poari Hauora ō Waitaha

Acknowledgements

This report complements the first report (What We Have Learnt, Report 1, August 2011) by, firstly, looking at what can be learnt from the experiences of older people residing in rest homes and retirement villages. Secondly, this report examines what can be learnt from examining some of the examples of external assistance provided to the aged care sector.

I would sincerely like to thank the residents from rest homes and retirement villages and older people in the community who shared their experiences and provided feedback and suggestions.

I am also grateful to the personnel from government agencies, businesses and community organisations who provided insights into what worked well and their learnings about emergency response to the aged care sector.

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A big thank you also to the CDHB for providing funding support to Eldernet to conduct this research.

Kia kaha

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Summary of findings

Purpose

This is the second report in the series 'What we have learnt –Aged care sector response to the Canterbury earthquakes'. The first report focused on the emergency response of aged care residential facilities (rest homes, hospitals, dementia units and retirement villages) and home support services and was based on interviews with managers and staff from 70 organisations. This report expands on those findings by, firstly, providing feedback from older people living in rest homes and retirement villages about what worked well for them and their suggestions for emergency planning and response. The second half of the report provides a snapshot of some of the emergency assistance that was provided to the aged care sector to identify what worked well and areas for improvement.

The research aims to contribute towards emergency planning and preparedness in response to a large scale disaster and may be of interest to a number of different audiences including older people, aged care sector, government agencies and community organisations.

Interviews and focus groups were conducted with 63 older people. Interviews and consultations were conducted with 14 stakeholders who were in key positions at the Canterbury District Health Board, Christchurch City Council/Civil Defence Emergency Management, Age Concern, Help4U, Retirement Villages Association and Grey Power.

Part 1: Residents' feedback

How the earthquakes have affected older people's lives

- Residents of rest homes and retirement villages said their immediate concerns were for their own safety, the safety of their family and friends, not knowing what was happening and not being able to contact people.
- Longer term, some of the rest home residents reported that their physical health had become more fragile which a few attributed to experiences during the earthquake.
- Some rest home and retirement village residents talked about feeling anxious due to the uncertainty of when an aftershock was going to happen, hyper-vigilance and awareness of small noises.
- Other rest home residents said that the earthquakes had had very little impact on them as their facility had held up well and they had everything they needed.
- As a consequence of the earthquakes some residents and their families have moved which had changed residents access to family members and friends..
- Generally, retirement village residents thought they had coped well which they primarily attributed to their relationships with each other and looking after each other.

What helped older people cope with the earthquakes

Having a positive attitude combined with people caring for others, whether other residents, relatives, staff or people from the community, were the most important things for residents coping with the earthquakes.

Residential facilities response - what was helpful and suggestions for improvement

Rest home and retirement village residents identified the practical assistance and regular checks by staff as the most helpful. Residents said staff checking on how they were after significant aftershocks was comforting. They appreciated the practical assistance they received from staff, particularly when some facilities did not have power, water or the use of toilets. They complimented staff for the assistance they provided when they had to cope with their own problems such as damaged homes.

General feedback from the rest home residents was that their facility had coped really well and most did not have any suggestions for an improved response. Several said that life for them went on as 'normal' which was commendable in the circumstances.

Suggestions from rest home residents:

- Ensuring there were enough qualified staff rostered on at night who could cope in the event of a disaster.
- The facility should have an emergency plan and communicate this to residents so they know what to do.
- Update residents with regular resident meetings.
- Consideration of how facility could respond to residents who wished to check their broken possessions.

Communication about what is happening was very important to rest home and retirement village residents. They wanted their facilities to have a clear plan including making sure the residents knew where to meet, what to do and were updated via regularly meetings. Retirement village residents with damaged homes wanted much better communication by authorities regarding to when repairs would be done (Earthquake Commission (EQC), insurers, and companies managing repairs).

Residents' advice

Rest Home residents

Nearly all residents emphasised the importance of having a torch and radio beside your bed and spare batteries.

Retirement Village residents

Retirement village residents emphasised being prepared to survive on your own as you could not rely on the emergency services in a large-scale disaster. A strong theme to emerge was the importance of having a community and 'looking after one another'. Part of being prepared was therefore having a system for checking on neighbours.

Interviewees said there was more risk of injury if you try to move. If an earthquake happens at night they advised people to stay in bed and during the day either stay seated or hold onto something. Civil Defence advises people to 'Drop, Cover and Hold'. They advise elderly who have limited mobility, to remain where they are:

- Brace yourself in place to prevent being thrown.
- Protect your head.
- If you are in bed, stay there, hold on, and protect your head with a pillow. You are less likely to be injured if you stay in bed. Broken glass on the floor can injure you.
- Stay away from windows as they can shatter with such force that you can be injured by flying glass.

Evacuations
These findings were based on interviews with managers and staff for the first report and interviews with CDHB staff and a small number of older people who experienced evacuation.

Retirement Village
Prospective residents need to examine the terms of a village's Occupation Rights Agreement (ORA) so they know what would happen in a permanent evacuation.

The Retirement Villages Association (RVA) has proposed changes to the Code of Practice for Retirement Villages in response to the Christchurch earthquakes. The changes would address some of the issues raised by residents and, while any changes would not apply retrospectively, they will assist residents in the future.

Rest Home and Hospital
What worked well and suggestions for improving evacuation of aged care facilities:
Communication with relatives

- Develop best practice guidelines to contact relatives to reflect the emergency situation and the concerns of residents and relatives.
- Maintain current contact details for relatives and ensure they are contacted as soon as possible.
- Where long term evacuation is required, consult with residents and relatives about where people will be moved to as in some cases people have relatives in other centres.
- People were often shifted several times and one relative thought the lack of communication about when, where and why their spouse was being shifted was distressing and needed to be greatly improved.

Residential facilities identified the following practices worked well:

- Resident information transfer sheets were found to be time-consuming and cumbersome. They recommended sending residents' whole folders. Have spare copies of a register of residents with information such as DOB and NHI as this information is required by the DHB to organise placements.
- Using a wrist band to identify residents as stickers easily fell off.
- Information about what medications were required and where possible personalised pre-packed medications.
- A list of possessions a resident can take with them in case of evacuation.

The Canterbury District Health Board (CDHB) Vulnerable Persons team identified initiatives which worked well with evacuations:

- A transit lounge was established at Princess Margaret Hospital for evacuees to wait while a bed was found for them.
- CDHB developed a one page patient record sheet to assist with the evacuation process.
- Assessment of who is fit for travel done by clinicians, flight doctors and CDHB assessors.

There were issues with transportation and the following learnings were identified for authorities organising evacuations:

- Ensure there is appropriate transport for the level of care required as evacuees may have limited mobility, they may also require additional care.
- Provide accurate departure times and leave during daylight hours to reduce stress on evacuees.

- Send staff with evacuees or alternatively establish a retrieval model, where a receiving facility sends staff to collect evacuees.

Part 2: Snapshot of emergency assistance to the aged care sector

Learnings and solutions from CDHB Vulnerable Persons Team
Planning

- After the February earthquake the Vulnerable Persons (VP) team developed a location manual which includes a process for setting up an office and resourcing it properly.

Staffing the Emergency Operations Centre (EOC)

- Identify and train staff who have skills and qualities that are more likely to work well in the EOC environment. Commonly identified qualities included: knowledge and skills to co-ordinate activity within the health system; make decisions quickly; take the initiative; stay calm; level headed and have good judgement.
- If problems arise in the EOC then managers have to be able to make staffing decision quickly and move people to other roles.

Telecommunication and power outages

- Texting was the most efficient way of contacting aged care facilities - store important numbers on staff mobile phones.
- Resourcing to work offsite with laptop, aircard etc.

Managing information

- Plan how you will manage data to ensure the accurate and efficient flow of information.
- Train staff and provide information management guidelines.
- Keep back-up information both electronically and in hardcopy which can be accessed offsite.
- Ensure all contact information for aged care facilities is current and can be accessed easily e.g. logged into staff mobiles. Directly contact all facilities in the worst hit areas either by phone or send a team.

An enabling factor identified by one interviewee was that the CDHB Vision 2020 had promoted an integrated health system rather than silos. This whole of system approach focused on connections across the health system. The established relationships between providers and the CDHB meant there was a shared understanding of how to work together.

Civil Defence Emergency Management (CDEM)
CDHB liaison at CDEM EOC - A general health liaison team as well as public health liaison team is required to liaise with agencies and NGOs in a large-scale emergency.

Sector posts - some of the aged care facilities went to their local schools which were designated CDEM sector posts and were disappointed that they had not been activated as they were looking for support and information. This may have also contributed to the perception that CDEM was not providing support in their area. People may not be aware of CDEM's coordinating role with other organisations and community groups to provide assistance.

It is suggested that the role of sector posts be clarified and clearly conveyed to the public. If they are no longer going to be used, signage should come down and the Yellow Page's messaging changed.

Cordons - A major issue for those living and working within the CDEM cordon was access to rest homes, hospitals, dementia units, retirement villages and home support clients. Facility and village staff, carers, relatives and tradesmen (repairing damage) had extreme difficulties getting in and out of the cordon to care for those living within this area. This strongly suggested that those in charge of operating cordons required a much better understanding of the operational requirements of aged care facilities, retirement villages and home support client's needs.

Learnings for identifying vulnerable people in the community
The examples of emergency assistance show a variety of ways of identifying and then assisting vulnerable people in the community. Operation Suburbs and the Student Army worked on a geographical basis in badly impacted areas and when they identified someone who needed assistance they had a process in place that allowed them to refer onto others i.e. 'Flying Squad' or Help4U/Home Support Services. The Ministry of Social Development (MSD) call centre was able to specifically target those aged 65 years and over and to see if they needed assistance.

Age Concern, similar to other non-governmental organisations (NGOs) and Home Support Services had their own database of clients they were able to check on. People were also able to contact them for assistance. Age Concern's home handymen brokerage service was reportedly well used to provide emergency repairs.

The Earthquake Support Coordinators worked alongside the Temporary Accommodation Service to provide support to a group of people who are potentially very vulnerable. An interviewee thought that having experienced practitioners seconded from local NGOs was key to being successful in this role.

These initiatives demonstrated innovative partnerships and coordination between the community, NGOs, government and private sector. The use of technology and social media were very effective for communicating with volunteers and directing their activities. A consideration for government agencies when planning emergency response is how to be flexible enough to allow innovative partnerships to occur, particularly with volunteer groups.

Everyone's responsibility to be prepared
The findings of both reports highlight what the aged care sector and communities can expect in a large scale disaster. The normal response from emergency services is limited as they are likely to be overwhelmed with calls for assistance. There is also likely to be difficulties with accessing areas as there was in Christchurch. Family, friends, neighbours and Home Support Services are best placed to know if an older person may need assistance as it takes time for CDEM and their partner organisations to identify vulnerable people. It is therefore important for communities to understand that everyone has a role to play in an emergency and to ensure they prepare and where possible assist others. It is suggested that local neighbourhoods are best situated to be a first response mechanism which aligns with the CDEM principal of subsidiarity. Developing neighbourhood capacity to do this is another consideration for government agencies.

Acronyms

ACC	Accident Compensation Corporation
CCC	Christchurch City Council
CDEM	Civil Defence Emergency Management
CDHB	Canterbury District Health Board
CIMS	Co-ordinated Incident Management Structure
CRC	Central Response Centre
DHB	District Health Board
EOC	Emergency Operations Centre
EQC	Earthquake Commission
MCDEM	Ministry of Civil Defence & Emergency Planning
MSD	Ministry of Social Development
NGO	Non-Governmental Organisation
NHCC	National Health Coordination Centre
NHI	National Health Index
NZDF	New Zealand Defence Force
OPHSS	Older Persons Health Specialist Service
ORA	Occupational Rights Agreement
PMH	Princess Margaret Hospital
RVA	Retirement Villages Association
VP	CDHB Vulnerable Persons' Team

Contents

Introduction

This is the second report in the series 'What we have learnt – Aged care sector response to the Canterbury earthquakes'. The series aims to inform emergency planning and response by identifying what can be learnt from Canterbury's experiences responding to the earthquakes. The findings are primarily focused on the immediate and short term response to the earthquake on 22nd February 2011.

The first report focused on the response of aged care residential facilities (rest homes, hospitals, and dementia units), retirement villages, and home support services based on interviews with over 100 managers and staff from 70 organisations. The findings from the first report prompted broadening the research to see what could be learnt from the experiences of older people and the emergency assistance that was provided to the aged care sector. Part One reports findings from interviews with older people living in rest homes and retirement villages about what worked well and their suggestions for improving emergency planning and response.

Part Two provides a snapshot of emergency assistance received by the aged care sector as it was beyond the scope of this study to investigate all the different sources of support. The first report identified the aged care sector received outside assistance from a variety of sources including the community, health professionals, suppliers, tradesmen, the Canterbury District Health Board (CDHB), and emergency services. This report builds on those findings and examines some of the responses in more depth to see what worked well and areas to consider for enhancing emergency planning. The final section summarises the main findings and how they relate to the findings in the first report.

The research aims to contribute towards emergency planning and preparedness in response to a large scale disaster and may be of interest to a number of different audiences including older people, the aged care sector, government agencies and community organisations. Due to the wealth of information and the various interests of readers it was difficult to know how much detail to include. Some of the more detailed information has therefore been put in shaded boxes.

Impact of the Canterbury earthquakes on aged care sector

The Canterbury earthquakes devastated parts of Christchurch, New Zealand's second largest city, and small towns and rural areas in the region. The earthquakes started with a 7.1 (Richter scale) quake on 4th September 2010 which struck at 4.35am and was centred 40km west of Christchurch. This earthquake caused significant damage to the surrounding areas including parts of Christchurch city and towns such as Kaiapoi. As a result of the September earthquake two aged care facilities had to be evacuated, one of which had to close.

Over the following 18 months there have been more than 10,000 aftershocks, the most devastating was on the 22nd February 2011 when, at 12.51pm, a magnitude 6.3 earthquake struck near Lyttelton, 10km south-east of Christchurch. This earthquake caused significantly more damage, particularly the Christchurch central business district (CBD), eastern suburbs, and the Port Hills. Tragically this earthquake caused the deaths of 185 people. Seven residential facilities were fully evacuated in Christchurch and two residential facilities were partially evacuated. This resulted in

the loss of over 600 aged care beds and a large number of retirement village units. A number of offices of aged care providers (both home support and residential care providers) were also evacuated.

Other large aftershocks occurred on the 13th June 2011 and 23rd December 2011. The CDB has been cordoned off since 22nd February 2011 and a large number of houses and buildings in the Canterbury region require repairs. A significant number will have to be rebuilt, while some suburban areas will be abandoned due to the costs of remediating land damage.

The Canterbury earthquakes presented unique challenges for disaster planning, response and recovery, given repeated large events over a relatively short period. There is no warning when the next earthquake will happen. This has delayed the recovery process as successive earthquakes cause new damage or worsen existing damage to buildings, infrastructure and land. The Canterbury earthquakes have had a substantial impact on many people's lives. The constant threat of more earthquakes has caused heightened anxiety and stress. While the aftershocks seem to be decreasing they are likely to continue for some years to come.

The first report found that the immediate challenges faced by aged care facilities and support services after the February earthquake included:

- Shock, panic, and worry about the safety of others within the facility and their own families.
- On-going aftershocks.
- Uncertainty about the scale of the event and what areas it affected.
- Damage to buildings and concerns about the safety of buildings; deciding whether to evacuate or not.
- Liquefaction including inside some buildings, which blocked doors, damaged driveways and roads, making access very difficult.
- Not knowing if staff on the next shift would be able to reach their workplace.
- Flooding from liquefaction and broken pipes.
- Damage to all utilities, roads and infrastructure.
- Means of communication was very limited. With power down only analogue phones and mobiles worked sporadically as the phone system was overloaded. The main means of communication was texting.
- Mess everywhere from broken glass from windows, glassware, broken china, foodstuffs, overturned furniture and equipment etc.
- You are on your own – authorities have limited resources in a large scale emergency.

The challenges continued for many Christchurch facilities, for example:

- Power out for up to 4 weeks.
- Without mains water from 1-5 weeks.
- For 2 months all water had to be boiled.
- Damaged waste systems meant that some facilities could not use their toilets for 3-6 weeks.
- Difficulties with access due to damaged roads, traffic and Civil Defence cordon.

Research methods

The methods used to conduct this research include interviews, focus groups, consultations and a review of documentation related to emergency response such as Civil Defence guidelines.

Interviews were conducted with 63 people, 35 from retirement villages, 8 in supported accommodation, 19 in rest homes, 1 person in the community. Several people who lived in the community at the time of the September and February earthquakes and are now in rest home care were also interviewed. Further research is required on the experiences of older persons living in the community.

Interviews and consultations were conducted with 14 stakeholders who were in key positions at the Canterbury District Health Board, Christchurch City Council/Civil Defence Emergency Management, Age Concern, Help4U, Retirement Villages Association and Grey Power.

Part 1: Residents' Feedback

1.1 Introduction

This chapter provides feedback from residents about how the earthquakes impacted upon their lives, what they found most helpful, and their suggestions for improving services.

Feedback from interviewees is organised under residents from rest homes (including supported accommodation) who require a high degree of care and residents from retirement villages who live independently. Five interviewees had experience of evacuations from retirement villages, rest homes and hospitals and their experiences are also documented in this chapter.

1.2 How the earthquakes have effected older peoples' lives

What distinguishes earthquakes from other types of natural disasters is there is no warning when they will occur. Many of the interviewees reported that they are more aware of small noises and very concerned about whether the aftershocks will get bigger.

Older people who lived through the blitz in London during WWII described living through the Canterbury earthquakes as a similar experience. In the following sections interviewees share how the earthquakes have impacted on their lives.

1.2.1 Rest Home

Immediate impacts

The earthquake on September 4th 2010 happened at 4.35am when most residents were still in bed. They described being woken up and not knowing what was happening or what to do. This was very frightening for many people. Some said they felt more prepared when the February 2011 earthquake struck as they knew what was happening. For others, February and June were even more terrifying. This seemed to depend on individual experiences where people were and what they were doing. Some residents who were up and about were knocked to the ground with the force of the quake. Several, who were in shopping malls during the February earthquake, talked about their difficulties trying to get out and one person who uses a walking frame said it took sheer willpower to get back to the rest home wading through liquefaction as no transport was available.

Residents who were out in cars found it difficult to get back because of the state of the roads. One person was in the car with their daughter which fell into a sink hole and they had to be pulled out by a four wheel drive. Others talked about hanging on tightly to the dining room table during the February earthquake which struck around lunch time. Residents also talked about large items of furniture crashing down, china and glassware smashing, the noise their building made such as the concrete roof tiles banging, and the fire alarm went off. Some facilities experienced liquefaction and flooding in and around the building.

The experience of the major earthquakes was nerve wracking for all and in some cases traumatic. A common theme from rest home interviewees was that they held on tightly to something if possible which highlights the force of the earthquakes and how vulnerable they were to falls.

The immediate concerns of residents included their own safety, the safety of their family and friends, not knowing what was happening and not being able to contact people. Residents at their rest homes were gathered together by staff and in some cases slept in the lounge or were double bunked two to a room immediately after the February earthquake. Some were frustrated that they were not allowed back into their rooms. Several residents interviewed had been evacuated from their rest home and had been moved to a new location.

Long term impacts
The long term impacts of the earthquakes on rest home residents can be categorised under health impacts (physical and emotional) and social impacts such as access to family and friends and familiar places. There were also material impacts as some residents lost possessions, including treasured heirlooms, during the earthquakes.

Some residents reported that their physical health had become more fragile. A few attributed this to experiences during the earthquake such as falls or walking through liquefaction. Others talked about the impact of constantly feeling anxious due to the uncertainty of when an aftershock was going to happen.

Other residents said that the earthquakes had had very little impact on them as their facility held up well and they had everything they needed. Many of those interviewed discussed the structure of their rest home and how it 'stood up' to the shakes. This suggested that confidence in the building structure was an important factor in how safe people felt. Quite a few of the residents talked about having a positive attitude which helped them cope.

The earthquakes caused people to relocate and this meant that, for some, their access to family members and friends has changed. Several residents said their close family members had to leave their homes and move out of the region/country which has meant they visit far less regularly. One resident who was evacuated to another facility felt very lucky as they were actually closer to family.

1.2.2 Retirement Village

Immediate impacts
Retirement village residents also reported a variety of experiences depending on where in the city they were and the activities they were doing. They also reported holding on tightly to anything nearby to prevent themselves from falling, while others were knocked to the ground.

After the major earthquakes interviewees were concerned about their family in Christchurch and found it very nerve wracking waiting to find out how their family members were. Immediate impacts also included damage to units as well as loss of possessions. In some areas they experienced liquefaction and flooding. They also talked about coping with the loss of utilities. Several of the interviewees had to evacuate their retirement village due to earthquake damage.

Long term impacts
Interviewees said that going through the earthquakes gave them a different perspective on life. Generally, residents thought they had coped well, which they primarily attributed to their relationships with each other and looking after each other. After significant aftershocks they checked on their neighbours, this being an advantage of living in a community where people know each other.

The continuing aftershocks have created uncertainty and fear, including anxiety and symptoms such as hyper-vigilance and awareness of small noises. Some residents said they were quite frightened especially at night.

For those who had damaged units there has been on-going uncertainty about repairs due to the time it has taken Earthquake Commission (EQC) and insurance companies to settle claims. For those who were evacuated, the earthquakes have had a lasting impact which is outlined in section 2.5.

1.3 Residents' advice for preparing and dealing with earthquakes

1.3.1 Preparation

Rest home residents
Residents gave the following suggestions for emergency preparation and response for aged care facilities and fellow rest home residents:

- Nearly all residents emphasised the importance of residents having a torch and radio beside their bed and spare batteries. Many facilities experienced power cuts so a torch was vital and a radio was important to find out what was happening.
- They suggested facilities should communicate their emergency plans to residents so they knew what to do.
- They thought it was very important to keep residents updated after an emergency and suggested facilities hold regular meetings with residents. Residents' representatives should be capable of passing on information to other residents.

Retirement Village residents
Retirement village residents emphasised being prepared to survive on your own as people could not rely on the emergency services being able to reach them in a large scale disaster. A strong theme to emerge was the importance of having a community and 'looking after one another'. Part of being prepared was therefore having a system for checking on neighbours. This seemed to happen naturally, but residents suggested a formalised system would be good especially in larger villages to ensure everyone was checked.

They advised people to have the following supplies and make the following preparations:

- Have enough food supplies
- Torches, spare batteries or a dynamo torch, candles and matches.
- transistor radio
- Have a cellphone handy and charged if possible
- landline – analogue phone
- BBQ or portable gas cooker for cooking. Ensure there are portable gas facilities as gas lines may be broken and have to be checked. Have a full bottle of gas
- kettle filled
- bottles and large containers of water
- hand sanitiser and baby wipes
- slippers by the bed as there may be broken glass
- have something warm as you may be in shock

- toilet –many residents could not use their toilets. Until portaloos were made available they suggested using a container or bowl and burying waste in the garden.

A full list of emergency supplies recommended by CDEM can be found at http://www.civildefence.govt.nz

1.3.2 What to do if there is an earthquake

The rest home and retirement village residents interviewed all gave similar advice of what to do if there was an earthquake:

'STAY PUT'
'IF YOU ARE IN BED STAY THERE AND DON'T MOVE'
'DON'T PANIC'

Interviewees said there was more risk of injury if you try to move. If an earthquake happens at night they advised to stay in bed and during the day either stay seated or hold onto something.

Civil Defence advises people to 'Drop, Cover and Hold'. They advise elderly who have limited mobility, to remain where they are:

- Brace yourself in place to prevent being thrown.
- Protect your head.
- If you are in bed, stay there, hold on, and protect your head with a pillow. You are less likely to be injured if you stay in bed. Broken glass on the floor can injure you.
- Stay away from windows. Windows can shatter with such force that you can be injured by flying glass.

For more information about what people with disabilities or mobility issues should do in an earthquake go to http://www.getthru.govt.nz/web/GetThru.nsf/web/BOWN-7H442K?OpenDocument#physical

1.3.3 What helped them the most

Rest home and retirement village residents were asked what helped them the most after the earthquakes and the main response was the help they received from fellow residents, facility staff and from their relatives. In retirement villages this involved checking on neighbours, particularly at night for people who lived alone. Residents from a small retirement village said they thought what helped them the most was mutual support they gave one another and that living in a small community facilitated this. The groups of rest home residents interviewed said they looked after each other and one resident said 'it is not so scary when you have other people around you.' Another resident said she found the most comfort was from her cat.

An interviewee who was evacuated from her retirement village said what had helped her cope with the earthquakes were her relatives who had helped her evacuate and she had stayed with them for a short time after the February earthquake. Keeping in contact with other residents has also been very important.

Quite a few of the interviewees said having relatives close by had really helped them cope as their relatives came and checked on them and some had helped at the rest home. Even relatives from further afield had assisted, for example, someone's son

had brought a water tank over from the West Coast, while some had gone and stayed with relatives out of Christchurch.

External assistance
Some of the retirement village residents said that their general practitioners (GPs) and dentists rang to make sure they were all right which they really appreciated. Another village resident appreciated that the rest home where his wife was living contacting him regularly to let him know how she was.

There were many examples of people from the community coming to help such as the 'young lads who made cups of tea'.

Many of the interviewees talked about the importance of keeping positive and trying not to dwell on the earthquakes. Having a positive attitude combined with people caring for each other, whether other residents, relatives, staff or people from the community were the most important things for residents coping with the earthquakes.

1.4 Residential facilities response - what was helpful and suggestions for improvement

1.4.1 Rest homes

Interviewees from rest homes identified practical assistance and regular checks by staff as the most helpful things. Residents commented that staff checking on how they were, particularly after significant aftershocks, was comforting.

Residents appreciated the practical assistance they received from staff after the large earthquakes, particularly when some facilities did not have power, water or the use of toilets. Some residents complimented staff for the assistance they provided when they were also coping with their own problems such as damaged homes. One resident said,

> *'The staff are marvellous, brilliant. The staff helped the most even when they had a lot to put up with in their own lives. Some stayed here as they had no homes. They went way above and beyond call of duty.'*

The following feedback from rest home residents typified many replies when asked 'What were the most helpful things done by their facility?'

> *'Staff are great.'*
>
> *'Brilliant staff here, extra good. Put up with us old grumps.'*
>
> *'Staff marvellous. In Sept came in early and checked on all of us. In Feb manager slept overnight several times and the staff really looked after us.'*
>
> *'Most help came from the staff.'*

Some residents noted the extra tasks staff had to do because the earthquakes impacted on utilities such as boiling all the water and cooking their meals on BBQs or in different locations. In several places the lack of water meant that staff manually flushed toilets using water from creeks and pools.

1.4.2 Retirement villages

Interviewees from retirement villages also identified practical support and checks by staff as the most useful things their facility did. In one village after the September 4th 2010 earthquake the manager came around and checked on them and brought them a cup of tea which one resident described 'was the best cup of tea I've ever had'. Residents really appreciated this gesture. At another retirement village, residents said staff checked on them after each noticeable aftershock which they appreciated.

Residents also described the ways their retirement village assisted them to cope when there was a lack of power, water and sewage. Examples included ensuring they had bottled water, organising communal BBQs to share food from defrosting freezers and fridges, organising port-a-loos etc.

Suggestions for improved response

Rest homes

The general feedback from rest home residents was that their facility had coped really well and most of those interviewed did not have any suggestions for an improved response. Several said that life for them went on as 'normal', which was commendable in the circumstances.

> *'More inconvenient for staff than for us – not too bad for us.'*
>
> *'Goes on as usual so no suggestions.'*

Residents made the following suggestions:

1. Night staffing

Ensuring there was enough qualified staff rostered on at night who could cope in the event of a disaster. This was based on some residents' experience of the 4th September earthquake which happened at 4.35am. Their facility had the minimum number of staff on and one staff member was terrified. One resident said *"how does an older person cope when there is no one younger around" . . . "we could become very isolated if not enough staff are here".* They also pointed out that in a large-scale disaster you cannot just 'get' an ambulance if necessary and you have to be prepared to be self-sufficient.

2. Communication with residents

Communication about what is happening and making sure the residents know where to meet and that they have a plan. They suggested good communication could be facilitated through regular meetings and ensuring that information is passed on to other residents.

3. Checking rooms and possessions

At several rest homes residents said they would like to have been able to check their rooms sooner. They were not allowed to for safety reasons. One person was upset that they were not given the opportunity to check their broken china, which had great sentimental value, before it was thrown out by staff. They were concerned that some of the pieces could have been fixed. (While not mentioned there is also the possibility of taking photos of broken items for insurance purposes.) This is a difficult situation as staff would have been under pressure to quickly clean up and ensure the safety of residents' rooms, and given the amount of broken glass and china in some rooms it would not be easy to sort through. However, rest homes may like to give some consideration to how they can cope with this situation in a sensitive way. For example, staff could put broken china and other ornaments into a box or bag for residents to check later if they wish to.

Retirement Villages
Concerns about evacuation are outlined in section 1.5.

1. ***Recognition by authorities***

Some retirement village residents felt that they did not receive the same level of assistance as was provided to the public. They live independently and they do not regard themselves as "part" of a facility even though they are in the same location. One village had only had one port-a-loo between all the residents. When the rest of the houses in the street got chemical toilets they did not. They also noted that they pay their own power bills yet they had not received the electricity deductions that they heard other householders had been given.

These residents suggested that it would be good if agencies had a list of all the retirement villages and checked on the individual households rather than viewing them as part of a facility.

2. ***Communication***

Immediately after the earthquake the major issue was lack of knowing what was going on and not being able to get in contact with relatives and friends. A longer term issues has been lack of communication by authorities about what is happening, for example in regards to repairs and rebuilds.

1.5 Evacuation

1.5.1 Introduction

This research builds on the findings from the first report and includes residents' experiences of evacuation and learnings from the CDHB Vulnerable Persons Team and the CDHB general health liaison to CDEM Emergency Operations Centre (EOC). The scope of this research is limited as other organisations that were involved in evacuation such as the National Coordination Centre, New Zealand Defence Force, and St John Ambulance were not interviewed for this report.

Among the older people interviewed for this report, five had been evacuated from rest homes, hospitals or retirement villages that had been destroyed during the earthquake. While some of these facilities may be rebuilt in the future, others would not. Evacuation had been traumatic and, for some, the long term impact had been substantial.

1.5.2 Retirement Villages

The retirement village residents interviewed had to make their own arrangements to evacuate their property. They were very sad to leave their retirement villages and suffered emotional as well as financial impacts. One evacuee said they felt financially and emotionally destitute as they missed the lively social life organised by their village and the friendship of other residents. Losing her home meant losing her community and the social life that she had enjoyed so much which left her feeling emotionally destitute. This interviewee also felt financially disadvantaged as she received the original purchase price less the facilities fees or Deferred Management Fees (DMF). This did not leave enough money to purchase a unit in another village. Consequently, after staying with relatives she was now in rental accommodation and felt very uncertain about the future and where she would live. *'When am I really going to be settled?'* Overall the trauma of the evacuation experience combined with not being able to buy in another village had taken its toll psychologically; they had lost confidence and now felt frightened all the time.

Some retirement villages assisted evacuees with temporary housing in other villages or using motel rooms. There have also been offers of interest free loans by some villages to purchase villas/units. However, some permanent evacuees were not left with enough money to purchase a residence.

The next section outlines the Retirement Villages Association (RVA) proposed changes to the Code of Practice for Retirement Villages in response to the Christchurch earthquakes. The changes would address some of the issues raised by residents and while the changes would not apply retrospectively, they will assist residents in the future. Prospective residents need to be aware of the importance of examining the terms of a village's ORA so they know what would happen in the scenario of permanent evacuation.

Residents' suggestions for improvement

1. Review of Act and Code of Practice

Several interviewees said that Retirement Villages Act required review following the Canterbury earthquakes in particular pay outs for destroyed units/villas as the practice of deducting Deferred Management Fee (DMF) when refunding the original payment for a villa or unit was unfair to residents.

One interviewee said that while this practice was legally right they felt it was morally wrong it disadvantaged the residents. This left them with substantially less money to buy another unit. Also the owner would not give them any pay out until they signed a document saying they would not seek further compensation. They said this required a review of the legislation and that their case would hopefully help others in the future.

2. Recovering belongings

One interviewee suggested it would have been very useful if their former village had opened at some stage over the weekends so that her relatives, who worked during the week, could more easily arrange a time to help her get her belongings.

1.5.3 Retirement Villages Association review of the Code of Practice for Retirement Villages

The legislation governing retirement villages is the Retirement Villages Act 2003 (RV Act 2003). The Act requires there to be a Code of Practice which sets out the minimum standards for village operation. All Retirement Villages, as defined by the Act, must comply with the Act, Regulations and current RVA Code of Practice (see www.retirementvillages.org.nz for more information).

The terms and conditions of a person's right to live in a village are set out in the Occupation Right Agreement (ORA) which is a legally binding agreement between the resident and village operator. The terms of the ORA varies between villages although the Act sets out the type of information to be supplied to prospective purchasers in the ORA including the '*termination of the occupation right agreement by a resident or the operator'* (RV Act 2003 Schedule 3 (a) (viii)).

Typically a resident does not own their villa or serviced apartment but purchased a right of tenure under a lease; unit title (body corporate arrangement); or a licence to occupy. In these arrangements the land and building are usually owned by the village operator.

The RVA is undertaking a review of the 2008 Code of Practice for Retirement Villages to inform future policies so that the rights of residents and operators are

clearer in the case of a disaster that may result in residents losing their home. They have written a discussion paper proposing several variations to the 2008 Code of Practice for Retirement Villages Following the Christchurch Earthquakes[1]. The issues and recommendations the RVA have identified for consideration are briefly summarised below. The RVA's proposed changes to the 2008 Code at the time of writing have been submitted to the Department of Building Housing. Options have been put to the Minister and a response is awaited.

Box 1: RVA Recommendations

1. Payments to residents should a village be destroyed and not rebuilt

RVA proposes that where a village is destroyed in an insured event and not rebuilt, residents be repaid their original capital sum without the deductions normally taken when an ORA is terminated. These are known as facility fees or Deferred Management Fee (DMF) and are a portion of the initial entry payment by the resident. The proposal not to deduct these fees *'addresses the inequity of residents being forced to leave a destroyed village without a full repayment of their original capital sum, and leaving them worse off than they would otherwise be.*' (RVA 2011:3) The RVA note that several operators already include full repayment in their ORAs. RVA paper discusses the options of payments to residents based on insurance pay out or market value and identifies complications in these areas. For example, currently insurers will not insure for the market value of the unit in the event of a village not being rebuilt and therefore operators are limited to the indemnity value (plus land), less insurance excess and taxes. (RVA 2011:4)

2. Insurance cover disclosure

The RVA propose that it be made clearer in the Code that operators must disclose to the resident what type of insurances they have. The 2008 Code requires operators to have comprehensive replacement insurance. This may include business interruption insurance, temporary accommodation insurance and adequate liability insurance but these types are not compulsory.

3. The provision of temporary accommodation

The RVA note that following the earthquakes there was a need for both short-term and longer term accommodation if the village required repair or was being rebuilt. Operators are not required to have temporary accommodation insurance and the Code specifies that they must inform residents in the ORA whether they will provide temporary accommodation or not after an insured event. The RVA do not recommend any changes to the Code in this instance as they believe disclosure is adequately covered. The RVA view is that temporary accommodation insurance should not be compulsory, as this allows operators to determine their own risk.

It is important that residents are aware if operators provide temporary accommodation or not, and that they know the implications if their unit or facility is damaged and they are required to move out. Residents are able to get personal temporary accommodation insurance via their contents insurance.

4. Continued payment of village outgoings in various circumstances

The main issue under discussion is '*to what extent should the destroyed village's fees continue to be paid following an insured event when the resident is no longer living at the village?*' There is also a risk that part of the village is destroyed and therefore residents no longer have access to certain facilities. The residents weekly fees contribute towards overheads. But, if an operator is covered by business interruption insurance that will cover overheads such as rates and staff costs. The RVA propose that weekly fees cease from the date of an insured event if the residential unit is uninhabitable, unless the operator provides

[1] RVA October 2011 *Discussion background paper on the Review of the Disclosure Statement.* Available at the RVA website http://www.retirement.org.nz/files/file/RVA's%20variation%20paper%20for%20RC%20and%20DBH%2009-11.pdf

temporary accommodation.

5. The amortization of the Facilities Fee or Deferred Management Fee (DMF) if a resident moves out of a village

The 2008 Code requires that the fixed deduction or DMF should not accrue past the date on which the resident is paid out on termination of the agreement. Should the DMF continue to accrue if the village is to be rebuilt? The RVA propose that the DMF be suspended during the rebuilding process unless the resident is re-housed in comparable accommodation during the rebuilding process.

6. Rebuilding the village in another location

If it is impossible or uneconomic to rebuild then an operator may have to rebuild on a site some distance away. The 2008 Code (clause 47) specifies that the operator and resident may agree to terminate the ORA if the resident's unit or the village is destroyed or damaged beyond repair in specified circumstances set out in the ORA. The operator must consult with the resident to decide whether it is practicable to repair or replace the unit. '*Then the operator must follow up in writing, setting out their decision. Through this process, both parties can work out an agreement to end the contrac*t'. The RVA's view is that Clause 47 as it currently stands handles the situation and they propose no further changes.

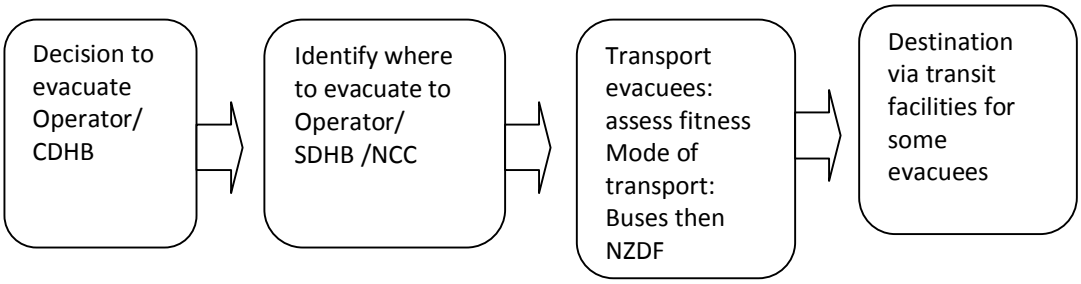
1.5.4 Rest Homes, Hospitals and Dementia Units

Overview

The February 2011 earthquake resulted in 516 people being evacuated from residential facilities: 298 were relocated out of Christchurch and 194 to other facilities in Christchurch. A small number (18) moved to live with their families. One person was admitted to Christchurch hospital and died within 24 hours and there is no information about the remaining five residents (Heppenstall et al. 2012).

Assessing a resident's fitness to travel was done by a team including a CDHB specialist physician, a New Zealand Defence Force (NZDF) flight doctor and a CDHB assessor. The NZDF took over transporting evacuees out of Christchurch after some evacuees were initially evacuated by bus. Relatives were contacted by the facilities or a member of the CDHB Vulnerable Persons team with the help of social workers.

The co-ordination of transferring evacuees to facilities outside of Christchurch was initially managed by the Southern DHB and then this was taken over by the National Co-ordination Centre. The diagram below provides a simple overview of the evacuation steps and who made the decisions. There were variations to this process and it should be remembered that this was a chaotic environment where processes were developed in response to the situation.



Issues identified by residents
The first report provided feedback from managers and staff from five fully evacuated facilities and two partially evacuated facilities about what worked well and suggestions for improving the process. They identified a number of issues including transport, timing, and communication about where evacuees were going, placement and contact with families. The research done for the second report concurs with those findings.

The following recommendations were identified from interviews with interviewees who had experience of evacuation:

- Ensure there is appropriate transport for the level of care required as evacuees may have limited mobility, they may also require additional care.
- While initial evacuation may be necessary before relatives can be contacted ensure relatives are contacted as soon as possible about where people are going.
- Where long term evacuation is required, there should be some consultation with residents and relatives about where people will be moved to. In some cases people have relatives in other centres.
- People were often shifted several times and one relative thought the lack of communication about when, where and why their spouse was being shifted was distressing and needs to be greatly improved.

Contacting families
Families were either contacted by the residential care or by a member of the CDHB Vulnerable Persons (VP) team who did this with the assistance of social workers. The previous report noted the difficulties facilities had in contacting relatives. These included the immediacy of the evacuation (i.e. no time to ring relatives), knowledge of where residents were being evacuated to (both within and outside Christchurch), having access to up-to-date contact details and difficulties with the phone network.

The VP team had similar challenges which led to delays in notifying relatives:

- Out-of-date or incomplete contact information for the nominated contact person. Sources of information included the DHB Patient Management System and residential care facilities records. A member of the VP team said that the information from facilities was better but it was not always up-to-date.
- Telecommunication was difficult after the earthquake, and in some places power outages prevented people using their phones.
- There was a lack of staff to contact families at the beginning.
- There was some miscommunication within the team which caused delays.
- It took some time to identify where residents could be evacuated to (responsibility of Southern DHB and then National Co-ordination Centre).

Some of the other issues the VP team encountered concerned privacy, for example whether to leave messages on answer phones as normal practice would be not to do this. It quickly became apparent that this angered and frustrated families who just wanted to know where their relative was. Therefore the team started to leave messages in in order to relatives as quickly as possible.

Another privacy issue was whether to inform people enquiring about a relative or friend if they were not the nominated contact person. These people were extremely upset at not being able to find out where someone had been evacuated to. Interviewees said that there were occasions where the nominated contact person did not share information with the rest of the family.

The decision about who would contact families varied according to each facility. An interviewee from the CDHB said that facilities that were best placed to contact families did so otherwise the CDHB did. Their view was that the CDHB should do this in the future.

The Canterbury experience highlights issues that aged care facilities and DHBs can face in contacting relatives. Best practice guidelines need to be developed that include contact protocols reflecting the emergency situation and the concerns of residents and relatives.

Transportation of evacuees
Managers and staff from some of the evacuated facilities had concerns about the transportation of evacuees including the appropriateness of some of the transport, scheduling and the lack of information on where people were going to. At some facilities tourist coaches were initially used and the high steps meant that evacuees with mobility issues could not access them. There were delays in transport resulting in some residents waiting for hours to be evacuated, with transport eventually leaving in the middle of the night.

A CDHB interviewee said that in future emergency evacuations they would ask for NZDF assistance immediately as they had access to the personnel and equipment necessary to do mass evacuations. They also noted it was not Defence's normal role to be looking after people with dementia or needing hospital level care. The previous report noted generally good feedback from facilities where the NZDF assisted with the evacuation. A partnership approach with facilities seemed to work well, where nurses and carers accompanied their residents. The previous report also identified a retrieval model where a receiving facility sent staff on a bus to collect evacuees and this was appreciated by the facility manager as they could have a good handover with facility staff.

Feedback from the VP team about what worked well with evacuations included:

- The Transit lounge at Princess Margaret Hospital (PMH). Some evacuees were moved several times until a longer term option was found for them. When PMH re-opened they created a 'transit lounge' where evacuees could wait until a bed was found for them. This was reported to have worked well.
- CDHB developed a one-page patient record sheet to assist with the evacuation process.
- Assessment of fitness to travel was done by clinicians, flight doctors and CDHB assessors.

Managers and staff from facilities that had to be evacuated also had suggestions about preparations for evacuation:

- Resident information transfer sheets were found to be time-consuming and cumbersome. They recommended sending residents' whole folders. Have spare copies of a register of residents with information such as DOB and NHI as this information is required by the DHB to organise placements.
- Using a wrist band to identify residents as stickers easily fell off.
- Information about what medications were required and where possible personalised pre-packed medications.
- A list of possessions a resident can take with them in case of evacuation.

Part 2: Snapshot of emergency assistance to the aged care sector

2.1 Introduction

Findings from the first report identified that the aged care sector received assistance from a variety of sources. Assistance from the community stood out for many interviewees as they received offers of help and provision of resources from neighbours, families of residents and staff, community and volunteer groups. Local health professionals such as pharmacists and doctors also contacted facilities to assist. Suppliers and trades people proved invaluable as they got in touch quickly to see if they could help or promptly responded to calls for assistance.

There was variable feedback about the amount of assistance from authorities such as the CDHB and Civil Defence and this section examines this assistance in more detail to identify learnings about what worked well and what could be improved. This section also includes examples of assistance aimed either directly at older people in the community or aimed at the worst hit areas which would include older residents and highlights the benefits of partnerships, coordination and communication.

This is by no means a comprehensive account of all the assistance that was provided. Since the earthquake there have been a large number of recovery initiatives focused on older people. A good example is a review of initiatives to address social isolation among older people published by Age Concern Canterbury (Wylie 2012a).

2.2 The CDHB Vulnerable Persons Team

2.2.1 Formation and structure of Vulnerable Persons Team

This section focuses on the assistance provided by the CDHB to the aged care sector immediately after the major earthquakes via the Vulnerable Persons team. The Vulnerable Persons team (VP) was formed in response to the earthquake on the 4th September 2010 as there were clearly people in the community with health and disability needs that prevented them, or made it difficult to access, help through the usual channels. The Vulnerable Persons Team continued to operate due to successive major earthquakes and an evolving role in the recovery process. They ceased operating in December 2011 when the last evacuee was repatriated.

The team included senior clinicians and staff from CDHB Planning and Funding. This ensured the involvement of people with the required clinical skills, cross sector relationships and understanding of the health system. The team expanded to over 20 members in response to the February 2011 earthquake.

The VP team was based at Princess Margaret Hospital (PMH) which enabled close connections with the CDHB EOC team, specialist services for older people and Planning and Funding. The Older Persons Health Specialist Service (OPHSS) operate a number of services at PMH: Assessment Treatment and Rehabilitation (Inpatient) services, Community Services and Psychiatric Service for the Elderly.

It is beyond the scope of this report to look at all the CDHB operations which responded to older people's needs after the earthquakes.

Team role and activities
The role of the Vulnerable Persons team included co-ordination and liaison between CDHB funded and non-funded services, CDHB provider services, government and community services (e.g. CCC, Accident Compensation Corporation [ACC], Salvation Army etc) to facilitate the response to aged care facilities and vulnerable persons in the community. The mechanism for co-ordination and liaison immediately after a disaster is the Emergency Operations Centre (EOC) which is based on the Co-ordinated Incident Management System (CIMS). The VP team became part of the CIMS plan after the February earthquake. At a local level the VP team had a relationship with the CDHB personnel who liaised with Civil Defence Emergency Management who operated from central city EOC (or Central Response Centre)[2]. Nationally the VP team had a contact with the National Health Coordination Centre (NHCC) in the Ministry of Health who coordinated the evacuations.

The revised CDHB emergency plans have now formally added the Vulnerable Persons Team to their EOC plan.

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After the February earthquake the VP team were involved in the following activities:

1. **Age Care facilities:**
    - Contacting aged care facilities to check their status and prioritise those that may need evacuation;
    - Co-ordinating assessment teams to assess residents. Where evacuation was necessary the VP team helped to organise this at a facility level and coordinated the logistics from PMH;
    - Assisting in the co-ordination of evacuations and contacting of evacuee's relatives;
    - Regular contact with aged care facilities to see if they required any emergency supplies or equipment to maintain operations such as water, hand sanitiser, port-a-loos. This involved working closely with the CDHB EOC logistics team, passing on requests for supplies;
    - Assisting some facilities to find staff
    - Point of contact for families wanting to know about family members who had been evacuated.

2. **Vulnerable people in the community:**
    - Managing requests for assistance to vulnerable people in the community. Information on vulnerable people in the community came from a number of sources including the door knocking campaigns by the Student Army, Operation Suburbs, church groups and other voluntary organisations.
    - Many elderly and vulnerable people in the community found it difficult or impossible to lift the chemical toilets and empty them in the designated tanks dotted around the streets. The VP prioritised who required assistance with emptying chemical toilets and referred their details to the Christchurch City Council.

As part of the CDHB EOC the VP team participated in regular briefings and updates and were responsible for reporting on the status of facilities, evacuations and

[2] Note each organisation has its own EOC e.g. DHB, Police, Fire, Ambulance etc to conduct their own emergency operations. They coordinate and liaise under the umbrella of Civil Defence Emergency Management which operates a centralised EOC. See the following section for more information about how CDEM is organised.

vulnerable persons in the community. They also managed press releases to inform the public.

Over the 16 months (September 2010 – December 2011) that the VP team operated their workload increased unlike other EOC work at the CDHB, which was decreasing. The objective of EOC is to deal with the immediate emergency and move things back to normal operations as soon as possible. The Vulnerable Persons Team is coordinating the immediate emergency response as well as recovery activities that would not necessarily fit with 'business as usual' teams. For example, they moved from assisting with evacuations of aged care facilities to co-ordinating travel assistance for family members to visit evacuees and evacuees' repatriation back to Christchurch.

Information in first report identified a number of areas where the CDHB assisted the aged care sector during the immediate response to the February earthquake. While many of the facilities were grateful for the assistance they received there were also a number of criticisms and suggestions for improvement. The next section examines the challenges the Vulnerable Persons team faced and their learnings about responding to a disaster of this magnitude.

2.2.2 Challenges and solutions for immediate response

Impact of February earthquake on Vulnerable Persons Team
The epicentre of the February 2011 earthquake was situated only about 6-7km from Princess Margaret Hospital at the bottom of the Port Hills. Parts of PMH were evacuated and the team could not access their office until the next day. When they could access their offices, the damage meant it was difficult to find anything as files were in disarray, there was water damage and initially did not have access to their computer server.

Staffing the EOC
While many people wanted to help at the CDHB EOC, several interviewees emphasised the importance of having people who were 'fit for role'. Qualities required included the ability to make decisions, work on their own, stay calm, level headed and have good judgement. The EOC by all accounts was frenetic and not all people cope well in that in environment.

Learnings and Solutions
- Identify people who are more likely to work well in this environment and have the ability to co-ordinate activity within the health system which means knowledge of the system, ability to work things out and to make decisions quickly.
- If people are not operating well in the EOC then managers must make staffing decision quickly and shift people to other roles.
- Since the February earthquake, the Vulnerable Persons team has developed an emergency manual which includes a process for setting up the team and resourcing it properly. This includes dedicated phone lines; a full complement of staff; established template for evacuation records; District Nursing referral forms and a process for tracking evacuees.

If you have not been through a disaster like this then run some exercises. Know who is likely to be in key roles and have the ability to make good judgements and remain calm. Importance of good communication skills and to be able to engage with people.

Access to aged care facilities contact details
As stated the team did not have access to their hardcopy information or their server where they stored information on aged care provider contact details (in particular cell phone numbers). This delayed their ability to contact aged care facilities. When they eventually could access the internet they were able to get a list of aged care facilities and contact information from the Eldernet staff and their website. It was approximately five days before all facilities were directly contacted by the VP team. During this time they prioritised their efforts on managing evacuations of facilities. They used information from members of the public and other facilities to help prioritise which facilities were contacted.

Learnings and Solutions

- Eldernet proved to be a valuable back-up for the CDHB as they were able to access their information and provide the Vulnerable Persons team with contact details for aged care facilities and home support services.
- The VP team now keep back-up information such as contact details both electronically and in hardcopy that they can access them offsite. The VP manager also stores the mobile phone numbers of aged care managers on her phone.
- Directly contact all facilities in worst hit areas either by phone or send a team and do not rely on second hand information.
- Ensure contact information is current by regularly updating.

Telecommunications and power outages
There were a number of immediate challenges regarding telecommunications:

- Power outages meant that power operated phones and computers did not work and mobile phones could not be recharged.
- Mobile phone lines became overloaded.
- Initially the VP team had a single phone line. This was not enough as they were initially bombarded with calls and they could not access voice messages for the first 24hrs.

Learnings and Solutions

- Texting was found to be the most efficient way of contacting aged care facilities. Storing important numbers on staff mobile phones proved to be effective in the 13th June 2011 earthquake as all facilities were contacted and their status confirmed in a matter of hours as opposed to the five days after the February earthquake. An interviewee noted that texting was better for providers as they could answer texts while 'on the go' rather than taking time out to talk on the phone.
- In the event of evacuation it is important to have equipment available to work offsite including laptops, aircards, and mobile phone car charger.

Managing information
A major challenge for the team was managing different forms of information as at the beginning there were handwritten notes from multiple sources. These were then inputted into multiple spread sheets which became unwieldy and difficult to manage.

Contacting aged care facilities to find out how they were and what they needed was done by a number of different people who recorded information on spread sheets. Information management issues included different standards of recording; multiple versions of the spread sheet; and, on some versions of the spread sheet it was not clear who required contacting. This resulted in repeated calls to some facilities and

none to others. There was a list of generic questions to ask facilities, but no guidelines, and there was some variation of how these calls were handled.

An important consideration is how to manage the volume of requests from various sources after a disaster. The VP team initially received many requests for assistance from residential and non-residential services. Relatives, community/volunteers rang to report someone needed help. Families of evacuees wanted to know about their relatives. They received requests for status updates from the CDHB EOC and requests for information from the media.

Learnings and Solutions

- Plan how you will manage data which is important for managing information flows.
- Train staff and provide guidelines for information management.
- Organise team to efficiently manage data, maintain consistency and avoid duplication.
- Allocate roles to assist internal team communication, institute a daily log for handover.
- Depending on the size of population and magnitude of the disaster, multiple contact points are required.

2.2.3 Enabling factors

An enabling factor identified by one interviewee was that the CDHB Vision 2020 had promoted an integrated health system rather than silos. This whole of system approach focused on connections across the health system. The established relationships between providers and the CDHB meant there was a shared understanding of how to work together.

2.3 Civil Defence Emergency Management Response

Findings from the first report strongly suggest that there needs to be clarity about the role of Civil Defence Emergency Management (CDEM) in responding to the aged care sector. Some aged care facility owners and staff expressed disappointment that the Civil Defence sector posts sited at local schools did not open and that they did not receive any assistance from CDEM. Interviewees from four aged care facilities inside the CBD red zone cordon had extreme difficulty getting staff, visitors and trades people in and out of the cordon. All these facilities were operating and had to care for a range of residents. Home Support workers also reported having difficulties moving in and out of cordoned areas to look after their clients.

This section examines these issues and identifies some learnings for CDEM and the aged care sector. This information is based on interviews with three people who had key roles in the Christchurch Civil Defence response and a brief review of CDEM plans and guidelines.

This is not intended as a comprehensive overview of the Civil Defence response. The Ministry of Civil Defence and Emergency Management (MCDEM) and the Christchurch City Council (CCC) have conducted their own reviews.

2.3.1 CDEM's role in responding to an emergency

To see how the aged care sector is incorporated into the CDEM emergency response a brief overview is provided of the structure and coordination mechanisms that are put into place during an emergency.

The responsibilities of CDEM are set out in the Civil Defence Emergency Management Act 2002. These responsibilities are carried out by the CDEM Group which is a partnership of local authorities, emergency services and other organisations that would be necessary to provide a comprehensive response in an emergency. For example the Canterbury CDEM Coordinating Executive Group (CEG) includes the following members:

- The local authorities in the Canterbury region including Environment Canterbury
- NZ Police
- NZ Fire Service
- Canterbury District Health Board and South Canterbury District Health Board
- St John's Ambulance
- Canterbury Employers Chamber of Commerce
- Ministry of Agriculture and Forestry (now the Ministry of Primary Industries)
- Canterbury West Coast Rural Fire Committee
- Ministry of Civil Defence and Emergency Management
- Canterbury CDEM Group Controller

There is a national CDEM Plan and regional CDEM Plans which provide principles and guidelines for the Civil Defence Emergency Management sector agencies and organisations to follow. At a local level, partner organisations (i.e. councils, emergency services, government agencies and community groups) develop a localised plan called the *Local CDEM Arrangements*. The Christchurch City Local Civil Defence Emergency Management Arrangements (2004) document is available on the CCC website. All the plans from national to local level and across regions endeavour to align with each other to assist in a coordinated response.

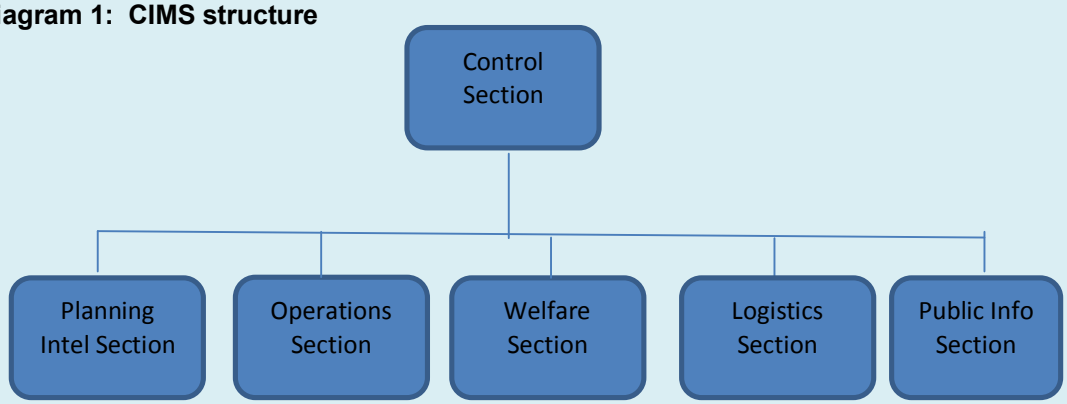
The coordination of CDEM functions depends on the size and impact of the disaster and whether it is a local, regional or a national response. The type of disaster also determines who the lead agency will be. If a pandemic like 'Bird Flu' was to occur then the Ministry of Health and District Health Boards would take a lead role. In the event of a disaster like an earthquake it is the local government authorities that take on the Civil Defence Emergency Management co-ordination role.

The structure of the CDEM response is based on the Coordinated Incident Management Structure (CIMS) which is internationally used to respond to emergencies. The CIMS structure is used by all the CDEM sector agencies to enable better coordination and communication across agencies.

Box 2: High level CIMS structure

Each section has specific functions and includes the coordination of a number of different government agencies, community organisations and businesses such as utility companies. The overview of the emergency response is the responsibility of the Controller.

Diagram 1: CIMS structure



After the 22nd February 2011 earthquake, CDEM initiated their Emergency Operation Centre (EOC) to coordinate the response by government agencies, emergency services, utilities and welfare agencies. The Christchurch City Council was initially the lead agency and all council staff become Civil Defence Emergency Management staff and were allocated roles under the Coordinated Incident Management Structure (CIMS). The Christchurch City Council EOC was known as the Central Response Centre (CRC) and operated from the Art Gallery. As stated other agencies such as the Canterbury District Health Board had their own EOC to coordinate a response from the health sector and liaised with the CRC.

The large scale devastation caused by the February earthquake triggered a national state of emergency which led to the national controller taking charge and the EOCs in Wellington and Auckland being activated to allow for the national management of resources and movement of people.

An interviewee said that the role of Civil Defence Emergency Management is to coordinate the immediate emergency response and the transition to recovery. The idea of civil defence emergency management is that of subsidiarity, that the crisis, or emergency is managed by agencies as close to the community affected as possible. In the first instance this means the local council, and local response agencies (police, fire, health, welfare). If the emergency affects more than one local government area, or is of sufficient magnitude the CDEM Group will help coordinate. In February the magnitude of the earthquake warranted a national response due to the level of resource that was required to respond. Despite the fact that there was a national response, the local authority affected – Christchurch City Council- continued to play an integral part in the response. When the need for the "response phase" comes to an end there is a formal "transition to recovery", effectively a report which details how agencies will continue to work to recover from the emergency.

The CRC at the Art Gallery was operational for six weeks which indicates the severity of the impact on Christchurch. Other areas such as Kaiapoi in the Waimakariri District were also severely impacted.

2.3.2 How the aged care sector is incorporated into the CDEM response

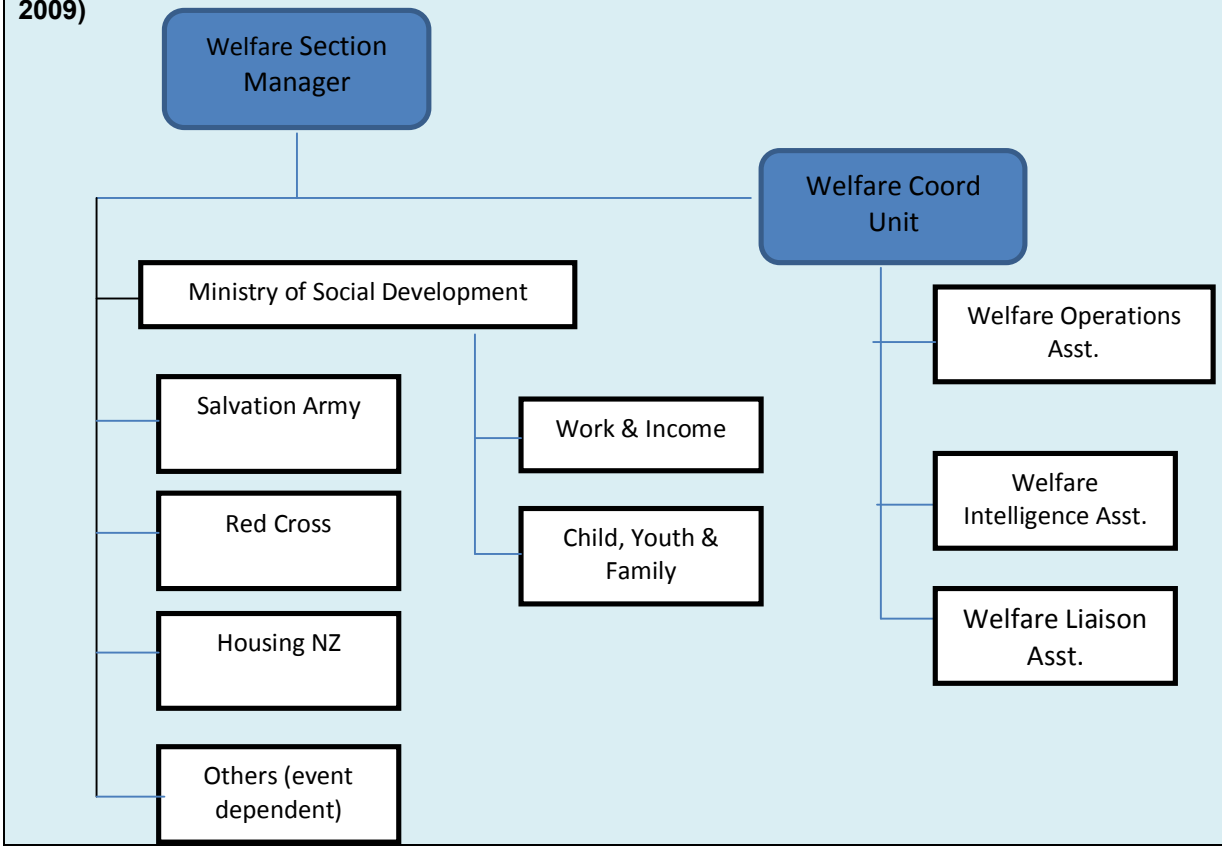
The CDEM response to the aged care sector (residential and home support services) was primarily via the Welfare Section. The CDHB sent liaison personnel, from both public health and other health areas to work at the CRC to facilitate coordination between CRC operations and the CDHB EOC. As discussed above the Vulnerable Persons Team checked on aged care residential facilities to identify their status and needs and liaised primarily with the CDHB EOC but also had links with the CDHB liaison to CDEM.

Senior Managers from the CCC who had been trained as a Welfare Managers were rostered as the Welfare Section Manager during the immediate response phase. Welfare Planning was led by a representative from the Ministry of Social Development (MSD) who are mandated under the National Civil Defence Emergency Management Plan 2005 to manage welfare recovery nationally. Other welfare response agencies such as other government departments, Red Cross, and Salvation Army were also present in the EOC to coordinate their responses. In the second week after the February earthquake the emergency was declared a National State of Emergency and a new reporting structure was implemented.

Box 3: CDEM Welfare Section

The Welfare Section is responsible for the coordination of welfare needs during and after an emergency. Welfare is defined by CDEM as 'the response of the CDEM sector and their welfare partner agencies will deliver to people (individuals, families/whanau and communities) directly affected by an emergency. This includes provision of food, shelter, clothing, financial assistance, and psychosocial (psychological and social) support and extends throughout response and recovery'. (MCDEM 2010) Diagram 2 provides an overview of the Welfare section under the CIMS structure for Canterbury.

Diagram 2: Welfare Section under CIMS structure for Canterbury (Canterbury CDEM Group 2009)



The functions of the Welfare section specified in the Canterbury Group Emergency Coordination Centre Manual (2009) can be summarised as:

- The gathering, co-ordination, evaluation and recording of information about the nature and extent of the welfare issues associated with the emergency.
- Coordinating the response of Government and Non-Government organisations with a designated welfare responsibility.
- Planning, co-ordination, deployment and monitoring of welfare resources (personnel and material).
- Maintaining close liaison with all the other sections, particularly Logistics who are responsible for the co-ordination of personnel, material, information and services and all other resources made available by government agencies, organisations etc.

To respond to the welfare needs of the community the CIMS structure relies on gathering good information about the status of the community. After the February earthquake, the Welfare Section received information from a wide variety of sources including from the Planning and Intel Section, welfare partner agencies and from the community e.g. residents groups and community organisations. Volunteers working in the community fed information back about people who required welfare assistance. For example, the Student Army and Help 4 U partnered to provide a pathway to feed information back to the CRC and Welfare Section. There were systematic attempts to identify the safety and welfare needs of residents with Operations Suburbs where teams checked 30,000 households. MSD contact centres phoned 23,200 elderly and vulnerable people in Canterbury (contact made with 96%). A local specialist team made follow-up calls and visits to the remaining four per cent to ensure they were all safe. See section 3.4 for more information about these initiatives.

In response to the information received, the Welfare Section prioritised what was needed and where and coordinated a response with partner agencies. Examples included setting up Welfare Centres to house those without accommodation and provide food, and working with partner agencies to provide water, food and other emergency supplies to people living in the community. After the immediate response phase, Recovery Assistance Centres were set up, where a number of government agencies and community organisations had representatives to provide information and services to people affected by the earthquake.

General health liaison between CDHB ECO and Civil Defence Crisis Response Centre (CRC)

The CDHB had two liaison teams at the CD CRC, public health and general health. The public health team was responsible for population health issues such as water, sewerage, food hygiene, and infection control. The general health liaison team, which was instigated after the September 2010 earthquake, focused on all other health issues including health for older people and liaison with the aged care sector. A CDHB manager who acted as general health liaison was interviewed for this report.

The general health liaison role was new and has now been incorporated into the CDHB revised emergency response plan. The general health liaison role was the ‘eyes and ears’ for the CDHB EOC, providing the linkage between the CDHB and CDEM. Functions included connecting people and providing advice and working closely with the welfare teams working in the community. For example if people were identified as requiring help they could send someone to assist them.

They had learnt from responding to the September 2010 earthquake that it was important to have a mental health presence on the ground in the Welfare Centres straight away. They organised mental health nurses to work at the centres and they looked out for older people needing assistance.

Overall the interviewee thought that CDEM and CCC did have an appreciation of the aged care sector needs, but some providers in the sector were not as prepared as they could have been and expected assistance immediately, which is not possible in a large scale emergency.

The following are key learnings about operationalising the general health liaison role identified by the interviewee:

- A learning for other DHBs is that a general health liaison team as well as public health liaison team is required to liaise with agencies and NGOs at the CDEM EOC. In regions where multiple DHBs intersect such as Auckland and Wellington, it is important for them to have plans about how to work together.

- The qualities and skills of the team selected for the general health liaison role at the CRC included '*senior nurses who understood how the DHB works and what the DHB could and could not do. These team members had networks, skills and mana. They were pragmatic and had a sense of authority'*.

- Having a laptop with an aircard and a dedicated cellphone from day one would have been very useful. This was not available until 5 days into the emergency.

- To coordinate between staff doing this liaison role they used a logbook to record activities and issues to handover to the next shift, which they found extremely useful.

2.3.3 Suggestions for improvement

Sector posts

As stated, some of the aged care facilities were disappointed that designated CDEM sector posts have not been activated. This may have contributed to the perception that CDEM was not providing any support in their area as people may not be aware of CDEM's coordinating role with other organisations and community groups providing assistance.

Research conducted with the migrant and refugee communities in Christchurch also reported confusion over the sector posts not opening (Wylie 2012b).

CDEM appears to be moving away from the sector post concept as one interviewee said they are no longer part of the CDEM plan. This is not clear to the public as schools still have signs up saying they are Civil Defence sector posts. The 2011/2012 Yellow Pages CDEM 'Information about Emergencies' states that the sector posts may be activated during an emergency and 'these are usually located at State Primary Schools or community halls with a permanent sign stating: CD Sector Post or Emergency Centre.'

CDEM opened welfare centres and then recovery assistance centres instead. It is suggested that the role of sector posts be clarified and clearly conveyed to the public. If they are no longer going to be used, signage should come down and the Yellow Page's messaging changed.

The CBD cordon

The first report found that accessing residential facilities and home support clients who were living within the CBD cordon was very difficult. Facility owners and managers talked to the CDEM CRC within the cordon to explain they were operating a residential aged care facility that required staffing 24/7. The four facilities interviewed were all operational with one facility being partly evacuated.

CDEM issued a very limited number of passes to the facilities. One facility was given one pass. Staff and relatives had to be met at the cordon to let them in with the pass. Another issue was who CDEM regarded as an essential service. One facility found it difficult to get plumbers and electricians for repairs their facility to make rooms habitable. The facilities provided those guarding the cordon with a list of approved names but this was not passed on to the next shift (one facility even offered photographs).

An interviewee who liaised at the CDEM CRC acknowledged there were communication issues with police, army and CDEM in regard to the cordon. Those responsible for operating the cordon appeared to lack an understanding of the requirements of residential care services for very vulnerable people. Clients of home support workers were also in a vulnerable situation without ready access to their care givers.

The findings of the first report strongly suggest that those in charge of operating cordons require a better understanding of who is living inside the cordon and what their needs are.

Box 3: Ready Net

Organisations and businesses can now register their details with Ready Net which the CCC CDEM uses to help them respond to an emergency. Users register their site layout plan, special needs of people living or attending the site (e.g. aged care facility, school, hotel etc), contact details including home and mobile numbers. When an emergency occurs, the CCC CDEM can use the network to send out emergency information via email or text and it provides emergency services with accurate information about the risks and needs of the site. To be effective it is important to ensure details are kept current.

Register via email to civildefence@ccc.govt.nz

2.4 Examples of emergency assistance to older people in the community

The first report described the emergency assistance provided by Home Support Services and identified learnings from staff and managers. This section provides some further examples of assistance aimed either directly at older people in the community or aimed at the worst hit areas which would include older residents. It is important to emphasise that there are many older people who did not require assistance and there is anecdotal evidence that they assisted and supported others in their community.

The primary aim of the initiatives described below was to identify people who needed assistance and then to provide the assistance they require. Most of the examples operated during the emergency response phase but some have been on-going such

as the Earthquake Support Coordinators. Age Concern's service response after the earthquake is also briefly described, as their work was not included in the first report.

A lot of the work being done to address infrastructure issues impacted on all householders in damaged areas including older people. Utility companies endeavoured to restore infrastructure such as roading, power, water, sewerage system as soon as they could.

2.4.1 'Operation Suburbs'

An example of CDEM coordination was 'Operation Suburbs' which sent CCC building inspectors teamed with welfare volunteers from organisations such as Red Cross and Salvation Army to check door to door. The teams visited 30,000 properties to check on the welfare of residents and whether their houses were safe to occupy. An interviewee said this initiative would have picked up a number of vulnerable people in the community who required assistance. If the teams identified people requiring resources for their welfare such as water, food and medication then the CDEM sent out 'flying squad' teams or referred them to appropriate agencies.

The most vulnerable people in the community are those who are not part of any social network and do not access any services such as Home Support. It is unknown how many of these people Operation Suburb may have missed, as some may have been out or not answered their doors. Older people who have become socially isolated are particularly vulnerable.

2.4.2 Help 4 U, Student Army and Home Support Services

The first report described the coordinated approach taken by Home Support Services and the involvement of Help4U and Comfort for Christchurch (a student-led welfare affiliation of the Student Volunteer Army) in identifying those in need.

The Student Volunteer Army was a response by students, initially to the September 2010 earthquake and was back in operation the day after the February 2011 earthquake. Sam Johnson established this initiative and used Facebook as a way of communicating information about how people could volunteer. Sam Johnson writes,

> *While the central task was the mass-deployment of volunteers to shovel liquefaction from properties, a strong focus was put on the wellbeing of residents; showing a presence in the streets offering hot meals, clean water and guidance to professional assistance. The SVA also supplied and managed operations for various organizations including multiple government departments, Civil Defence, and city council. Our objective was to increase the efficiency in specific services, for example delivering chemical toilets and information pamphlets, laying sandbags, staffing data entry and manning call centres. (See Sam Johnson's blog at www.samjohnson.co.nz for more information on the Student Army's activities).*

Help4U provides a nationwide patient navigation service for people who require help with the health system. Their services include a 24 hour helpdesk, web based information service, and case management service. Their case managers, or navigators, partner with a patient and their family to navigate the health system. This may include acting as advocates for the patient, assisting them and their families with understanding the language and terminology used, and providing education with the aim of getting families to self-manage.

To help their clients navigate the health system Help4U has developed their own software which allows them to use their comprehensive database of health services to identify the most appropriate services for a client. After the February earthquake

they were quickly able to ascertain which services would have been impacted. Within the central area of Christchurch commonly known as the four avenues 122 NGOs which have a health and wellbeing focus were located. They identified which services were up and running and what capacity there was and shared this information via a Facebook page and an A-Z document that they distributed widely. It was through the Facebook page the Student Army made contact with them.

Coordination of referrals for assistance

Comfort for Christchurch was set up by members of the Student Army in response to the welfare needs volunteers identified in the days immediately following the quake. As the volunteers were clearing up liquefaction, they were coming across people in need. Help4U collaborated with Comfort for Christchurch so when they identified people in need they could be linked up with existing agencies. An interviewee said the Student Army were coming across older people living alone who required food, water, medications and some had mental health issues. Help4U contacted Home Support Services such as Nurse Maude and Presbyterian Support who had volunteers experienced in working with the elderly. They also made contact with the CDHB Vulnerable Persons Team.

The student organisers, Help4U and Home Support Services designed a referral form. The questionnaire was first designed from a clinical perspective however the students thought it was too long and complex. The questionnaire was simplified to four questions:

1. Who is your GP?
2. Do you get home visiting?
3. If so who?
4. What do you need?

Keeping the questionnaire simple, focused and easy to apply is a valuable lesson when working with volunteer groups. A more in-depth assessment of needs can be conducted by support services and clinicians if required. When someone was identified as requiring assistance, they were referred to services via Help4U who worked with Home Support Services. They were able to supply valuable information back to the Home Support Services on the status of their existing clients who had been visited by a suburb-based volunteer.

Help4U also participated in Operation Suburbs by helping to source volunteers. They worked alongside the CDEM team to process requests for assistance coming from the Operation Suburb teams. Help4U said they were able to speed up the referral process by getting agreement from the authorities to load the requests directly onto the Student Army Geoops website and using text messaging to enable support to be dispatched immediately by welfare volunteers already in the field. This meant that food, water and other supplies could be delivered within an hour of receiving the request – rather than people having to wait a day or more.

Help4U's partnership with Comfort for Christchurch and their comprehensive database of the health care services meant they were well placed to provide the connections between volunteers and health services. Their role evolved as the situation and people's needs changed. For example they organised a Home Clean Service which coordinated volunteers to assist people cleaning up the mess inside their houses. They worked with NGOs such as the Red Cross, Arise Church,

Salvation Army and Rotary Club to coordinate the distribution of a winter care package to homes.

2.4.3 MSD contacting elderly and vulnerable people in Canterbury

The day after the earthquake, the Ministry of Social Development's contact centres began phoning 23,200 elderly and vulnerable people in Canterbury. They report successfully contacting 96 per cent of this group. They sent a local specialist team to make follow-up calls and visits to the remaining four per cent to ensure they were all safe. (MSD Annual Report 2010/2011).

2.4.4 Age Concern

Age Concern provides a number of services to older people in the community. After the February earthquake there was a high demand for health, home support and home handyman services.

Age Concern's broker service for tradesmen and handymen increased after the earthquake people needed help with leaking hot water cylinders, loose bricks and doors that would not close or lock. Age Concern arranged for qualified, professional tradesmen or handymen. An interviewee said this service is popular because older people know they can trust the workers and they will charge a fair price.

Age Concern's Community Health Service is delivered by registered nurses who assess the problem with the client to decide on the best course of action, which may involve other support services to deal with issues related to health, abuse, neglect, loneliness or social problems.

An interviewee said they found some of the main impacts of the earthquake on their clients were:

- The earthquake impacted older people with borderline dementia as it disrupted their routines which were very important to them. For example it disrupted bus routes and closed shops and malls they routinely used which effected peoples' ability to make social contact with others.
- The earthquake also disrupted community networks that supported older people, an interviewee gave the example of an elderly man who relied on a neighbour for shopping and she left after earthquake.
- There were issues using the port-a-loos and difficulty lifting and emptying the chemical toilets.
- Some people needed immediate assistance; however they did not get any help for a few days which highlights the necessity of everyone having their own supplies and plans for emergencies and the importance of neighbours checking on each other.
- The need for respite care appeared to increase.
- There appeared to be a rise in elder abuse.

2.4.5 Earthquake Support Coordinators

The Ministry of Social Development (MSD) and Department of Building and Housing (DBH) developed the *Canterbury Earthquake Temporary Accommodation Service* for people who require temporary accommodation. This service is for people in the red zone who have to shift out of their homes or people in other zones whose houses are being rebuilt or land remediated. There are criteria for accessing this service and it is aimed at those most in need. Part of the service includes Earthquake Support Coordinators who provide one to one assistance and information.

MSD canvassed NGOs looking for staff that had knowledge, experience and strong networks to offer them a secondment to become EQ Coordinators. An Earthquake Support Coordinator seconded from Age Concern was interviewed for this report as she works with older people who require assistance including those in the red zone who have no insurance.

The interviewee said that the Canterbury earthquakes exacerbated existing problems for some older people and created new issues. Her role included health assessment and referral of older people, some of whom had to be placed into care. The interviewee stated that they may have stayed longer in the community if the earthquake had not exacerbated their mental state and anxiety. Challenges for the older people she worked with included:

- Bewilderment, stress and lack of knowledge about how to proceed.
- Confusion about processes and timelines in regards to EQC and insurance claims.
- Socially isolated people who did not have family support or networks to assist them.
- A rise in elder abuse exacerbated by living conditions and financial pressure.
- Some older people did not have insurance for a variety of reasons including being forced to make financial choices due to a lower level of income and poverty. Some had never made an insurance claim in their lives so pre-earthquakes thought it was reasonable not to continue paying insurance premiums. In some other cases early onset dementia meant people forget to pay bills and insurance premiums expired.

What worked well with the coordinator role was the ability to work one-on-one with people to identify and prioritise their issues. They could then provide them with information and support them to access accommodation and services. She had found that by assisting them to get clearer and more specific information helped empower people to get through. For example helping them to get temporary repairs to their home to ensure it was weather tight and warm, working with them on their contents EQC claim to get in by due date and helping people get temporary accommodation.

2.4.6 Learnings for identifying vulnerable older people

The examples of emergency assistance outlined above show a variety of ways of identifying and assisting vulnerable older people in the community. Operation Suburbs and the Student Army worked on a geographical basis in badly impacted areas and when they identified someone who needed assistance they had a process in place that allowed them to refer onto others i.e. 'Flying Squad' or Help4U/Home Support Services. The MSD call centre was able to specifically target those aged over 65 years and canvas a large number of this population to see if they needed assistance.

Age Concern, similar to other NGOs and Home Support Services had their own database of health clients they were able to check on. People were also able to contact them for assistance and their home handymen brokerage service was reportedly well used to provide emergency repairs.

The Earthquake Support Coordinators are attached to the Temporary Accommodation Service which is a group of people who are potentially very vulnerable. The interviewee thought having experienced skilled practitioners seconded from local NGOs was key in being successful in this role.

Some of these initiatives demonstrated innovative partnerships and coordination between community, NGOs, government and private sector. The use of technology and social media were shown to be very effective for communicating with volunteers and directing their activities.

3 Conclusion

This report aimed to expand on the first report's findings by firstly providing feedback from older people living in rest homes and retirement villages about the emergency response. Secondly, by examining examples of emergency assistance provided to the aged care sector to see what worked well and areas to consider for future planning. This research focused on the immediate to short term response after the February 2011 earthquake. Research on the longer term impacts of the Canterbury earthquakes on older people and the recovery process is starting to emerge (Heppenstall et al. 2012; Wylie 2012a; 2012b).

The findings in this report support many of the learnings identified in the first report in regards to planning, preparedness, communication, coordination, leadership, teamwork and relationships. Underlying these findings is the tremendous effort many people put in to assist those who were more vulnerable. There were many stories of courage and dedication to helping others.

The first report emphasised the importance of aged care residential facilities and home support services being well prepared for an emergency and to be self-sustaining for at least one week. This second report supports this finding. Retirement village residents interviewed stressed being prepared to survive on your own. Rest home residents also emphasised being prepared and expected their facility to have an emergency plan and to communicate this to residents so they knew what to do

Clear and regular communication was a recurrent theme throughout the research, which identified what means of communication worked in this emergency as well as suggestions about ways of communicating with different groups.

A key learning for all organisations was having good information back-up systems, current contact details, the ability to access information, and manage information flows, to facilitate an efficient and effective response.

The rest home residents said their facilities had coped really well and for them life went on as 'normal,' which was commendable in the circumstances. This endorses findings in the first report where facility managers and staff said they endeavoured to maintain routines and keep residents as comfortable as possible.

Rest home and retirement village residents both identified the practical assistance and regular checks by staff as the most helpful things that their facilities did for them. Many also expressed the advantages of having each other and living in a community. Having a positive attitude combined with people caring for each other whether they be other residents, relatives, staff or people from the community were the most important things for residents coping with the earthquakes.

A few rest home residents provided suggestions for improvement for their facility which included more regular communication, adequate night staffing and allowing residents to check broken possessions. The evacuations of older people from residential facilities highlighted learnings about communication with families and coordinating appropriate transport. Prospective retirement village residents need to be aware of the importance of examining the terms of a village's Occupation Right Agreement (ORA) so they know what would happen in the scenario of permanent evacuation.

The experiences of the Vulnerable Persons team and the CDHB General Health Liaison team provided valuable learnings for other District Health Boards in regards to planning and responding to a large scale emergency. The VP team played an important role in coordinating support to the aged care sector and assistance with organising evacuations. After the February earthquake there were issues with contacting some facilities and families of evacuees and the VP team have developed systems to streamline communication and management of information so they can respond more efficiently.

CDHB interviewees identified the importance of having trained staff who have the skills and qualities to work well in the EOC environment. Commonly identified qualities included: knowledge and skills to co-ordinate activity within the health system; make decisions quickly; take the initiative; stay calm; level headed and have good judgement. However, no one knows how they will react in a crisis situation so managers have to be able to make staffing decision quickly and move people to other roles they are more suited to.

In the first report some aged care facility interviewees expressed disappointment over the Civil Defence Emergency Management response. One issue was the sector posts not being activated which highlighted the need for CDEM to ensure they have clear messages to the public about where to get help. It is suggested this may have contributed to the perception that CDEM was not providing any support in their area as people may not be aware of CDEM's coordinating role with other organisations and community groups who provided assistance.

A major issue for those living and working within the CDEM cordon was access to rest homes, hospitals, dementia units, retirement villages and home support clients. Staff, carers, relatives and tradesmen (repairing damage) had extreme difficulties getting in and out of the cordon to care for those living within this area. This strongly suggested those in charge of operating cordons required a much better understanding of the operational requirements of aged care facilities, retirement villages and home support client's needs. Registering with a system like Ready Net may assist with future planning and response.

The examples of emergency assistance showed a variety of ways of identifying and assisting vulnerable older people in the community. These initiatives demonstrated innovative partnerships and coordination between community, NGOs, government and private sector. A consideration for government agencies when planning emergency response is how to be flexible enough to allow innovative partnerships to occur, particularly with volunteer groups.

The findings of both reports highlight what the aged care sector and communities can expect in a large scale disaster. The normal response from emergency services is limited as they are likely to be overwhelmed with calls for assistance. There is also likely to be difficulties with accessing areas as there was in Christchurch. Family, friends, neighbours and Home Support Services are best placed to know if an older person may need assistance as it takes time for CDEM and their partner organisations to identify vulnerable people. It is therefore important for communities to understand that everyone has a role to play in an emergency and to ensure they prepare and where possible assist others. It is suggested that local neighbourhoods are best situated to be a first response mechanism which aligns with the CDEM principal of subsidiarity. Developing neighbourhood capacity to do this is another consideration for government agencies. It is hoped that both reports provide practical information that will help inform emergency planning, preparation and response.

References

Canterbury Civil Defence emergency Management Group. 2009. *Group Emergency Coordination Centre Manual*. Access at: www.cdemcanterbury.govt.nz

Canterbury Civil Defence emergency Management Group. 2008. *Canterbury CDEM Welfare Plan*. Access at: www.cdemcanterbury.govt.nz

Canterbury Emergency Management Office. 2005. *Canterbury Civil Defence Emergency Management Group Plan 2005 – 2010*. Access at: www.cdemcanterbury.govt.nz

Christchurch City Council. 2004. *Christchurch City Local Civil Defence Emergency Management Arrangements*. Access at: www.ccc.govt.nz

Christchurch City Council. 2007. *Sector Post Standard Operating Procedures – CDEM*. Access at: http://resources.ccc.govt.nz/files/SectorPostStandardOperatingProcedures-civildefence.pdf

Carswell, S.L. 2011. *What we have learnt – Aged Care Provider learnings on responding to the February earthquake in Canterbury.* Report 1. Commissioned by Eldernet. Access at: www.eldernet.co.nz

Heppenstall, C., Hanger, C., Wilkinson, T., Dhanak M., Keeling, S. 2012. *The Impact of the Mass Evacuation of Older People from Residential Care Facilities Following the 22nd February 2011 Christchurch Earthquake.* Canterbury District Health Board.

MCDEM, 2010. *Welfare in an Emergency: Director's Guidelines for Civil Defence Emergency Management (CDEM) Groups [DGL 11/10].* Ministry of Civil Defence & Emergency Management, Wellington. Access at: www.civildefence.govt.nz

Ministry of Social Development *Annual Report 2010/201.* Access at: www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/corporate/annual-report/2011/annual-report-2010-11.pdf

Retirement Villages Act 2003 112 as at 1 October 2011. Access at: http://www.legislation.govt.nz/act/public/2003/0112/latest/DLM220365.html

Retirement Villages Association. 2011. *Discussion background paper on the Review of the Disclosure Statement.* Access at: http://www.retirement.org.nz/files/file/RVA's%20variation%20paper%20for%20RC%20and%20DBH%2009-11.pdf

Retirement Villages Code of Practice 2008. Access at: http://www.dbh.govt.nz/retirement-villages-code-of-practice-2008

Wylie, S. 2012a. *Social Isolation and Older People in Canterbury*. Commissioned by Age Concern Canterbury. Access at: http://ageconcerncan.org.nz/resources/

Wylie S. 2012b. *Best Practice Guidelines for Engaging with Culturally and Linguistically Diverse (CALD) Communities in Times of Disaster: Findings of Action Research for Circulation to CALD communities*. Commissioned by the Christchurch City Council on behalf of CLING and CLING+Group.

Useful links

Age Concern www.ageconcern.org.nz

Canterbury Earthquake Temporary Accommodation Service
http://www.quakeaccommodation.govt.nz/

Civil Defence Emergency Management Canterbury www.cdemcanterbury.govt.nz
Civil Defence New Zealand www.civildefence.govt.nz/

Disaster Preparedness for people with disabilities – New Zealand edition 2009 available at http://www.drct.co.nz/story/141628.html

For more information about what people with disabilities or mobility issues should do in an earthquake go to http://www.getthru.govt.nz/web/GetThru.nsf/web/BOWN-7H442K?OpenDocument#physical

Eldernet www.eldernet.co.nz

Grey Power www.greypower.co.nz

Help4U www.help4u.co.nz

Sam Johnson's blog regarding Student Army's activities www.samjohnson.co.nz