Policy Brief

Policy review of the impact of the Hazelwood mine fire on older people: Final Report   Judi Walker, Matthew Carroll, Marita Chisholm

The review explored the impact of the 45-day Hazelwood mine fire event in 2014 on older people living in the Morwell community in the context of policy-driven decisions made at the time.

It was apparent from the research that the voices of older people, especially those usually robust older people living independently in the community, were paid little attention during the event. While service providers, with the support of the Victorian Department of Health and other agencies, worked hard to ensure that older clients were well supported, there was little support for older people who were not receiving health and community services.

While there are numerous publications which identify older people as being beyond a certain age cut-off, there is no universally accepted definition with age limits primarily used for the purposes of statistical reporting and service eligibility. Given that this research is assessing the experiences of older people, we thought it inappropriate to invoke an arbitrary age limit, and instead involved people who identified themselves as being older.

Engagement with the community and with sections like the older cohort, focused on providing information through data sheets and alerts rather than two-way engagement. This led to confusion and mixed messaging. It also undermined the trust placed on the government by older residents and the broader community, making it hard for them to see how much good work was being done on their behalf. The apparent mismatch between existing policies and the extended and dynamic nature of the Hazelwood smoke event prompted the development of policy on the run. This was a matter of considerable concern and further eroded the trust of the community in the Department of Health and other agencies.

WHAT DID WE DO?

We were able to gain an understanding of older residents' experiences of the smoke event and the efforts put in place to support them using a mix of research methodologies. We combined the findings from focus groups held with over 90 local older people and community members and interviews with 17 local decision-makers and representatives of services which supported older people during the smoke event, with reviews of relevant literature and various government policies.

This brought together a considerable body of knowledge from data gathered over 13 months with conclusions drawn verified in a workshop with key respondents.

This review has important implications for stakeholders, best practice policy development and program planning to improve preparations for and responding to a future disaster event.

Key considerations for policy development and program planning

The recurring issue arising throughout the research process, culminating in the verification workshop with key community and organizational participants, was the requirement to listen to and include the voices of older people.

The criticality of who is delivering the message

- Guarantee consistency among spokespersons - respondents felt that there were too many voices, and that the various spokespersons were rostered on a rotating basis and so had no chance to build local knowledge and engagement.
- Appoint spokespersons who are seen to be part of the event – so either use a local person (much preferred) or if an external person then they need to be seen as staying in/with the community.
- Respond to the clear preference for local government to take the communications lead – the older community looks to their local council.
- Provide age-relevant spokespersons – a 20 year old carries little weight with the older cohort; include older people or known senior health professionals as support speakers.
- Make use of existing community groups involving older people to seek advice from and to disseminate information.

The criticality of how the message is delivered

- Ensure that roles and responsibilities amongst and between agencies involved are known and understood in order to reduce anxiety and confusion among the elderly.
- Avoid presenting the elderly in an unfairly negative light.
- Engage with the older community – two way conversations showing empathy and understanding rather than talking to a leaflet

and citing previous reports.
- Provide information that is comprehensible and do-able.
- Avoid conflicting communications and mis-information.
- Provide simple and helpful emergency information via social media from a clearly-identified trusted source.
- Avoid leaving an emergency information vacuum which may be filled by less-informed respondents.

The criticality of who is being targeted

- Demonstrate awareness of all the vulnerabilities of older people and how they play out together - e.g. focus on people with chronic conditions, mobility limitations and limited social networks rather than targeting older people as a group.
- Demonstrate awareness of the needs of the 'robust elderly' who do not receive health and community services and so may be in greater need during an emergency event where normal routines and services are disrupted.

The criticality of communication with older people to build and maintain confidence and trust

- Actively communicate what has changed, the protocols in place, changes in agency structure, relevant new policies and procedures, mitigation and prevention strategies.
- Make use of existing community groups involving older people to disseminate information.
- Make use of disaster management exercises to involve agency personnel and community volunteers and engage with local media.

These policy considerations are based on the conclusions drawn from the review. A summary is provided below. A full copy of the Report can be downloaded from the study website http://hazelwoodhealthstudy.org.au/

Summary of the Review's key conclusions

The impact of the Hazelwood mine fire event on older people

Our discussions with older residents showed that there was **considerable diversity in terms of the impacts of the smoke event**, with many older residents reporting a wide array of physical and psychological symptoms at the time, and some reporting ongoing symptoms as well as concerns about long-term health impacts. Conversely, other older residents reported being minimally impacted by the smoke event and that it was no worse than previous smoke exposures. The diverse range of responses may be because we talked with an array of groups and included older people who were not receiving health and social services and who received little or no support during the smoke event. Discussions with service providers tended to reinforce the stoic and robust nature of older residents. It may be that these observations were because service providers were largely consulting with those receiving their services, who would have felt confident that help was available should the need arise.

The impact of policy-driven decisions made at the time on older people

There was almost universal agreement that the Hazelwood smoke event was **a unique occurrence** which was beyond the scope of existing policies that had been developed for bushfires and other emergencies. One of the challenges faced by the Department of Health and other agencies during the smoke event was the **lack of a strong evidence base regarding the impacts of coalmine fire smoke events**, including impacts on sub-groups such as older people. The lack of evidence on the short and long-term impacts of exposure to coal mine fire smoke hampered the public health response to the mine fire event.

A number of respondents from the general community and from service provider representatives felt that the community should have been evacuated early into the event, However, our review of the literature made it clear that the decision to evacuate or temporarily relocate a community or sub-sets of that community is incredibly challenging, especially for frail older people with chronic health conditions. So the Department of Health faced a difficult situation, having to weigh the concerns of the community against the risks of a major community relocation effort in the absence of clear evidence.

There was a clear thread through the community, service provider and decision maker discussions regarding the mismatch between existing emergency policies and the extended, dynamic and uncertain nature of the Hazelwood mine fire event. The development of **policy on the run** and the resultant **change in health advice** to older people and other at-risk groups to temporarily relocate, coming as late as it did in the event period, was a source of annoyance for some older residents.

In addition to developing new policies and protocols, there were issues in the way in which existing policies interacted, such as the Municipal Emergency Management Plans (MEMPlans). In the case of a major event such as the Hazelwood mine fire, these MEMPlans are overridden by the state level plan, relegating local council to a minimal but supportive role. This approach may be suitable when responding to short sharp disaster events such as bushfire, allowing councils to take a more active role once the emergency has passed. However, in the current example of an extended duration event which was impacting a community this approach resulted in clear issues.

The impact of the jumbled roles of emergency personnel and agencies on older people

One of the 'unique' challenges of the Hazelwood event was the extended duration. The emergency response continued over a 45-day period, with the public focus shifting from the response to a complex of fires which initially directly threatened the Morwell community to an ongoing fire largely restricted to the mine site and threatening state electricity supplies, and to a long term emerging smoke health threat. These shifts, coupled with the fact that multiple agencies were involved (including emergency, environmental, health, local and state government) and that **their roles changed** in line with the changes in the response focus, clearly created issues with the response and the engagement of the local community and the subsequent impact on older people.

The increasing focus on the impacts of the smoke event on the health of the community saw the event change from being a fire event under the control of the Country Fire Authority to a public health event under the control of the Department of Health. The command structures of these two bodies vary considerably. These differences, combined with the fact that the fire event continued at the same time as the smoke event, led to some **role confusion and mixed messaging**. Roles were blurred rather than distinct. One of the most obvious manifestations of this role confusion was the breakdown in communication which occurred during the smoke event, and lead to older residents reporting having less trust in the emergency response and in the people and organizations at the centre of that response.

The impact of communications during the event on older people

It was clear from the findings of the Hazelwood Mine Fire Inquiry (convened in 2014 and again in 2015-2016) and from the feedback of older residents that there were **challenges engaging with older people and the broader community**. Communication was not well coordinated, at points it appeared contradictory. Older community members in particular found it hard to comprehend, and many older people not in residential care or not receiving services, felt disengaged and ignored.

One policy issue which became apparent in the response to the Hazelwood mine fire was **when and how to target older people in the response, including which groups to target**. The focus during the event on older people appeared to be targeted on those people in residential care settings and on those in receipt of services – those perceived as most vulnerable. This was entirely appropriate. Our review of the literature made it clear that it is important to consider the needs of other older people living in the community who may be more at risk than more frail older people who receive regular support and therefore are being monitored. This was backed up in discussions with older residents, who reported suffering from physical health symptoms or being unable to access supports to get respite from the smoke or to clean their properties. How to access the broader group of older people living in the community was highlighted in the literature as being very challenging. Instead of trying to identify lists of people to be individually targeted, a more successful approach could be to increase engagement activities with the different sectors of the community, including older residents.

In addition to engaging the community in a two-way conversation the **messages being shared with older people and the broader community should be appropriate and do-able**. While the Department of Health was advising residents to seek respite away from the smoke, including the later message for 'at risk' groups to temporarily relocate, it was apparent from our discussions that the capacity to relocate was closely associated with a number of other factors including access to alternative accommodation, social networks, transport, and sufficient funds.

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