The Vulnerable People in Emergencies Policy: hiding vulnerable people in plain sight

Don Garlick, Ballarat Health Services, examines the origins of the Victorian vulnerable persons recommendation and the development of a public service policy designed to implement it. Ⓡ

ABSTRACT

The 2009 Victorian Bushfires Royal Commission (hereafter identified as the Commission) noted that a particular group of community members, known collectively as 'vulnerable people', were overrepresented in the mortality figures. One of the Commission's recommendations was the development and maintenance of a list of vulnerable persons living in the community. This paper examines the origins of the vulnerable resident list recommendation, the development of the public service policy designed to implement it.

Introduction

Following the 2009 Black Saturday bushfires it was recognised by the Commission that young people, older adults, and people with impaired health were inequitably affected by the fires (Handmer, O'Neil & Killalea 2010, Teague, McLeod & Pascoe 2010). These findings replicated earlier studies which demonstrated that individuals with social vulnerability characteristics suffered disproportionally negative outcomes (O'Keefe, Westgate & Wisner 1976, Krusel & Petris 1992, Fjord 2010, Renne, Sanchez & Litman 2011, Flanagan *et al.* 2011, Fordham, *et al.* 2013). Informed in part by the successful implementation of a locally developed plan that resulted in the evacuation of a group of vulnerable people in Marysville, the Commissioners recommended that all vulnerable people be identified and assisted during emergency evacuations. Recommendation three of the Commission's final report stated:

> 'The State establish mechanisms for helping municipal councils to undertake local planning that tailors bushfire safety options to the needs of individual communities. In doing this planning, councils should:
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> • Compile and maintain a list of vulnerable residents who need tailored advice of a recommendation to evacuate and provide this list to local police and anyone else with pre-arranged responsibility for helping vulnerable residents evacuate.'
> (Teague *et al.* 2010, vol. II, p. 58)

The intent of the Commission's recommendation was that emergency management agencies directly engage with vulnerable people and develop a sense of shared responsibility for emergency evacuation planning that would result in a mutual understanding of how vulnerable people would be assisted in an emergency evacuation (Teague *et al.* 2010). The vulnerable resident list, or vulnerable persons register as it was later called, epitomised the ideal of shared responsibility between emergency management agencies and communities enshrined in documents such as the *National Disaster Resilience Strategy*[1].

Definitions of vulnerability

Vulnerability is contextual. An individual's overall vulnerability to any particular situation sits somewhere within a continuum related to a mixture of fixed and temporary influences. These influences include geographically located risks, infrastructure hazards, and socially located liabilities (Mechanic & Tanner 2007). Social vulnerability theory identifies a range of personal and social characteristics such as age, gender, ethnicity and debility for example, that lead to inequitable outcomes for some members of the community when impacted by disasters (Weichselgartner 2001, Zakour & Harrell 2003, Renne, Sanchez & Litman 2011, Khunwishit & McEntire 2012, Fordham *et al.* 2013, Hosseini *et al.* 2014). Issues such as unstable financial viability, lack of home ownership or inadequate accommodation and an inability to afford insurance are also recognised as social vulnerabilities that contribute to a lack of capacity for individuals to free up resources to manage disaster impacts (Paton, Smith & Johnson 2005, Flanagan *et al.* 2011, Boon 2013). For some individuals their vulnerabilities overwhelm their ability to prepare for, recognise, and safely respond to an emergency.

Framed exclusively within the context of bushfire, the Commission's recommendation identified that certain individuals were more socially vulnerable to negative consequences.

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1   At: www.em.gov.au/Documents/1National%20Strategy%20for%20 Disaster%20Resilience%20-%20pdf.PDF.

Some authors question the use of broad social vulnerability criteria (Paton & Johnston 2001, De Marchi & Scolobig 2012), and the circular reasoning that accompanies its application. For example, poverty and lack of education as social vulnerability categories fail to recognise individual capabilities and automatically relegates people with these characteristics to dependence or victim roles (Fernandez *et al.* 2002, Cornell, Cusack & Arbon 2012). However, disaster mortality and morbidity statistics are often stated using general categories such as age and gender, giving the community a view of disasters that are framed in simple terms (Krusel & Petris 1992, Cordner, Woodford & Bassed 2011). In the same way officially convened boards of enquiries into disasters use broad definitions of social vulnerability when examining issues and handing down their findings (Teague *et al.* 2010, Comrie 2011). The value in using simplistic criteria is that eliminating complexity assists policy and decision-makers to reduce ambiguity, thereby simplifying their task when developing plans and procedures to manage the implications of complex problems (Clarke 1999). The Commission, using the generic term 'vulnerable' to describe social vulnerability, identified the basic categories of age and debility as the primary characteristics of vulnerability affecting residents who were impacted by the fires. Vulnerable persons were identified by the Commission as persons older than 70, younger than 12, and/or suffering from an acute or chronic debility (Teague *et al.* 2010). Issues related to other natural or man-made hazards or social vulnerabilities were not addressed in the recommendation.

The Vulnerable People in Emergencies Policy

Following the publication of the Commission's interim report in late 2009, some Victorian public service agencies were tasked by the State Government with the responsibility of implementing the various recommendations. For the vulnerable resident list recommendation, the agencies tasked were the Victorian Department of Human Services and the Department of Health (collectively known as DHHS) through its shared Emergency Management Branch service. To implement the recommendation, DHHS directed a number of its agencies (funded to provide personal care services to clients in the community) to be responsible for identifying vulnerable persons and provide emergency evacuation planning support or provide their names to local municipalities by directly registering them onto the state wide Vulnerable Persons Register (via the municipal emergency management database known as MECC Central).

Through a number of iterations from late 2009, the Vulnerable People in Emergencies (VPE) Policy (Health & Human Services Emergency Management 2012) moved away from a bushfire centric to an All Hazards approach, reshaped the Commission's definition of vulnerability and significantly reduced the scope of the Commission's recommendation. In doing so the VPE

policy failed to facilitate direct engagement between vulnerable people and emergency services and instead directed home health and care program staff to provide vulnerable clients with emergency evacuation planning and support.

Managing the scope of the VPE policy

According to the *2011 Census* (Australian Bureau of Statistics 2013) the number of Victorians who fall within the Victorian Bushfires Royal Commission's definition of vulnerability is staggeringly large. There were 302 146 people over the age of 70 years, 800 423 people under the age of 12 years, and 255 496 people identified as needing assistance for core activities (people with a significant disability). The number of vulnerable people identified by the age criteria alone in Victoria is over one million. The VPE policy authors clearly had an overwhelming task to manage with limited resources.

As with any project one method to manage potentially unrealistic goals is to redefine the requirements to make the task manageable. In the case of the VPE policy the authors were assisted by a number of inherent limitations. In its first iteration the VPE policy removed younger persons from the definition of vulnerability. It was assumed that, in most cases, younger people would be under the direction or care of adults and therefore did not require an individual plan. In much the same way vulnerable people living in congregate care facilities would be under the care of staff and so did not need to be on a register; municipalities were directed to hold lists of these facilities. The Commission's recommendation related to bushfire hazard so only the municipalities that reside within the jurisdiction of the Country Fire Authority were included, thereby excluding metropolitan residents (Teague *et al.* 2010). The policy also limits the potential pool of vulnerable persons by stating that the registers '...are not being publicly promoted' (Health & Human Services Emergency Management 2012 p. 7). As an organisation DHHS could only direct its own funded agencies to carry out its mandates. This meant that the only people assessed for vulnerability were clients in a funded community care program.

Having identified a specific but large group of vulnerable individuals the Commissioners anticipated that agencies tasked with managing the implications of the recommendation might consider the scope of the task unmanageable. In response they clearly stated what was expected:

> 'The Commission did not specifically consider the level and the types of assistance such people might require or who should provide that assistance. These variables are likely to differ depending on personal circumstances, but at a minimum this group of people would need tailored advice of a recommendation to evacuate. They might well need physical assistance to evacuate and a place to go. If this is the case, local agencies would need to do much more substantial planning.' (Teague *et al.* vol. II, p. 50)

Nowhere in the final report do the Commissioners provide any direction or discussion that would support limiting the recommendation to subsets of the people they identified as vulnerable.

VPE definition of vulnerability

The VPE policy definition of a vulnerable person is:

> 'someone living in the community who is: frail, and/or physically or cognitively impaired; and unable to comprehend warnings and directions and/or respond to emergency situations.' (Health & Human Services Emergency Management 2012, p. 3)

Importantly the VPE policy added that a vulnerable person is also someone who 'cannot identify personal or community support networks to help them in an emergency' (Health & Human Services Emergency Management 2012, p. 3). The VPE policy removes the following personal characteristics from its definition of vulnerability for the purposes of the policy:

- persons residing in metropolitan Melbourne

- persons living in congregate care facilities such as nursing homes

- persons younger than 12 as an independent variable

- persons who do not receive home care assistance from funded health or home care agencies

- persons who can comprehend warnings

- persons who can identify a social contact who would assist them in an emergency, and

- persons who have a personal emergency evacuation plan.

This means that to be placed on the Vulnerable Persons Register, a person has to live within the Country Fire Authority area of responsibility, receive home based care assistance from a DHHS funded agency, be older than seventy and/or disabled, be incapable of planning, unable to understand warnings and be completely socially isolated. At the time of writing there were less than 1 350 persons listed on the Vulnerable Persons Register for the entire state of Victoria (information accessed via MECC Central database).

Responsibility sharing

Responsibility sharing in this context is a phrase understood by Australian emergency management agencies, political bodies and policy makers to describe how various agencies and the community divide up responsibility to plan for and respond to disasters (McLennan & Handmer 2012a, 2012b). The Commission paid special attention to the concept of responsibility sharing when developing their recommendations. For recommendation three, the Commissioners specifically stated the responsibilities that were assigned to councils and emergency services to provide tailored evacuation advice and, if needed, assist the evacuation of vulnerable individuals.

McLennan & Handmer (2012a, 2012b) identified that emergency management agencies and government policy makers had encouraged increased community self-reliance over the past two decades as a way to compensate for rising public expectations in the face of natural disasters. The Commissioners specifically addressed the self-reliance paradigm, recommending that all parties (government, emergency management agencies, communities and individuals) needed to contribute to disaster planning and response rather than emergency management agencies and policy makers simply expecting community members to be solely responsible for their own arrangements. This view was made explicit when the Commissioners noted that 'shared responsibility does not mean equal responsibility' (Teague *et al.* 2010, vol. II, p. 352) indicating the need for increased engagement by government and emergency management agencies. Recommendation three was based on the assertion that emergency evacuation planning was to be shared between vulnerable people and emergency services. In practice the VPE policy fails to directly engage vulnerable people with emergency services. Personnel from DHHS funded agencies rather than emergency management professionals identify and register vulnerable individuals or provide planning support which is limited to distributing generic printed planning materials due to a lack of any emergency management expertise.

Conclusion

By placing the responsibility for the implementation of the vulnerable people recommendation with DHHS the Victorian state government inadvertently ensured that the Commission's intent could never be realistically achieved. DHHS had no ability to direct the activities of emergency management agencies or municipalities; it only had its own programs and agencies that it could utilise. By expecting DHHS-funded agency personnel to expertly support emergency planning and through devices such as limiting scope, redefining vulnerability and failing to facilitate direct connection to emergency services, the VPE policy completely subverts the intent of the Commission's recommendation. The VPE policy purports to provide emergency evacuation planning support and lists of local vulnerable residents who need tailored emergency evacuation advice. What it actually delivers is the distribution of generic planning materials by home health and care workers and a diminutive list of marginally independent, generally older, socially isolated adults.

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About the author

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Research of this type informs the work related to vulnerable communities. Other articles in this area are welcome.