

How does the lived experience of older people influence  
their preparedness for emergency events?

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## ABSTRACT

The purpose of this study was to explore the meaning of being prepared, for older people, with regard to emergency events. Anecdotally, older people are considered to be vulnerable to emergency events. However, little research has been undertaken to explore what influences their preparedness. Drivers for the study included the paucity of research in this area; an ageing world population; and changing world risk profiles, including forecasts of more severe natural hazard emergency events.

The study took a qualitative approach, using a hermeneutic phenomenological methodology informed by Max van Manen's life world existentialism. Eleven people – eight women and three men - aged 65 years or over took part in semi structured in depth interviews. All participants resided in their own homes (eight on their own, three with their spouse), in the greater Adelaide area, and were in receipt of low-level in-home care, for example assistance with shopping or housework. The interviews explored the variety of emergency events experienced during the participants' lives; how those events may have changed them; the meaning drawn from the events; and the subsequent influence of their experiences on the way they prepare, or perhaps choose not to prepare, for emergency events.

It may seem intuitive to assume that prior exposure to an emergency event makes survivors more vigilant and encourages preparedness for future events. However, the literature review and data analysis showed this assumption to be simplistic. Prior exposure may lead to complacency purely because the event was survived. Results also showed that those events that one would assume might encourage future preparedness do not necessarily do so; whereas other life experiences (often not classified as emergency events by the participant) shaped preparedness behaviour.

Data analysis followed a combination of van Manen's thematic and existential approaches. Three themes were interpreted – *understanding my world*, *shrinking my world* and *acceptance of my world*. For the older people who took part in this study, being prepared for an emergency is not a one-off tangible activity – it is a process and a feeling of comfort and security in their world. The process is something that

has been built upon over many years, and therefore 'being prepared for an emergency event', as a specific activity, is not necessarily something that worries or concerns them. Mental strength and ability to cope is seen by the participants as being of great importance, helping to build the feeling of comfort and security.

Significantly, this research has highlighted the extent to which the emergency management sector's understanding of older people is taken for granted. By understanding what influences older people living in the community to prepare, and what preparedness means to them, how best to assist them in their preparedness planning can be established; rather than making assumptions about what this target group wants or needs.



## DECLARATION

'I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.'

Signed:

## **ACKNOWLEDGEMENTS**

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# CHAPTER ONE

## INTRODUCTION AND BACKGROUND TO THE STUDY

### Introduction

Anecdotally, older people are considered to be particularly vulnerable to emergency events, from the preparation phase through the response phase and into the recovery phase. However, little research has been undertaken in this area. As Ngo (2001, pp. 80-81) highlighted:

Despite an increased awareness of disasters and a growing interest in the study of how disasters affect human populations, research specifically addressing the elderly population has remained a relatively small and undeveloped field

In addition, much of the research that has been undertaken provides conflicting information. When carrying out an extensive literature review to identify the vulnerabilities of the elderly to disasters Fernandez et al. found that ‘The data are contradictory as to whether the elderly groups are more vulnerable than are other age-defined population groups’ (2002, p. 68).

The aim of this research was to explore how the lived experience of older people influences their perception of being prepared for emergency events. How has the variety of experiences that older people have had through their lives changed them or their understanding of their world with respect to being prepared? Has the meaning and understanding drawn from their experience shaped what they believe about emergency events, what they believe new events could mean, and how they will choose to interpret them and react to them?

Hermeneutic phenomenology provided the framework for the study, in which in depth interviews were conducted with eleven older people. Using van Manen’s (1990) three stage thematic analysis approach, the interviews were then analysed and

interpreted.

This chapter gives information on my background and what precipitated my interest in this study. It introduces the principal drivers for this research, and outlines why the research is pertinent and required.

## **My background**

This research subject was chosen due to my professional work and interest in the field of emergency management. My current professional position relates specifically to emergency management planning and policy development, and is undertaken in a small unit, forming part of a large State Government department supporting community services, including social inclusion, disability, housing and ageing.

I have worked in the emergency management sector for over seven years, in a range of roles. These have included assisting local councils to develop and review emergency management plans; working with the South Australian State Government in planning for disaster recovery; coordinating disaster recovery activities following emergency events; designing and participating in emergency management scenario exercises; teaching emergency management and facilitating emergency management exercises on behalf of local, state and national governments and the non government sector; and working on national programs to enhance and support mitigation activities across the country.

Exploring the lived experiences of older people became an interest of mine following work that I was involved in, planning for pandemic influenza. During this planning - undertaken at local, state and national levels - vulnerable populations were often discussed as posing unique challenges to emergency preparedness, response and recovery activities. Older people, considered during the planning discussions to be one such vulnerable group, were regularly highlighted as being a concern. Of particular concern were those older people who were living in their own homes and in receipt of some kind of in-home aged care service. The reason for particular concern regarding this sub-set of older people was the potential for aged care

services to be interrupted due to a pandemic; and therefore the potential that older people might become ‘stranded’ in their homes, with no access to the services that assist them on a daily basis.

The discussions that took place as part of the pandemic planning caused me to reflect on the way older people are engaged in the emergency management planning process. I was not aware of any occasion when the views of older people had been specifically canvassed, in preparing emergency management plans or policies – the sentiment being that as a group, they were hard to engage with. While peak bodies and service providers may be engaged in the emergency planning process, the only time older people themselves have been invited to contribute to emergency management review or discussions has been following emergency events, i.e. not in the planning stage. Furthermore, given this lack of engagement of older people in the emergency planning process; it would follow that policies, plans and tools that are prepared in relation to older people and emergency planning would be poorly informed, and perhaps not relevant to the very people that they are aimed at helping.

Working in the emergency management sector, it was easy to assume that I knew what emergency preparedness, and being prepared for emergencies, meant to older people. After all, it is not such an unusual concept. However, as van Manen (2001, p. 46) said, it:

is not always that we know too little about the phenomenon we wish to investigate, but that we know too much. Or, more accurately, the problem is...our ‘common sense’ pre-understandings

Did my pre-understandings, or preconceptions, of being prepared prejudice me? I therefore chose to investigate this issue further, seeking to question my taken for granted understanding of the phenomenon of being prepared, and the assumptions I had encountered in the emergency management sector, that this group is hard to engage with and vulnerable. By exploring the meaning of being prepared with older people, given their rich life histories, I hoped to understand their world and their perspectives in a much more comprehensive and coherent manner. In turn, this might help inform better, more appropriate policy and planning documents.

## **Drivers for the research**

As described above, my background had a major impact on my choice of research topic. This, in conjunction with a changing risk picture, a changing climate and changing demographics shaped both the research question, and the methodology and method used. The research drivers are introduced below.

### **The changing risk picture**

In recent years, there has been an increased interest in risk in a range of settings, for example individual, business, and community-wide. Several organisations around the world have been specifically devoting time and resources to investigating and exploring the risk picture – both globally and locally.

The Global Risks Report 2012, produced by the World Economic Forum, is ‘based on a survey of 469 experts from industry, government, academia and civil society that examines 50 global risks across five categories’ (2012, p. 10); the five risk categories being economic, environmental, geopolitical, societal and technological. The report suggests that opinion of the greatest global risks has shifted in recent years from environmental concerns to economic and societal ones. That is not to say that environmental risks do not pose challenges; rather that economic and societal risks were of a higher concern at the time of data collection for 2012 report.

While Australia is considered a stable democracy, with a relatively steady economy, economic and societal issues such as mismanaged urbanisation, income disparity and population growth are nonetheless present. ‘Across the globe, as population growth puts pressure on rural economies, people are being rapidly pulled into cities that struggle to absorb the new arrivals in an orderly way’ (World Economic Forum 2012, p. 17). Despite its vast land mass, Australia is already a highly urbanised nation, with most of the population living in cities along coastal fringes. The Australian Bureau of Statistics (2013b, 3218.0 *Regional Population Growth, Australia 2011-12*, viewed 11 August 2013,

<http://www.abs.gov.au/ausstats/abs@.nsf/Products/3218.0~2011->

[12~Main+Features~Main+Features?OpenDocument](#)) states that:

At June 2012, more than 15.0 million people, close to two-thirds of Australia's population, resided in a capital city...generally, the most prominent growth outside of capital cities occurred along the coast of Australia...

Rising populations – both in general, and especially localised such as in cities and growth areas – are having an impact on old infrastructure and services that were not designed for such high use (US Department of Homeland Security/ Columbia University 2009). Not only is the infrastructure ageing and having to contend with higher use due to a larger population, there are additional concerns. Firstly, the ageing infrastructure is becoming vulnerable to emergency events, which is exacerbated by the demands of larger populations.

In southern Australia, for example, there have been several heatwave events in recent years. As part of an initiative of the National Climate Change Adaptation Research Facility, a collective of universities carried out research which considered the effects from an extended heatwave during January and February 2009. The research considered a range of topic areas including human health effects, effects on infrastructure, the emergency management response and barriers to action. With regard to impacts on infrastructure, they found that record breaking daytime temperatures, over an extended period and including high night time temperatures, were problematic for essential critical infrastructure – especially electricity. The team found that there is little tolerance in the electricity supply system, and in the 2009 heatwave, there were hundreds of thousands of people affected by power outages. As they suggest, with the predicted increase in frequency and severity of climate related events, this is an issue that could become very problematic for human health – for example, people will not be able to use air conditioners, and people may suffer with food poisoning if food is spoiled (Queensland University of Technology, University of Southern Queensland, RMIT University Melbourne 2010).

Secondly, the ageing infrastructure is responsible for supporting very many tools and applications that are now a part of everyday life. In their report of 2012, the World Economic Forum (p. 26) state that:

Individuals, businesses and nation states are depending more and more heavily on data and systems in the virtual world. Thirty-five per cent of the global population is online, up from 8% just 10 years ago

In Australia, this figure is much higher, with the Australian Bureau of Statistics reporting that in 2008-9, 74% of people aged 15 years and over had used the internet in the previous 12 months. Older people do have a lower rate of use than other age groups, but even with those aged 65 years and over, the usage rate was 31%. The most common location for older people to use the internet was in their homes. (2011c, *4102.0 - Australian Social Trends, Jun 2011 – Online @ home*, viewed 25 October 2013,

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features50Jun+2011>).

Coupled with this rise in internet use, is the rise in remotely controlled devices using high speed communications networks, both in domestic and broader settings. For example traffic lights, ovens, office equipment, hospital beds, agricultural irrigation systems and water pumps can all be controlled remotely – as long as the systems and processes supporting them are operating.

The increasingly global and interdependent world in which we live means that some of the systems and processes that help our everyday lives and functioning are at risk from events taking place outside of our country. For example, Australia, like much of the rest of the world, was affected by the Global Financial Crisis of 2008; by the volcanic ash spread from the Eyjafjallajökull Volcano eruption in 2010; and the earthquake and subsequent tsunami in Japan in 2011, all of which were followed by manufacturing production and supply disruptions.

The Australian Government Commonwealth Scientific and Industrial Research Organisation commissioned a report in 2012, which assessed the global megatrends that they believe will shape the world over the coming 20 years. They define a megatrend as ‘a major shift in environmental, social and economic conditions that will substantially change the way people live’ and they believe that megatrends are



‘relevant to contemporary decision making and may prompt a rethink of governance models, business processes and social systems’ (Hajkowicz, Cook and Littleboy 2012, p. 4).

The report outlines six megatrends that they assert are already shaping the way we live, and will continue to do so over the 20 year forecast period – and potentially beyond. The megatrends are:

- ‘more from less’ which considers how ‘companies, governments and communities will discover new ways of ensuring quality of life for current and future generations within the confines of the natural world’s limited resources’ (p. 2)
- ‘going going gone?’ which looks at ‘the perilous situation of the world’s ecological habitats and biodiversity’ (p. 2)
- ‘the silk highway’ which reflects on how ‘coming decades will see the world economy shift from west to east and north to south’ (p. 3)
- ‘forever young’ which contemplates the positive and negative issues related to an ageing population
- ‘virtually there’ which explores ‘what might happen in a world of increased connectivity where individuals, communities, governments and businesses are immersed into the virtual world to a much greater extent than ever before’ (p. 3)
- ‘great expectations’ which investigates ‘the rising demand for experiences over products and the rising importance of social relationships’ also capturing ‘the expectation people have for personalised services that meet their unique needs and wants whilst being delivered en masse’ (p. 3)

While all of these megatrends have broad societal implications, three in particular have possible consequences for preparedness for, and indeed resilience to, emergency events.

#### *‘More from less’*

Key to many of the issues related with this megatrend is a growing global population. Depending on where this population is located, and depending on technological

advances, it is going to have to contend with increasing domestic water and increasing energy demand and higher and more volatile food prices. These macro issues could have knock-on effects in terms of stability of governments, and also people's individual ability to prepare for emergency events. For example, the comfort that people take in the summer months, knowing they are prepared for heatwaves because they have air conditioning, might be eroded if energy supplies are often interrupted due to high demand, or become prohibitively expensive.

*'Going going gone?'*

While the link between habitat and biodiversity loss and emergency preparedness might seem more tenuous, there are definite concerns in terms of natural hazard events. For example, the contrary twin issues of habitat loss and habitat protection, through protected area status – could lead to increased threat of bushfire and flood, perhaps from a lack of preventive prescribed burns. Similarly, these issues could affect the incidence of animal and plant disease, which could have major implications on agriculture and subsequent food production.

*'Forever young'*

The ageing population will be discussed in greater detail below and in Chapter Two, but two particular macro issues have relevance to this research. Firstly, the gap in retirement savings between what is needed to live a long and fulfilling retirement, and what people have saved. In addition to broader societal effects, such as people choosing to remain in the workforce longer, this has implications for older people's ability to be able to prepare for emergency events.

A second issue is the possible increased expenditure (by both governments and individuals) on healthcare as people live longer lives. While most older people hope to stay active and healthy, the ageing population and lifestyle illnesses are nonetheless drivers of growing healthcare expenditure. Health spending in Australia, for example, is projected to grow from 4 percent of GDP in 2009–10 to 7.1 percent of GDP in 2049–50 (Australian Government 2010).

## **The changing climate**

A further issue, that has been considered for some time with particular reference to emergency planning for natural hazard events, is climate change. Climate change not only has implications for natural hazard events that strike Australia, such as bushfire, but could also have effects in terms of human health, food production and infrastructure resilience. It is therefore explored in greater detail below.

The Intergovernmental Panel on Climate Change, the leading international body for the assessment of climate change, established by the United Nations Environment Programme and the World Meteorological Organization, defines climate change as:

A change of climate which is attributed directly or indirectly to human activity that alters the composition of the global atmosphere and which is in addition to natural climate variability observed over comparable time periods

(Intergovernmental Panel on Climate Change n.d., '*Glossary*' viewed 7 October 2011,

[http://www.ipcc.ch/publications\\_and\\_data/publications\\_and\\_data\\_glossary.shtml](http://www.ipcc.ch/publications_and_data/publications_and_data_glossary.shtml)).

In 2013 the Intergovernmental Panel on Climate Change (IPCC) released their fifth assessment report, concluding that:

Warming of the climate system is unequivocal, and since the 1950s, many of the observed changes are unprecedented over decades to millennia. The atmosphere and ocean have warmed, the amounts of snow and ice have diminished, sea level has risen, and the concentrations of greenhouse gases have increased

Each of the last three decades has been successively warmer at the Earth's surface than any preceding decade since 1850. In the Northern Hemisphere, 1983–2012 was likely the warmest 30-year period of the last 1400 years

(IPCC 2013b, *Climate change 2013: The physical science basis, headline statements from the summary for policymakers*, viewed 4 October 2013,

[http://www.ipcc.ch/news\\_and\\_events/docs/ar5/ar5\\_wg1\\_headlines.pdf](http://www.ipcc.ch/news_and_events/docs/ar5/ar5_wg1_headlines.pdf)).

Further, the IPCC fifth assessment report provided evidence that:

- Globally, the averaged combined land and ocean surface temperature data, as calculated by a linear trend, show a warming of 0.85 °C<sup>3</sup>, over the period 1880–2012
- Between 1901 and 2012 almost the entire globe has experienced surface warming
- Changes in many extreme weather and climate events have been observed since about 1950
- It is very likely that the number of cold days and nights has decreased and the number of warm days and nights has increased on the global scale.
- It is likely that the frequency of heat waves has increased in large parts of Europe, Asia and Australia

Finally, the IPCC state that:

It is extremely likely that more than half of the observed increase in global average surface temperature from 1951 to 2010 was caused by the anthropogenic increase in greenhouse gas concentrations and other anthropogenic forcings together

It is *virtually certain* that there will be more frequent hot and fewer cold temperature extremes over most land areas on daily and seasonal timescales as global mean temperatures increase. It is *very likely* that heat waves will occur with a higher frequency and duration. Occasional cold winter extremes will continue to occur

(IPCC 2013c, *Working Group I contribution to the IPCC fifth assessment report 'Climate change 2013: The physical science basis'. Summary for policymakers*, Intergovernmental Panel on Climate Change, viewed 3 October 2013, [http://www.climatechange2013.org/images/uploads/WGIAR5-SPM\\_Approved27Sep2013.pdf](http://www.climatechange2013.org/images/uploads/WGIAR5-SPM_Approved27Sep2013.pdf).)

#### *Australia's changing climate*

Findings are similar in Australia, with the Australian Bureau of Meteorology (Bureau of Meteorology, *Climate change*, viewed 12 October 2011, [/www.bom.gov.au/climate/change/](http://www.bom.gov.au/climate/change/)) advising that:

Australia and the globe are experiencing rapid climate change. Since the middle of the

20th century, Australian temperatures have, on average, risen by about 1°C with an increase in the frequency of heatwaves and a decrease in the numbers of frosts and cold days. Rainfall patterns have also changed - the northwest has seen an increase in rainfall over the last 50 years while much of eastern Australia and the far southwest have experienced a decline

Further, data released in their most recent annual climate statement (issued January 2004) shows that 2013 was Australia's warmest year on record since 1910:

The Australian area-averaged mean temperature for 2013 was +1.20 °C above the 1961–1990 average. Maximum temperatures were +1.45 °C above average, and minimum temperatures +0.94 °C above average. Temperatures were above average across nearly all of Australia for maximum, mean and minimum temperatures, with large areas of inland and southern Australia experiencing the highest on record for each

(Bureau of Meteorology 2014, *Annual climate statement 2013*, viewed 04.01.14, <http://www.bom.gov.au/climate/current/annual/aus/>)

It was also the warmest year on record for South Australia – ‘In South Australia mean temperatures were 0.41 °C above the previous record set in 2009’ (Bureau of Meteorology, as above).

In addition to global research, the IPCC has also carried out regionalised studies and projection modelling (IPCC 2013d, *Climate change 2013: The physical science basis*, viewed 21 October 2011, <http://www.ipcc.ch/report/ar5/wg1/>) which have shown that, based on an understanding of recent trends and modelling: it is likely that cool season precipitation will decrease over southern Australia; it is very likely that Australia will continue to warm through the 21st century, at a rate similar to the global land-surface mean; and the frequency of very warm days is virtually certain to increase through this century, across the whole country.

## **The changing population**

The population, around the world, has changed dramatically in the last two centuries. Population growth up until the 1800s was very low. In the last 200 or so years, however, population growth has accelerated significantly (United Nations Department of Economic and Social Affairs/Population Division 2011) due to decreased early life mortality. The decreased early life mortality, and hence increased population growth, can be put down to a number of factors including improvements in sanitation, public health measures, medical and technical advances and improved housing standards.

In terms of population growth, one sector is growing faster than any other – older people – leading to an ‘ageing population’. The term ageing population is used when older people become a proportionately larger share of the total population due to declining fertility rates and increasing survival at older ages. The United Nations Population Fund and Help Age International (2012, p. 16) have stated that:

Population ageing is a major global trend that is transforming economies and societies around the world. It is one of the most important demographic megatrends with implications for all aspects of our societies

### ***World trends***

According to the *World Population Ageing 2009* report (United Nations 2009, p. viii):

Population ageing is unprecedented, a process without parallel in the history of humanity... At the world level, the number of older persons is expected to exceed the number of children for the first time in 2045. In the more developed regions, where population ageing is far advanced, the number of children dropped below that of older persons in 1998

Not only are people reaching old age (identified as 60 years in the *World Population Ageing 2009* report) in higher numbers, but they are living longer once there:

In 1950, there were 205 million persons aged 60 years or over in the world. By 2012, the number of older persons increased to almost 810 million. It is projected to reach 1 billion in less than ten years and double by 2050, reaching 2 billion

(United Nations Population Fund and Help Age International 2012, p. 13).

The pace of ageing differs across the developed and developing worlds. The developed world has already reached a level of maturity, in that it has been experiencing ageing of its population for many years; with the developing world catching up quickly.

### *Australia*

In line with much of the rest of the world, Australia's population has been ageing for some time. In 1901, older people made up 4.0% of Australia's total population. This proportion steadily increased to 8.5% in 1961. It then dipped slightly to 8.3% in 1971, but:

between 1971 and 2011, the proportion of Australia's population aged 65 years and over increased to 14%. For those aged 85 years and over it more than tripled, from 0.5% to 1.8%. In 2011, women aged 65 years and over formed 15% of the total population of women, while older men constituted a smaller proportion of all men, 13%

(Australian Bureau of Statistics 2012a, *2011.0 - Reflecting a nation: stories from the 2011 census, 2012–2013*, viewed 10 January 2013, <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2071.0main+features752012-2013>).

In terms of actual numbers, the 2011 census counted:

3 million people aged 65 years and older resident in Australia, 1.4 million men, and 1.6 million women. Over half of this population were aged 65–74 years, 58% of the men and 51% of the women aged 65 years and over

(Australian Bureau of Statistics, as above).

As well as population growth - both as a whole, and in particular population groups – where we live, and the way we live has also changed. For example, populations are more urbanised now, thanks to the industrial revolution and technological advances which have seen agricultural practices become increasingly automated. In Australia, nearly 90% of the population lives in urban area, with three out of every five Australians living in a state/ territory capital (Australian Bureau of Statistics 2013b, *Australian social trends, April 2013*, viewed 10 April 2013, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features30April+2013>).

In addition, Australia has experienced the ‘sea change’ phenomenon, whereby people move to coastal areas seeking more affordable housing and a better quality of life. This has been seen in the older age groups particularly, often combined with retirement. In fact, the Australian Bureau of Statistics found in the 2011 census that:

Older people represented a larger share of all new residents in coastal centres than in capital cities; 17% were aged 55 years and over compared with 8% of new residents in capital cities... This reflects the many people who relocate to coastal centres on retirement

(Australian Bureau of Statistics 2012a, *Reflecting a nation: stories from the 2011 census, 2012–2013*, viewed 5 April 2013, <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2071.0main+features702012-2013>).

This ‘sea-change’ phenomenon among older people may have major implications for provision and funding of health and aged care services, and family and community care, which traditionally may not have been required, or at least not required to such a high degree in these coastal communities (Australian Institute of Health and Welfare 2007).



## **What is the lived world of older people in Australia?**

In order to understand what being prepared for an emergency means to older people, older people's every day worlds should first be explored, to gain an insight in to their lived worlds and provide context for this study. This may not be as straightforward as it seems because:

like the Australian population as a whole, older Australians are a very diverse group. They come from many cultural, social and economic backgrounds and live in many different types of communities ranging from inner city environments in metropolitan areas, to the remote and very remote parts of Australia

(Australian Institute of Health and Welfare 2012, p. 3).

Furthermore, older Australians are a very diverse group in terms of their age alone. If the 'entry level' for older age is considered to be 60 or 65 years, and average life expectancy at 2010 was 81.75 years (Australian Bureau of Statistics 2012b, *4125.0 - Gender indicators, Australia, Jan 2012*, viewed 8 March 2013, <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by+Subject/4125.0~Jan+2012~Main+Features~Life+expectancy~3110>) the age range is at least between 16 and 20 years – a period of time that can easily be considered a generation. In addition, the likelihood of surviving from birth to age 85 years has increased in the last decade, from 34% to 42% for males, and from 52% to 59% for females.

It should, however, be noted that life expectancy is not equal across all Australians. In particular, life expectancy at birth for Aboriginal and Torres Strait Islander Australians is on average 10.6 years lower than for non-indigenous Australians:

The lower life expectancy for Aboriginal and Torres Strait Islander Australians can be attributed to a higher infant mortality rate, and a higher incidence of diseases such as diabetes mellitus, respiratory disorders, ear disease, eye disorders and some cancers, among Aboriginal and Torres Strait Islander peoples

(Australian Bureau of Statistics 2013c, *4125.0 - Gender indicators, Australia, Jan*

2012, viewed 8 March 2013,

(<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4125.0main+features3110Jan%202013>).

To talk about older people as one homogeneous group, therefore, is simplistic. ‘The health, family circumstances, physical abilities, economic circumstances and service needs of an average 65 year old are generally very different to those of an average 90 year old’ (Australian Institute of Health and Welfare 2007, p. viii).

### **Living arrangements**

In 2009, 93% of older people – aged 60 years and above for the purposes of the Australian Bureau of Statistics data collection - lived in private dwellings. Of the remainder, 54% lived in some sort of ‘care’ accommodation, for example, nursing homes or aged care hostels and hospitals. With increasing age, higher numbers of people moved into cared accommodation, and/ or found themselves living alone.

(Australian Bureau of Statistics 2011d, *4914.0.55.001 - Age matters, Jun 2011*, viewed 8 March 2013,

<http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4914.0.55.001Main%20Features3Jun%202011?opendocument&tabname=Summary&prodno=4914.0.55.001&issue=Jun%202011&num=&view>).

### **Functional abilities**

In 2009, the Australian Bureau of Statistics found that disability rates rose steadily with age, and when asked about their need for assistance, 37% of older people were reported to need assistance with at least one activity. Most commonly, older people required help with property maintenance (21%), health care (19%) and household chores (16%). It was as people moved into ‘older’ old age, that they were more likely to require help with core activities such as self care, mobility and communication.

(Australian Bureau of Statistics 2011d, *4914.0.55.001 - Age matters, Jun 2011*, viewed 8 March 2013,

<http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4914.0.55.001Main%20Features3Jun%202011?opendocument&tabname=Summary&prodno=4914.0.55.001&issue=Jun%202011&num=&view>

[sue=Jun%202011&num=&view](#)).

In terms of reported disability, the 2011 census found that 19% of older people identified as having a profound or severe disability:

Among people in the 65–69 and 70–74 age groups, less than one in ten and around one in ten people respectively reported a profound or severe disability. This increased to 17% for the 75–79 years age group, rising to 68% for the 90 years and over age group, 58% for men and 72% for women

(Australian Bureau of Statistics 2012a, *2071.0 - Reflecting a nation: stories from the 2011 census, 2012–2013*, viewed 5 April 2013,

<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2071.0main+features752012-2013>).

### **Community participation**

Older Australians are, in the main, very social and participate widely in community activities. In 2009:

the vast majority of older people in households had contacted their family or friends in the previous three months, with 93% communicating through the telephone, 90% receiving visits at home and 85% visiting their relatives or friends away from home

(Australian Bureau of Statistics 2011d, *4914.0.55.001 - Age matters, Jun 2011*, viewed 8 March 2013,

<http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4914.0.55.001Main%20Features3Jun%202011?opendocument&tabname=Summary&prodno=4914.0.55.001&issue=Jun%202011&num=&view>).

However, it was the case that those living alone were less likely to participate in some activities, such as going to a restaurant or club – 65% of those living alone compared to 70% of those older people living in a household. Other popular cultural activities included going to the cinema (37%), visiting libraries (31%) and attending theatres or concerts (29%).

## Volunteering

While not the largest demographic age group of Australians to volunteer, older Australians regularly volunteer their time to a range of sporting, community, cultural and caring activities. In 2010, the Australian Bureau of Statistics collected data on volunteering as part of its General Social Survey (Australian Bureau of Statistics 2011e, *Voluntary work. Australia*, viewed 12 March 2013, [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/404350EEC6509985CA2579580013177A/\\$File/44410\\_2010.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/404350EEC6509985CA2579580013177A/$File/44410_2010.pdf)) and found the following rates of volunteerism in older Australians:

65-74 years	36.9%
75-84 years	27.6%
85+ years	12.4%

Involvement in voluntary activities positively correlated with participation in other community interests and life satisfaction. Volunteers were more likely to attend community events than non-volunteers; and also to report a higher life satisfaction. 77.2% of volunteers in the 64-74 years age group, for example, attended most community events; and 78.6% of those in the 75+ years age group reported being mostly satisfied and delighted/ pleased with their lives

## Why this research?

The Council of Australian Governments (2011, p. 1) has recognised that:

many known factors are increasing our vulnerability to disaster. Work-life patterns, lifestyle expectations, demographic changes, domestic migration, and community fragmentation are increasing community susceptibility, as well as altering local social networks and sustainability of volunteer groups. The increasing complexity and interdependencies of social, technical, and infrastructure systems are also playing a role in increasing our vulnerability to disasters. Pressures for urban development to extend into areas of higher risk from natural disasters compounds the problem, as does the expectation that the same services and facilities will be available wherever we choose to live

The range of issues discussed in the preceding pages, including the ageing population, the changing climate, changing risk profiles and broader societal changes, can now be integrated to answer the questions, why this research, and why now?

While, as a country, Australia has mature emergency management arrangements in place, there is recognition that this will not always be enough. As a nation, in several areas in our lives, we are therefore moving towards a theme of resilience. In emergency management, this is the case at the national level, with the development of the National Strategy for Disaster Resilience (discussed further in Chapter Two); and also at the community and individual level, with households being encouraged to have personal safety plans and to take responsibility for their own safety during and after emergency events, or potential events; and businesses being encouraged to have business continuity plans.

Also, as a nation, we are living longer and are keen to live in our own homes for as long as possible. As the Productivity Commission (Australian Government Productivity Commission 2011, p. xxiii) report states:

Older Australians generally want to remain independent and in control of how and where they live; to stay connected and relevant to their families and communities; and be able to exercise some measure of choice over their care

The imperative to keep people living as independently as possible, in conjunction with the need and/or desire to get patients discharged and back in their own homes following hospital care forecasts a higher demand for services to care for ageing populations in their own homes. These services need to be well planned and considered in light of rising populations generally, potential labour shortages where the labour is required, and possibly dwindling resources of those requiring care over time.

Finally, the expected increase in frequency and severity of natural disasters as a result of climate change will have implications for preparedness and resilience,

especially with many utilities and infrastructure services already under strain. It is also proving to have implications for insurance, and the ability to insure homes and businesses considered to be in high risk areas following repeated emergency events. In recent years in Australia, for example, one insurer has stopped accepting new customers in Roma and Emerald, Queensland. These two towns have suffered repeated flood events, and the insurer felt that even with the increasing insurance premiums required, many homes would remain exposed to unacceptably high risks (Suncorp Group 2013).

The aim of the research, as outlined at the beginning of this chapter, was to explore how the lived experience of older people influences their perceptions of being prepared for emergency events. As Peek and Mileti (2002, p. 520) note:

...the theoretical approach to disaster preparedness and response has changed dramatically over the years. It has moved from a “functional” view of disasters to a much broader one that recognizes the tremendous influence social norms and public perceptions and expectations have on the occurrence, effects of, and recovery from disasters. Finally, a great deal has been learned about who prepares for disasters, but why they do so is still somewhat of a mystery

The ‘why they do so’ is one of the driving forces behind this research. If we can understand what being prepared for emergency events means to older people, and why they feel prepared (or do not feel prepared) we can establish how best to assist them in confronting major emergency events, rather than making assumptions about what this target group wants or needs. Intrinsicly linked with this are the implications and effectiveness of emergency management planning, education and training for older people, their families, their carers and others who service their needs.

## **Scope of this study**

The target population for this research was adults aged 65 years and over, who at the time of participation in the study were living in their own home and were in receipt of an in-home aged care service. Participants could be living on their own, or with a

spouse/ partner. Those managing residential aged care ('nursing homes'), and those residing in aged care facilities were not included. There were several considerations when choosing this cohort of older people, as outlined below.

Older people in this age group will have seen vast changes over the course of their lives. Depending on their exact age, they will have been born during, or just after, the Great Depression; will have been alive during the Second World War and the war in Vietnam; will have seen immeasurable technological advances including television, desktop computing, mobile telephones and the internet; and will have been part of broad societal changes, such the right of all women to vote and the introduction of compulsory superannuation schemes.

There were two reasons for limiting the scope to those older people living in their own home and in receipt of an in-home aged care service. In terms of convenience, recruiting participants from this group was a simpler process, as aged care service providers could be used as a pathway to potential interested participants. In terms of vulnerability, this group provided a possible exemplar of those 'most vulnerable', or at least those most aware of their potential vulnerability – both in day-to-day life, but especially in consideration of being prepared for an emergency event. This potential vulnerability, and the fact that the service that an older person relies on could be interrupted during an emergency, makes being prepared even more pressing for this group. As Fernandez et al. (2002, p. 69) highlighted:

Those that rely on regular care providers for daily needs such as meal delivery, home cleaning, and bathing may be isolated when service providers cannot reach them due to impassable roads or because the providers themselves are impacted by the disaster

### **A few words on terminology...**

A number of the terms used throughout this thesis may be used in everyday parlance. For example, in everyday life one may use the word disaster in a 'superficial' way, such as 'I ran out of milk; it was a disaster'. The inference from this statement is not that running out of milk truly was a disastrous event, but the word trips off the tongue with ease.

For the purposes of this thesis, words and phrases like emergency or disaster, older person, vulnerability and resilience have particular meanings. Three of the key terms – those included in the research question - are defined below.

- Emergency or disaster

The Shorter Oxford English Dictionary, Sixth Edition defines emergency as: ‘A situation, esp. of danger or conflict, that arises unexpectedly and requires urgent action’ (2007, p. 819). This was chosen in order to give the broadest definition possible - relevant to everyone - and to not be swayed by my understanding of the word emergency, as relates specifically to my professional background.

As seen in the literature that will be discussed in the next chapter, however, the terms emergency and disaster are often used interchangeably. Different countries have a particular preference. In Australia, for example, it is more common for policy and planning documents to use the terms emergency management and emergency planning; whereas in the United States, disasters and disaster planning is more commonly used.

In interviews, the term emergency, or emergency event, was generally used. The reason for this was that in Australia, the term disaster has a ‘catastrophic’ air to it. If for example, you ask people if they have lived through a disaster, most people will be inclined to say no. To most people, a disaster is something on a much bigger scale, such as a highly destructive earthquake. Indeed, the Shorter Oxford English Dictionary, Sixth Edition defines disaster as: ‘(A) sudden or great misfortune; and event of ruinous or distressing nature, a calamity; complete failure’ (2007, p. 695).

I was keen to explore both disasters (i.e. the large scale destructive events), but also the ‘smaller emergencies’ or traumatic events that people live through with saddening regularity. For example, a bushfire in bushfire prone areas, the death of a child, a major health scare, or even a loss of power for many hours.



- Older people/ person

There are many terms – both in everyday life and in academic parlance – for classifying people as they age: older people, elderly, senior citizens, aged, old, third age, retired, and many more. Some terms seem to be more acceptable or in vogue at any given time.

Interestingly, there is not a great deal of research that specifically asks about how older people feel about each of these terms. During research in America, to write her book 'The Fountain of Age' Betty Friedan (1993, p. 4) found that:

Only 8 percent of Americans over sixty-five...found the term 'old' acceptable to describe themselves. A majority of those over sixty-five also objected to 'older American,' 'golden-ager,' 'old-timer,' 'aged person,' even 'middle-aged person.' Barely half of people over sixty-five accepted the terms 'senior citizen,' 'mature American,' or 'retired person' for themselves. Similarly the vast majority of British people over sixty-five rejected the terms 'elderly,' 'pensioners,' or 'older people'

Nonetheless, for this research the terms 'older person' and 'older people' were used, unless a direct citation or study discussed used different terminology. The primary reason for this choice was that 'ageing' – another possible alternative – for me seemed inadequate. After all, ageing is something that each and every one of us experiences at every stage of our lives – we are always ageing, never getting younger. Secondly, the terms 'older person' and 'older people' covered all people aged 65 years or older. It did not necessitate, for example, a further classification such as 'the young old', 'the old-old' or 'the very old'. Nor did it discriminate, for example, against those older people who had never worked/ not worked for many years, or indeed who continue to work past the age of 65, and therefore would not consider themselves as 'retired'.

With respect to what constitutes an older person, i.e. what is the 'entry level' age, 65 years and above was chosen. While many 65 year old people would not consider this age to be 'old', it was chosen because at the time of the research, 65 years was the eligible age for receipt of an aged pension in Australia.

- Preparedness

The Australian Government's Emergency Management Glossary (Australian Government 1998, p. 88) defines preparedness as:

Arrangements to ensure that, should an emergency occur, all those resources and services which are needed to cope with the effects can be efficiently mobilised and deployed. Measures to ensure that, should an emergency occur, communities, resources and services are capable of coping with the effects

However, this means little to individuals in their everyday lives. Indeed, in Australia, the word itself is not commonly used by anyone outside of the emergency management sector. Even within the emergency management sector, Paek et al. (2010, p. 430) identified that there are two measures can be considered:

...one is defined by a checklist of how many items have been gathered or plans made; and another describes the cognitive process behind preparedness behavior, including reflexive perceptions of preparedness

In my interviews, I was careful not to pre-define 'preparedness' or 'being prepared'; rather allowing the participants themselves to define the terms for me. I felt that in seeking to understand their lived experience, I could not impose my professional emergency management sector definitions or assumptions upon them.

## **Format of the thesis**

The thesis is comprised of eight chapters, plus the Bibliography and Appendices. This chapter has briefly outlined the study, including the aims and the drivers for the research.

Chapter Two, *Context and literature review*, provides the context for the research, and considers the literature on emergency management, specifically focusing on older people. In addition it considers the ageing population and climate change in greater detail, and explores vulnerability and prior exposure to emergency events.

Chapter Three, *Methodology and method*, discusses the research methodology, outlining why such a methodology was chosen and why it was appropriate for this study. It describes in detail the method of research followed during the study, including issues such as ethics, interviews and data analysis.

Chapter Four, *Gathering and analysing the lived experience*, provides detail on the interviews and the participants themselves, including basic demographic data and the range of events experienced. The data analysis process, in line with van Manen's hermeneutic phenomenology is then discussed.

Chapters Five to Seven, in considering the information provided by the participants during the interviews, the analysis of the interviews in the style appropriate to the methodology, and the research diaries, discuss the three themes identified:

Chapter Five – *Understanding my world*

Chapter Six – *Shrinking my world*

Chapter Seven - *Acceptance of my world*

Chapter Eight, *Discussion and conclusion*, reviews the study and its findings, and makes suggestions for further research.

# CHAPTER TWO

## CONTEXT AND LITERATURE REVIEW

### Overview

Chapter One *Introduction* provided an overall introduction to this research study, giving information on why the research was important and describing the drivers for the research. This chapter provides contextual information, and a detailed analysis of the literature on emergency management - specifically concerning older people.

The first part of the chapter introduces the Australian Emergency Management Framework; presents information on emergency events in Australia; and provides an outline of aged care service provision in Australia. This information is provided in order that readers – both Australian and international - can understand the study in the context of Australian environment and culture, law and emergency management arrangements; can understand my role as researcher; and can see links and appropriate pathways when further research and recommendations are discussed in the final chapter.

The second part of this chapter reviews Australian and international literature relevant to the study. To ensure that both domestic and international terminologies were captured, a range of search terms, and their combinations, were used – including emergency, emergency management, emergency preparedness, disaster, disaster management, disaster preparedness, older people, aged, elderly.

The review includes consideration of relevant journal articles, grey literature, government and business reports, emergency preparedness materials (including websites) and books. The review was not confined to the emergency management sector, and also considered literature from the disciplines of sociology, psychology, healthcare, demography and climate change.

The literature includes research, commentary and media relating to a range of themes, as outlined below:

- Emergency management
  - including its history and traditional methodologies
- Older people and emergency events
  - the gaps and common findings
- Are older people more vulnerable?
  - is the rhetoric reality?
- The ageing population: a burden or a benefit?
  - what does existing literature tell us about the impacts of an ageing population?
- Prior exposure to emergency events
  - does prior exposure to an event/s influence actions for future events?
- Are you prepared?
  - what does it mean to be prepared?

## **What is emergency management?**

The Australian Government's Emergency Management Glossary (1998, p.39) defines emergency management as:

The organisation and management of resources for dealing with all aspects of emergencies. Emergency management involves the plans, structures and arrangements which are established to bring together the normal endeavours of government, voluntary and private agencies in a comprehensive and coordinated way to deal with the whole spectrum of emergency needs including prevention, response and recovery

While this reference is 15 years old, it is the foundational definition of emergency management for Australia. A more contemporary definition is provided by the United Nations International Strategy for Disaster Reduction (UNISDR): 'The organization and management of resources and responsibilities for addressing all aspects of emergencies, in particular preparedness, response and initial recovery

steps' (UNISDR 2009, p.13).

In Australia, the terms emergency and disaster are sometimes used interchangeably, when discussing the discipline of emergency management. For example, the term emergency management is generally used when discussing the national and state arrangements for preparing and responding to emergencies; yet the term disaster recovery is often used when discussing the process of supporting communities that have been affected by an emergency or disaster.

## **Australian emergency management arrangements**

Under the Australian Constitution, primary responsibility for emergency management planning, response and recovery lies with the jurisdictions that comprise the Federation of Australia (six states and two mainland territories). The State of South Australia, the location of this research study, has a well-established emergency management framework which is based on the South Australian Government legislated *Emergency Management Act 2004* ('the Act'). The Act defines an emergency as:

... an event (whether occurring in the State, outside the State or in and outside the State) that causes, or threatens to cause—

- (a) the death of, or injury or other damage to the health of, any person; or
- (b) the destruction of, or damage to, any property; or
- (c) a disruption to essential services or to services usually enjoyed by the community; or
- (d) harm to the environment, or to flora or fauna;

**Note—**

This is not limited to naturally occurring events (such as earthquakes, floods or storms) but would, for example, include fires, explosions, accidents, epidemics, pandemics, emissions of poisons, radiation or other hazardous agents, hijacks, sieges, riots, acts of terrorism and hostilities directed by an enemy against Australia.

(Emergency Management Act 2004 (SA), Part 1, s. 3)

This definition allows for a range of events to be considered emergencies, and is not confined to natural disasters. It also states that, to be considered an emergency, the event must cause, or threaten to cause, damage or destruction to person, property, infrastructure or the natural environment. This last issue, discussed in greater detail later in this chapter, becomes key when the impact of emergencies is considered. The combination of rising populations; the union of urban sprawl on the one hand, and ‘tree-changers’ and ‘sea-changers’ on the other; and ageing infrastructure could lead to emergencies with much greater impact than in previous years.

### **A brief history**

Emergency management in Australia is a relatively young professional sector, evolving over recent decades starting with civil defence and military traditions, and subsequently moving on to focus on natural hazards and responding to emergency events (Smith, E 2006).

Civil defence programs were developed during World War II, predominantly for the purposes of air-raid protection. Civil Defence Organisations were established in many local government areas, commonly as joint units with emergency fire service brigades, under the guidance of the Commonwealth Directorate of Civil Defence. (South Australian State Emergency Services n.d., *SES history*, viewed 25 July 2012 [http://www.ses.sa.gov.au/site/about\\_us/ses\\_history.jsp](http://www.ses.sa.gov.au/site/about_us/ses_history.jsp)). While the Australian Government provided general guidance to the Civil Defence Organisations, these programs were developed in the states and territories, and were volunteer driven. The civil defence programs continued into the 1960s, in the context of the threat of nuclear warfare, during the ‘Cold War’.

During the 1960s and 1970s, the civil defence volunteers found their focus was changing, with a move away from the risk of nuclear warfare to day-to-day rescue, particularly following natural hazard events. State and territory Civil Defence and Emergency Service organisations were re-named the state (or territory) Emergency Service, for example the South Australian State Emergency Service (South Australian State Emergency Services n.d., *SES history*, viewed 25 July 2012 [http://www.ses.sa.gov.au/site/about\\_us/ses\\_history.jsp](http://www.ses.sa.gov.au/site/about_us/ses_history.jsp)).

These changes were also reflected at the national level. In part this change was prompted by the reduced nuclear threat, but also by the Hobart region bushfires of 1967, which claimed 62 lives (Wettenhall 2006, *Bushfires 1967*, viewed 25 July 2012, [http://www.utas.edu.au/library/companion\\_to\\_tasmanian\\_history/B/Bushfires%201967.htm](http://www.utas.edu.au/library/companion_to_tasmanian_history/B/Bushfires%201967.htm)). The fires forced significant change at the national level, initiating a call for the establishment of a national disaster fund and a 'national disaster organisation' by the newly appointed deputy leader of the federal Australian Labor Party, the party that formed the Federal Government at the time. Ultimately, in deference to concerns from the states and territories that this title might encroach on state and territory responsibilities, the 'Natural Disasters Organisation' was established in 1974 (Jones, 08/09).

During the 1970s and 1980s, states and territories started to develop emergency management legislation, for example the New South Wales State Emergency Services and Civil Defence Act 1972; the Queensland State Counter-Disaster Organisation Act 1975; and the South Australian State Disaster Act 1980 .

Understanding of, and education and training for, emergency management were also evolving at this time. The Australian Counter Disaster College at Mount Macedon in the State of Victoria became the Emergency Management Australia Institute (EMAI) now called the Australian Emergency Management Institute. The new EMAI developed a library and research facility; and started to run courses on 'disaster control'. The current Australian Emergency Management Institute (AEMI) '...provides a range of education, training, professional development, information, research and community awareness services to the nation and our region' (Attorney General's Department 2012, *Australian Emergency Management Institute*, viewed 12 February 2013, <http://www.em.gov.au/Education/Pages/default.aspx>).

### **The 'comprehensive' approach to emergency management**

In the early 1980s, the Emergency Management Australia Institute began teaching the 'comprehensive' approach to emergency management, also called the disaster



management cycle. Adopted from a 1979 United States National Governors' Association conference, this approach considers four phases of emergency management – prevention, preparedness, response and recovery (Jones 08/09):

*Prevention:* Regulatory and physical measures to ensure that emergencies are prevented, or their effects mitigated. Measures to eliminate or reduce the incidence or severity of emergencies.

*Preparedness:* Arrangements to ensure that, should an emergency occur, all those resources and services which are needed to cope with the effects can be efficiently mobilised and deployed. Measures to ensure that, should an emergency occur, communities, resources and services are capable of coping with the effects.

*Response:* Actions or measures taken in anticipation of, during, and immediately after an emergency to ensure that its effects are minimised, and that people affected are given immediate relief and support. Measures taken in anticipation of, during and immediately after an emergency to ensure its effects are minimised.

*Recovery:* The coordinated process of supporting emergency-affected communities in the reconstruction of physical infrastructure and the restoration of emotional, social, economic and physical wellbeing.

There have been those who raise concerns about the comprehensive approach, and its relevance in contemporary emergency management planning. Cronstedt (2002) for example, raised four areas of concern with the Prevention, Preparedness, Response and Recovery (PPRR) approach:

- PPRR sets-up artificial barriers between the four elements and therefore implies a clear delineation
- each element appears equally important in all circumstances (the four categories appear equal in weight and imply that each element must have strategies/ treatments)
- the elements assume a sequential consideration of PPRR and that they must

be considered and implemented in the same order all the time

- the elements appear biased towards 'action' based treatments, whereas there may be softer options involving social dimensions

'In summary PPRR constrains broad and innovative thinking about risk treatments. It confines and channels ones approach to investigating and selecting the most productive risk treatment path' (2002, p. 12). Crondstedt proposed that application of risk management methodology, complete with adequate efficiency, effectiveness and economic criteria, would be more appropriate.

Rogers (2011) echoed Crondstedt's thoughts, especially in light of the new resilience paradigm (discussed further below). While being less critical than Crondstedt, Rogers suggested that the Prevention, Preparedness, Response and Recovery approach does not fit in with the concept of resilience because it does not give enough weight to anticipation and assessment of risks. Rogers (2011, p. 58) recommended that anticipation and assessment are required alongside the Prevention, Preparedness, Response and Recovery approach:

Anticipation and assessment are a part of the treatment of a disaster cycle as a whole, formal acknowledgement of their importance as a part of the whole can only help to improve the focus of change in this area into the future

### **Moving towards resilience**

In June 2001, the Council of Australian Governments (the peak intergovernmental forum in Australia whose membership includes the Prime Minister, state and territory Premiers and Chief Ministers and the President of the Australian Local Government Association) commissioned a review of the nation's approach to emergency management. The final report, 'Natural Disasters in Australia: reforming mitigation, relief and recovery arrangements' (Department of Transport and Regional Services on behalf of the Council of Australian Governments 2002) concluded that the existing national approach needed to be improved, and a more holistic approach was required (2002, p. vi):

Central to the new approach is a systematic and widespread national process of disaster risk assessments and, most importantly, a fundamental shift in focus towards cost-effective, evidence-based disaster mitigation. This represents an historic move beyond disaster response and reaction, towards anticipation and mitigation

### **The Australian National Strategy for Disaster Resilience**

In February 2011, the Council of Australian Governments endorsed a National Strategy for Disaster Resilience. As the ‘Natural Disasters in Australia: reforming mitigation, relief and recovery arrangements’ report of 2002 recommended a new way forward for emergency management planning, so too does the National Strategy for Disaster Resilience. It stresses that preparing for and responding to disasters should be a collective and shared responsibility, between governments, business and communities.

This is also reflected globally, as Hemond and Robert concur (2012, p. 413):

Ever since the Hyogo Conference in 2005, the resilience of communities and, by extension, of organizations has increasingly come to replace the concept of disaster preparedness. Many governments have initiated work in this regard; researchers too have been working to understand and develop the concept and provide tools that will help organizations be more resilient

The National Strategy for Disaster Resilience recognises that, in many ways, the nation’s vulnerability to disasters is increasing – for example due to the effects of climate change and demographic change, both of which have been introduced, and are discussed further later in this chapter and throughout the thesis. Implementation of the National Strategy for Disaster Resilience includes work on understanding risk and educating people about risks, in addition to work on reducing risks in the built environment.

### **Emergency events in Australia**

Emergency events have occurred in Australia for centuries. Across the country, the most common events experienced are ‘natural hazard’ events such as bushfires,

storms/ severe weather, cyclones and heatwaves. However, there have also been technological or ‘man made’ events such as the Longford Gas Crisis in the State of Victoria in 1998 - a major disruption to mains gas supply for two weeks, to the entire state, following an explosion at the Longford Gas Plant which killed two people (Attorney General's Department n.d., *Disasters Database*, viewed 12 October 2011, <http://www.ema.gov.au/ema/emaDisasters.nsf>).

In 2013, Deloitte Access Economics undertook research for the Australian Business Roundtable for Disaster Resilience and Safer Communities. This group was formed in December 2012 by the Chief Executive Officers of the Australian Red Cross, the Insurance Australia Group, the Investa Property Group, Munich Re, Optus and the Westpac Group. The research was undertaken in response to the call in the Australian Government's National Strategy for Disaster Resilience for greater collaboration between government, business and community to reduce Australia's vulnerability to natural disasters.

Deloitte Access Economics’ (2013, p. 13) research found that:

Over the period from 1967 to 2012, Australia experienced on average, at least four major natural disasters per year [which] caused widespread destruction, threatened human lives and homes, damaged the broader natural environment and impacted key infrastructure. In addition, there have been numerous smaller scale disasters with equally devastating local consequences

Further, many of the worst natural disasters to strike Australia have occurred in the last four years, for example the February 2009 ‘Black Saturday’ Victorian bushfires and extensive flooding in Queensland in January 2011.

The Deloitte Access Economics report considered natural disasters alone, and while these are very visible and concerning events (particularly if forecast increases in severity and frequency come to fruition with a warming climate) they are not the only issues of concern for Australia. KPMG have highlighted that changing demographics and fiscal crises are also key features in Australia’s risk landscape (KPMG 2011). These could have major implications for ageing infrastructure and

services. Ageing electricity infrastructure, for example, might not be able to cope with additional demand, and financial constraints may prevent the ageing infrastructure from being modernised or replaced. This, in turn, could be problematic on days of high temperatures because there will be additional demand on air conditioning, which may fail, leading to an increase in the number of people affected by heat, resulting in deaths or illness.

Building on the research drivers introduced in Chapter One *Introduction*, the following section considers possible future challenges for emergency preparedness planning. These challenges may be relevant to natural hazard events (i.e. ‘forces of nature’ such as cyclones and earthquakes), human-induced events (i.e. those that occur solely due to human’s involvements, such as infrastructure or technology failures); or both.

## **Future challenges**

As introduced in Chapter One, the changing climate and changing demographics will present the emergency management sector with challenges in the future. With respect to natural hazard events, there has been much discussion about whether climate change, or rather a warming climate, is having an effect – both in terms of increased frequency and also increased severity of events.

The Intergovernmental Panel on Climate Change has stated that based on the global rise in temperatures and the modelling they have undertaken, it is virtually certain that there will be more frequent hot, and fewer cold, temperature extremes over most land areas. These findings are also the case for Australia, with the National Climate Change Adaptation Research Facility stating that:

Climate change is expected to increase the frequency and intensity of some extreme climatic events and natural disasters, including storms, droughts, heatwaves, bushfires and floods. There are varying degrees of uncertainty about projections of increasing severity for specific hazards, from virtually certain for heatwaves to highly uncertain for cyclones. Nevertheless, increasing our resilience and preparedness is likely to be a ‘no-regrets’ option

(National Climate Change Adaptation Research Facility, December 2011).

With regard to climate change and older people, the United Nations (2012, p. 85) found that:

Despite older people's potential contribution...they continue to be excluded from debates on climate change and disaster risk reduction. Contrary to the common perception that, because the climate is changing, older people's knowledge is now obsolete, older people's experience of disasters and their knowledge of coping mechanisms can be critical to the development of local disaster risk-reduction and adaptation plans

It must also be remembered that there are other potential natural hazard events which may or may not be impacted by climate change. Earthquakes and volcanic eruptions, for example, are geological events that have been occurring for centuries and earthquakes remain a threat in Australia. These events can cause major death and destruction, both at the immediate event, but also afterwards, for example due to tsunamis, mud and lava flow. While there is conjecture that a warming climate (whether man induced or naturally occurring over centuries) may influence such geological events, as yet, there is no confirmed evidence (McGuire, 2012).

What about man-made events, i.e. those that occur solely due to man's involvement, such as infrastructure and technology failures, oil spills and terrorism? In 2006, Coleman conducted a study comparing two disaster databases (maintained by the Center for Research on the Epidemiology of Disasters and by Emergency Management Australia) to quantify the frequency, nature and changes in man-made disasters in industrialised countries during the past century. Coleman (2006, p. 4) concluded that:

the number of man-made disasters in industrialised countries is increasing exponentially, largely due to a growth in fires and explosions, with only part of the increase due to new technologies such as chemicals and nuclear power

The increasing frequency and/ or severity of all types of emergency events is also being influenced by changing demographics and changing behaviours of humans. The world's population has increased significantly in the last century. Australia's population has risen in line with the general world trend, with Australian Bureau of Statistics figures showing an increase in total Australian population from 4,820,172 in 1913 to 22, 926, 135 at February 2013 (Australian Bureau of Statistics 2008b, *3105.0.65.001 - Australian historical population statistics, 2008* viewed 21 February 2013, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3105.0.65.0012008>).

While this rate of growth is not expected to continue, the Australian Bureau of Statistics estimates that the resident population of Australia is expected 'to increase to between 30.9 and 42.5 million people by 2056, and to between 33.7 and 62.2 million people by 2101' (Australian Bureau of Statistics 2008c, *3222.0 - Population projections, Australia, 2006 to 2101*, viewed 21 February 2013, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/3222.0>).

It is worth noting again that, at present:

more than 80 per cent of Australia's population resides within 50 kilometres of the coast and about one quarter of Australia's population growth occurs within three kilometres of the coastline. These communities are particularly exposed to some of the most damaging extreme weather events, such as tropical cyclones, storm surges, hailstorms and coastal river flooding

(Wilkins 2010, p. 338).

Similarly, Paton (2008, p.14) points out that:

Objectively, societal risk from natural hazards is constantly increasing. Even if the probability and intensity of hazard activity remain constant, continuing population growth and economic and infrastructure development result in a concomitant increase in the potential magnitude and significance of loss and disruption associated with hazard activity, and consequently, risk

A population issue that links closely to the research driver of changing global risk profiles is that of increased globalisation. In this context, globalisation is not concerned with economic processes or the development of global organisations; rather, the concept of the global village (Zhang et al. 2009) whereby humans can be global citizens. They are more interconnected and interdependent and can travel easily and quickly from one country to another for work or pleasure. This international travel helps facilitate the spread of human and animal disease, and the ‘potential for transportation of infected individuals, pathogens, and antibiotic resistance is staggering; borders are crossed with impunity’ (Zhang et al. 2009, p. 1).

Further, this spread is occurring at much faster rates than previously. As Collin and Briand (2009, p. 322) stated:

On June 11, 2009, Dr. Margaret Chan, Director- General of the World Health Organization (WHO), declared the first influenza pandemic of the 21st century. It was the first time in history that an influenza outbreak had been tracked in real-time from the emergence of a new strain of influenza A (H1N1) up to its spread to all continents over a period of 9 weeks

In addition to the demographic issues outlined above, the population is ageing at a rate not seen before. Chapter One introduced this trend, advising that for Australia

Between 1971 and 2011, the proportion of Australia’s population aged 65 years and over increased to 14%. For those aged 85 years and over it more than tripled, from 0.5% to 1.8%. In 2011, women aged 65 years and over formed 15% of the total population of women, while older men constituted a smaller proportion of all men, 13%

(Australian Bureau of Statistics 2012a, *2071.0 - Reflecting a nation: stories from the 2011 census, 2012–2013*, viewed 10 January 2013, <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2071.0main+features752012-2013>)

The population ageing that has already occurred is expected to continue - the



Australian Bureau of Statistics predicts that 'By 2056 there will be a greater proportion of people aged 65 years and over that at 30 June 2007, and a lower proportion of people aged under 15 years.' Furthermore, 'the population aged 85 years and over is projected to experience the highest growth rates of all age groups'. (Australian Bureau of Statistics 2008c, 3222.0 - *Population projections, Australia, 2006 to 2101*, viewed 21 February 2013, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/3222.0>).

The population is not just ageing in Australia; it is ageing in the majority of regions in the world. The United Nations Department of Economic and Social Affairs/Population Division (2009, p. 10) state that:

In 1950, there were 205 million persons aged 60 or over throughout the world. At that time, only three countries had more than 10 million people aged 60 or over: China (41 million), India (20 million), and the United States (20 million). By 2009, the number of persons aged 60 or over had increased three and a half times to 737 million and there were 12 countries with more than 10 million people aged 60 or over, including China (160 million), India (89 million), the United States (56 million), Japan (38 million), the Russian Federation (25 million) and Germany (21 million). By 2050, the population aged 60 or over is projected to increase again nearly threefold to reach two billion

When considering populations aged over 80 years, just six countries were the home to half of the world's population of over 80 year olds – China (18 million), the United States (12 million), India and Japan (both with 8 million), and Germany and the Russian Federation (4 million each). Further, forecasts for 2050 are for six countries to have more than 10 million people aged 80 years or over - China (101 million), India (43 million), the United States (32 million), Japan (16 million), Brazil (14 million) and Indonesia (12 million). Combined, these countries will account for 55 per cent of the population aged 80 years or over. (United Nations 2009).

Finally, worldwide, it is predicted that, by 2050, there will be more people aged 60 and over than children under 15. In China, this is forecast to happen in less than 10 years, by 2020 (United Nations Population Fund and Help Age International 2012).

Internationally, therefore, the research undertaken for this thesis has very real application.

## **Community aged care in Australia**

Having provided context for readers by outlining the emergency management arrangements in Australia, community aged care services in Australia are now outlined. Data from the Australian Institute of Health and Welfare has shown that the majority of care given to older people is provided by a principal carer within the family, most commonly a spouse or child of the older person (Australian Institute of Health and Welfare 2004, 2007, 2009, 2011). However, this ‘informal care’ is increasingly being supplemented by ‘formal care’, provided by paid support care workers (Hugo 2007). Hugo (2007, p. 170) further states that:

While improved incomes, living conditions, health risk behaviour and health care has meant more people are entering old age in good health, inevitably the numbers who will eventually require relatively intensive in-home or institutional care will increase substantially. This is occurring at a time when due to low fertility, smaller family sizes, later child bearing, increased family breakdown, increasing participation of women in work outside the home, and the greater likelihood that children will not live in proximity to their parents has meant that the extent to which this care can be given by family may be reduced

Australia has a two pronged approach to formal aged care service provision – community aged care and residential aged care (‘nursing homes’). This research study has explored the lives of those older people living in their own homes, in receipt of some kind of in-home aged care service, i.e. aged care provided in the community. The research undertaken for this study has focused on older people living in their own homes for two reasons:

Firstly, the very fact that the older person is receiving care in the home suggests that they are at some reduced level of ability, for example they cannot lift heavy items (such as shopping or vacuum cleaners), or perhaps can no longer drive. This may have implications in terms of any preparedness activities they can undertake for

emergencies. For example, they might not be able to stack furniture, or move it to upstairs rooms, if there is a warning of a flood; or leave their home the day before a forecast high fire danger day due to lack of transport.

Secondly, if the older person is reliant on an in-home service that is itself disrupted either during or because of an emergency event, there may be implications for their longer term well-being, for example they may run out of food because their carer is not able to take them shopping, or deliver their meals.

For several years, there has been a range of community, or in-home, aged care services in Australia, which have been funded and delivered in several ways - by the Commonwealth, state and local governments; by charitable and religious groups; and by private providers. These are briefly outlined below.

Home and Community Care programs can be seen as the 'entry level' for in-home aged care assistance, and include services such as meals and other domestic assistance, transport, and nursing and allied healthcare. Home and Community Care services are managed by both state and Commonwealth governments, and are delivered by local government, community, private and voluntary organisations. During the 2010-11 financial year, over 930,000 people received Home and Community Care services across Australia (Australian Institute of Health and Welfare n.d., *Australia's aged care system*, viewed 21 February 2013, <http://www.aihw.gov.au/aged-care/options/>).

Community Aged Care Packages provide a more bespoke suite of services, for those older people with more complex needs. Community Aged Care Packages are funded by the Commonwealth Government, and as with Home and Community Care services, they may be delivered by a range of agencies. Before a Community Aged Care Package can be approved, an assessment by an Aged Care Assessment Team must occur. The services that can be provided include meal preparation, transport to appointments and gardening and other home help. Figures at 30 June 2011, show there were over 41,000 Community Aged Care Package clients across the country, with a median age of 84 years (Australian Institute of Health and Welfare n.d., *Australia's aged care system*, viewed 21 February 2013,

<http://www.aihw.gov.au/aged-care/options/>).

Extended Aged Care at Home packages are similar to Community Aged Care Packages in that they provide tailored packages to allow older people to remain in their home. They too are approved following an Aged Care Assessment Team assessment, and generally provide several services in combination, often higher care, coordinated under the one package. As with the Community Aged Care Packages, the funding comes from the Commonwealth Government, and the services are delivered locally by a range of agencies. The services provided include health care provided by a registered nurse or allied health professional, assistance with oxygen or enteral feeding (feeding by tube), transport to appointments and gardening and other home help. At 30 June 2011, there were almost 7,000 Extended Aged Care at Home clients across Australia, with a median age of 82 years (Australian Institute of Health and Welfare n.d., *Australia's aged care system*, viewed 21 February 2013, <http://www.aihw.gov.au/aged-care/options/>).

Finally, Extended Aged Care at Home Dementia Packages are essentially the same as the Extended Aged Care at Home Packages, with the focus being on those older people who require particular help due to psychological and behavioural symptoms aligned to dementia. At 30 June 2011, there were almost 3,000 Extended Aged Care at Home Dementia clients, with a median age of 83 years (Australian Institute of Health and Welfare n.d., *Australia's aged care system*, viewed 21 February 2013, <http://www.aihw.gov.au/aged-care/options/>).

In August 2013, the above aged care services were replaced with the Home Care Packages Program. The new program is 'a coordinated package of services tailored to meet the consumer's specific care needs...[and is]...coordinated by a home care provider, with funding provided by the Australian Government (Department of Health and Ageing 2013, *Home Care Packages Program*, Australian Government, viewed 1 April 2013, <http://www.livinglongerlivingbetter.gov.au/internet/living/publishing.nsf/Content/Consumer-Directed-Care-Home-Care-Packages>).

There are four levels of the new Home Care Package, which align to some degree

with the services outlined above:

- Home Care Level 1 – to support people with basic care needs
- Home Care Level 2 – to support people with low level care need
- Home Care Level 3 – to support people with intermediate care needs
- Home Care Level 4 – to support people with high care need

The new packages must be delivered on a Consumer Directed Care basis, whereby consumers and their carers have greater control to make choices about the types of care and services they access and the way the services are delivered (Australian Government Department of Health and Ageing 2013, as previous).

## **Disaster and emergency management research**

In 1987 Quarantelli (1987, p. 285) stated that:

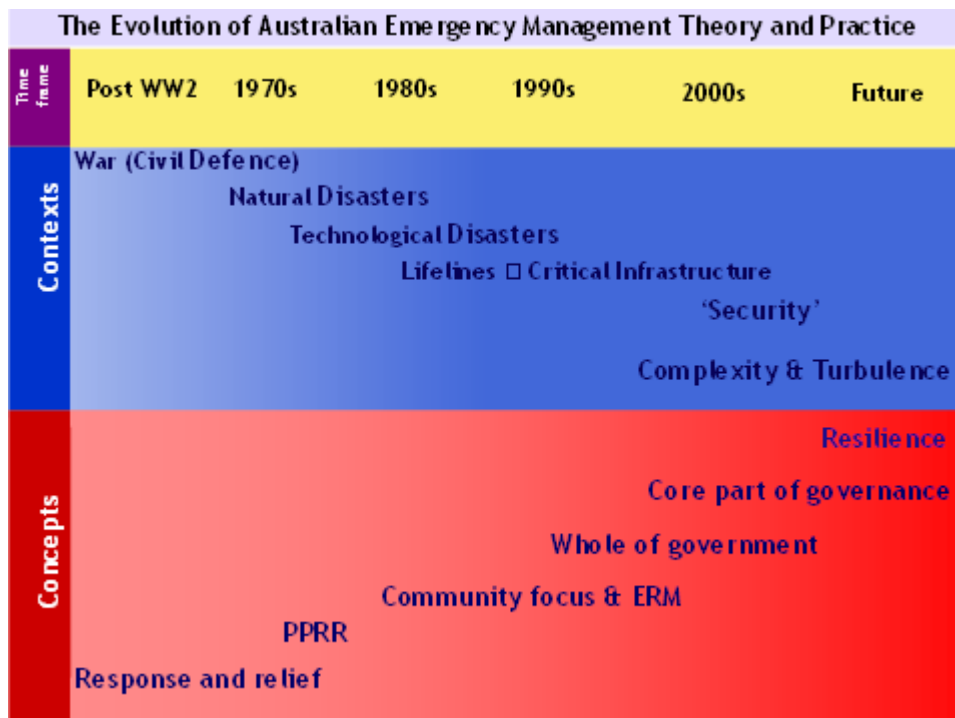
Very little has been written about the history of social science disaster research, the factors which have influenced the emergence of this field of study, and the ensuing theoretical and methodological consequences for scientific work on the human and group aspects of disasters

While this citation is dated, and Quarantelli is considering the American context in his paper, the same holds true for Australia. Essentially, most early disaster research and enquiry emerged from a civil defence stance, and was requested and funded by the military, post World War Two. It was considered that earthquakes were the only natural hazard event that could legitimately strike the United States which could be of a magnitude large enough to compare to the consequences of a nuclear/ atomic bomb, so ‘The funding agencies at that time were almost exclusively concerned with the wartime or military organization extrapolations that could be made from peacetime or civilian groups’ (1987, p. 297).

The main issue with the civil defence stance, and concern over the possibility of a major bomb strike, was that the emphasis was very much on response, not prevention or preparedness - ‘If war or a military situation is thought of as the generating

context, it follows that emphasis in research will be on reaction, not prevention’ (1987, p. 303).

It took a number of years before disaster management thinking moved on. Disaster and emergency management research, in a more holistic sense, has now been carried out for many years, commencing in earnest in the 1970s. The diagram below, reprinted with permission from the Australian Emergency Management Institute, shows the evolution of emergency management theory and practice in Australia.



Source: Australian Emergency Management Institute, 2012

Like many fields, early emergency management research was characterised by particular schools of thought. The geographical school had a human ecology background with a focus on disaster loss reduction; while the sociological school came from a collective behaviour perspective with a focus on disaster response. Since the early days of the geographical and sociological approaches, more disciplines have become involved in emergency management research, including engineering, meteorology, demography, health, psychology and geology.

Much of the early research undertaken was descriptive, with few experimental or

quasi-experimental studies. This has changed in recent years, with the quality improving, and the expanse of research areas growing. While many of the disciplines listed above carry out discipline-specific disaster research, inter-disciplinary research is also now occurring, particularly at recognised centres of excellence such as the Natural Hazards Center (Natural Hazards Center, University of Colorado, United States, viewed 7 March 2013, <http://www.colorado.edu/hazards/>) and the Disaster Research Center (Disaster Research Center, University of Delaware, United States, viewed 7 March 2013, <http://www.udel.edu/DRC/>).

## **Older people and emergencies**

Most emergency management research concerning older people focuses on the response and recovery phases. As Perry and Lindell (1997, p. 258) noted ‘Over the years, the bulk of empirical research on older citizens in disasters has focused on the period after the impact; normally known as the reconstruction and recovery phase’. Little research has been carried out with regard to older people and preparedness for emergency events.

Of the preparedness research carried out to date, most is centred on authorities preparing for responding to an event. For example, there has been much research on developing social vulnerability indices within communities, to assist emergency response workers when dealing with an emergency event. If a social vulnerability study undertaken in a community highlights that a large number of older people live in a particular suburb, the idea is that emergency responders can factor that in to their actions (Morrow 1999; Yeletaysi et al. 2009; Center on Aging 2005; and Flanagan et al. 2011).

Similarly, there is literature that considers the preparedness of aged care facilities, such as nursing homes. In particular, there is research and guidance on preparing the aged care facility for emergency events, whether and when to evacuate, and the best way to evacuate the facility (Hyer et al. 2006; Hyer et al. 2007; and Castle 2008). Given its focus, this type of research is targeted at agencies and authorities with responsibility to manage such facilities or activities, not the residents themselves.

Laditka et al. (2008a) carried out a study to examine how agencies in South Carolina, United States that provide in-home health care and personal care services help older and/or disabled clients to prepare for disasters. In addition, the study examined how these agencies safeguard clients' records, train staff, and how they could improve their preparedness. The study included both a literature review and interviews with preparedness experts (considered in this study to be public officials from a range of agencies including health departments and home health peak bodies) and administrators of agencies providing in-home care.

However, Laditka et al. (2008a, p. 134) found that there is a lack of research that relates to preparedness of older people who are living in their own homes, or to agencies that provide care to older people in their homes:

Little research has addressed disaster preparedness in agencies providing services to older and/or disabled clients in their homes. Almost all of this research has been limited to narrative reports about the impact of disaster on clients of home care services, narrative accounts of community based initiatives, responses of a single agency after a disaster, or ways home healthcare nursing can better prepare to care for clients

The discussion that has taken place with respect to older people living in their own homes largely considers the development of tools that will help older people prepare for emergencies, rather than what might influence their decision to prepare. For example, following their study to identify the vulnerabilities of older people to disasters and to develop strategies to deal with those vulnerabilities, Fernandez et al. (2002, p. 71) stated that 'Disaster checklists and other educational materials can be developed for distribution to the frail elderly, their family, and friends through social networks, community-based service organizations, and healthcare providers'.

However, Fernandez et al.'s study was based on a literature review; it did not interview one older person. In terms of the lack of engagement with older people themselves, the United States Centers for Disease Control and Prevention noted in its report *CDC's Disaster Planning Goal: Protect Vulnerable Older Adults* that



‘Disaster preparedness planners are beginning to understand the need to communicate with advocates from the older adult and disability communities’ (2007, viewed 11 August 2008, [http://www.cdc.gov/aging/pdf/disaster\\_planning\\_goal.pdf](http://www.cdc.gov/aging/pdf/disaster_planning_goal.pdf)).

But what about speaking with the older people directly, not just the advocates? It would appear that the opinions and thoughts of older people themselves - either in developing the tools, or even assessing if the tools are useful to older people - have rarely been canvassed. It has been more the case of *doing things to and for older people* (i.e. disseminating personal safety plans) rather than *working with older people to identify what they want*.

Further, a report from the Centers for Disease Control and Prevention (2012) which intended to ‘help close many of the gaps in emergency planning and preparedness for vulnerable older adults’ (2012, page v) stated ‘Planning for special needs populations, including older adults, **may also benefit** from including community members who represent special needs populations’ (researcher emphasis) (2012, page 7). Planning would definitely benefit from including representative community members, in this case, older people.

As Graham (2011, p.12) found during her research studying the effectiveness of disaster assistance programs in promoting individual and community resilience in recovery from disaster:

Engaging communities is not simply providing communities with information about a risk, a plan, or what they should do to prepare. Engagement means local communities having a place around the table, being listened to and empowered to make decisions that affect them

The latter part of Graham’s citation above has, on the whole, thus far been lacking with regard to older people and emergency preparedness, with the United States Centers for Disease Control and Prevention stating a similar sentiment on their website:

Unlike older adults who reside in assisted living facilities and nursing homes, older adults who live in the community are sometimes over-looked during the planning

process for preparing for an emergency

(Centers for Disease Control and Prevention 2013, *Keeping older adults safe in emergencies*, viewed 7 November 2013,

<http://www.cdc.gov/features/emergencyolderadults/>).

In other sectors, there is precedent for fully engaging with older people. A World Health Organization (WHO) project which considered age friendly cities, was undertaken in late 2006-early 2007. Older people (aged 60 years and over for the purpose of the study) were interviewed in focus groups across 33 cities worldwide – ‘Because older people are the ultimate experts on their own lives, WHO and its partners in each city have involved older people as full participants in the project’ (WHO 2007, p. 7). Most cities also held focus groups for caregivers, but these were undertaken to gather thoughts and information on behalf of those older people who were not able to attend focus groups, due to physical or mental impairment.

While ‘...an age-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities’ (WHO 2007, p. 1) it is not the intent of the age-friendly city to be specifically ‘old age-friendly’. Rather, the intent is to make cities more accessible and inviting to everyone, at any stage of their lives – accessible public transport that is adapted for wheelchairs, walkers, prams and strollers; a sufficient number of resting places (i.e. seats/ benches); suitable housing for all life stages; secure environments with entertainment and leisure facilities; and so on.

Age-friendly cities are therefore aiming to improve the quality of life for all. In addition, not only are age-friendly cities looking to the physical and built infrastructure, but they are considering the social aspects too. While the participants of some cities were concerned that the community was not taking the views of older people into account, other cities had developed specific programmes. One of the cities included in the World Health Organization project was Himeji, Japan. Here the World Health Organization (WHO 2007, p. 48) found that:

In Himeji, a programme called “Ask Older People” is cited as an example of age-

friendly inclusion: this programme involves older people in activities in which they have experience, such as gardening, organizing events or talking at elementary schools

This ‘bottom up’ approach of directly canvassing the views of older people could readily be transferred to emergency preparedness. Authorities would do well to ask older people what they have learned from their experiences through life, what served them well in previous emergency events, what being prepared for emergencies now means to them and what would be useful in terms of preparedness advice and tools, rather than making assumptions. This inclusiveness could have a positive effect on the whole community, not just the older people.

Gamboa-Maldonado et al. carried out research to explore the capacity of environmental health and emergency preparedness and response programs to facilitate participatory relationships between themselves and with the community members they serve. They posited that community-based participatory research methodologies provide the most effective outcome in fostering the reciprocal transfer of knowledge and skills that may lead to system-wide disaster resilience (Gamboa-Maldonado et al. 2012). The research took the form of in depth semi-structured interviews with top-level administrators and managers from environmental health (eight participants) and emergency preparedness and response (six participants) agencies in the Riverside and San Bernardino counties in southern California, United States. Four themes were identified from the interviews:

- Community outreach – yes, we do that!

The administrators and managers were confident in the community partnerships they build, but acknowledged that these partnerships are with community partners such as the American Red Cross, not direct engagement with community members. ‘Direct citizen engagement is generally only practiced in emergency response situations and not in preparedness efforts’ (Gamboa-Maldonado et al. 2012, p. 26).

- Barriers to direct community engagement

The administrators and managers identified several barriers to communicating directly with the community, including limited traditional roles and funding streams, lack of interdepartmental collaboration, language barriers and technical jargon

stifling direct community engagement, perceived lack of community trust for government agencies, and perceived community message fatigue.

- Best practices

When the participants discussed the barriers, they were nevertheless optimistic, offering several best practice ideas, such as listening to the community, tailoring programs and education to the community, and making preparedness activities simple and inexpensive to ensure adoption by the community.

- High motivation for community-centred outreach

Again, acknowledging the barriers and challenges, the participants were optimistic about their workforces' willingness to facilitate community emergency preparedness activities.

While this method is in contrast to the bottom up approach of engaging the public, it was appropriate for the research aim of exploring the capacity of environmental health and emergency preparedness and response programs to facilitate participatory relationships between themselves and with the community members they serve. Further, the research confirmed the original hypothesis; that community-based participatory research methodologies provide the most effective outcome in fostering the reciprocal transfer of knowledge and skills that may lead to system-wide disaster resilience.

## **Are older people more vulnerable?**

Disaster researchers often classify older people into the 'vulnerable' group, yet as many have highlighted (for example, Fernandez et al. 2002 and Smith et al. 2009) it is not advancing age alone that makes them so. Fernandez et al. (2002) undertook a literature review research project in which they sought to define the term 'frail elderly', identify the vulnerabilities of frail elderly to disasters, and develop

strategies and tactics to address these vulnerabilities.

They found that the vulnerabilities of older people are generally due to the issues associated with the advancing age, such as ‘impaired physical mobility, diminished sensory awareness, pre-existing health conditions, and social and economic constraints’ (Fernandez et al. 2002, p. 69). This may well be accurate, but these issues are not specific to older people and may also be relevant to the non-aged. Having impaired physical mobility could be relevant to people of any age, either permanently or temporarily, such as following an accident or whilst pregnant. Similarly, social and economic constraints can affect any age group. While the premise of the research – to define the term ‘frail elderly’, identify the vulnerabilities of frail elderly to disasters, and develop strategies and tactics to address these vulnerabilities – was admirable, and the authors did acknowledge that simply being old does not make one vulnerable; the conclusions reached were still rather simplistic.

In America, across the special needs sector, this has led to a move towards a ‘function-based approach’, whereby the functions that people are able to carry out are the considerations, not the specific age or defined disability that someone may have. In their commentary article in the *Journal of Emergency Management*, Clary and Pui-Ka So (2010, p. 12) advised that ‘...a function-based approach rightly focuses on the functions an individual’s disability may inhibit, rather than the disability itself’ further suggesting (p. 14) that:

...an all-encompassing definition that only takes into consideration age will be overinclusive because the elderly often include those who are independent and may not have any special needs when an emergency arises

On the face of it, the function-based approach has merit, and is certainly more inclusive in sentiment. However, it still misses the point in that it talks about the issue in terms of the functions an individual’s disability might inhibit, rather than in a positive frame, considering the abilities that people have. It does not consider how those functions might change in either the short or longer term (for example an accident in the short term, or perhaps a more prolonged illness in the longer term);

nor does it consider what is important to older people (or any other ‘vulnerable’ group, for that matter).

An alternative is a rights-based approach, as proposed by the World Health Organization (WHO 2008, p. 34):

Shifting policy action away from a needs-based approach towards a rights-based approach, active ageing recognizes the rights of people to equality of opportunity and treatment in all aspects of life as they grow older

The rights-based approach is more inclusive because it advocates integration into mainstream services and equity of service provision across the life course.

It is important to remember that vulnerability is not simply a case of what is missing physically, for instance a lack of mobility or a lack of sensory awareness. Being socially isolated, for example, can also contribute to vulnerability. Studies have shown that those older people who continue to lead an active life, have continued social relationships, and maintain a positive attitude feel healthier and less vulnerable (Calnan et al. 2006; Barnes and Parry 2004; Fagerstrom 2010). They do not necessarily feel ‘younger’ but they accept their advancing age with equanimity and recognise a positive attitude - including planning for the future - as a decisive inner resource for health and well-being. It is important, therefore that research which considers preparedness in older people encompasses the older person as a whole, and not a mis-matched sum of lack of mobility or lack of resources, as this does not provide an informed holistic view.

### **‘Looking after’ older people**

Building on the question of whether older people are more vulnerable in emergency situations, another issue of interest is the question of responsibility. Whose responsibility is it to ‘look after’ older people in their own homes, or to ensure their preparedness for emergency events? Is it the older person’s? The responsibility of the older person’s family? Is it the responsibility of the state authorities or service providers? Is it a mixture of any or all of these? Debate concerning the obligations of

the state, or government institutions, to promote and maintain welfare has a long history. The balance between private and public responsibility for welfare has shifted over time and across nations, reflecting widely different philosophical views concerning the state's proper role (Reamer 1993). This sentiment and its implications are explored a little more in the following pages.

Several studies have been undertaken which have looked at the relationship between the level of welfare services, the general well-being of older people, and how the older people are cared for. Ogg (2005), for example, explored the influence of welfare provision on social exclusion. Starting with the hypothesis that countries with well-developed welfare systems would have lower rates of socially excluded older people than countries with less developed welfare systems, Ogg considered data from ten European countries with three different welfare regimes:

- Nordic (Norway, Sweden and Finland)

Welfare regime characterised by a high level of public services; with the emphasis is being on individual (as opposed to family assisted) support.

- Mediterranean (Portugal, Spain and Greece)

A strong sense of traditional 'familial' support to older people, and a corresponding low investment in state support.

- Post-socialist (Poland, the Czech Republic, Hungary and Slovenia)

A legacy of centrally planned socialist systems, although each of these countries has progressed their social care policies at differing rates and in differing ways.

As a general rule, Ogg found that as per the hypothesis, there is a link between developed welfare regimes and low levels of social exclusion in older people - countries with a higher Gross Domestic Product and stronger social protection systems have lower rates of social exclusion. It should be noted, however, that the data used for Ogg's research pre-dated the most recent global financial crisis, particularly the austerity measures and savings required across some European countries, such as Greece, Spain and Portugal.

Another study that considered the welfare services from a range of countries was carried out by Motel-Klingebiel et al. in 2005. This study compared the relationships between inter-generational family help and welfare state provision, and explored whether increased state provision ‘crowds out’ family provision of care. The researchers (Motel-Klingebiel et al. 2005, p. 864) suggested that:

The ‘crowding out’ thesis has widespread support among economists but has recently been challenged by family sociologists who pointed to the complex and even mutually reinforcing relationship between family help and welfare-state support services... It can be argued that extensive formal service support enables families not only to continue or increase informal support, even when an older person’s needs become intensive, but also establishes a framework in which both families and formal services provide the services that they deliver best

In their study, Motel-Klingebiel et al. used international comparison data from the Old Age and Autonomy – The Role of Service Systems and Intergenerational Family Solidarity (OASIS) project. The focus of the OASIS project was quality of life in old age, and the relevance and meaning of service systems, family and family support; with a goal of determining the relationship between private and formal support systems, and how the balance related to quality of life.

For the OASIS project, data was collected on formal and informal care support in Norway, England, Germany, Spain and Israel. Like Ogg’s study, these countries represent differing welfare support regimes, as outlined below:

- Norway

Social-democratic welfare regime, with a high availability of services for older people, a strong compatibility of family work and labour force, and no legal obligation of children to provide economic support.

- England

Liberal welfare regime, with a medium availability of services for older people, an existing compatibility of family work and labour force, and no legal obligation of



children to provide economic support.

- Germany

Conservative-corporatist welfare regime, with a medium availability of services for older people, an existing compatibility of family work and labour force, and some legal obligation of children to provide economic support, through long term care.

- Spain

Mediterranean welfare regime, with a low availability of services for older people, no compatibility of family work and labour force, and some legal obligation of children to provide economic support.

- Israel

Mixed welfare regime, with a high availability of services for older people, an existing compatibility of family work and labour force, and some legal obligation of children to provide economic support, through long term care.

In addition to testing the macro level hypothesis that older people living in countries with generous welfare state provision will have less family support (and vice versa), the researchers also tested the micro level hypothesis of opportunity structures and welfare state orientation, whereby it was assumed that an individual's characteristics, and those of their family, influence support they received. The two key questions, therefore, were:

- how much responsibility should the family and the welfare state, respectively, have for older persons in need on three dimensions: (a) financial assistance, (b) help with household chores, and (c) help with personal care?
- what are the older people's preferences for both housing in old age, should they no longer be able to live independently (options were 'live with a child' and 'residential or institutional care'); and for sources of help, should they need long term support (options were 'from family', 'from services' or 'from others')

Motel-Klingebiel et al.'s (p. 876) results showed that:

Family help is significantly higher in the countries with poorly developed welfare service regimes and a dominant familistic orientation (Spain and Germany) and low in generous welfare states (Norway and Israel), as predicted by the 'substitution' or 'crowding out' hypothesis but, most importantly, these societal variations in family help are substantially explained by differences in the characteristics of older people, including partnership status, health status, the number of children and normative beliefs. In other words, the country differences in family help become insignificant when the personal and household attributes of older people are controlled

In addition, the highest overall provision of aged care (i.e. including both familial and welfare) was in countries with generous welfare state regimes – which supports the hypothesis that formal services actually encourage family support.

The above two studies suggest that Australia should be well placed in terms of providing assistance to older people, in that it has well developed social care systems, augmented heavily by informal care provision. Australia is also a democratic civil society, which one could argue should be happy to share this responsibility for welfare. However, from an emergency management perspective, identifying, engaging with and protecting older adults could still prove challenging, especially considering that some older people are looked after informally (for example by family and neighbours), and some formally (through aged care service providers). Even though various agencies have established systems to stay in contact with older people, the older person needs to be 'hooked into' the system, and also these systems are by no means fool proof, nor are they well evaluated. As the United States Centers for Disease Control and Prevention, (2012, page v) highlighted:

Many different strategies are being used to identify vulnerable older adults across the country, but none of these strategies have been evaluated. No consensus exists on the best way to identify and protect older adults

The home itself is another issue of note. Research has shown that older people spend more time in their homes than anywhere else, and that the home is the most

important place for older people. Fange and Ivanoff, for example, undertook a study to explore health in relation to the home as experienced by very old, single-living Swedish people. Taking a grounded theory approach, they interviewed 40 men and women aged 80–89 years, living in their own homes. Fange and Ivanoff (2008, p. 341) found that:

The home was a safe and familiar environment, and a place that the older people could return to when life outside home was too demanding. A familiar, safe and functional home compensated for declining capacity, supported routines developed over the years, and enhanced daily activities and participation. Thus, the home was an important source of support for the health of the very old people

Gillsjo, Schwartz-Barcott and von Post (2011) undertook a hermeneutic study, in which they interviewed six older adults residing in rural Sweden, to gain an experience of home. Their findings echoed Fange and Ivanoff's to some degree, but they also encountered fear of the unknown; finding that the home was:

intimately linked with one's identity, integrity and a way of living as well as a hidden struggle between the comfort of the well-known and fears of the unknown, including the underlying threat of losing (sic) one's home

(Gillsjo et al. 2011, *Home: the place the older adult can not imagine living without*, viewed 23 April 2013, <http://www.biomedcentral.com/1471-2318/11/10>).

The fact that the home is so important to older people, coupled with the fact that aged care provision in most countries is transferring from formal provision in establishments such as hospitals and institutions (with the exception of those requiring high level care) to consumer directed home care, makes this research timely.

## **The ageing population: a burden or a benefit?**

In one respect, the literature on the ageing population is incontrovertible – the

literature agrees that internationally, the population is ageing. The United Nations Population Fund and Help Age International (2012, p. 12) stated that:

Population ageing is happening in all regions and in countries at various levels of development. It is progressing fastest in developing countries, including in those that also have a large population of young people. Of the current 15 countries with more than 10 million older persons, seven of these are developing countries

In the Australian context, the population is ageing due to a combination of increased life expectancy and reduced fertility following the post-war baby boom. This ageing population has several policy implications, as the Australian Bureau of Statistics points out:

Population ageing has been an issue that has strongly influenced a range of social policies for over twenty years. It has led to compulsory superannuation for wage and salary earners, and progressive removal of barriers to continued employment, such as a fixed retirement age and economic disincentives. The demand for aged care has been increasing at the same time as the market economy has been calling on the skills of women, who had customarily been major providers of unpaid care in their households and extended families. In response, more of this care is moving into the market sector, with increasing numbers of trained aged and child care service providers

(Australian Bureau of Statistics 2012a, *2011.0 - Reflecting a Nation: Stories from the 2011 Census, 2012–2013*, viewed 10 January 2013, <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2071.0main+features752012-2013>.)

While the population statistics bear out an ageing population, and the issue of vulnerability among the older population has been explored, it is now relevant to consider the difference of opinion, in the literature, of the ‘burden or benefit’ of this ageing population.

### **A burden?**

For many years, the tendency in both the literature and the media, was to suggest that the demographic changes leading to an ageing population will be a burden, and were

presented in terms of a doomsday scenario. Media reporting featured ‘exposés of the plight of helpless, senile, dependent, solitary, sick, poor old people’ (Friedan 1993, p. 7) and there were warnings of the threat of increasing numbers of old people demanding more prescription medicines, taking up expensive hospital beds for prolonged periods of time, and requiring more from the already stretched health and aged-care sectors (Alzheimer’s Australia 2005; Kissane 2002; Wood 2005).

Of interest, during the same time period of this negative media reporting about the burden of an ageing population, older people themselves seemed to disappear from general every day media, becoming ‘invisible’ in popular magazines, television shows etc. Friedan (1993, p.6) in her research into how older people were being portrayed in such popular media, had one particularly ironic finding:

In the 60<sup>th</sup> birthday issue of *The Australian Women’s Weekly*, out of 52 advertisements in which a face could be clearly perceived, there was not a single one which used a model clearly over sixty-five. This was all the more striking as the magazine was celebrating its sixtieth birthday by featuring the following articles: ‘Joan Collins – 60 and sensational’, ‘Look who’s turning 60!’ (a number of celebrities) as well as ‘Three cheers for our birthday girls’ in which Maggie, who was born on the same day as the *Weekly* sixty years ago, underwent a makeover during which her gray hair and glasses were banished

In terms of disasters and emergency management, older people are often considered to be a burden, due to their perceived reluctance to prepare and evacuate. Following Hurricane Katrina (which struck the United States Gulf Coast on August 29, 2005), Laska and Morrow (2007), for example, found that older people tended to be more reluctant to evacuate their homes than younger people. However, when considering this reluctance to evacuate, it is important to consider why this is so. In writing an ‘anniversary’ article one year after Hurricane Katrina, Jenkins et al. (2007-08) found that several factors, including social characteristics and environmental conditions, which existed before the storm and were compounded during and after the storm, put older people at greater risk.

Jenkins et al. (2007-08, p. 50) also found that there were often practical reasons as to

why older people did not readily evacuate prior to and during Hurricane Katrina:

Many of the elders in New Orleans lacked access to a car or other vehicle that would be able to accommodate their needs during the five-to-twenty-hour road trip out of the city in a time of emergency

Further, and agreeing with the conclusions of Fange and Ivanoff (2008) and Gillsjo et al. (2011):

People who are frail, in poor health, or otherwise particularly vulnerable often spend a large portion of their daily lives in their homes because they have worked out how to live safely in this environment. During the storm, many older people understandably thought they would be safer at home, where they had their medications, other special requirements like oxygen, and familiar surroundings

(Jenkins et al. 2007-08, p.50)

Older people could also be considered a burden in the response and recovery phases of emergencies, as they are often over-represented in terms of morbidity and mortality. Undertaking research in to the deaths that resulted from Hurricane Katrina Brunkard et al. (2008, p. 3) found that:

The mean age of Katrina victims was 69.0 years (95% confidence interval [CI], 67.8 – 70.2), and their age range was 0 to 102 years. Approximately 50% of the people who died as a result of Hurricane Katrina in Louisiana were 75 years old and older. Fewer than 10% of victims were younger than 45 years old.

The researchers suggested two possible reasons for the higher numbers of older people who died, compared to other age groups:

- older people may have been less likely to leave their homes during the storm evacuation because of prior experience with false alarms regarding the intensity and potential threat of a hurricane, fear of their abandoned homes being looted, or not wanting to be separated from medical or other routines

- older people are more likely to die of drowning and injury during a hurricane or flood and comorbidities contribute to their vulnerability to storm associated mortality.

(Brunkard et al. 2008, pp. 5 and 6).

Similarly, Mimura et al. noted that following the Great East Japan earthquake and tsunami of March 2011, there was a ‘disproportionately high death rate for aged people’ (Mimura et al. 2011, p. 814). Further, that:

In the case of the 1995 Great Kobe Earthquake, people over 70 years accounted for 40% of the deaths in Hyogo Prefecture. Higher mortality rates for aged people have been recognized as an important issue in the past, and (this) was the same for the Great East Japan Earthquake and Tsunami

(Mimura et al. 2011, p. 814).

### **A benefit?**

Despite the issues discussed above, the thinking with respect to older people has, in some sectors, moved on. In the aged care reform plan ‘Living Longer. Living Better’ (Department of Health and Ageing 2012, page IV) the Australian Government stated that:

The ageing of Australia’s population is a profound social shift which requires an equally profound shift in society’s mind set about ageing. This is neither a problem nor an inconvenience; it’s an historic achievement that human society has strived for over centuries and presents a range of economic and social opportunities

Further, that:

Older Australians have the energy, experience and wisdom to contribute to business, to education and to the community, and we need to be more creative in the way we encourage and support these contributions

(2012, page IV).

In the emergency management context specifically, positive views have also been expressed. In their research on older persons in emergencies, for example, the World Health Organization (WHO 2008, p. 4) stated:

Older people are resources for their families and communities particularly during times of crisis. Their years of experience can make them models of personal resilience and sources of inspiration and practical knowledge. They give voluntary aid, care for grandchildren or neighbours, and participate in support or recovery initiatives. Including older persons in planning for and responding in emergencies thus benefits the whole community

This research was undertaken in collaboration with Public Health Agency of Canada and Help the Aged (UK). It commissioned case studies to examine how older people fared in conflict-related and naturally caused emergencies in both developed and developing countries, including events such as war, drought, heat wave, floods, hurricanes, earthquakes, tsunami, ice storm, wild fires and a nuclear power plant explosion. The research included older people who had experienced the emergency event either as a person affected by the event, or as someone involved in the emergency operations.

This study was particularly positive because in most of the case studies, it was the opinion of the older people themselves that was sought, by interview – not secondary sources such as peak bodies or other advocates for older people. Similarly, some of the measures proposed in the report’s policy response were very inclusive and engaging of older people. For example, the promotion of the sharing of older people’s experiences of previous crises and involvement of older people in personal planning and decision making relating to emergency events (WHO 2008, p. 38). After all, ‘...the survival know-how in emergencies that older people have acquired helps them cope and provides inspiration and guidance to others’ (WHO 2008, p. 32).

This point was highlighted in the United Nation’s report ‘Ageing in the Twenty-First



Century' (2012, p. 86) which told of the *Brigadas Blancas* in Bolivia

Older persons can play a significant role in disaster risk reduction programmes, making preparations to protect themselves and their communities from natural disasters. This may be through hazard and vulnerability mapping, being trained in emergency distributions or providing post-disaster counselling. For example, in Bolivia, the local Brigadas Blancas (self-named "White Brigades" due to the colour of their hair) are being trained in prevention and disaster action planning. The White Brigades are responsible for registering and identifying vulnerable older people, recognizing risks, building an emergency preparedness plan, and participating in drills

Another example where the knowledge and experience of older people was positively reflected with respect to emergency management was following the East Japan earthquake and tsunami of 2011. Following the event, Muramatsu and Akiyama (2011) undertook a review of Japan's societal and gerontological research contexts, focusing on on-going and emerging public policy issues faced by the country's super-aging society. They found that disaster events, like the earthquake and tsunami, while tragic, add critical layers to societal contexts of ageing individuals. Such events can provide opportunities to rebuild communities to prepare for Japan's super-aged society into the future (Muramatsu and Akiyama 2011, p. 426).

In their research of the earthquake and tsunami specifically, Muramatsu and Akiyama (2011, pp. 429-430) found that:

The 2011 earthquake reminded Japan of its traditional societal strengths, exemplified by the predominantly rural Tohoku district. Older adults' wisdom saved numerous lives. Teachings handed down from parents and ancestors prompted people to run to higher grounds immediately after the massive earthquake to escape a series of anticipated tsunamis. In the earthquakes that hit the same area in 1896 and 1933, many people were killed by the second or third tsunami that was larger than the first one. Lessons from previous disasters have remained effective in Tohoku, where teachings from old days are still valued

In 1981 Townsend (p. 13) pointed out that:

There is a sharp contrast between the low status in which old people are held publicly and the regard in which they are held privately in their families. In the family age is of secondary importance. People are grandparents, parents, brothers or sisters and friends or neighbours first and foremost. Retirement from familial roles is a much more flexible contingency, dependent primarily upon health or disablement

Even though the tide is hopefully turning, it would seem that older people can no longer see themselves:

...in biblical images of prophets with white beards, or in the anthropological lore of times before literacy, before printing press, radio, television, computer, when the elders were the repositories of the accumulated wisdom, history and traditions of the tribe

(Friedan 1993, p. 9)

## **Prior exposure to emergency events**

Does awareness of one's level of risk make a difference to our preparedness to combat future fire risks? Or is it that we have to personally encounter a fire on our own doorstep before we take action to ensure that the next time it happens we know that we have done all we could to avert the fire danger?

(Gow et al. 2008, *How close do you have to be to learn the lesson? Fire burns!*, viewed online 3 January 2012, <http://www.massey.ac.nz/~trauma/issues/2008-2/gow.htm>)

There is a large body of literature considering prior exposure to, or previous experience of, events and subsequent behaviours as a result of that exposure or experience. The research covers both disaster exposure (particularly in relation to psychological effects) and other more general life experiences.

The literature identifies both positive and negative effects of prior exposure. One of the positive effects is that life experience generally makes you better able to cope

with out of the ordinary events. Monahan and Lurie (2007) undertook research to explore the reactions of older people to the September 2001 terrorist attacks on the World Trade Center in New York, with a view to develop practice guidelines to assist healthcare professions working with the elderly in relation to issues of trauma. They interviewed participants residing in a suburban community of New York. The participants ranged in age from 65 to 87 years, were interviewed in focus groups, and were recruited from a range of settings including nursing homes and senior citizens groups.

Monahan and Lurie found that although the elderly in the focus groups expressed a mixture of anxious, angry, and frightened feelings, they also ‘...appeared to derive some strength from the notion that the country had been through much worse before and managed to successfully survive even while struggling...’ (Monahan and Lurie 2007, p. 44).

Looking at an event that occurred some significant time before the September 2001 terrorist attacks in New York, Knowles (2011) carried out research with participants who had experienced the Hiroshima atomic bomb attacks that took place in August 1945, towards the end of World War Two. In seeking to explore the experience of survivors, Knowles interviewed seven participants who met one of the following criteria: those who were within the city limits of Hiroshima; those who came into the city limits within 14 days; those who came into physical contact with bomb victims; and those who were in utero at the time of the bombing.

Knowles’ participants ranged in age from 64 to 79 years, and they were recruited via the Friends of Hibakusha<sup>1</sup> organisation in America – all participants were therefore residing in the United States. The study included:

...elements of three qualitative methods: narrative analysis, oral history and ethnography. These methods allow the voice of participants to be heard and include exploration of meaning, experiences, and stories to gain perspective or promote advocacy

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<sup>1</sup> ‘explosion-affected person (s)’ (Lifton 1967).

(Knowles 2011, p. 57).

Knowles found that the participants displayed resilience both immediately after the bombings and also in the 65 years since. While this resilience, on the whole, remained present throughout their lives, there was a fluid continuum between thriving and surviving. For example, participants who were anxious about their own or their family's health for a period of time may veer towards the surviving end of the continuum for a period of time. Those participants who were able to forgive and engage themselves in, for example, peace activism were at the thriving end of the continuum. The older participants, perhaps having lived through the bombings personally, and/ or generally having lived through more events in their lives, were more commonly at the thriving end of the continuum:

it was interesting to note that those individuals who demonstrated lower levels of resilience and spent more time in the surviving category were those participants who were younger in age at the time of bombing, ranging from in utero to 5 years of age

(Knowles 2011, p. 59).

Exposure to a specific event may provide some kind of inoculation, particularly with respect to psychological effects. For example, in his review of literature on how elderly people respond to disasters, Ngo (2001, p. 83) found that 'the lower psychological vulnerability of older adults observed among the elderly disaster victims may be attributed to greater life experience, previous disaster exposure, or having fewer obligations and responsibilities'.

Ngo's study comprised an extensive review of primarily peer reviewed research literature, from fields including sociology, psychology and medicine, to assess how the elderly perceive and respond to natural disasters. The review considered disaster type, severity, population demographics and overall outcome of the disaster. Vulnerability patterns manifested across three dimensions - sociological, psychological and physiological – in five themes:

- actual loss versus relative need – in the majority of studies reviewed, actual

loss was experienced at similar levels between elderly and non-elderly individuals

- perception of loss – in most studies, elderly populations were shown to perceive their loss as greater than those around them
- service stigma and threats to independence – many elderly were shown to under-utilise post-disaster assistance, perceiving a stigma with welfare and mental health programmes
- psychological vulnerability - most studies found the elderly to be more psychologically resilient following a disaster
- morbidity and mortality – the studies reviewed showed consistent links between disasters and subsequent higher rates of morbidity and mortality

Ngo's review was positive in that it recognised that there are a number of issues to examine when considering vulnerability, across the sociological, psychological and physiological dimensions. It was also positive in that it re-enforced the fact that the elderly population is not one homogenous group – there are variations of age, race, gender, marital status and socioeconomic status, for example, and each of these factors may play a part in how an older person will respond following a disaster.

Some of the recommendations made by Ngo, however, showed a level of naiveté, and may be unrealistic in practice. Firstly, Ngo recommended that the elderly are targeted or acknowledged as a group requiring special attention. This is a worthy recommendation, but stopped short of proposing that they are actively engaged in the planning process, or even defining what planning should specifically be done. Nor does it consider how older people might feel about being classified as a group requiring special attention. Secondly, Ngo recommended that there must be a connection between the elderly and the policy or program that is meant to intervene or help. He suggested vulnerable people registries with emergency services as an example. Again, this is a worthy recommendation but the work involved in keeping such a register current would be significant. Finally, Ngo recommended that there must be a modification of the vulnerability, by which he meant that the intervention must be effective and evaluated. One of his suggestions for this recommendation was discouraging populations from living in high risk areas such as floodplains. This

makes sense, but people might not be willing to move from their long time home, or may be unable to afford to do so.

On the negative side, prior exposure can lead to some kind of misplaced contentedness or feeling of safety and comfort. Morrow (1999) explored the relationship between certain social and economic characteristics and increased risk, trying to understand the ways in which social, economic and political structures result in important differences in the vulnerability of those they are meant to protect and serve. Drawing on work originally undertaken in developing countries, on the issue of local vulnerability, she considered United States demographics and illustrated how risk is similarly concentrated in certain categories of individuals and households in developed nations.

With respect to the effect of prior disaster experience on appropriate response, Morrow did find in her literature review that some people might be predisposed to start preparedness activities following an event, but she also found that 'certain circumstances, such as having easily survived a mild hurricane or near-miss, can breed complacency' (Morrow 1999, p. 6).

In 1989, Weinstein sought to understand whether personal experience of an emergency event provided a stimulus for action. He undertook an extensive literature review of research which had considered a range of emergency scenarios. For example, did suffering a heart attack cause people to give up smoking; did being in a road traffic accident lead to a change in seatbelt use; or did experiencing a natural disaster, such as a storm or flood, lead to preparedness measures such as keeping a torch, battery operated radio or extra food in the house.

While there are some limitations of Weinstein's study – including that the research comprised a literature review only; the studies were carried out at differing time lags following exposure to the event; and some of the studies had no control groups – there are still some salient points that could be carried forward to planning and policy development.

Weinstein suggested that three key factors are at play - societal attention, victim-

directed influence, and intra-individual response – when considering behaviour following an event. Societal attention occurs most often when an event impacts upon a whole community, in a short period of time, such as a natural disaster. There is information about both the event and, subsequently, possible mitigation measures from a range of sources including the media, government agencies and private bodies. This information is directed at the community as a whole, and not individuals.

In the case of victim-directed influence, on the other hand, information is directed specifically at the victim after the event. While the victim of a heart attack might still receive information from a range of sources (for example health providers, family members and friends) and this information may still be generic in content (for example general hints of healthier living to avoid a future heart attack) it is targeted at, and provided to, them individually post-event.

Weinstein's intra-individual response considers five key points – that personal experience generally leads people to see hazards as more frequent and to view themselves as potential future victims; experience leads people to think about the risk more often and with greater clarity; effects of experience on perceptions of seriousness and controllability are specific to the type of experience and the type of situation encountered; people take the precautions that they believe are appropriate for the particular hazard experiences encountered in the past, i.e. that victimisation does not normally create a generalised feeling of vulnerability; and that the duration of the increased inclination to act may be short.

In terms of the emergency management sector specifically, the research – while interesting and informative - has limitations. It is not age specific, i.e. much of the research considers prior exposure to an event across a community of all age groups, not older people specifically. Further, the focus is primarily on prior exposure and subsequent behaviours in known hazard areas, for example hurricane prone regions (Sattler, Kaiser and Hittner, 2000). No research was found that looked at a broad section of people (of any age) that lived in a general community where potentially any event could occur, but was not known for specific hazard event types.

## **Are you prepared?**

What being prepared for an emergency event means to the older people in this study will be discussed in Chapters Five to Eight, the analysis and discussion chapters. However, the literature is scant on what it means to people – of any age - to be prepared for an emergency, and the influencers of any preparedness activities. As Paek et al. (2010, pp. 429-430) stated:

Studies of emergency preparedness behavior among the public primarily have been confined to descriptive statistics of degrees of preparedness or to scrutinizing government actions, with little attention being paid to predictors other than demographic characteristics.

Paek et al. (2010) undertook a study in which randomly selected adults (aged 18 years and above) living in Georgia, United States were surveyed by telephone. The study aimed to explore the extent to which three key predictors - efficacy (to take action, one must first recognise the existence of the problem and a need to improve the situation); perceived norm (one is influenced by what others think and how others behave); and attention to emergency related news media (the relationship between attention to the emergency related news and preparedness behaviour) - are related to levels of emergency preparedness.

The questions asked of the participants were two-fold. Firstly, the participants were asked what emergency preparedness checklist items (for example, torch and first aid kit) they had collected. Secondly, in a bid to identify predictors of emergency preparedness, the participants were asked a range of self-scoring questions such as how confident are you about your own ability to manage an emergency?, to what extent do most of your family or friends think you personally should prepare for an emergency?, how well prepared do you think most people in the United States are for an emergency?, and how much attention do you pay to emergency preparedness news.

The survey results showed that:



- in general, only about half the respondents tended to prepare with specific emergency supplies
- about one-third of the respondents however, said that they have either not thought about preparing for emergencies at all or have thought about it but have not sought more information about how to prepare
- people seemed more influenced by perception of ‘others’ who are more similar to themselves in terms of demographic and psychographic characteristics, rather than ‘others’ with more divergent characteristics
- attention to media news about emergencies such as human-caused and natural disasters and pandemic flu seems to play a significantly positive role in emergency preparedness

Paek et al. (2010, p. 440) concluded by suggesting that:

public information campaigns focusing on increasing individuals’ perceptions of self-efficacy or subjective norm may be an effective approach for improving the public emergency preparedness (e.g., ‘‘What will your friends do/ your family want in an emergency?’’) (and that)...campaigns should be focused on more than simply gathering emergency supplies...

Many measures of preparedness however, still relate simply to plans and checklists. Even since Paek et al.’s work, this is the case. For example, Loke et al. (2012) concluded that the majority of older people in Hong Kong are not prepared. In their study, they carried out telephone interviews with older people looking to establish elderly people’s perceptions of disasters, their concerns, the extent of their disaster preparedness and predictive factors of preparedness. However, the study survey did not allow extensive discussion about preparedness and asked very operational questions such what types of disaster are likely in Hong Kong?, where do you get your information from during an event?, what survival items do you have at home, such as torch, battery operated radio? The answers were sought using a 5-scale Likert Scale.

The study did not delve in to why older people might have certain items or why they may fear certain types of events. The study did find that ‘a large proportion of

participants had a survival pack easily available' further stating that 'this might be because the participants have more life experience and are likely to be aware of their safety needs' (2011, p. 530). However, this was supposition. Paek et al., therefore, are in the minority in going beyond the 'checklist' approach (although their research was not specifically undertaken with older people).

Aldrich and Benson (2008), in a commentary article on disaster preparedness and the chronic disease needs of vulnerable older adults, discussed a range of recommendations relating to preparedness planning, such as developing relationships between public health agencies, emergency responders and other entities before disaster strikes to improve communication; providing appropriate public information on emergency preparedness in formats appropriate for older people; using mapping systems to identify areas with high concentrations of older people; and creating a list of volunteers willing to assist in an emergency. Aldrich and Benson's article, like much of the preparedness literature, was focused on the service provider, rather than the individual.

Lamb, O'Brien and Fenza (2008) discussed checklists for older adults, and included a copy of the American Red Cross checklist in their article. They stressed the importance of home care providers in assisting older people to develop their emergency plans, and for the home care worker to help the older person tailor their plan to them specifically, for example with the inclusion of prescriptions and other medical information.

Such preparedness checklists should not be ignored – they can be valuable tools and have been developed by numerous agencies in both Australia and internationally. However, checklists can imply that preparedness is a once off activity, and when a person is able to say they have collected everything required on the checklist, they are 'prepared'. Paek et al. (2010, p.440) cautioned that:

From a pragmatic point of view, differences may appear in real preparedness between someone who happens to have some emergency supplies on hand and an individual who has gathered them purposefully; there are further real differences between the individual whose supplies and plans are out of date...and those who recently have

restocked pantries and updated phone lists or knowledge of evacuation routes

Finally, they may also be of limited effectiveness if the individual for whom the checklist has been completed is not capable of using, or needs assistance to use, the items stocked.

## **Preparedness education**

As discussed, the literature on what *influences* people to prepare for emergency events is meagre. As a result, it seems reasonable to conclude that preparedness education could play an important role, in ensuring that older populations feel prepared for an emergency event. However, developing broad scale public education campaigns on preparedness for emergencies, without understanding what people know and have experienced, could be short-sighted and problematic. Older people have a wealth of knowledge and skills, obtained over a lifetime of experience. Similarly, they often have strong values, especially when it comes to community support and assistance. Nevertheless, with few exceptions as outlined previously, they are under-utilised when it comes to identifying educational needs and providing emergency preparedness education.

Given that ‘public education is increasingly mentioned as one of the major strategies available to disaster managers, being particularly effective at the preparedness end of the prevention-preparedness-response-recovery spectrum’ (Neilson and Lidstone 1998, p. 14) it is unfortunate that older people have not been comprehensively engaged.

Tied in with this issue, however, is who would organise preparedness education, where and how would it be delivered, and when? Neilson and Lidstone (1998) pointed out that there have been numerous public education campaigns, organised by public authorities and delivered across a range of mediums, such as those to improve health, reduce road accidents and increase recycling.

There have, however, been few specific campaigns regarding emergency preparedness – for older people or indeed any age group. In Australia, bushfire and

cyclone campaigns are the most advanced. Year round web-based and hard copy information on measures the public can take to prepare for these events is provided by several government agencies (for example the Country Fire Service in South Australia, Emergency Management Queensland, and the Northern Territory Government). Typically, the intensity of bushfire and cyclone campaigns is increased with the use of television and radio advertisements and presence at community events, in the run up to the Australian summer; the period between November and April is typically the time of highest danger for bushfires (in southern Australia) and cyclones (in northern Australia).

The purpose of these education campaigns is largely practical, giving advice on measures that can be taken to prepare your property for the impending fire or cyclone season, and help you understand the communication messages that may be given. For example, the top ten hints for bushfire preparedness provided on the South Australian Country Fire Service's website are:

1. Understand the environment in which you live - is your house surrounded by - or near - bush, grass or coastal scrub? Do you travel through or plan to holiday in bushfire-prone areas?
2. Sit down with your family now and write a Bushfire Survival Plan - your life could depend on it. Download a copy of [Your Guide To Preparing For And Surviving The Bushfire Season](#) here.
3. Make sure you understand - and are familiar with - the national Fire Danger Ratings and what those ratings mean for your family's Bushfire Survival Plan.
4. Practice your Bushfire Survival Plan with your whole family, including your strategies for dealing with stock or large pets such as horses.
5. Create and maintain as much defensible space as possible around your home by managing vegetation, including grass and shrubs.
6. Be aware that should you plan to defend your home in accordance with Fire Danger Rating guidelines, you need to be physically capable and mentally prepared.

7. Take the time to put together your family's Bushfire Survival Kits, including a Relocation Kit and a Recovery Kit containing the things you'll need to survive in the first 24 to 48 hours after a bushfire. You'll find all the details and fact sheets on the CFS website.
8. Learn as much as you can about bushfire warnings and safety - ask your local CFS about forthcoming community meetings or alternatively, visit [www.cfs.sa.gov.au](http://www.cfs.sa.gov.au)
9. Update your home and contents insurance and leave a copy of your policies in a secure place away from your home.
10. Prepare. Act. Survive.

(Country Fire Service website n.d., *Prepare. Act. Survive. Top ten hints*, viewed 31 July 2013, [http://www.cfs.sa.gov.au/site/prepare\\_act\\_survive\\_2012/prepare/top\\_10\\_hints.jsp](http://www.cfs.sa.gov.au/site/prepare_act_survive_2012/prepare/top_10_hints.jsp))

These community education campaigns have very real benefit in informing people of their risks and steps to take. However, research has shown that there are several factors that contribute to the success or failure of such campaigns (Paton 2008 and Frandsen et al. 2011) such as how people interpret information, community and social contexts and whether the message transfer is passive (such as simple delivery of printed information to households) or active (such as delivery of information in a face to face situation).

Research was undertaken by RMIT University (Melbourne, Australia), on behalf of the Bushfire Cooperative Research Centre (CRC) to:

develop and test a comprehensive framework and methodology for evaluating the broad range of bushfire community safety policy and programs in Australia, highlighting (i) an approach that has the potential to lead to a comprehensive and sound evidence base for identifying which policies and programs work best, for whom and in what settings; and (ii) the provision of a consultative and collaborative approach to working with end-users and community members

(RMIT University 2009, p. 3).

The motivation for the research was the advent in recent years, in Australia, of an increasing number of programs designed to enhance bushfire community safety. The development of the programs seemed to be ad hoc, but were possibly the result of a shift towards community safety and preparedness, rather than response (RMIT University 2009). The programs were rarely assessed (RMIT University 2009), but if they were evaluated measures of success about these programs were ‘largely confined to outputs such as the number of meetings held during a bushfire campaign, rather than a deeper understanding of what was being achieved’ (RMIT University 2009, p. 4).

The research found that:

Contrary to the sceptical view that community education, awareness and engagement programs do not work, this project found that they have the potential to achieve positive outcomes at both the individual (resident, household, family) and community levels, provided they are planned, well implemented and resourced appropriately

(RMIT University 2009, p. 7(2)).

There are, however, three particular challenges:

- context, including community diversity – programs cannot use a generic approach
- consistent and coherent messages regarding planning and preparedness must be given, including clear messages regarding command and control structures for those communities where community members are engaged in the response activities
- a series of activities is required, such as community engagement and building of trust, confirmation and reassessment of the program, and community involvement and collaboration.

Foster (2013) also carried out research on community engagement programs, seeking

‘to explore the efficacy of interactive engagement strategies in instigating hazard preparation and information retention’ (Foster 2013, p. 9). The research examined the engagement strategies of two emergency service organisations in the State of Victoria – the State Emergency Service’ (SES) doorknock program, and the Country Fire Authority’s (CFA) home advice service. The two programs had some activities in common, such as face to face interaction and home visits; but also some activities that differed, for example the CFA program was instigated by a request from a homeowner and a suitable time determined, whereas the SES program was instigated by the agency, with no pre-arranged suitable time.

Foster’s study was undertaken by surveying 90 participants of the CFA home advice service and 106 households of the SES doorknock program. When asked if they had acted on the advice provided by the agencies, stark differences were found – just nine per cent of the SES doorknock program said they had; whereas 69 per cent of the CFA program reported they had made changes in relation to their preparedness activities. The motivating factors for the change also differed, with experience of flood being the prime motivator for those who had participated in the SES program; whereas the personalised information provided by the CFA was the prime motivator for those who had participated in the CFA program.

Foster (2013, p. 12) acknowledged the small sample size of her study but, echoing the research from RMIT University, concluded that:

While the study was limited by its small sample size, the data shows that interactive community engagement strategies are useful to adapt to the heterogeneous needs of communities. However, the willingness, capacity and readiness of communities to prepare for hazards depends greatly on the community context, perceptions of the risk and varying levels of engagement within the community

I would suggest that another possible reason for the high engagement with the CFA home advice service was that by inviting the CFA to attend, those households had already signalled an interest in preparedness; there may have been many households who did not set up a time and the question still remains as to how to engage them.

Drawing on an extensive literature review, when discussing resilience and household preparedness in his book chapter 'Community resilience: integrating individual, community and societal perspectives', Paton (2008, p. 20) cautioned that:

Because a capacity to make these decisions can only be developed from active involvement of community members, risk communication based on information provision alone will fail to engage people in ways that facilitate their ability to make these decisions

Finally, Neuhauser et al. (2013) are also firm proponents of a participatory approach, i.e. working with the specific community/ population in question, to develop the most appropriate material for them. They undertook a study which explored issues related to emergency preparedness materials for deaf/ hard-of-hearing and older adult populations, seeking to assess the availability and readability of materials for these specific populations, and to recommend improvements.

Neuhauser et al.'s study included an extensive literature review and consideration of emergency preparedness materials (both hard copy and electronic materials). They found that, while community based organisations and health care departments have developed an increasing array of emergency preparedness communications for the public over the past 50 years, these materials often cannot be accessed and understood by the target audiences. The materials may not, for example, use simple language; or the style (including font size, graphics) may be inappropriate.

From the literature review, Neuhauser et al. concluded that:

Although user-designed communication is not yet common in developing health and risk communication, there are now a number of helpful models...suggested processes include: identifying the intended audiences and relevant stakeholders, assessing literacy levels and other communication factors related to the intended users, adhering to known design criteria when developing a first draft of the material, iteratively testing and revising drafts with intended users, developing implementation plans with intended users and stakeholders, and finally, evaluating the effects of the materials



(Neuhauser et al. 2013, *Availability and readability of emergency preparedness materials for deaf and hard-of-hearing and older adult populations: issues and assessments*, viewed 17 September 2013,

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0055614;jsessionid=BADCDF8D592E325F3A9F1CC05448E5FE>)

## Summary

This chapter opened by ‘setting the scene’, with contextual and historical information on emergency management and community aged care provision arrangements in Australia. It then moved on to discuss relevant literature, highlighting that there is a dearth of research on the primary influences in the decision to prepare for emergency events. Of the research that has been undertaken, very little concerns older people specifically, despite their rich lived experiences.

Combining information provided in Chapter One *Introduction* – drivers for this study - and the literature outlined in this chapter, the following is known:

- emergencies are having a greater impact today than previously, due to a range of issues including increased populations residing in marginal areas and ageing infrastructure
- there is a shift toward community and individual preparedness and resilience
- some groups may understand the need to prepare differently from others
- older people in particular are an important and growing segment of society
- older people are often considered to be vulnerable, and some have argued that they may not be able to or want to respond to preparedness messages
- older people are often not consulted even concerning their own needs although there are some best case models
- preparedness messaging and education has traditionally been very limited and simple in its approach, although again, best practice is being developed

To date, preparedness advice seems to be very operational, without consideration of

older people's situations, perceptions and abilities; and reinforces the stereotype of an older person being more vulnerable. Deeny et al. (2009, p. 78) in considering the role that nurses can take to empower older people in the stages of a disaster, took a more refreshing approach concluding that nurses have:

to be careful about classifying older people as a vulnerable group in relation to disasters without first of all recognising that older people are probably the richest resource within any culture when it comes to emergency planning and/ or coping with disasters

By asking older people about their life experiences, and understanding how their experiences have shaped their behaviour, this study hopes to establish what being prepared means to older people, and what influences older people to prepare.

The next chapter discusses the methodology and method chosen for this study, hermeneutic phenomenology. It outlines the history and development of the methodology; considers some key philosophers who have guided this research; and then describes how the study was carried out.

# CHAPTER THREE

## METHODOLOGY AND METHOD

### Overview

Chapter One *Introduction* and Chapter Two *Context and literature review* provided context and background to this research study, and considered the research drivers. This chapter discusses the choice of methodology, which provides the framework for investigating the lived experience of emergency preparedness in older Australian adults; and then the method used to undertake the research.

In the first part of this chapter, underpinning concepts are introduced, before leading into the history and founding concepts of hermeneutic phenomenology, the methodology chosen to explore the meaning of being prepared for older people. This methodology section includes the researcher's epistemological position, and an overview of the main philosophical influences on the selected research approach. The second part of the chapter then discusses the study design including choice of method, ethical considerations, participant recruitment and data analysis.

### Underpinning concepts

'We seek the most appropriate methodological approach to answer the questions: 'What is happening here?'; 'What sense can I (as researcher) make of this?'' (Koch 1999 p. 22). Further, as outlined by Laverly (2003, *Hermeneutic Phenomenology and Phenomenology: A Comparison of Historical and Methodological Considerations*, viewed 10 April 2012, [http://www.ualberta.ca/~ijqm/backissues/2\\_3final/pdf/laverly.pdf](http://www.ualberta.ca/~ijqm/backissues/2_3final/pdf/laverly.pdf)):

A methodology is not a correct method to follow, but a creative approach to understanding, using whatever approaches are responsive to particular questions and subject matter...method focuses the researcher on exact knowledge and procedure whereas methodology uses good judgement and responsible principles rather than

rules to guide the research process

In seeking to understand how the lived experience of older people influences their preparedness for emergency events, I needed to find a framework for knowledge of the world that would give me access to the thoughts, perceptions and experiences of older people. At the outset, I was aware that the most appropriate approach would be an interpretive one, because the aim was to explore and understand whether people's life experiences have influenced their perception of preparedness – what it means to be prepared for an emergency event.

Before considering the particular methodology used to guide this study, two key concepts of knowledge must be understood - ontology and epistemology. These need to be understood as the ontological position will inform the epistemology, and lead to the most appropriate methodology.

Ontology describes our view (whether claims or assumptions) on the nature of reality, with two positions prevailing. The first considers that what we know about the world, we have learned as detached observers – there is a world 'out there' independent of our knowledge of it. The second considers human experience, asserting that there is no real world 'out there' but that the world is socially and discursively constructed and therefore dependent on a particular time or culture.

Closely coupled with ontology and its question of what constitutes reality, epistemology asks what is, or what should be, acceptable or valid knowledge. It considers views about the most appropriate ways of inquiring into the nature of the world and the sources and limits of knowledge. Central to epistemology, therefore, is whether the social world, i.e. that world involving people and structures, can or should be studied in the same way, using the same principles and procedures, as positivist science.

### Choice of methodology

Hermeneutic phenomenology, informed by the philosophy of Martin Heidegger and particularly the more contemporary work of the scholar Max van Manen, was chosen

as the appropriate methodology for this research. Van Manen defines methodology as ‘the theory behind the method’ (1990, pp. 27-28) and it is an important part of any research study because it ‘guides how a researcher frames the research question, and decides on the process and methods to use’ (Giddings 2006, p. 198).

The choice of hermeneutic phenomenology for this study is reflective of the domination of logical positivism in both emergency management preparedness research and also policy development. In terms of emergency management, as highlighted in Chapter Two *Context and literature review*, much of the preparedness research seeks to develop checklists and tools to help people ‘be prepared’ for an emergency, rather than seeking to understand the meaning of ‘being prepared’. The policy process has also been traditionally driven by a belief in objective knowledge and an absolute truth (Boxelaar et al. 2006), although some have argued that the policy process is moving to a more collaborative model, where governments are striving for more engaged, collaborative and community focused public policy and service delivery (Reddel and Woolcock 2004).

Morse wrote a discussion paper which sought to explore the principles underlying the use of methodological triangulation in combining qualitative and quantitative methods (1991). While this paper is dated, the characteristics that Morse (1991, p. 120) highlighted, with respect to research problems that might consider a qualitative approach, rang true for this study:

- (a) the concept is “immature”, due to a conspicuous lack of theory and previous research;
- (b) a notion that the available theory may be inaccurate, inappropriate, incorrect, or biased;
- (c) a need exists to explore and describe the phenomena and develop theory;
- or (d) the nature of the phenomenon may not be suited to quantitative measure

Hermeneutic phenomenology goes beyond knowledge of core concepts and essences, emphasising that individuals cannot abstract themselves from various contexts that influence their choices and give meanings to lived experience, such as broader social, political, and cultural contexts. There is much to be gained from pursuing a framework that strives to understand and reflect preparedness perceptions because

these perceptions can be formative in emergency preparedness more broadly, for example how preparedness messages and education may be interpreted and understood.

By adopting Heidegger's hermeneutical philosophy, using van Manen's work as a framework, rather than Husserl's reductive phenomenology, the focus of this research moves away from logical positivity in seeking to understand the meaning of being prepared, and gain new knowledge.

Through entering the life world of older people, hermeneutic phenomenology enables the researcher to interpret, and so to gain an understanding of, the nature of older people's understanding and perception of being prepared. As Peek and Mileti (2002, p. 512) discussed in their review of how the definition of a disaster has changed over the decades:

Even though opinions differ, a common element that can be detected in almost all definitions is that disasters and the losses that result from them are the consequence of the interaction between the natural, social, and constructed environments...

Finally, hermeneutic phenomenology resonates with my opinion that a partnership approach with the community should be advocated in encouraging emergency preparedness. People make decisions with regard to preparing for emergencies based on the context of their own lives and experiences. Indeed, it is this belief that helped drive this study. As outlined in Chapter Two *Context and literature review*, while social science research in the field of emergency management has gained momentum, there is still little research that questions the meaning of being prepared. Given this lack of research, existing ideas and concepts about what it means for older people to be prepared could be inaccurate. Research therefore needs to be undertaken to explore and describe what it means to older people to be prepared for emergencies. An understanding of how older people's lived experience of emergency events and the meanings associated with preparedness informs their behaviour with respect to future events, could be used to develop more effective emergency preparedness policy and education programmes.

In summary, therefore, this research was shaped by interpretivist epistemology, as I believe that social reality can only be understood through social constructions, such as language, consciousness and shared meanings. Hermeneutical phenomenology complements my ontological position: the research relates to understanding the nature of human beings, their experiences and perceptions and their subjective reality (lived experience) and how their experiences are interpreted. As Paton (2008, page 15) stated, when considering community resilience and hazard mitigation planning:

...people's understanding of, and response to, risk is determined not only by scientific information about risk, but also by the manner in which this information interacts with psychological, social, cultural, institutional and political processes to influence outcome.

## Hermeneutic phenomenology

Hermeneutic phenomenology is a:

research methodology aimed at producing rich textual descriptions of the experiencing of selected phenomena in the lifeworld of individuals that are able to connect with the experience of all of us collectively.

(Smith (in Kersey 1997) p. 80).

This research sought to describe and interpret the phenomenon of being prepared for an emergency event, in light of the lived experiences of the participants, older people. A hermeneutic phenomenological methodology, therefore, provided a framework of understanding whereby elements of phenomenology and hermeneutics were employed.

Phenomenology and hermeneutics have both evolved over many years, with various scholars taking slightly different approaches, reflecting their interests, opinions and also the times in which they were living. The history and key concepts of phenomenology, hermeneutics and hermeneutic phenomenology – particularly as is relevant to this thesis - are discussed in greater detail below. The history and

concepts discussed do not represent a full description of the particular philosopher's ideas and work, but highlight elements of their thinking that have helped shape this research.

## **Phenomenology**

In its simplest definition, phenomenology is the study of lived experience. Introduced as an alternative to empirical science, it is an holistic approach that aims to discover how the world appears to others, and to subjectively describe the different ways in which a phenomenon is experienced (Crotty, 1998). It does not aim to describe the obvious and self evident; rather, it aims to elucidate what is hidden, or concealed.

Phenomenology is an over-arching term, under which there are many variants. For example, there is transcendental phenomenology, associated with Husserl; existential phenomenology, associated with Kierkegaard; and hermeneutic phenomenology, associated with Heidegger, Gadamer and van Manen. 'The common ingredient regardless of the type of phenomenology chosen is the concept of 'to the things themselves!'' (McConnell-Henry et al. 2009, p. 8), as introduced by Heidegger. While none of the phenomenological philosophers developed fully fledged research methods, their philosophies are often used to fortify contemporary interpretive research (Fleming et al. 2003).

### ***Edmund Husserl***

Edmund Husserl, a mathematician and philosopher, was born in 1859 in Moravia, now part of the Czech Republic. Husserl started introducing his phenomenology with the publication of *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy* in 1911. His phenomenology further evolved with the publications *Cartesian Meditations*, in 1931, and *The Crisis of European Sciences and Transcendental Phenomenology*, in 1936 (Lewis and Staehler 2010).

Husserl was struggling to reconcile the positivist construction of the world and he '... rejected the extreme idealist position (the mind creates the world) and the extreme empiricist position (reality exists apart from the passive mind)' (Racher and Robinson 2003, p. 471). Instead, he proposed three main concepts:



### *Intentionality*

Husserl posited that being human existed in man's consciousness and intentionality, with intentionality being the idea that every mental act is related to an object. 'This means that all thinking (imagining, perceiving, remembering, etc) is always thinking about something' (van Manen, 1990, p. 182), or as Husserl was suggesting – consciousness is being aware, or conscious, of something.

### *Essences*

Husserl believed 'the things themselves' were the essences that make up consciousness and perception of the world.

The phenomenological movement was launched under the battle cry of 'Back to the things themselves!'. The 'things themselves', as phenomenologists understand the phrase, are phenomena that present themselves immediately to us as conscious human beings

(Crotty 1998, p. 78).

### *Reduction or bracketing*

Although acknowledging that the qualitative, scientific approach to social science research was problematic, Husserl's mathematical consciousness was evident in his conceptualisation of 'bracketing'. Husserl believed bracketing to be a way of separating one's existing understandings of things from the process of phenomenological analysis, i.e. putting pre-understandings aside in order to understand the thing itself; a way of focusing on the object of inquiry, to '...allow the essence of the phenomena to emerge' (Racher and Robinson 2003, p. 471).

## **Hermeneutics**

Like phenomenology, hermeneutics can also initially be defined very simply, as the art of interpretation. Hermeneutics dates back to the 17<sup>th</sup> century, beginning as a means of interpreting biblical texts (Crotty 1998, p. 87), although this interpretation evolved to consider all literary texts. As Gadamer (1975, p. 146) stated:

In the nineteenth century, the old theological and literary ancillary discipline of hermeneutics was developed into a system which made it the basis of all human sciences. It wholly transcended its original pragmatic purpose of making it possible, or easier, to understand texts

Hermeneutics is no longer restricted to literary texts, and is now also applicable to other media formats such as art and dialogue.

### **Hermeneutic phenomenology**

Hermeneutic phenomenology, therefore, is a combination, as suggested by van Manen (1990, p.180):

...it is a *descriptive* (phenomenological) methodology because it wants to be attentive to how things appear, it wants to let things speak for themselves; it is an *interpretive* (hermeneutic) methodology because it claims that there are no such things as uninterpreted phenomena

Hermeneutic phenomenologists do not believe in bracketing, instead believing that it is not possible to completely empty the mind of preconceptions; one's own experiences are the frame for interpreting the experiences of others. Gadamer (1984, p. 59) asserted that as researchers, we are interpreting something in which we ourselves exist:

We are always hearing – listening *to* something and extracting *from* other things. We are *interpreting* in seeing, hearing, receiving. In seeing we are looking *for* something; we are not just like photographs that reflect everything visible

Further, as Laverly (2003, p. 28) professed:

The researcher is called, on an ongoing basis, to give considerable thought to their own experience and to explicitly claim the ways in which their position or experience relates to the issues being researched

There are a number of philosophers and scholars associated with hermeneutic phenomenology, and this research has been guided by two in particular – Martin Heidegger and Max van Manen. A third philosopher, Hans Georg Gadamer, also influenced the research to a lesser degree. The work of each is described below.

### *Martin Heidegger*

Martin Heidegger was born in Germany, in 1889 and, before embarking on a philosophical path, was a student of theology. Heidegger was a close colleague of Husserl in Freiburg, Germany, but ultimately Heidegger moved away from reductive Husserlian phenomenology.

Firstly, Heidegger disagreed with Husserl's focus on the importance of description of phenomena rather than understanding. As introduced in his book *Being and Time* (1962) Heidegger believed that the nature of existence, rather than the nature of knowledge was paramount – phenomenology should consider the meaning of Being, rather than Being There (Cohen and Omery 1994), whereas Husserl was strictly concerned with reductive science – hoping to reduce shared phenomena to common description across people.

Secondly, Heidegger also disagreed with the notions of reduction and bracketing. He rejected the transcendental approach, believing that understanding can never be without presuppositions; it is not possible to understand anything from a purely objective position (1962). Instead, Heidegger took a 'being in the world' approach - people and the world are bound together, making sense of the world while being part of it, not detached from it. Heidegger's term 'Dasein', or being-there stressed the idea that human existence was always in the world.

Linked to his concept of being in the world, Heidegger believed that mood or disposition was important too. 'Regardless of the phenomenon, the starting point is always the mood in which the experience is lived' (McConnell-Henry et al. 2009, p. 11).

Heidegger also believed these encounters in the world must also take account of a person's background. Lewis and Staehler (2010, p. 68) stated that:

For Heidegger, phenomena are rather more like signs, in need of interpretation, and the process of bestowing meaning is not done by a human subject in the present moment of intuition, but by a historical process, which gradually deposits new layers of significance on top of a certain original bedrock, that is then covered over

Interpretation is based on our 'historicality' - 'In every case interpretation is grounded in *something we see in advance* – in a *fore-having*....An interpretation is never a pre suppositionless apprehending of something presented to us' (Heidegger 1926/1962, pp. 191-192).

The notions of time and space were also important to Heidegger who argued that temporality is central to being; neither knowledge nor experience is gained statically. When referring to time, Heidegger did not mean linear, chronological time, instead considering that time was fluid and that past experience of humans affects both their present and future actions (McConnell-Henry et al. 2009).

### *The hermeneutic circle*

In rejecting Husserl's bracketing notion, Heidegger developed the concept of the hermeneutic circle – asserting that the only way for the researcher to conduct a hermeneutic inquiry was to have some prior knowledge, some fore-structure, so as to ensure that the questions asked were really pertinent. McConnell-Henry et al. (2009, p.11) stated that:

This back and forth movement, of questioning and then re-examining the text, results in an ever expanding circle of ideas about what it might mean to be and is called the hermeneutic circle

Our new understanding is made from corrections and modifications of our pre-understandings (Koch 1995), and not to be viewed as something to be discarded. Heidegger (1926/1926, p.194) believed that:

...if we see this circle as a vicious one and look out for ways of avoiding it, even if we just sense it as an inevitable imperfection, then the act of understanding has been

misunderstood from the ground up

Finally:

The hermeneutic circle is the generative recursion between the whole and the part...There is an inherent process of immersion in, and dynamic evolving interaction with, the data as a whole and the data in part, through extensive readings, re-readings, reflection and writing

(Moules 2002, *Hermeneutic Inquiry: Paying Heed to History and Hermes An Ancestral, Substantive, and Methodological Tale*, viewed 23 May 2012, [http://www.ualberta.ca/~iiqm/backissues/1\\_3Final/pdf/moules.pdf](http://www.ualberta.ca/~iiqm/backissues/1_3Final/pdf/moules.pdf)).

### *Hans-Georg Gadamer*

Hans-Georg Gadamer was born in Germany in 1900, and he continued Heidegger's hermeneutic approach to phenomenology. Gadamer's significant work *Truth and Method* was first published in 1960; this thesis references a 1975 translation.

Gadamer agreed with Heidegger in that he believed people are connected to their past, traditions and cultures, with an 'historically effected consciousness' (*wirkungsgeschichtliches Bewußtsein*). 'Long before we understand ourselves through the process of self-examination, we understand ourselves in a self-evident way in the family, society and state in which we live' (Gadamer 1975, p. 245).

Gadamer's development of hermeneutics centred on three principal notions – pre-judgement, the fusion of horizons, and universality.

### *Pre-judgement*

Pre-judgement, or pre-understanding, is concerned with the fact that it is not always possible to lose one's pre-judgements or pre-understanding when carrying out research. Like Heidegger before him, Gadamer did not believe it is possible to put aside – or bracket – one's pre-judgements or pre-understanding.

### *Fusion of horizons*

Gadamer proposed that the pre-judgements of the researcher are linked to an horizon. The horizon is the range of vision which can be seen by someone from a particular standpoint – as far as you can see or understand. In the case of research this refers to the researcher and also the participant. Gadamer does not propose that the researcher should try and place themselves in the horizon of the participant. Rather, that understanding occurs when the horizons of the researcher and participant fuse.

### *Universality*

Universality concerns a connection between humans' consciousness. The participant who tells their story, and the researcher who understands the story being told, are connected by a common human consciousness. Gadamer believed that rather than developing a process for understanding, the aim of hermeneutic phenomenology is to shed light on the situation in which understanding takes place. Distinct from a concern with method, methodology, or practice, Gadamer's approach attempts to hermeneutically look at understanding and interpretation (Palmer 1969).

### *Max van Manen*

Max van Manen was born in Hilversum, the Netherlands, in 1942. He achieved teaching qualifications and was awarded a major in teaching English as a Second Language, while living in the Netherlands. In 1967, he emigrated to Canada, where he taught in public schools for several years, before teaching and researching at a number of Canadian universities.

Van Manen's approach represented a major transformation in how educational research was conducted, and while his focus was on 'pedagogic praxis', his method has been widely adopted by a range of health care professionals, sociologists and social scientists (Maggs-Rapport 2001). His phenomenology is sometimes termed the 'Dutch school' or coming from the 'Utrecht Tradition' and is a combination of descriptive and interpretive phenomenology (Dowling 2007; Finlay 2009).

Like Heidegger and Gadamer before him, van Manen rejects Husserl's view of bracketing, and in fact encourages the use of personal experience as an ideal starting

point to identify how a researcher's own experience links to that of the participants. He suggests that: 'If we simply try to forget or ignore what we already "know", we might find that the presuppositions persistently creep back into our reflections' (van Manen 1990, p. 47).

Van Manen describes hermeneutic phenomenology as doing two things – providing concrete examples of lived experience, and suggesting an insightful reflection on the meaning of those experiences:

To *do* hermeneutic phenomenology is to attempt to accomplish the impossible: to construct a full interpretive description of some aspect of the lifeworld, and yet to remain aware that lived life is always more complex than any explication of meaning can reveal

(van Manen 1990, p. 18).

In his book *Researching Lived Experience* (1990) van Manen considers four life world existentials and six research activities, both of which are introduced below and discussed further later in this chapter, and throughout this thesis.

### *Life existentials*

Van Manen believes that four life existentials are the fundamental themes that '...pervade the lifeworlds of all human beings, regardless of their historical, cultural or social situatedness' (1990, p. 101):

- lived space (spatiality) considers the world in which humans find themselves
- lived body (corporeality) refers to how the physical body can reveal or conceal aspects of the person
- lived time (temporality) considers subjective time, as opposed to objective (or clock) time
- lived human relations (relationality) is concerned with how we relate to others in the world

Time and space form the boundaries by which we measure our experiences, and

van Manen's (1990) existentials do not consider time and space in measured, mathematical ways. Lived time, for example, is our subjective time - what it is like to live in our lives, in the present, historically and what might be in the future. It allows for other ways of experiencing time - time as it is lived, the felt sense of time which also embraces the possibility of timelessness. Van Manen (1990) describes lived space or spatiality as 'felt space' (p. 102), what being in our world feels like. This includes how we experience our day-to-day lives, how we feel in our homes and in the world or landscape in which we find ourselves at home. Lived human relations or relationality concerns the interpersonal space we share with others. Being-in-the-world is an interactive experience, in which we not only remain connected to our history and culture, but also speaks of our consciousness of each other. The experience of lived body is our sense of our physicality, our presence, our connection with the world; it is the way in which we may be most aware of being-in-the-world. We notice each other, and gather information both about ourselves and our experiences, and those of others, through our bodily responses and actions.

These life world existentials are intertwined, and the older people who shared their life experiences for this research study have experienced, and continue to experience, changing life worlds across all four existentials.

### *Research activities*

Van Manen (1990, pp. 30-31) believes that hermeneutic phenomenology is an interaction between six research activities. These are outlined below, and described in detail later in this chapter:

1. Turning to a phenomenon of interest
2. Investigating experience as we live it rather than as we conceptualise it
3. Reflecting on the essential themes which characterise the phenomenon
4. Describing the phenomenon through the art of writing and re-writing
5. Maintaining a strong and oriented relation to the phenomenon
6. Balancing the research context by considering the part and the whole

It is not van Manen's intention that the steps are prescriptive; rather that they provide an outline structure to undertake the research.



In conclusion to this Methodology section, an interpretivist epistemology was chosen as I hold with the view that the researcher and the participants are engaged in a social world. I believe that understanding other people is concerned more with a way of being rather than adhering to a set of rules which must be followed in order to reach 'the truth'. Reality depends on context, feelings, and the way in which life is viewed; and this will differ from being to being. Relating this to the current study, I do not believe there is one true reality of being prepared 'out there' to be discovered; perception, context and shared experiences with others play an important part when uncovering truths.

While I cannot expect to know the minds and thoughts of each of the participants, common social constructions such as language and meanings can be shared. Through this common world, conversations can be entered into and experiences shared, which in this study happened during interviews. The aim of these conversations was not to create knowledge. Rather, through hermeneutic enquiry and interpretation, the aim was to reach an understanding - a fusing of horizons - of what being prepared meant to these older people, and what life experiences had led to those meanings and understanding.

Van Manen's hermeneutic phenomenology seemed particularly suitable for this study and appealed to me, compared to other phenomenological researchers, for three principal reasons. Firstly, van Manen's writing style and research was accessible in terms of both language and approach – I could understand his methodology and research, and could relate to it. Secondly, his approach, while formed in the education sector, was not so tightly bound by discipline compared to other phenomenologists, such as Giorgi who has a strong psychological perspective. Finally, van Manen's interest in 'pedagogic praxis' fitted with the research aim of exploring the lived experience of older people – what have they learnt during their lives – and how does that influence their perception of being prepared for emergency events.

## Method

Van Manen (1990) suggests that there is no *prescribed* method of investigation, or cookbook type recipe to follow in hermeneutic phenomenology. In order to explore whether the lived experience of older people has informed what being prepared for an emergency event means to them – or shaped their meaning of being prepared - a method that opened dialogue with the older people was required. This allowed them to share their life stories; and gave access to an understanding of their lived experience of the phenomena – a sharing of consciousness as described by Gadamer, and essential themes as described by van Manen.

As briefly outlined, van Manen (1990) proposes six steps for undertaking hermeneutic phenomenological research, and this current research used these steps as a guide. The six steps are described in greater detail below, and expanded upon throughout this chapter.

### *Turning to a phenomenon of interest*

‘Every project of phenomenological inquiry is driven by a commitment of turning to an abiding concern’ (van Manen 1990, p. 31).

As outlined in Chapter One *Introduction*, my background of working in emergency management planning and policy, specifically pandemic influenza planning, directed me to my research question. In exploring whether the lived experience of older people influences their perception of being prepared for emergency events, I sought to discover the essence, or meaning, of ‘being prepared’ for older people, from those who had a long life history with many life experiences.

Given my background, it was important that I identified my pre-understandings or pre-judgments (van Manen 1990; Gadamer 1975) and understood how they might influence my data analysis and interpretation. I employed three strategies to deal with this issue. Firstly, I clearly outlined my background and what guided me to this research, as discussed in Chapter One *Introduction*. Secondly, as described later in this chapter, I kept a research diary. Finally, throughout the course of the study I had

regular supervisory meetings. As well as being invaluable in terms of general guidance with respect to undertaking a PhD, these also served to keep me on track, and illuminate any shortcomings and bias in my data analysis and interpretation.

*Investigating experience as we live it rather than as we conceptualise it*

‘Phenomenological research aims at establishing a renewed contract with original experience’ (van Manen 1990, p. 31).

By conducting interviews with older people, the process for which is explained in greater detail in the following pages, I was able to engage in the lives of my participants (van Manen, 1990), thereby gaining an understanding of the experience as it was lived.

*Reflecting on the essential themes which characterise the phenomenon*

The understanding of some phenomenon, some lived experience, is not fulfilled in a reflective grasp of the facticity of this or that particular experience. Rather, a true reflection on lived experience is a thoughtful, reflective grasping of what it is that renders this or that particular experience its special significance

(van Manen 1990, p. 32).

While trying to distil the essential meaning of an experience, and therefore understand the phenomenon of being prepared, themes were identified from the rich data gathered from the interviews. The data analysis followed van Manen’s three step process – the wholistic or sententious approach; the selective or highlighting approach; and the detailed or line-by-line approach (1990) – and is discussed in greater detail in the Data Analysis section of this chapter.

*Describing the phenomenon through the art of writing and re-writing*

‘Writing fixes thought on paper’ (van Manen 1990, p. 125).

During the process of writing, the experiences of both the researcher and participants are described. For me, writing started before any formal analysis of interview transcripts, considering several iterations of my research aim and question, and with

diary notations, research presentations and summary reports.

With regard to the data itself, and as described in greater detail later in this chapter, writing and re-writing provides a mechanism for analysis and interpretation. As van Manen suggests, in writing, we are attempting to make that which is internal to participants become external (1990), and themes can be identified and interpreted through writing and re-writing.

*Maintaining a strong and oriented relation to the phenomenon*

Unless the researcher remains strong in his or her orientation to the fundamental question or notion, there will be many temptations to get side-tracked or to wander aimlessly and indulge in wishy-washy speculations...

(van Manen 1990, p. 33).

Throughout the thesis I had to remain true and sensitive to the research question of seeking to explore the lived experience of older people, to understand the meaning for them of being prepared for emergency events; in order to be better informed about their situation and needs, and the strategies most likely to be engaging and relevant to older people. Similarly, I had to remain cognisant of my own pre-understandings or pre-judgments. Discussion with work colleagues and my supervisors, and maintaining my research diary was helpful in this regard.

*Balancing the research context by considering the part and the whole*

It is easy to get so buried in writing that one no longer knows where to go, what to do next, and how to get out of the hole one has dug

(van Manen 1990, p. 33).

Van Manen recommends a back and forth movement between the parts and the whole to avoid getting bogged down in the minutiae of the research. This process checks in with both the detailed text and the overall question regularly, to ensure that the research process remains true to the overall research question, taking a step back to see the bigger picture, as well as exploring the life experiences provided by the

participants.

## **Data collection**

### **One-on-one interviews**

The method chosen to collect the data for this research was one-on-one interviews between myself and my research participants. A one-on-one interview with research participants was seen as the most appropriate method for a range of reasons. The intention was to explore older people's lived experience, and to do this, I felt that a rapport would need to be built, and the best way to do this was by in depth interview with the older person.

In hermeneutic phenomenological human science the interview serves very specific purposes: (1) it may be used as a means for exploring and gathering experiential narrative material that may serve as a resource for developing a richer and deeper understanding of a human phenomenon, and (2) the interview may be used as a vehicle to develop a conversational relationship with a partner (interviewee) about the meaning of an experience

(van Manen 1990, p. 66).

The technique used for the in depth interviews was semi-structured, using open ended questions, i.e. questions that require more than a yes or no answer. This style of interview also allowed questions that arose naturally in the course of the interview to be pursued. The questions were not necessarily asked in the same order with each participant and did not use the exact same wording, depending on how answers were provided, whether questions were raised by the participant and generally depending on how the conversation was progressing.

Semi-structured interview questions were developed, rather than rigidly structured or unstructured, to provide greater breadth and richness in data, and to allow participants the freedom to respond to questions and probes and to tell their own stories without being tied down to a specific framework. The interpretive character of the research focused on why and how something happened, rather than specific

behaviours. As noted by Cresswell, 'Qualitative research is emergent rather than tightly prefigured' (2003, p. 181).

The anticipated benefits of using a semi-structured approach were that the interview would be:

- less intrusive and confrontational for the participant
- more of a two way, flowing conversation between the participant and myself
- a way of getting more detailed information from the participant, for example not just a simple one word answer to a question, but also the meanings behind that answer

### **Dismissal of focus groups**

In the initial stage of the research design, consideration was given to exploring older people's lived experience as part of a focus group activity. This was, however, quickly dismissed. I felt that some people may not speak as freely in a group environment, feeling that their life stories were not for broad discussion in an open forum. Aligned to this, participants may choose to discuss the shared (and therefore more acceptable) social experiences, rather than their own individual lived experience. Also, I believe that many older people might have been deterred from taking part, if they had to travel to a location suitable for focus group participation. Finally, as a method, it would not be true to the hermeneutic phenomenological methodology of exploring individual's lived worlds.

### **Dismissal of survey questionnaires**

As with a focus group activity, the use of survey questionnaires was considered, but again quickly rejected, as it would not give access to the lived world of the participants in an in depth and meaningful way. In addition, I did not wish to impose upon participants to complete a written survey questionnaire for five principal reasons:

- potential participants may have been put off by the notion that they had to sit

and write responses to multiple questions

- related to the above point, a written questionnaire relies on a level of literacy (both for reading and writing) and also a level of visual ability (i.e. eyesight) that might preclude potential participants from taking part
- as van Manen (1990, p. 67) states:

...sometimes it is easier to talk than to write about a personal experience, because writing forces the person into a more reflective attitude, which may make it more difficult to stay close to an experience as it is immediately lived

- the idea of exploring whether older people's experience influences them to prepare for emergency events does not lend itself to set structured questions. A questionnaire would not be able to follow up nuances that become apparent in the answers to questions, or delve into particular areas depending on the answer given. Relevant information might therefore have been lost
- set questions would have been written based on my prejudgments and preconceptions and might not allow a fusion of horizons between myself and the participant

While the approach to the study was interpretive, some basic demographic data was gathered, such as age of participant and marital status. Some of this information was gathered purposely, in that I asked a direct question, in order to get to know the participant a bit more, and understand their lived world. Other pieces of information gathered simply came up in conversation, being offered by the participant, during the interviews. This demographic data is discussed in Chapter Four *Gathering and analysing the lived experience* when the participants are introduced.

### **Interview experience of researcher**

In depth interviewing involves high levels of skill in developing rapport, listening, interpreting and reflecting. While I am experienced in carrying out interviews in the workplace setting – both with peers and staff (for example, for recruitment purposes) and also clients (for example, for assessing eligibility for services) – the skills required for this study were beyond the normal day-to-day interviewing I have so far

undertaken.

In order to build my skills, I attended short courses at the Flinders University, such as Questionnaire and Interview Design and The Process of Research. I also read widely on the process of research, research interview techniques and approaches to qualitative research methods and analysis (Baker, 2012; Cresswell, 1998, 2003 and 2007; Kellehear, 1993; King, 2010; Rubin, 2005; and Silverman, 2000).

The interview schedule, describing fields of questioning to be covered during the interview and starter questions to begin the conversations were discussed with my supervisors and work colleagues. Finally, trial interviews were held with work colleagues, who have a background in emergency management planning.

## **Ethical considerations**

### **Ethics application**

The proposed research study was submitted to the Flinders University Social and Behavioural Research Ethics Committee in September 2011. The submission included: a completed National Ethics Approval Form (NEAF); letters of support for the research from three aged care service providers; and copies of the proposed letter of introduction, participant information sheet and participant consent form. A copy of the application, including the proposed letter of introduction, participant information sheet and participant consent form, is provided at Appendix 1.

The ethics application considered the following:

- Voluntary consent and right to withdraw

Participation in the research was entirely voluntary and the right of the participant to withdraw at any time was made clear in the information sheet. Potential participants were advised they would be required to sign a consent form if they chose to take part.

- Confidentiality

In both the letter of introduction and the information sheet, potential participants



were advised that confidentiality would be protected. Further, they were advised that any text quoted in this thesis, or subsequent reports or publications, would be anonymous.

- Risk to participants of taking part

There was a risk that participants may experience anxiety as a result of the interview, from either re-living a traumatic emergency event, or from realising that they were not prepared for such an event. A process to assist participants, should this become the case, was developed:

- the researcher would carry details of where the participant could obtain further information on emergency preparedness
- the participants would be advised that they can contact the researcher, their aged care service provider, or their General Practitioner following the interviews, should they have any concerns, or be emotionally upset by the interview process
- the participants were advised that they could end the interview at any time

- Risk to researcher of undertaking the research

There was a potential personal safety risk for the researcher, meeting the participants in either their own home, or a community facility. While this risk was given careful consideration, on balance, it was not considered a high risk given the age of the participants, the way in which they were to be recruited and the subject matter of the research. Nevertheless, a process was developed, whereby:

- the researcher's interview timetable would be provided to her supervisors
- the researcher would telephone, using her mobile telephone, a nominated contact person upon entering the location for the interview, and advise the anticipated length of the interview
- the researcher would then telephone the nominated contact person on completion of the interview
- if the researcher had not called the contact person within the anticipated timeframe, the contact person would telephone the researcher

- Expected benefits of the research

The expected benefits of the research were anticipated to be two-fold; benefits to the participants and benefits to the wider community.

#### *Benefits to the participants*

It was anticipated that the participants would benefit by having the opportunity to consider the issue of emergency preparedness in a safe and secure environment, not in the context of an imminent threat. This might help their own preparedness. For example, as a result of the interview they might realise that they are well prepared (and take comfort in that); or they might realise they need to do more work to become prepared, and take those steps. In addition, as a result of taking part in the research, the participants might be prompted to talk with friends and neighbours about preparedness, who in turn might also take on preparedness activities.

#### *Benefits to the wider community*

The value of the research to the community was anticipated to be significant. An understanding of how older people's lived experience of emergency events and the meanings associated with preparedness informs their behaviour with respect to future events, could be used to develop more effective emergency preparedness policy and education programmes. In addition, there could be the potential for the research to deliver beneficial health outcomes (both physical and mental) in helping older people prepare for, and subsequently respond to and recover from, emergency events.

- Special ethical considerations

Given the target group – those aged 65 years and over – the research specifically excluded anyone below that age. The research did not specifically exclude anyone on the grounds of speaking English as a second language, being dependent on another for care, or having a cognitive impairment. Recruitment via the aged care service providers ensured that only those people who could speak English competently, fully understood the nature of the research and were capable of giving informed consent were invited to take part.

## **Ethics approval**

Initially, conditional ethics approval was granted, pending further clarification on choice of selection criteria, further information on the recruitment process and confirmation that the researcher's personal mobile would not be used. Final approval was granted by the Flinders University Social and Behavioural Research Ethics Committee in October 2011 – project number 5378; see Appendix 2.

Three modifications were sought from the Committee as the research progressed. In November 2011 a request was submitted and approved for the use of a 'snowballing' approach, although ultimately this approach was not pursued. In March 2012, a request was submitted and approved for the use of a confidential professional transcribing service. Finally, in late November 2013 a request was submitted to extend the ethics approval completion date from 31 December 2013 to 30 June 2014. This request was approved in early December 2013. Copies of the modification approvals can be found at Appendix 3.

## **Research participants**

The target group for the research was people aged 65 years and over, living in their own homes, and in receipt of support provided by an aged care service provider. Participants could be living alone or with a partner/ spouse. The research therefore excluded those under the age of 65 years; and those aged 65 years and over, but living either completely independently (i.e. with no formalised assistance) or in a residential aged care facility. Participants were not remunerated for taking part.

## **Rationale for participant selection criteria**

With respect to participant selection in hermeneutic phenomenological research, the aim is to select participants who have lived experience that is the focus of the study, who are willing to talk about that experience, and who are diverse enough from one another to enhance possibilities of rich and unique stories of that experience (Polkinghorne 1983; van Manen 1990).

I wished to explore the lived experiences of older people, and how those experiences made meaning for those older people taking part, in terms of being prepared for emergency events. The starting age of 65 years was a pragmatic choice, because at the time of the research, 65 years was the eligible age for receipt of an aged pension in Australia.

It is recognised that from 65 years upwards, there is a vast age range; and that the ability, attitudes and social worlds of people between 65 years and those aged into their nineties and beyond could vary greatly. This was viewed as a positive factor, because a broader range of experiences and situations could be explored.

Those people aged 65 years and over living in a residential age care facility were not included as the service provider has an “in loco” responsibility for the health, safety and wellbeing of the older person, including any preparedness for emergency events.

Those people over the age of 65 years living independently of any formalised support service were not included as the research was interested in those who may be at an extra level of vulnerability due to the service they received. This could be either because they received the service due to their own reduced ability; or because they relied on a service which might itself be interrupted during an emergency event.

Community-dwelling older adults may pose more complex challenges for planning officials than those in long-term-care settings because these facilities may already be governed by specific regulations. To remain in their homes, many community-dwelling adults rely on care from family members or caregivers or from services provided by area agencies on aging, community organizations, or home health agencies. Interruption of these services during an emergency can compromise the self-reliance and independence of community-dwelling older adults

(Centers for Disease Control and Prevention 2012, p. 2).

It is acknowledged that there may be older people living in the community who in terms of ‘formalised care’ are independent; yet they receive informal care from family and friends. It is also recognised that there may be older people in the

community who are in need of assistance but are not ‘hooked into’ the formal systems that help them access care, either through choice or because they do not know how to access services. The method of participant recruitment, described in the next section, excluded these older people from this study.

It was not a requirement of the participants to have lived through a specific emergency event – although this was of course explored in the interview. Similarly, it was not a requirement of the participants to pre-define themselves as being prepared – or indeed un-prepared - for an emergency event; although again, this was explored in the interviews.

### **How participants were recruited**

Participants were recruited via senior managers – called ‘coordinators’ - at three aged care service providers operating in South Australia. The Chief Executives at each of the service providers expressed great interest in the research and were keen to be involved. In addition to managing residential aged care facilities, each of the providers also service clients living in the community. For example, the providers lease independent living units to older people, and also coordinate support such as housework and shopping. It was these ‘community’ clients that were invited to consider taking part in this research.

As outlined above, to meet the requirements for ethics approval, an information pack comprising of a range of documents was prepared for potential participants. The information pack was designed to be relevant and appropriate for the target group and could be amended to a larger font as required. It contained the following documents, a copy of which can be found at Appendix 1:

- Letter of introduction

Signed by my principal supervisor, the letter of introduction gave a brief description of the research project and invited the potential participant to consider taking part.

- Information sheet

Providing a more detailed description of the research, the information sheet was

written in plain language. The information sheet included details on the role of the participant should they choose to take part; project supervision and monitoring; privacy, confidentiality and the participants' right to withdraw; expected benefits to the community; contact details; and a 'willingness to participate' tear off form. The willingness to participate form allowed the potential participant to register an interest in taking part in the research, and ask the researcher to contact them to find out more; it did not indicate consent to the full research interview.

- Consent form

The consent form required the signature of both the participant and researcher, and confirmed the participants' decision to fully take part in the research.

The coordinators at the aged care service providers reviewed their clients, shortlisting those who met the research selection criteria. Information packs containing a copy of each of the above documents, and also including a stamped addressed envelope, were forwarded to the coordinators, who then on-forwarded the packs to their shortlisted clients.

Participants were invited to read the letter and accompanying information sheet. If they wished to find out more about the research, they were invited to complete the 'willingness to participate' form. The 'willingness to participate' form was returned to me, at the Flinders University, in the stamped addressed envelope.

Upon receipt of the 'willingness to participate' form, I contacted the potential participants and arranged an initial meet and greet session. If, following the meet and greet a participant chose to pursue full involvement in the research, a formal interview was scheduled, and the consent form signed.

I did not know which clients from the aged care service provider the packs had been sent to and the first contact I had with the participants was the receipt of the 'willingness to participate' form. At no time did I discuss with the aged care service providers which of their clients had chosen to take part.

Further details of the meet and greet and interview process are provided later in this

chapter.

### **Number of participants**

At the outset of the study, and following discussion with my supervisors, I proposed between ten to fifteen participants/ interviews. I felt that this number would be sufficient to provide a good breadth of responses, while retaining the richness and depth of information.

Twenty four information packs were sent to the aged care service providers in November 2011 and a further two were forwarded in December 2011. These were forwarded by the coordinators to their shortlisted clients.

### **Research diary**

In hermeneutic phenomenology, in addition to information gathered from the participants, data can include the researcher's personal reflections on the topic, and also depictions of the experience from outside the context of the research project itself, including the arts, such as poetry and painting (Polkinghorne 1989).

At the very beginning of the research process, indeed before the research had formally commenced, I started a research diary. Throughout the course of the research, this initial diary became two; each containing slightly different information.

The initial diary, which was started before full time commencement of the study, contained my formative thoughts and pre-understandings. This diary, which was kept throughout the research period, was used when discussions were held with my supervisors and when I attended conferences, workshops etc.

The second diary was used to keep a chronological account of the recruitment and interview process, including:

- when the information packs were sent to the aged care coordinators
- when I was contacted by potential participants

- scheduling of meetings with participants

In addition to this administrative information, I made reflective notes of my initial telephone conversations with participants and subsequent meetings with participants. My opinion on how the meet and greet sessions and interviews proceeded, including how I felt, how the participants seemed and behaved, and possible emerging themes were also recorded in this second research diary.

When considering van Manen's six steps for undertaking hermeneutic phenomenological research, the information contained in these diaries was particularly helpful in describing the phenomenon through the art of writing and re-writing; maintaining a strong and oriented relation to the phenomenon; and balancing research content by considering the part and the whole.

## **Interview process**

The interview process is described below including: details of interview locations, the meet and greet sessions, the design of the interview schedule, undertaking the interviews and transcription of the interviews.

### **Location**

The choice of meet and greet and interview location was left to the participants – either their homes or a suitable community facility. In every case, the participants chose their own home. This was seen as optimal because it ensured that the participants were comfortable and familiar in their surroundings. In addition, it enabled ‘...the researcher to develop a level of detail about the individual or place and to be highly involved in the actual experiences of the participants’ (Cresswell 2003, p. 181).

### **Meet and greet session**

The meet and greet session provided an opportunity for potential participants to seek further information on the research, ask questions and clarify their possible



involvement. Further, it provided an opportunity for me to develop rapport, to 'build a story' of the potential participant and gather background information, such as age; living arrangements (e.g. living alone, or with a partner); and what assistance they were receiving. The meet and greet session started the fusing of horizons discussed by Gadamer - giving me an understanding of the participant and their lived world.

### **Design of interview schedule**

As previously stated, the interviews were carried out one-on-one between me and the participants. The interview allowed me to further enter the worlds of the participants, and the interview schedule was designed to be open and un-threatening. Rather than develop a rigid set of questions, therefore, a framework of questions was designed in order to establish:

- whether the participants had experienced an emergency or traumatic event
- whether this had changed their behaviour
- what being prepared for an emergency event meant to them
- what being resilient meant to them
- what being vulnerable meant to them

Two broader social science questions were also asked - 'what do you think of the media' and 'does climate change concern you'? These questions were asked to provide context on how the participants responded to the questions above. More detail is given in Chapter Four *Gathering and analysing the lived experience*, and Chapters Five to Seven which discuss the themes identified from the data analysis. The interview concluded with one final open-ended question, asking the participants 'is there anything else you would like to add to our discussion today?'

In addition to the framework of questions, prompts were also developed. These might be used if a participant veered off course, or was not sure of my meaning with the question. It was intended that follow up discussion would be led not so much by me, but by the participant.

The importance of paying attention to silence, as supported by van Manen (1997, p.

68) was recognised:

Often it is not necessary to ask so many questions. Patience or silence may be a more tactful way of prompting the other to gather recollections and proceed with a story

## **Interviews**

As previously advised, the location of the interviews was left to the participants to decide – either their own homes or a suitable community facility. The research design allowed for one interview per participant. The method was to be a one-on-one in depth interview between myself and the participant. The interviews were audio recorded.

While in the participants' homes, I was mindful of being a guest in their home - their lived space. I allowed the participants to set the pace for the interviews. For example, even with the benefit of the meet and greet session some participants still were keen to have some 'general chit chat' before moving on to the interview itself. Similarly, if the participant wished to show me his or her garden, or the entirety of his or her home, I obliged. In many instances, I was generously provided with morning or afternoon tea, and also offers of lunch.

In most interviews there was a comfortable feel of social interaction, rather than strict questions and answers. As Raymond argues, the more an interview resembles ordinary conversation the more each speaker will communicate their assumptions and expectations and tend to shape the responses to their enquiries (Raymond 2003, p. 959). I was conscious that there was potential for a perceived power differential between me and the participants, more heavily weighted towards me – the enquirer – during the interviews. However, during the interview process, I reflected that considerable power was vested in the participants, who could choose what information was to be provided and what withheld, and who were comfortable on their 'own turf' - their home.

## **Interview transcription**

I transcribed the first six interviews, with the remaining five being transcribed by a confidential professional transcribing service. This was a pragmatic decision, to save time, as each interview took approximately one to two days for me to transcribe.

The transcriptions that I undertook were carried out as soon as possible after the interview, following a simple two column format - one for who was speaking and the second for what was said. The transcriptions were verbatim and noted pauses in conversation, laughter, tears and other contextual information such as interruptions by phone, or descriptions about furniture, when the participant pointed to something during the interview. Each interview was proofed, whereby the transcript was read alongside the source audiotape, to verify accuracy (Sandelowski 1995).

The transcriptions carried out by the confidential professional transcribing service were of a similar format, and were carried out within two months of the interviews. They were verbatim, although did not include so many of the natural pauses or laughter. Upon receipt of the transcriptions, I proofed every one. I also added in the contextual information recalled from both the interview and the notes taken during the interview, to ensure they were as rich in content and context as the interviews that I had transcribed myself.

Research participants were not invited to read their transcripts. This is often given priority by researchers undertaking interpretive research as it is seen as a technique that introduces rigour to the research process (Koch and Harrington 1998). However, as Koch and Harrington point out from their own research involving older people, this is often not possible, nor practical. In the case of Koch's research, for example, some of the participants died and others were not well enough to read through lengthy transcripts (Koch and Harrington 1998, p. 885).

For the above reasons, therefore, the research design for this study did not include return of transcripts to participants. In addition, the interview sought a snapshot of interpreted experience and review by participants might have altered their interpreted experience. This could happen either because the participants had reconsidered the

experience because our conversation had resurfaced it; or because they felt the written account did not (adequately) present the person who they wanted me to see.

Finally, with respect to the rigour argument, it was not deemed necessary to return the interview transcripts to the participants because the interviews were audio recorded and transcribed verbatim.

## **Data analysis**

In using a semi-structured interview technique for this research, the aim was to explore the phenomenon of being prepared for an emergency event, and to understand what influences older people to prepare. The aim of the interviews was not to discover a rigid and fixed definition of preparedness. Rather, the interviews provided a flexible framework, in line with the hermeneutic phenomenology methodology, to begin the process of analysing the experiences of the older people.

Semi-structured interviews prevented me from making assumptions about being prepared for an emergency, allowing the participants to speak freely and reveal their own thoughts – either consciously or unconsciously. Semi-structured interviews also were in line with van Manen’s approach of investigating the experience as lived, rather than as I might conceptualise it.

The analysis consisted of a number of ‘passes’ at the data, reading and re-reading the interview transcripts, and listening to the interviews. The second research diary (concerning the interview process and the interviews themselves) was considered alongside this reading and listening, to gain extra insights and context, for example, the behaviour and health of the participants or the weather.

The actual analysis followed van Manen’s three stage process – the wholistic or sententious approach; the selective or highlighting approach; and the detailed or line-by-line approach (1990). The process was not conducted in a linear fashion - rather a circular one, moving back and forth between stages – and is briefly outlined below:

*The wholistic or sententious approach*

The wholistic approach is seeking phrases that ‘...*capture the fundamental meaning...*’ (van Manen 1990, p. 93) of the text, aiming to isolate core meanings of the phenomenon. These sententious phrases are not yet fully formed, but contribute to the development of further themes and sub-themes, as reading, writing, reflection and re-writing continues.

In this stage of the process I read the transcripts in their entirety, several times, while also comparing the notes in my diary. I made notes on the transcripts of key words and phrases that I felt reflected the experience of my participants, and their behaviours with respect to being prepared.

#### *The selective or highlighting approach*

The selective or highlighting approach seeks to identify which statements or phrases help in representing meaning about the phenomenon of interest, in this case being prepared for emergency events.

This process broke down the analysis further. Again, I read and re-read the transcripts, identifying specific sentences or phrases that reflected the experience of my participants, and their behaviours with respect to being prepared for an emergency. I copied these sentences and phrases in to lists, detailing which transcript they came from, and at what time point in the interview. From the sentences/ phrases, I tried to distil key words, and drew several ‘mind maps’.

#### *The detailed or line-by-line approach*

As implied, this stage involved reading every sentence, line by line, seeking to identify what the sentence revealed about the phenomenon of being prepared for an emergency event.

## **Rigour and credibility**

In the past, rigour and credibility have not been considered as possible in qualitative research. While not condoning that point of view, Lincoln and Guba noted that ‘rigour, it is asserted, is not the hallmark of naturalism’ (1985, p. 289). In more recent years, however, this opinion has changed, with numerous researchers arguing various ways in which rigour and credibility can be achieved in qualitative research

(for example, Hall and Stevens 1991; and Cresswell 1998). Benner (1994, p. xvii) states that:

Interpretive phenomenology cannot be reduced to a set of procedures and techniques, but it nevertheless has a stringent set of disciplines in a scholarly tradition associated with giving the best possible account of the text presented. The interpretation must be auditable and plausible, must offer increased understanding, and must articulate the practices, meanings, concerns, and practical knowledge of the world it interprets

There are a range of checklists or tools that can be used to ‘validate’ interpretive research, for example participant validation of transcript, triangulation and peer review/ inter judge checking. However, such specific tools were not employed in this study:

Reducing qualitative research to a list of technical procedures, however extensive, is overly pre-scriptive and results in “the tail wagging the dog.” None of these technical fixes, in itself, confers rigour. They can strengthen the rigour of qualitative research only if they are embedded in a broad understanding of qualitative research design and data analysis

(Barbour 2001, p. 1117).

Instead, rigour and credibility were achieved using a range of strategies, as outlined previously, including:

- use of research diaries
- two meetings with the participants
  - the meet and greet for setting the scene, clarifying aims of research and the participant’s role, obtaining general background, and building rapport;
  - the second for obtaining the detailed information for analysis
- audio recording, transcription and proofing of transcripts

Further, as will be seen in Chapters Five to Seven, the participants’ own words have

been used to corroborate the data analysis.

## **Data management and storage**

In line with both Flinders University policy (Flinders University n.d., *Information for researchers*, viewed 16 August 2008,

<http://www.flinders.edu.au/sabs/research/info/rds.cfm>) and also the National Health and Medical Research Council's Australian Code for the Responsible Conduct of Research (2007, viewed 16 August 2008,

[http://www.nhmrc.gov.au/files\\_nhmrc/publications/attachments/r39.pdf](http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/r39.pdf)) the research data was managed and stored as below:

The research diaries were paper based diaries, which were kept in a locked filing cabinet. Reflections from the meet and greet sessions and the formal interviews were typed up, saved on a password protected laptop, and backed up to a protected external hard drive.

Interviews were audio recorded on a digital audio recorder. The digital recordings were downloaded on to the password protected laptop, and also saved on to the external hard drive. The interview transcriptions were also saved on to the password protected laptop and protected external hard drive. The printed paper copies of the transcriptions and the digital audio recorder were stored in the locked filing cabinet.

I was the only person with access to the password protected laptop, protected external hard drive and locked filing cabinet. My supervisors had access to de-identified data, during supervisory discussions and as part of this thesis and its previous drafts.

In line with the National Health and Medical Research Council's Australian Code for the Responsible Conduct of Research (2007, as previous) the research data will be securely held by the Flinders University for a period of five years from thesis publication.

## **Limitations of the study**

There are a number of potential limitations with the method of this study, which are detailed below.

### **Participant recruitment**

The recruitment method - in addressing the research scope of seeking to explore how those older adults living independently, but in receipt of an in-home care service - used a third party (three aged care service providers) as a conduit to the participants. This approach will have excluded older adults who are not in receipt of formal care, but that is not to say that there are not older adults living in the community with similar characteristics, receiving informal care from family instead.

Similarly, the recruitment relied on the aged care service provider coordinators to shortlist clients who they believed met the research criteria. Coordinators may have overlooked some clients either by accident or because they felt that those clients would not add to the research, were not able to participate, or portray the aged care service provider in a poor light. However, I cannot know how those who did not choose to, or were not given the opportunity to, take part might have been different in their opinions or beliefs.

The recruitment relied on self selection of participants, and it could be argued that those participants who chose to take part were more vocal and had something they wished to say; or were more community spirited and wanted to help with research.

### **Geography**

This study only considered older people living in the greater Adelaide metropolitan area in South Australia. Perhaps older people living in more rural areas may have had different experiences and therefore different perceptions of being prepared.



### **Timing of interviews**

The interviews were carried out over a period of three months, during the Australian summer, which in South Australia is bushfire season. It is possible therefore, that being prepared for an emergency event was more at the forefront of participants' minds.

### **Number of interviews versus saturation**

The desired number of interviews was set at the start of the study - between ten and fifteen - and was not contingent upon saturation of data being reached during the interview process. As Bryman (cited in Baker and Edwards 2012, p. 18) states:

Such an approach to sampling is very demanding because it forces the researcher to combine sampling, data collection, and data analysis, rather than treating them as separate stages in a linear process

Interviewing between ten and fifteen older people, in depth, in semi-structured interviews allowed for fuller, more expressive descriptions and thoughts to be explored, hence saturation was not pursued.

### **Limitations of the researcher**

My own lived world could be seen as both a limitation and an asset to the study, as it is so very different from that of the participants on several levels – I am not aged over 65 years, I have not experienced the wealth of events that the participants have encountered; and I was not born or raised in Australia.

My professional background might also be perceived as a limitation. I may have been biased in the questions that I chose to ask and the way in which I carried out the data analysis, as both will have been framed by my emergency management background. There may be interpretations that I did not make, or interpretations that I made that others may not have.

However, with careful drafting of the questions, discussion with my supervisors, and

testing the questions with colleagues I believe the interview schedule was appropriate. Similarly, the analysis of the data was discussed with my supervisors, was drawn from the nature and depth of the participants' words, and stayed true to the participants' words using verbatim quotes as appropriate. As Heidegger said 'we never come to thoughts. They come to us' (Heidegger 1971/ 2001, p. 6), and I feel as though I have been true to the information shared by the participants.

## **Summary**

This chapter has discussed the methodological underpinnings of the research undertaken, and detailed the way in which the study was carried out. Using van Manen's hermeneutic phenomenology as a guide, semi-structured in depth interviews were undertaken to explore whether the lived experience of older people influences their understanding of being prepared for emergency events. The next chapter provides information on the interviews themselves and introduces the research participants, giving an insight into their lived worlds.

# CHAPTER FOUR

## GATHERING AND ANALYSING THE LIVED EXPERIENCE

### Overview

Following on from Chapter Three *Methodology and method*, in which the research methodology was introduced; and the research design and how the research was undertaken were described, this chapter provides information on the interviews, the research participants and data analysis. Detail of the interview process, including detail on how many information packs were sent out; how many responses were received; how many potential participants proceeded through the meet and greet sessions to the interviews is provided. The participants are then introduced, individually, to offer the opportunity to ‘get to know’ them a little. Finally, the process of data analysis is discussed, whereby van Manen’s hermeneutic phenomenological provided a framework in which to describe and understand the meaning of being prepared for older people.

### Introduction

Phenomenology does not attempt to generate wider explanations. Instead, its aim is to focus on providing research accounts for specific individuals in a specific setting - their lived world – and to produce explanatory themes which are intended to be generalised to others in similar situations. In this way, we can better support and assist those who may be having a similar experience and interpreting the meaning in that experience similarly.

The individuals in the case of this research were people aged 65 years and over, who were in receipt of some kind of formalised in-home care; and the setting was their home in the community. The aim was to reach an understanding of what being prepared for an emergency event means to older people, and what lived experiences influence this understanding.

## Research participants

Of the twenty six information packs sent, eleven responses were received, with clients from each of the aged care service providers who assisted with the recruitment of participants being represented. Of the eleven potential participants, all proceeded to full interview.

The eleven participants comprised eight women and three men, with ages ranging from 77 years to 90 years. This breakdown of the eleven participants mirrors worldwide demographic data with regards to older people:

Women tend to live longer than men, with the result that there are more older women worldwide than older men. In 2012, for every 100 women aged 60, there were 84 men. The proportion of women rises further with age. For every 100 women aged 80 or over worldwide, there are only 61 men

(United Nations Population Fund and Help Age International 2012, p. 27).

All of the participants were of white Anglo-Australian heritage – nine were born in Australia, two in England. The fact that there were no Aboriginal and Torres Strait Islander participants corresponds with Australian demographics, in that not as many indigenous Australians reach 65 years and beyond – their average life expectancy being 10.6 years lower than that of non-indigenous Australians (Australian Bureau of Statistics 2013d, *Life expectancy*, viewed 8 March 2013, <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4125.0main+features3110Jan%202013>).

The participants came from a range of backgrounds including being owners of farming and market gardening businesses, teaching, retail services, design and high level administrative/ professional office roles. All of the participants had worked at some stage during their lives, but several of the women had not been in paid employment since marriage or the birth of their children.

Finally, ten of the eleven participants were or had been married, while one of the women had never been married. Of the ten who were or had been married all the men were still married; one of the women was still married, and one divorced; and the five remaining women were widowed. The pattern - married versus widowed - of the participants, also mirrors Australian demographics, as detailed by data from the 2011 Australian Census:

The differences between men and women in relation to being married or widowed were clear from the 65–69 years age group onwards. Older men maintained a fairly stable rate of being married up to the 80–84 years age group when it began to decline down to 43% in the 90 years and over group. For older women the likelihood of being married decreased steadily across the age groups, down to 8% for those aged 90 years and over, with a corresponding increase in the rate of widowhood from 15% for those aged 65–74 years to 84% for the oldest age group

(Australian Bureau of Statistics 2012a, *Reflecting a nation: stories from the 2011 Census*, viewed 5 April 2013,

<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2071.0main+features752012-2013>)

For the purpose of this thesis, pseudonyms were allocated. The allocation was done on an alphabetical basis, following the order in which the participant was interviewed, i.e. the first participant interviewed was allocated a pseudonym beginning with the letter A, the second participant interviewed was allocated a pseudonym beginning with the letter B, and so on.

With the exception of one participant who did not feel it necessary to have a meet and greet session, wishing to proceed straight to the interview, all participants were visited twice; firstly during the meet and greet session and then for the full interview.

## **Meet and greet sessions**

The meet and greet sessions were held in the participants' homes, and took place between 4 and 17 January 2012. They were carried out solely between the participant

and me, and only one meet and greet session was undertaken with each participant. Judith and Keith were the only married couple who both wished to take part in the research, and I held the one meet and greet session, which included both of them.

On average, the meet and greet sessions lasted a little under one hour. Meet and greet sessions were not audio recorded, but field notes were taken both during the session, and immediately afterwards. The highest number of meet and greet sessions held in any one day was two.

There was one initial failed meet and greet appointment, with Imogen. I arrived at Imogen's home at the agreed time and there was no-one home. I left a telephone message and Imogen's daughter responded, advising that her mother had been briefly hospitalised. The meet and greet session was re-scheduled and went ahead without further incident.

## **Interview appointments**

As discussed previously, the interviews were also held in the participants' homes, and took place between 11 January and 1 March 2012. They were carried out solely between the participant and me, with one interview being undertaken with each participant. Judith and Keith, the married couple who both chose to take part in the study, were interviewed separately.

The interviews were recorded using a digital audio recording device. I also took field notes – both during the interview if appropriate (i.e. if it did not interrupt the flow of the interview, or cause a distraction to either the participant or me) and immediately afterwards.

On average, the interviews lasted approximately an hour and a half. Ideally, only one interview was to be carried out on any given day; but in practice, there were four days when two interviews were undertaken. This was not seen as optimal, but was convenient to the participants. On three of the four days, there was a significant gap between interviews, which allowed me time to reflect on the interview undertaken,

make notes in my research diary and then prepare for the next. In the case of Judith and Keith, one interview was conducted immediately after the other.

As indicated above, the interviews took place over an eight week period, between January and March – summer in Australia. There is the possibility that this may have influenced the responses given by the participants, either in consideration of extreme heat or bushfires. While two of the interviews were re-scheduled from their original date, there were no failed interview appointments.

## **Introducing the participants**

In order that the reader can enter the lived worlds of the research participants, a brief background, correct at time of interview, and some detail of the interviews is given below.

### *Art*

Art is 90 year old independent male, living in the Adelaide Hills. He is happily married, but lives separately to his wife, who requires higher care than he. Art provides some of that care on a daily basis – buying her shopping, and helping with daily administrative functions, for example paying bills. Art himself receives in-home care in the form of housework. Art and his wife have three children, one living in Australia and two living overseas. They had a fourth child, but he died when he was still a young baby.

Art is an ex-professional, who owned his own company; he retired at 70 years, when he simply ‘shut up shop’. He is financially secure, and is grateful for the fact that he has been able to travel, has a nice home, and is still able to spend time on his hobbies, most notably painting.

Art is aware of the fact that some people think he is a little eccentric, for example that he and his wife’s living arrangements are not comprehensible to everyone, but he is comfortable in himself, and is happy with his life and enjoys his lifestyle.

In terms of traumatic events, Art spoke about the loss of his son, as a young baby; a mental health breakdown early in his career; finding out that his grown up son did not want to take on Art's business; and retirement.

My interview with Art took place at his home, on a warm sunny day. Art was relaxed and happy to have me in his home, allowing me to put the kettle on, for example, when his wife telephoned. Art was generous with his time and also refreshments, and was genuinely interested in the research. He was not embarrassed or fazed by anything I said or asked, and answered all questions openly.

I felt a little nervous, as Art's was my first interview. Indeed, Art did not even wish to have a meet and greet session, feeling that we should head straight in to the interview; so I had not even met Art before going in to the full interview. However, I feel that the interview progressed well, although I found that initially, I spoke too much. I did not speak over Art, but realised that for every example Art gave, I would also give one. As soon as I realised this, I stopped, and allowed Art to well and truly take the lead.

### *Brian*

Brian is a 79 year old male, happily married, and living with his wife. They have two children, one living in Australia and one overseas. Brian and his wife lease an independent living unit in a retirement village setting in the Adelaide Hills, having found the family home – particularly the garden - too much work.

Brian is an ex-professional who retired at 65 years, and has never looked back. Brian advised that he and his wife are comfortably off, and that they are able to do most things that they want – retirement is not a struggle for them. Brian considers himself to be organised and independent, especially in terms of financial arrangements – bills are paid by direct debit, for example. He recognises, however, that his reducing mobility is going to make him less independent over time.

In terms of traumatic events, Brian was generally quite relaxed, saying that he had not had any major traumatic events in his life. However, he did then go on to talk about a flood he experienced, during which he had responsibility for young children



through his work; and the threat of bushfires and extreme heat. This may have been in part in response to the weather on the day of the interview, which was hot and windy.

Brian was relaxed and open during the interview. During the meet and greet session, I had felt that Brian was 'cold' but in the interview, it became clear that Brian is just an uncomplicated person, and a straight talker. Brian answered all my questions openly, and was happy to offer thoughts and opinions. Brian's wife was present, in the unit, during the interview but was in another room and did not interrupt.

I kept to the same interview schedule as before, but was 'tighter' in that I did not talk very much myself. In part, this is because it was clear that Brian was a more succinct character; but also, I had learned from my interview with Art.

Following this interview, I decided to add another question to my schedule, relating to money; specifically, in terms of whether the participant feels secure financially. I added this as both Art and Brian had raised the issue, which indicated to me that financial security could be of concern with this demographic group.

### *Clare*

Clare is a 78 year old divorced female. She had five children – three of whom are still alive. One of her children died when he was a teenager; another as an adult, aged in his fifties. Clare leases an independent living unit in a retirement village setting, in greater metropolitan Adelaide.

Clare is an ex-professional who retired in her late fifties. Upon retirement, she immersed herself in a volunteer role, teaching dancing at a Community Centre for 18 years, among other activities. While not wealthy, Clare was able to do most of the activities she wanted, and certainly did not mention a lack of financial security. Her children are good to her.

The interview was held in Clare's home, on a hot and windy day. The interview went well, although it was sometimes a struggle to keep Clare on track, as she 'spoke around the subject' and got side tracked.

Clare is softly spoken and demure in appearance, but clearly has a feisty spirit and is obviously a mentally strong and determined woman. Clare was very open about her life, and happy to share her life stories. This was evident at both the meet and greet session and the interview. Clare had a genuine interest in the research, and was keen to answer every question as best she could.

In terms of traumatic events, Clare spoke of growing up in England during the Second World War and the bombing that was an everyday occurrence; the loss of her first child in a car accident, when he was in his late teens; and the loss of her second son, to cancer, when he was in his fifties. She did not mention her marriage break up as traumatic, speaking about it in quite a matter of fact manner.

### *Daisy*

Daisy is an 83 year old female, who was widowed in 2010. She has two children. Daisy lives in her own home – the family home she has lived in for most of her married life - in the Adelaide Hills, and receives assistance in the form of shopping and housework.

Daisy is an ex-housewife, who also worked in her husband's business early in their marriage. She has been active in volunteering for many years, teaching china painting and craft. Daisy is a keen gardener, and pots up many plants, selling them for charity. Daisy advised that she is financially secure, and knows she can always rely on her children, one of whom lives on the neighbouring property.

The interview was held in Daisy's home, and the weather was cool and a little overcast. The annual 'Tour Downunder' cycling event was on in the vicinity of Daisy's house, and while we could see the cyclists and stopped to talk about the race at times, it did not detract from the flow of the interview.

Both Daisy and I were at ease during the interview, and Daisy was open and frank in her replies. Daisy kindly provided an ample morning tea after the interview, when we carried on talking. I kept the audio recorder on during this time, with Daisy's consent, as the talk went back and forth between general chit chat and issues of

relevance to the research.

In terms of traumatic events, Daisy spoke of the Ash Wednesday bushfires of 1983, when she had to protect the house on her own; of caring for her husband due to Parkinson's Disease; and then of her husband having a heart attack in the family home.

### *Eleanor*

Eleanor is a very sprightly 90 year old female, who was widowed in 2009. She has two children. Eleanor leases an independent living unit in a retirement village setting in the Adelaide Hills. Eleanor is an ex-housewife, who worked for the war effort during the Second World War, and then helped in her husband's semi-rural medical practice early in their marriage.

The interview was held in Eleanor's home, on a pleasant warm and sunny day. Eleanor kindly provided afternoon tea, during which we took a break from questions and looked at photos of Eleanor's family home, and I had a tour of her unit. Eleanor has a particularly nice unit, and she was quick to remark that she is very fortunate in that she is financially very secure, and knows that she can deal with anything that might come up. For example, if she had to leave her home on a day of high fire danger, it was a great relief to her to know that she can afford to go to a hotel.

Both Eleanor and I were at ease during the interview. Eleanor was open and frank in her replies, sharing many aspects of her life, and wanting to give the most comprehensive answers she could, to help the research.

In terms of traumatic events, Eleanor advised that she believed she had been fortunate enough to not have lived through any one particularly harrowing event. However, working in her husband's semi-rural medical practice in their early marriage saw her dealing with a range of accidents, and helped her build resilience. Also, her mother's physical deterioration in old age, and her husband's illness and subsequent death, were hard times.

### *Frances*

Frances is a 77 year old female, who has never married and has no children. She leases an independent living unit in a retirement village setting in the Adelaide Hills, and has help with cleaning. Frances also provides informal care to her neighbour.

Frances is an ex-professional, who retired at 55 years. Before retiring, and since, she has been a very keen volunteer, heavily involved in the Scouts. Frances has no remaining immediate family, but has a wide circle of friends, both within the retirement village and outside. Frances has a nice unit, which is comfortably furnished and she is financially secure.

The interview was held in Frances' unit, and Frances generously provided refreshment. We were both at ease during the interview, and Frances was open, considered and comprehensive in response to my questions.

Like other participants before her, Frances advised that she had not experienced any major traumatic events. However, again, like other participants, during the interview it transpired that there have been traumatic events including the death of her parents, when Frances was relatively young; Frances nursing her sister through a lengthy illness; and moving from her own home to the retirement village setting unit.

### *Grace*

Grace is a female in her mid-eighties, who was widowed in 1996. Grace has three children, and is an ex-housewife. She leases an independent living unit in a retirement village setting, in greater metropolitan Adelaide. Grace's reducing mobility instigated the move from her family home to the unit. Grace feels she is financially 'comfy'.

The interview took place in Grace's unit on a hot sunny day, but it was nice and cool in Grace's unit, with the air conditioning on. Grace advised that she does not like the heat. While she behaves sensibly in such weather, she does not let it rule her life.

Grace is a gregarious person, and likes to chat; she is very happy to poke fun at both herself and others, in a friendly manner. She has been an active member of the

Residents' Association in the village for many years. Grace enjoys craft and also family history, having researched her own family and then written a book.

The interview went well, and Grace was chatty and open. By her own admission, Grace likes to talk and she tended to wander in her conversation, but I managed to keep things on track. There was one interruption, when the telephone rang, but this was dealt with quickly by Grace and did not interrupt the flow of the interview.

Grace did get teary when discussing some elements of her life, but at no time did she express a desire – even after my prompting - to finish the interview, or stop talking about some particular issues.

In terms of traumatic events, Grace advised that the most traumatic was when her daughter – aged 17 years at the time, and not married – fell pregnant. While this in itself was hard to deal with, the most upsetting part for Grace was giving the child up for adoption. At the time, the family felt this was the best outcome for the daughter, but Grace has always regretted the decision. As a child, living in the Adelaide Hills, Grace also experienced a bushfire, during which she and her mother defended the family home. Although Grace could 'still smell it, almost feel it, and it was horrible', she advised that this event had little long term effect on her.

### *Hattie*

Hattie is a female in her mid-eighties. She was widowed in the early 2000s, and has four children. Hattie is an ex-professional who retired in her fifties. She leases an independent living unit in a retirement village setting in the Adelaide Hills, having moved from the family home due to failing health. Hattie is financially secure, as her husband was a Soldier Settler and upon his death she was bequeathed his Department of Veterans Affairs card, which provides benefits such as health insurance and reduced travel fares.

The interview was held in Hattie's unit, on a hot day, but it was cool in the unit thanks to air conditioning. Hattie had recently been in hospital and was feeling tired, but was determined to go ahead with the interview; she was very interested in the research. The interview went well, and while there was an interruption when a

concerned neighbour called in, this did not affect the flow of the interview.

Hattie enjoys living in the retirement village, and has made some good friends. She makes use of the services that are on offer (for example transport to the local shopping centre), but does sometimes feel guilty about the help and support provided by neighbours since she no longer drives.

In terms of traumatic events, Hattie talked about two real life changing events. Firstly, Hattie had an illness, while a young mother, which involved a two month hospitalisation, a month's recuperation and then unfortunately further complications, which had long term effects. Secondly, there was a house fire in Hattie's home. Thankfully no-one was home, and therefore no-one hurt, but the house (including virtually all the contents) was destroyed. An event of lesser gravity, but of distress to Hattie, was having to give up her driving licence due to macular degeneration; she very much misses the independence that being able to drive gave her.

### *Imogen*

Imogen is an 83 year old female, who was widowed in 1999; she has five children. Imogen leases an independent living unit in a retirement village setting in greater metropolitan Adelaide, and has help with housework. Imogen is an ex-retail services employee, who enjoys living in the village and is active in the Residents' Association.

The day of the interview was cool and overcast, which was a pleasant change following a week of very hot weather. The interview was held in Imogen's unit, and when we first started, Imogen was very apologetic for having missed the first scheduled meet and greet appointment due to hospitalisation.

Imogen was open and chatty during the interview, but seemed a little distracted. It then transpired that she was meeting a friend following the interview, and did not want to be late. The friend did arrive a little early, and with Imogen's agreement, the last few questions were asked with the friend present. While not ideal, I do not feel that Imogen changed her responses or was any more guarded with the friend present.

There was also a telephone interruption, during which Imogen was on the phone for approximately ten minutes. This did prove more of a distraction, and it was a little frustrating that Imogen did not cut the conversation short, as it did not seem to be an important call. In retrospect, I could have managed this better, by asking to come back another time.

Imogen seems to be a happy-go-lucky person who takes what life gives. However, she did talk about two particular traumatic events in her life. Firstly, Imogen became pregnant at 16 years, when she was not married. This was traumatic for a range of reasons – the social stigma, being sent to a Workhouse, giving birth (with no idea what that would actually entail), nursing the baby for six to eight weeks, and then having the baby removed, without her knowledge that this was going to happen. The second major traumatic event for Imogen was putting her husband in to a home, due to advanced dementia – ‘that was the worst thing’.

### *Judith*

Judith is an 86 year old female, who lives with her husband Keith (who was also interviewed for this research). Judith has Parkinson’s Disease and her husband is her primary carer. Judith and Keith have three children. They lease an independent living unit in a retirement village setting in the Adelaide Hills, having moved from the family home due to Judith’s failing health. As a young woman, Judith held an administrative role, but this was given up upon marrying.

The interview was held in Judith and Keith’s unit, and Keith sat in another room while I was interviewing Judith. It was an overcast, breezy day. I was conscious of not wanting to wear Judith out during the interview, but I need not have worried. Judith was fine throughout, being open and honest.

Judith has a good social network, both within and outside of the village setting. She is not as mobile now, so is not able to go out as much as she might like, and is concerned that her husband does not do many things independently of her.

In terms of traumatic events, Judith feels she has been lucky to not really have any one event that for her, was especially traumatic. Having Parkinson’s Disease has

been challenging, but until recently, the deterioration has been slow. In the last few years, however, the deterioration has increased, and Judith hopes she and Keith will be able to cope.

### *Keith*

Keith is an 88 year old male, who lives with his wife Judith (who was also interviewed for this research). Keith and Judith have three children. They lease an independent living unit in a retirement village setting in the Adelaide Hills, having moved from the family home due to Judith's deteriorating Parkinson's disease. Keith is Judith's primary carer

Keith is an ex-professional who retired at age 58 years. He then volunteered for the church for ten years, which he thoroughly enjoyed. Since being married, Keith and Judith have always lived in the Adelaide Hills area and have a good social network, both within and outside of the village.

Keith is very accepting of his wife's Parkinson's Disease, and genuinely does not seem to mind caring for her. He is aware that at some stage soon, she may need more advanced care than he can give, and he hopes that if and when this happens, she will be able to find a place in the nursing home that is attached to the retirement village. During the interview with Keith, Judith retired to the bedroom. Keith's interview went well, and he was chattier and more open than I had anticipated.

In terms of traumatic events, Keith advised that the most traumatic time for him was during the Second World War, when enlisted with the Air Force. He had a range of postings in northern Australia, some of which were very exposed, and subject to bombing. Keith did not anticipate, when he enlisted, that he would be in such a vulnerable position, and war certainly caused him to grow up quickly. Not only was the physical experience of the war traumatic, but also returning home – only to find that many of his contemporaries had not returned – was also traumatic.



## Participant summary

As noted above, the research participants were all at the ‘older-old’ age range. Despite the entry level age for this research being 65 years, there were no participants who were in their sixties, nor even any who were within ten years of being 65 years; the youngest being 77 years at the time of interview. In terms of why this may have been so, and drawing on some of the conversations during the interviews, I think there are two principal reasons for this.

Firstly, the opinion of the participants is that they - and therefore they surmised this might be true of others – were still very busy in their sixties and early seventies, and would not have been in the position to give time to participating in a research project. Many were still working in to their seventies, or had a heavy (but enjoyable) volunteer workloads or caring responsibilities for grandchildren.

Secondly, those in their sixties and early seventies are less likely to be receiving in-home care services, and are therefore less likely to have been canvassed by the aged care service providers during the participant recruitment phase. National statistics show that the median age for recipients of two of the aged care packages described in Chapter Two *Context and literature review* are 84 years for Community Aged Care Packages and 82 years for Extended Aged Care at Home Packages (Australian Institute of Health and Welfare 2012). These national statistics are mirrored in South Australia, with the median age for recipients of Community Aged Care Packages being 84.8 years and for Extended Aged Care at Home Packages being 83.6 years (Australian Institute of Health and Welfare 2012).

It should be noted that the statistics collected only start at age 70 years, but even when this is taken into account, it is still clear that it is the older-old who are the main recipients of formal in-home aged care services.

The majority of the participants were women. As noted at the beginning of this chapter, this mirrors the national and state trend in terms of the ageing population (United Nations Population Fund and Help Age International 2012).

This is of interest, especially in this generation, as the lived worlds of women may be markedly different to that of men. For example, women of this generation are less likely to have had extensive paid professional careers, with many having given up work upon marriage, or certainly upon the birth of a child. In Australia, it was not until 1966 that the ‘marriage bar’ was removed from the Commonwealth Public Service Act, allowing women to keep their jobs after they had married (Australian Bureau of Statistics 2013b, *Australian social trends*, viewed 10 April 2013, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features30April+2013>).

This was observed with the participants who took part in this research. Of the eight women, half described their main role after marrying as housewife. Three worked on and off part time at particular stages in life, as the children were growing up, to earn extra funds for the household; and one woman (who never married) worked full time, professionally, until retirement in her fifties.

Not only was the expectation that women would not have such extensive professional careers, but there was also the expectation that they would assume a nurturing, caring and responsible role in the home – both practically and emotionally. In the case of the participants who took part in this study, that role was fully embraced, enjoyed and not resented. In Grace’s case, this even extended to having her father live in the family home for 20 years, following the death of her mother.

By being in the home more often, it was often the women who bore the brunt of emergency events that took place. For example, Daisy defended the family home on her own during a fierce bushfire as her husband was out at work; and Grace kept the family going and dealt with the necessary arrangements when her teenage daughter fell pregnant, out of wedlock, and the baby was adopted.

The majority of participants reported that they were ‘comfortably well off’ and therefore did not fall in to a lower socio-economic group.

Finally, in terms of demographic information, all of the participants were of white

Anglo-Australian heritage - there were no Aboriginal and Torres Strait Islander participants, which again, as noted previously, is reflective of Australian demographics, in that not as many indigenous Australians reach 65 years and beyond – their average life expectancy being 10.6 years lower than that of non-indigenous Australians (Australian Bureau of Statistics 2013d, as previous).

While two of the participants were born outside of Australia, both in England, none had been born in a non-English speaking country or spoke any language other than English on a day-to-day basis. In terms of cultural background, therefore, the group of participants were largely the same and held similar values. While this issue was not investigated, there could be a number of reasons for the lack of participants from culturally and linguistically diverse backgrounds. For example, in some cultures it might not be considered appropriate to share traumatic events, or ‘air the family secrets’. For some older adults for whom English is not their first language, there may have been hesitancy if they felt their English was not proficient enough for them to take part. Or the aged care service providers who assisted with participant recruitment might have screened potential participants believing them to be unsuitable because their level of English proficiency was not sufficient.

## **Interview reflections**

I transcribed the first six interviews, with the remaining five transcribed by a professional confidential transcribing service. By transcribing the first interviews myself, I was able to reflect on the questions being asked, and assess whether they were eliciting the desired discussion and responses. In conjunction with the research diary, it also helped me to reflect on the interview style and technique and refine the approach as appropriate.

While I did not remove any of the discussion points from my interview schedule, I did find that alternative terminology became necessary, as discussed in the coming chapters. Further, as mentioned, I added a question relating to the financial circumstances of the participants, as this issue was raised by the participants in the first two interviews.

Research participants were not invited to read their transcripts, nor did any of them request to do so.

## **Data analysis**

While acknowledging that there is ‘no compelling reason for structuring a phenomenological study in any one particular way’ (1990, p. 168) van Manen suggests five possible approaches that can help in writing up and analysing data: thematically, analytically, exemplificatively, exegetically and existentially. Van Manen advises that the five approaches are ‘neither exhaustive nor mutually exclusive. A combination of the approaches may be used’ (1990, p. 173).

When analysing the interview transcripts, I sought to understand the whole and the part – the lives of the participants, the world in which they live, their context and perspectives, and the individual experiences they had had. As van Manen (1990, p. 62) contends:

The point of phenomenological research is to “borrow” other people’s experiences and their reflections on their experiences in order to better be able to come to an understanding of the deeper meaning or significance of an aspect of human experience, in the context of the whole human experience

In qualitatively analysing and writing up the data for this study, a combination of van Manen’s thematic and existential approaches was used, as outlined below.

### **Thematic approach**

Van Manen (1990, p. 92) suggests that:

...a phenomenological theme is much less a singular statement...than a fuller description of the structure of a lived experience. As such, a so-called thematic phrase does not do justice to the fullness of the life of a phenomenon. A thematic phrase only serves to point at, to allude to, or to hint at, an aspect of the phenomenon

Whilst carrying out my thematic analysis, I chose not to use a computer software programme such as NVivo as I did not wish to reduce my data analysis to a frequency count or mechanical process (Braun and Clarke, 2006; van Manen, 2011). I agree with van Manen's (van Manen 2011, *Thematic reflection*, viewed 14 May 2013, <http://www.phenomenologyonline.com/inquiry/methods-procedures/reflective-methods/thematic-reflection/>.) assertion that:

“analyzing” thematic meanings of a phenomenon (a lived experience) is a complex and creative process of insightful invention, discovery and disclosure. Grasping and formulating a thematic understanding is not a rule-bound process but a free act of “seeing” meaning

In addition, with a relatively small number of interviews, I felt I could competently carry out the data analysis using van Manen's three thematic analysis steps, as outlined below.

#### *The wholistic approach*

At the outset, I read each transcript several times, from start to finish. In doing so, I was seeking notable phrases that captured the fundamental meaning of the text (van Manen, 1990). The first theme was identified during this process as it encompassed many of the concepts that were revealed in the data, including physical and emotional issues.

#### *The selective or highlighting approach*

This approach was used in the second stage of analysis, seeking to find which phrases were most revealing about the phenomenon of being prepared for an emergency event. These phrases were then copied in to tables, aligning them to van Manen's four life world existentials, detailing which transcript they came from, and at what time point in the interview. From the phrases, I tried to distil key words.

#### *The detailed reading approach*

In this approach, van Manen (1997, p. 93) suggests that the researcher looks at each sentence or group of sentences while asking, ‘*What does this sentence, or sentence cluster, reveal about the phenomenon or experience being described?*’ Reading and re-reading the transcripts and identifying key words and concepts that appeared in

particular phrases, assisted in identifying themes two and three, and refining the sub themes.

### **Existential approach**

The meaning of being prepared for an emergency event could be said to correspond with the four fundamental existentials described by van Manen (van Manen 1990, pp. 101-106) as pervading the life worlds of all human beings. To reiterate, these are:

- lived space (spatiality) - considers the world in which humans find themselves; concerning felt space, not space in terms of distance
- lived body (corporeality) - refers to how the physical body can reveal or conceal aspects of the person; we are always bodily in the world
- lived time (temporality) - considers subjective time, as opposed to objective (or clock) time
- lived human relations (relationality) - concerned with how we relate to others in the world and the interpersonal space we share with others

Thematic analysis has therefore provided the *process* for my data analysis, and van Manen's life world existentials have provided the *framework* for me to sit the themes in, as I have explored the data. The themes are not presented under the four life world existential headings – the life world existentials were simply used as a guide during the analysis process, to help describe and interpret how we live and how we experience ourselves as human beings in the every day.

In analysing the data, I was trying to identify phenomenological themes that articulated the essence of being prepared for an emergency event for my participants. I was not trying to formulate concepts or categorical statements – ‘After all, it is lived experience that we are trying to describe and lived experience cannot be captured in conceptual abstractions’ (van Manen 1984, p. 20).

As a researcher with a professional background in emergency management planning, the experiences of the participants caused me to reflect on my pre-understandings, my research diary, and the words and stories from the participants. I had to

remember the contextual nature of all of these – the social, historical and spatial contexts – and resist limiting generalisations. I made a conscious effort to listen to the interviews objectively and read the text ‘at face value’. I discussed the emerging themes with my supervisors and presented example exemplars that I felt underpinned the themes, seeking feedback that supported my interpretation.

## **Summary and presentation of themes**

### **Summary**

This chapter has given detail about the interview process, including how many information packs were disseminated, how many participants expressed an initial interest, and how many proceeded to full interview. The participants were then introduced, to provide context for their thoughts and behaviours and an insight in to their lived world. Finally, information on how the data gathered was analysed was provided.

When outlining his thematic analysis, van Manen discusses incidental and essential themes (1990, p. 106). He suggests that not all meanings that are garnered from a given phenomenon are unique to it – those that are unique are the essential themes; other themes may be incidentally related to the phenomenon. To some extent, one could argue that some of the themes and sub themes that have been identified in this research are incidental – they are cultural and generational, i.e. they are issues that may have been raised by a cohort with similar cultural and generational characteristics, regarding any number of subject areas, and not unique to what it means to older people to be prepared for an emergency event. However, as discussed through the rest of this thesis, the interlinked and interdependent nature of the themes and sub themes have very clear implications for this study.

The coming chapters discuss the themes that were identified during the data analysis. They are a distilling of the meaning of being prepared for an emergency event from both that what was said and what was not said; and from all that I thought during the meet and greet sessions and interviews, reflected on in my diary and that I thought about as I listened to the interviews, read the transcripts and wrote and re-wrote.

Drawing on the rich data gathered, three themes were identified – *understanding my world, shrinking my world* and *accepting my world*.



## CHAPTER FIVE

### THEME ONE UNDERSTANDING MY WORLD

#### Overview

During the meet and greet sessions and interviews, a number of issues came to light that can collectively be described as *understanding my world*. Building on Chapter Four *Gathering and analysing the lived experience*, which introduced the participants, these issues provide greater shape and context to the participants' lived world, and allow us to gain an appreciation of why they understand being prepared for an emergency event in the way they do. The theme of *understanding my world* has four sub themes:

- experiencing emergency events
- communicating emergency events in my world
- being comfortable in my world
- my changing body

These sub themes are described below, followed by discussion.

#### Experiencing emergency events

As Bonanno et al. (2007, p.671) stated, in their article considering the factors that predict psychological resilience after disaster:

Try as we might, we cannot prevent bad things from happening. During the course of a normal life span, almost everyone is confronted with the painful reality that loved ones die. Most adults are also exposed to at least one potentially traumatic event

Bonanno et al.'s quote certainly held true for the participants who were interviewed during this research. Indeed, when asked – as an opening question – whether she had lived through a traumatic emergency event, Grace (aged in her mid-80s) replied:

‘You don’t reach this age without doing so!’

The emergency events that the research participants had encountered during their lives varied greatly, with some participants having experienced several events, not just one. Across the eleven participants, the traumatic events included family bereavements (some untimely such as the death of a child); mental and physical illness (either their own, or a loved one); natural hazard events such as fire and flood; and socially unacceptable (at least for the time in which they occurred) events such as teenage pregnancies. This variation of events caused me to consider:

- is one emergency event ‘momentous enough’ to cause a change in behaviour?
- does the *type* of emergency event matter, and does this alter the meaning of the event and the subsequent meaning of being prepared? Are some emergency events interpreted as not being possible to prepare for; or simply not even considered as possible to occur?
- does meaning about being prepared rely on the role a person took during the emergency event, and the level of control they had?
- how old was the participant at the time of the emergency event/s, and does this have an influence on the meaning assigned to being prepared?

In some cases, one emergency event was enough to change behaviour and make the participant feel either completely overwhelmed or much stronger; whereas in other cases it was the combination of events that had an effect. Hattie gained meaning and experience from a number of specific emergency events, but suggested that an accumulation of ‘everyday’ experiences also formed who she was. In her introduction to the question of whether she had lived through any emergency events, she stated:

‘Well, ignoring the, you know, obvious things like having four children and,

you know, the things that happen to children. And especially with my older one who, if she'd been in this era, would have been diagnosed as hyperactive – you know, things like catching hold of the tail of a snake that's trying to get up the drainpipe, you know, those sort of things. Ignoring those...'

Eleanor considered that she had been fortunate to not experience one specific very large emergency event, yet was able to cope with her husband's protracted illness and subsequent death because of:

'...the little bits that have come, dropped their experiences along the road; I've been given enough strength.'

This fits with Heidegger's view (in Lewis and Staehler 2010, p. 68) that:

the process of bestowing meaning is not done by a human subject in the present moment of intuition, but by a historical process, which gradually deposits new layers of significance on top of a certain original bedrock, that is then covered over

The different types of events discussed by the participants initially made me question what it is that defines an event as an emergency. My lived world of emergency management might bias me in a very specific direction, considering a disaster to be something that occurs due to a distinct outside influence; and in my professional life, I would even take what could be considered a geographer's view (Quarantelli 2005) - that an emergency or disaster relies on the presence of a hazard.

In contrast to my lived world, the lived world of the participants is not so regimented. An emergency event does not rely on the presence of a hazard. It does, however, follow some of the definitional guidelines for a disaster or emergency, as initially discussed in Chapter One *Introduction*. The Shorter Oxford English Dictionary, Sixth Edition defines an emergency as: 'A situation, esp. of danger or conflict, that arises unexpectedly and requires urgent action' (2007, p. 819). In choosing this definition, the intent was to give the broadest definition possible - relevant to everyone - and to not pick a definition that relates specifically to my professional background. It would appear that this approach was wise.

The emergency event type is also of interest, in terms of whether it was a private family event, such as a teenage pregnancy, a mental health breakdown or financial hardship; or whether it was a public event that impacted upon many, for example war or a large scale bushfire. This issue closely links with the questions of control and post event activities too, as considered in the examples below. The participants who had suffered these difficult private events admitted that they were particularly trying times. Their life world was one of social stigma, and the event engendered feelings of shame and guilt; it was not acceptable to talk about such problems publicly and invariably the event was dealt with in secrecy.

Imogen talked about when she fell pregnant as an unmarried 16 year old. Even though the father was the man who would become Imogen's husband on his return from service in World War Two, the matter was very distressing to her parents, socially, and:

‘the day after my mother found out, I was in a home... I was told that he didn't want anything to do with me, and he was told the same.’

Imogen remained at the home until after she had the baby. The event was clearly also distressing to Imogen, especially as she was not involved in any of the decision making. Following the birth, she was moved to a Workhouse that was:

‘...dreadful you know...I was scrubbing floors, and...really, when you think back, it's true...nobody really knows what really goes on in those sorts of places. And then one day, my mother came and we took the baby, and we went to this place and she said to me ‘oh, you sit there, and I'll take the baby in and see...’ I don't know who. Anyway, she came out without him, and that was it. He was going to be adopted. And because I was only 16, I had no say.’

In a period of less than a year, Imogen's life world had changed several times. She had started as a carefree teenager in love; moved to being a shamed unmarried pregnant teenager; to being a young mother, prepared to take on the world with her baby; to being childless without any indication that this was to occur; to finally again

being a 'normal' teenager back in the community. This had an impact on how Imogen chose to live her life from then on, and particularly on the meaning she gave to preparing for her life in the future. For example, when she and her husband decided to emigrate from England to Australia, she was much more in control and resolute; she did not let either her parents, or her parents-in-law, intervene.

Grace experienced a similar private emergency event when her unmarried daughter fell pregnant as a teenager. Her daughter was also sent away in order that people would not know she was pregnant. Grace found the whole situation very upsetting, with her world, as Imogen's, being thrown into chaos and uncertainty. Unlike Imogen, however, Grace had a greater degree of control over the situation – something which has not necessarily sat well with her over the years and the event has always made Grace feel guilty. Again, the baby was given up for adoption, as this was believed to be the best option for Grace's daughter:

'You could pick up your life better. *She* could pick up her life better. And we didn't do it, we didn't feel that for her, and everybody's against you, you went to people for help; doctors, family people, family welfare or whatever, you didn't have a lot in those days, and they all said, "No, adoption's the best." So, we put it to [the daughter] and we said we'd have it home, look after it; I'd look after it – I didn't work. And even her sister who was 19 said she would go in a flat with her; all this sort of stuff. But [the daughter] made up her own mind and said no it wouldn't work. She's always been a very set girl, when she makes her mind up she sticks to it...So, she did that and right up to the end I tried to convince her to, no, don't. Whether I pushed it enough, I don't know, because probably with...and so, she went through with it, but I always regretted it.'

For Grace, the real distress in the situation was not the fact that her daughter had fallen pregnant, but that the baby was given up for adoption. While she was keen to stress that they made that decision for her daughter – so that she could have a full life and not be responsible for a baby at such a young age – and did not do it because of how society might view the family; Grace did acknowledge that the social stigma was a consideration:

‘it just wasn’t understood.’

With these private emergency events, there was no after care, in terms of counselling or advice. In Grace’s case, the family did consult the doctor and family welfare, but the advice received was not very helpful, nor open in its thinking, with everyone simply saying ‘adoption’s the best’.

In the case of public emergency events, the lived space and lived relation aspects were very different. With the participants who spoke about war time experiences – either as service personnel or citizens – the talk was much more open and free. The event was not only affecting the participant or their family; rather it was a community-, or indeed world-, wide issue and therefore not so private. While there was not the post event care that we have become used to today, such as counselling and debriefing; the very fact that the event could be discussed openly, that there was community camaraderie, and that everyone was ‘in the same boat’ was helpful.

Similarly, in the case of events that affected only one family, but were ‘socially acceptable’, the event could be talked about and help offered. From early in their marriage, Hattie and her husband owned a farming property in rural South Australia. While they were away from the property on holiday one summer, a young farm labourer started a fire by accident which destroyed the entire house and most of the contents - only one bed was saved. Her husband returned home immediately, and Hattie continued the holiday with their four small children, the youngest not yet two years. The community and community groups such as the local Red Cross rallied to help and:

‘By the time I went back on to the farm with the children there were about four or five cartons of things - things that you needed for cooking and plates and things like that in the – for ordinary daily living. Clothes for the children and toys for children and, you know, a few other things like towels and linens.’

This same level of support and rallying from the community was not provided when, following a blood infection which involved lengthy hospitalisation and recuperation,

Hattie just:

‘... had a nervous collapse. Couldn’t eat, couldn’t speak – all that sort of thing. And that affected my life because the local doctors didn’t really give me anything that would help me in my nervous state. So all of my early married life, from then on, was a whole series of minor crises for me. Because I could be outside in the garden doing something that I liked doing and all of a sudden it would be as if somebody had switched me on and all my nerves in my body would be on edge.’

The age of the participant at the time that the emergency event or events occurred was also noted. Although a number of the participants shared details of several events that had occurred over the course of their lives, it was largely the events that occurred when they were adults that were talked about first.

In Grace’s case, the first quarter of the interview was spent telling me about the difficult time she had when her teenage daughter fell pregnant. The fact that Grace had defended her home against a bushfire with her mother, when Grace was a child, was almost told to me as an afterthought. It only came up in conversation when Grace mentioned she had lived in the Adelaide Hills (a bushfire prone area) until she was married. Yet, it had clearly stayed with Grace as she said:

‘I can still smell it, almost feel it, and it was horrible.’

She proceeded to tell me how her mother brought a case out of the house and said:

‘Whatever you do, [Grace], anything happens to me, grab that case and run.’

The preparedness of her mother, in getting what we might now call a ‘go-bag’ ready had also stayed with Grace all these years.

As to why the events that occurred as adults took priority during the interviews is considered at the end of this chapter, under ‘Discussion’, with an exploration of memory and the ‘reminiscence bump’; however initial thoughts were that it was

related to (a) memory (and when memories are set); and (b) the issue of responsibility. For example, in Grace's case, even though her mother told her to take the case should anything happen, the responsibility for the bushfire situation was clearly her mother's. However, when Grace's teenage daughter fell pregnant, Grace felt a much greater responsibility to take control of the situation and do what she thought best for her daughter. The responsibility for that decision did not end when the baby was given up for adoption; rather it has stayed with Grace her entire life. The feeling of regret has not dissipated. In later life, Grace wrote a book detailing her family history, including the adoption of the child, and I wonder whether this provided Grace with an inner peace.

## **Communicating emergency events in my world**

The participants had strong feelings about the use of language and how messages are communicated, with regard to preparing for emergencies. During the interviews, it became clear that there were terms that were alien to the participants, were used in a different context by them, or terms that they felt were meaningless with regard to being prepared for an emergency. This section explores these terms, and explores the participants' experience of, and opinions on, emergency preparedness messages.

The first word that gave me pause for thought - and a key one given its inclusion in the research question - was preparedness. In Chapter One *Introduction* the following definition was provided, from the Attorney General's Department (1998, p. 88):

Arrangements to ensure that, should an emergency occur, all those resources and services which are needed to cope with the effects can be efficiently mobilised and deployed. Measures to ensure that, should an emergency occur, communities, resources and services are capable of coping with the effects

In providing this definition, it was acknowledged that (a) this is an old reference, but is a key definition still used today in the emergency management sector; (b) this definition means little to most people going about their everyday lives; and (c) there are actually two measures of preparedness that should be considered - an operational measure and a conceptual measure. It is the final point - the two measures of



preparedness - that I would like to elaborate upon here.

Firstly, there is the operational measure - a checklist of how many items have been gathered, or plans made. On the face of it, this is a simple concept to grasp – certainly to emergency management policy makers, planners and managers. It can also be seen as a simple action to achieve – provide the public with lists of equipment and goods they should collect (for example a torch, battery operated radio and sufficient food and water for three days) and ‘personal safety plans’ that they can complete. The ‘personal safety plans’ provide space for individuals and families to fill out details of possible hazards in their area, contact details of important people (for example doctor, family members) and perhaps details of a ‘muster point’ should evacuation be required.

The second measure of preparedness – the conceptual measure - is harder to deal with, considering the cognitive process behind preparedness. What encourages people to prepare for emergency events? What stops people preparing? Are some events considered too hard to prepare for, or too unlikely to happen? This conceptual measure is much less clear and straightforward, and as a result is much less considered. Given the research question of ‘how does the lived experience of older people influence their preparedness for emergency events’ this has been looked at in earlier chapters. Having the benefit of reflecting upon the interviews undertaken, this can now be explored further.

During the interviews with participants, I was careful not to specifically use the term preparedness; or at least not to exclusively use the term preparedness. I asked participants whether they felt prepared for emergency events, following a particular prior emergency event they had discussed. Or I asked them whether they had changed their behaviour with respect to emergencies following the particular event/s they had talked about. I then probed further asking them why they had changed their behaviour, what had caused that change, and what being prepared meant to them now.

Preparedness, as a term, was not something that was of relevance to them, in terms of everyday usage, or their thinking in the area of planning for, or ‘being prepared for’

emergency events. When discussing preparedness, the majority of the participants interviewed focused more on the conceptual measure of preparedness. This may be because they were aware of what I was exploring in the study; however I do not feel that this is solely the case. For many of the participants, they only mentioned ‘checklist’ items, such as a torch, a battery operated radio or extra food in the cupboard, as an aside, or off-the-cuff comment.

As well as the word preparedness, the participants felt that there were a number of phrases that were either unhelpful or meaningless, with regard to learning from and being prepared for emergency events. Most of these terms are more recent vernacular, and the participants felt that their life experience had not equipped them to understand the terms, particularly in light of how the terms were being used and the importance being ascribed to them.

The phrase ‘one in one hundred year flood’ was one of concern. The participants felt that this term was meaningless – ‘dangerous’ even. They felt that the implication to most people of such a phrase is ‘well, it won’t happen in my lifetime’ or that if a major flood occurs, another one will not happen for at least one hundred years. The participants felt this was misleading – their life experience has shown that traumatic and disruptive ‘one off’ emergency events will happen a second, and maybe even third, time in one’s life. It is possible, for example, that a household will be flooded more than once, or that one family might suffer more than one untimely death.

Another concern that the participants had with ‘one in one hundred year flood’ was the reason that such a phrase is required in the first place. They felt that such terminology was only needed because we (the human population) are building in more and more inappropriate areas. For example, if we were not building on flood plains, we would not need to define flood scenarios in such a manner. As Brian said:

‘Well, if you build things on floodplains, you’ve got to expect floods.’

Moving on to communication of messages more generally, the participants in this study also expressed concern about the way in which emergency preparation and hazards are dealt with. This issue was of express concern to those participants who

lived (or had lived) in the Adelaide Hills, a particularly bushfire prone area. They felt that when they were younger adults, policy and messaging regarding management of one's own property, with respect to potential bushfire threat was much clearer. Residents knew what vegetation they could clear or burn on their properties; what their responsibilities were in advance of the bushfire season, and should a fire occur; and what help they could rely on from others.

In recent years, the participants felt that these messages were becoming more ambiguous and in fact could lead residents to erroneous and even harmful conclusions. For example, the rules on burning vegetation on one's own property have changed, with a variety of permits required, from differing authorities, at different times of the year. Many residents felt this was confusing, feeling that it made it difficult for residents to keep track of their responsibilities and what they are or are not allowed to do on their own properties. Participants were also disappointed at the apparent lack of coherence between local and state government policies, and even between state government agencies. Eleanor, for example, was very frustrated at the mixed messages, saying:

'...even now they're saying up here, that there should be...this morning, it was, on the radio...40 metres around the house, cleared. And now they're saying 40 isn't enough, there should be 60. Well, 60 metres is a long way around from your house...so where do you go. I mean, the powers that be say that you're only safe if you have 60 metres clear around your house. A lot of people in the [Adelaide] Hills have got trees. Now, up until now, we haven't been able to cut down a tree, unless you get the OK from...now they've suddenly gone to the other extreme and panicking, and saying that if you've got an overhanging tree you can cut it down. Chainsaws are having a lovely time in the [Adelaide] Hills now. Everybody's cutting down trees. So that, it's so confusing, because people have been fined thousands of dollars for cutting a tree that hasn't got that little 'Joe Blow's' name at the bottom of it from the Council. So, what do you do?...And then Joe Blow next door doesn't do anything, so there you are – you've got his things to consider. So, I don't know.'

Participants felt that in this respect, the life world had become unnecessarily

complex, and that in their experience, when things become complex people will generally be distrustful of messages, ‘bury their heads in the sand’ and do nothing. Vaughan and Tinker (2009, p. S326), in considering effective public health messaging with respect to pandemic influenza, came to a similar conclusion suggesting that trust is a critical component of how messages are heard, understood and acted upon. Further, that trust:

... can determine whether communications are successful in increasing motivation and intention to adopt or maintain recommended self-protective actions. Trust consists of judgments about the competence, fairness, honesty, caring, accountability, and transparency of leaders or risk managers; it can be influenced by the characteristics and performance of official spokespersons and by message content during a pandemic outbreak. However, because trust is also highly influenced by previous experiences, shared cultural or historical knowledge about past events, and preexisting belief and value systems, efforts to build a strong foundation of trust among vulnerable populations must begin in earnest prior to the pandemic stage through engagement with targeted individuals or groups and those who serve them

## **Being comfortable in my world**

Being comfortable in my world was interpreted as a sub theme from the data analysis in two areas of the participants’ lives – being financially comfortable and being comfortable in their own home. Initially, I had not included a question relating to financial security in my interview schedule. However, the issue was raised by both Art and Brian during the first two interviews. I subsequently added a question in to the schedule although, as with Art and Brian, often it was the participant who raised the issue before I asked the question.

The majority of the eleven participants in this study mentioned that they were financially secure; indeed, some classed themselves as financially well off. Imogen was probably the least secure, advising that her previous home was a Housing Trust property, yet she was not worried for herself. In fact, her life experience was a key

driver in some of the preparedness activities she takes with regard to money. For example, to cover household bills she pays:

‘\$25 in to the Post Office every ‘pay day’, so I’m covered with that. And I might put a little bit more in the electric this time, cos they keep saying it’s going to go up, you know. So, you know, when I’ve got a bit to spare, I put the extra in.’

She also pays in to her ‘death fund’ as she learnt from when her husband died, and when a close friend’s husband died, that this can be an expensive time – you (or your family) are under enough other pressures, without worrying about how you are going to pay funeral related bills.

Quite apart from being happy that they were financially comfortable, in terms of the day-to-day, the participants were keen to underline that they were very thankful for being financially secure in terms of being prepared for emergency events. Eleanor also raised the issue of financial security before I asked, expressing how grateful she was for her financial situation, and felt most keenly for those who were not so financially secure:

‘And that was the other thing I was going to say to you. Um, you know, when you’re...I’m not boasting, but I know that financially, I’m safe. And but there are a lot of people my age, who aren’t safe financially. And I think that is a big overlying thing. I know that I’ve got my hospital cover, I know that I’ve got money in the bank. I know that I have two sons who would be there at the drop of a hat. And I’m very very blessed with that, and I thank my...whatever one thanks...that I am in that situation.’

Eleanor emphasised how it was of great comfort to know that she was always able to have some extra food in the cupboard; could always afford to have her car at least half full in terms of fuel; could afford contents and health insurance; and knew that if she had to flee her home due to emergency event, and subsequently could not return home, she had funds to be able to spend several nights in a hotel. This last scenario is one that she learnt from her own life experience. Some years previously, she had

been out for the day with family and could not return home due to a bushfire. While on this occasion Eleanor was able to spend the night with family, it made her think about future situations when she may be alone. It also encouraged her to think about a 'go-bag' that she might take with her, if she should be leaving the house on a day of high fire danger.

Eleanor was very concerned about those people who were financially living week-to-week, who could not afford any buffers in their lives, and for whom fuel in the car, or contents and health insurance were luxuries. Similarly, extra food in the cupboards and a second set of clothing and toiletries for a 'go-bag' would not be possibilities; and certainly, a night or two in a hotel would be out of the question. Eleanor said:

'But, I just wonder, for people my age who have had, perhaps a drunken husband, who has gone through all their money, and they're living on their [government provided] pension income. And know that the gas bill's going up, and that the electricity bill's going up. And you hear that older people who you know, they burn themselves because they're sitting right over a radiator...Because, um, there must be awful...just not knowing where...and they haven't been able to have a full hospital cover...and then they're in elective surgery where they're waiting for 3 months or 6 months or something, to have a hip replacement...and...a lot of people – they would be luxury items. And I feel that that must be...when you were saying about people being at peace or worried...um, that to me would be absolutely frightening. I just...I can imagine what it would be like.'

Other participants expressed similar sentiments, based on their life experience. Hattie was grateful that her husband and she, while not 'well off', were able to increase the insurance on their house and contents following a house fire which destroyed all but one bed. She was further thankful that the Department of Veterans Affairs 'gold card' (issued to veterans of Australia's defence force and widows/widowers entitling them to treatment for all medical conditions) that was bequeathed to her on her husband's death allowed her to relinquish her private health insurance, thereby freeing up funds for other living expenses:

‘It’s wonderful. And just think of – because when I got the gold card I was still in the position where I had [my own] private health. But as soon as I got the gold card I was able to cancel that because that is just superimposing sort of.’

The participants also spoke about being comfortable and safe in their homes. This was relevant in terms of both how they behave at home, in that they have their furniture and effects arranged in ways that suit them and their lifestyles; and also as concerns a possible emergency event. Art, for example, lives in a bushfire prone area. When talking about how confident and safe he felt with regard to a possible bushfire in terms of the preparedness actions he had taken at home, he said:

‘I have the gutters filled, you know, with ‘gutterproof’ or whatever you call it. So there’s no leaves in the gutters. I have hoses everywhere.’

He went on to discuss in detail how he had asked for lessons in using the equipment from the local Country Fire Service brigade, but at the end of the day, he felt his home was safe and although he would not hesitate to leave the house if he really had to, he was confident that the measures he had in place would suffice.

In terms of feeling safe in their homes with regard to more ‘everyday’ potential emergency events such as crime, all of the participants were comfortable that they did not have anything to be concerned about. For example, when asked about whether she worried about anything, Frances said:

‘Not here. I don’t feel that here. I used to worry a lot when I lived on my own down at [the suburb of] Reynella but I feel very secure here. I think it’s because of the position we’re in. We’re not on a main road. We’re right away from footpaths and we’re sort of tucked in behind everything, although I’ve got a lovely view.’

Those who lived in independent living units in retirement village settings were assured that the environment, with people coming and going all the time, with friendly neighbours and for some even the village design, allowed them to feel secure. For those still living in the family home, precautions had been taken to ensure

they felt safe. Daisy, for example, told me how she has several locks on the doors as she has quite a large property with land. She feels safe and secure with the locks, even though the lady who helps Daisy do her shopping regularly jokes about it, calling Daisy's home 'Fort Knox'.

## **My changing body**

Van Manen talks of the lived body, as one of the four life world existentials. The fact that people are always bodily in the world means their bodily presence may unconsciously reveal or conceal things (van Manen 1990). This section discusses the participants' feelings about their changes in health and ability; issues that were discussed at length, with respect to what being prepared for an emergency means to older people. Specifically, the participants acknowledged that their bodies were changing and that they were becoming less physically able. Being prepared for an emergency event now had a new meaning for them, taking into account this bodily change over time.

On the whole, the participants were not distressed by the deterioration in physical ability, as it had occurred gradually, allowing them to come to terms with living in a world of changing bodies and altered abilities. There might be a passing frustration that the body does not do what it once could, but there was also acceptance that this is the case. When talking about gardening, for example, Eleanor told me that she misses being as strong as she was:

'Yes, physically. I miss it. I'd just love to be able to put my foot on a fork, or...fiddling around in pots is not...[quite the same]...never mind...'

Grace also talked about how her body is not as capable as before, that she gets exhausted more quickly, and that things take longer to heal if she has a fall. These experiences have been formative, though, as since two hip replacements some years ago, she always has a spare supply of food in the cupboard and a few frozen meals in case she has another fall and cannot leave the house.



While Daisy's mobility was not so affected, she acknowledged that she is not as strong now as when she was younger. Daisy single-handedly defended the family home from the 'Ash Wednesday' bushfires in February 1983. With the experiences gained during the event, Daisy and her husband re-designed the garden (which was destroyed) to include an increased number of hardy 'fire resistant' Pittosporum hedges and also an increased number of water tanks and sprinklers. Daisy feels greatly reassured by these measures – even today – but does accept that with her failing strength, she may struggle to turn the sprinklers and the water tank taps on. She has therefore asked her son to adapt the taps to be 'disability friendly levers' which she can more easily turn, or could even kick on, if the worst came to the worst.

One notable exception in terms of physical health, that concerned several of the participants, was suffering a health emergency (such as a stroke or heart attack) and subsequently requiring care. None of the participants felt weak or at risk in their day-to-day lives, but when they paused to think about what worried them, in light of their new lived world of reduced ability and altered body, a level of vulnerability surfaced. They did not want to become incapacitated, and beholden on someone else for care.

This interpretation – of being a burden on someone else – often stemmed from their own experience. Daisy's husband had suffered from Parkinson's Disease. He lived at home for many years, before suffering a heart attack, after which time he moved in to a care home. Towards the end of his time in the family home, Daisy found it a struggle and found she was living on tenterhooks because:

'it was like having a baby in the house.'

She had to constantly be vigilant as to where he was, what he was doing and whether he was safe. It was clear from the way that Daisy spoke, that she did not wish the same for her family, should anything happen to her. Grace was even clearer when talking of being reliant on someone else for care. When talking about death and dying, Grace advised that she was not scared of dying, but of being a burden:

'I'm scared of how I'm going to *be*; not dying, no, no – not a bit - no, no, I just don't want to be a vegetable for my family, and lay there helpless.'

With the exception of health emergency events that could be considered to be age related, such as heart attack or stroke, the participants were not concerned with other health events such as a human health disease. Not one participant, for example, talked of influenza or an influenza vaccination. Nor were they particularly concerned about the effects of extreme heat. While many of the participants acknowledged extended periods of high heat were a nuisance, as they were wearing and caused them to perspire more, they were not concerned about any longer term or serious health risks associated with extreme heat. They did, however, take measures to avoid the heat, such as re-arranging appointments if the weather was particularly hot, and avoiding shopping or visiting friends during the day, when the temperatures are at their highest.

In contrast to being aware of their changing physical health, the participants all felt that their mental health and ability was strong; a benefit that came with age and experience. The participants accepted that physically they were not as able to prepare and cope with an emergency event. However this was of lesser importance to them; mental strength was their main concern, and feeling sure that they could cope mentally was a comfort to them.

When discussing their mental ability, they were talking less about mental health issues specifically, such as Alzheimer's Diseases or dementia; rather, they were talking about mental resilience to cope with any emergency event that might occur. They felt prepared mentally, thanks to their age and experience; Daisy for example advised:

‘Yes, you feel you can cope better now’

From emergency events that had been experienced, correlations and meaning between physical health and mental health were often not made until some time after the event. The lived body often masked what was really happening. Daisy, for example, suffered physically after her husband died. However, the physical symptoms did not manifest until some time after her husband's death, at a time when Daisy felt that mentally she was finally coming to terms with the loss. She did not

expect the physical issues and was surprised that:

‘...after they [the husband] go, everything packs up. I had bursitis, bad back...I haven’t had anything done to the bad back, but I’ve had the bursitis fixed up...operations on my eyes... I’ve had both of them done...everything...I went deaf...that hasn’t come back properly. Most of the things they can fix up...but everything packs up. And even your fingernails break.’

## **Discussion**

In understanding the world of the participants and in seeking detail of their lived experiences, I have been relying on their memories. This research has not been concerned with the accuracy of the participants’ recall of emergency events, rather the meaning of the events to them. To discuss this issue in light of research on memory, the following introduction to memory and the reminiscence bump is offered.

There are two generally accepted memory systems – nondeclarative (or procedural) and declarative:

Nondeclarative memory theoretically includes multiple systems including procedural knowledge, such as knowledge of how to do things, skills, and actions that are well-practiced and done with little to no conscious awareness...Declarative memory, in contrast, is assumed to be explicit and available to consciousness. This is the form of memory that most of us are referring to when we talk about memory in everyday life. It is explicit representations of past experiences

(Fivush 2010, p. 561)

There is a great deal of research on memory and many definitions of types of memory (Victor 2005; Santrock 2011) but of key interest to this study is autobiographical memory because as Conway and Pleydell-Pearce (2000, p. 261) point out:

Autobiographical memory is of fundamental significance for the self, for emotions, and for the experience of personhood, that is, for the experience of enduring as an individual, in a culture, over time

Fivush (2010, p. 560) elaborates by stating that:

Autobiographical memory is that uniquely human form of memory that moves beyond recall of experienced events to integrate perspective, interpretation, and evaluation across self, other, and time to create a personal history

Research has consistently shown a greater tendency for older adults to recall autobiographical memories from adolescence and early adulthood, than other time periods in their lives. Rubin and Schulkind (1997), for example, studied the distribution of autobiographical memory across the lifespan in two groups - twenty young adults (all aged 20 years) and twenty older adults (all aged 70 years). They found that when memories are cued with words, the temporal distribution of memory is in the 10 to 20 year range; whereas when people were asked about the most important events in their lives, the temporal distribution peaked in the 20-30 year age range. These outcomes have been consistent in studies since Rubin and Schulkind's (for example, Dickson, Pillemer and Bruehl 2011; and Janssen et al. 2012).

The findings have also been shown to be consistent across cultures. For instance, Conway et al. (2005) asked groups from Japan, China, Bangladesh, England and the United States to recall, describe and date specific autobiographical memories. The researchers suggested that Western and Asian societies may show differences due to cultural factors such as a later entry in to adulthood (for example Japan and China, where entry in to adulthood is considered to be at age 30 years, when social networks are more stable). The participants in Conway et al.'s study comprised a mix of gender in each country, and the age range across the entire cohort was between 38 and 60 years. Contrary to their prior reasoning, they did not find any cross-cultural differences in the life-span memory retrieval curve. They did, however, find cross-cultural differences in memory content, whereby the:

Chinese group had interdependent self-focus (i.e., were of events with a group or social orientation), whereas the memory content of the U.S. group showed an independent self-focus (i.e., were of events oriented to the individual)

(Conway et al. 2005, p. 739)

This temporal distribution of memories shows parallels with the participants in my study. With the exception of traumatic events associated with spouses dying in later life, most of the events discussed occurred when the participants were between 20 and 30 years. This was not pre-empted in any way, in that the participants were 'free to choose' which emergency events they shared with me, and from which period of time in their lives; I did not ask for events in a chronological sequence.

Known as the 'reminiscence bump', this temporal recall of memories has been found to hold true for both positive and negative life events. Dickson, Pillemer and Bruehl (2011) carried out a study in which they tested the hypothesis that positive, but not negative, predicted events and actual memories should show reminiscence bumps between ages 16 and 30 years. The study was multi-faceted, with one element being to ask older adults to provide detailed accounts of their own especially positive and especially negative, or surprising positive and surprising negative, memories. They concluded that reminiscence bumps were found not only for memories of positive and expected events, but also for memories of surprising and unexpected events.

Associated with memory and the reminiscence bump is the issue of cultural life scripts. Cultural life scripts are 'culturally shared expectations as to the order and timing of life events in a prototypical life course' (Berntsen and Rubin 2004, p. 427). The script is not based on personal experience; rather it comes from culturally learned knowledge about the life course. As Berntsen and Rubin (2004, p. 429) propose:

Since we live only once, the life script is not learned from personal actions in recurrent contexts...the life script is handed down from older generations, from stories, and from observations of the behavior of other, typically older, people within the same culture

Some of the events shared in my study fall outside of the cultural life script norm. For example, teenage pregnancies and young children dying are not accepted life events for the generation of participants who took part (although perhaps teenage pregnancies are less shocking now). Following Rubin and Schulkind's assertion, therefore, the fact that the events recalled occurred when the participants were in their late teens to early thirties is not surprising.

In discussing what the events they have experienced mean to them in their world, and what it means to be prepared, the participants considered that their life experiences – of events both large and small – had contributed to their feelings of being comfortable and of being prepared. Similar to much of the literature concerning the concept of resilience (for example, Wagnild and Collins 2009; Wiles et al. 2012; and van Kessel 2013) the participants saw preparedness as a process, rather than a one off action, i.e. their lived experience over time had been formative. Furthermore, they saw it as a process that rated mental preparedness and wellbeing equally as high, if not higher, as the more tangible physical preparedness, such as completion of personal safety plans.

In their study involving interviews and participant-led focus groups in two communities in New Zealand, Wiles et al. (2012) explored older people's understandings and experiences of resilience. They found that 'resilience was not merely a trait or behaviour, but a multidimensional, contextual and ongoing process.' (2012, p. 423). Within this highly contextualised resilience arena, they highlight several internal and wider characteristics that contribute to resilience – attitude, counting blessings, having purpose and keeping busy, social resources and places for growing older. Following the interviews undertaken for my study, I can see parallels between some of the resilience characteristics found in Wiles et al.'s study and the issues raised by my participants when considering how they felt about being prepared. These are outlined below:

- Attitude

Having the right attitude, and a positive outlook on life was mentioned by several of my participants. Frances, for example, said:

‘I mean I’m a fairly positive person and I always look on the bright side of life. It doesn’t pay to be miserable. Nobody wants you around when you are miserable.’

When talking about remaining positive, Art said:

‘I mean...and everything passes...everything. Even if there’s a tragedy, it passes...has to.’

- Counting blessings

Recognising and acknowledging the good things in life was emphasised by the participants. For example, when Eleanor was talking about being prepared and feeling capable, she explained that she was lucky because she never had a cosseted life – her husband never ‘molly-coddled’ her. So, when her husband died, while she was terribly upset and grieved, she was able to get on with, and deal with, everyday life:

‘But I think I was lucky, because I never had a pampered life. He was always so busy with what he was doing as far as his work went, that there was never ‘there, there dear; sit down and have an aspro’. I mean I was part of the team. So that was good, I was lucky about that. Some of my friends have had husbands who looked after them, and they’re absolutely hopeless now.’

- Having purpose

Having purpose was important to all of the participants in my study. Upon retirement (for those who had worked) or even in the years preceding retirement, each and every one was involved in volunteer or other purpose-full work. Frances, for example, was involved with the Cub Scouts group from long before she was retired, to long after, and still thoroughly enjoys it:

‘I probably joined around about October/November and then I did some training in 1956 and that’s when I really – 1956 so I’ve been a cub leader ever

since then – not a cub leader but I’ve been in the Scout movement...and then in 1990 I joined SSS [Scouting Social and Services Club] and then I’ve involved in that ever since and I find that’s really good. We’ve got a lovely group of people. We had a picnic yesterday down in the park at the bottom of the hill down here.’

Daisy is still particularly active. A keen gardener, she raises money for diabetes charities by growing and selling plants, and arranges the flowers in the local church and at the local country show. She also teaches craft and china painting to the local seniors ladies.

- Social resources

For the participants in this current study, aligned with the issue of having purpose, was having solid social resources, such as good friends and neighbours. For those who had moved from the family home to a retirement village setting, this was particularly critical, as in some cases they had moved into a new geographical area. Hattie, for example, had spent much of her married life on the Eyre Peninsula, approximately 350km to the west of Adelaide. Moving to Adelaide closer to retirement age, and then moving in to a retirement village, Hattie initially felt a greater degree of independence as she still drove. She has subsequently had to give that up due to macular degeneration and is grateful for the support of the local council, the village management and also neighbours:

‘Being in a place like this, the [name of local] Council are very good and they provide us with a community bus. Two are on a Thursday to go shopping up at [the town of] Blackwood and one on Monday to take people up to – in the afternoon up to Blackwood. And one on Friday afternoon – goes to the library ostensibly but you can please yourself what you do. And then [the village management] has its own little vehicle which takes seven passengers. And if you don’t have your own transport you can go on the bus down to [the suburb of] Marion twice a week, Tuesday morning and Friday morning. And so – and the fact that the doctor comes here once a week on a Monday – he only takes four appointments now because he’s so busy with the high and low care. But as I say – and because there’s a whole group of us, they’re always arranging



something. Like the diners' club tonight and people give each other a ride in their car. And normally I would be going with them but because I've just come out of hospital, I didn't think it was a good idea.'

Preparedness for an emergency event is not a one-off tangible thing to the participants, therefore, rather a process. The preparedness process had been built upon throughout their lives. As events happened, they had perhaps 'learned valuable lessons' from those events, which had influenced their understanding of what it is to be prepared. The process was dynamic, changing as some of them experienced further emergency events, or perhaps as their life worlds changed.

The participants had strong feelings on how emergency events are communicated. These feelings added to their meaning and understanding of being prepared for emergency events and are an important consideration in terms of how messaging and preparedness advice is developed. Attention to the exact terminology used – both in terms of its everyday use (for example not using terms such preparedness and 'one in one hundred year flood'), and also in terms of its exact meaning to particular groups - will make all the difference in how messages and advice are heard (in terms of their relevance, rather than from a strictly audible level perspective), understood and acted upon.

As with the general discussion of being prepared for an emergency event, and comparing checklists and toolkits with the meaning of being prepared; being comfortable in their world was not purely a tangible thing that the participants could put their hands on. There were perhaps tangible elements, inasmuch as having insurance policies or healthy bank accounts, but much of the comfort that they felt was drawn from the experiences they had lived through. However, it was clearly important to the participants, allowing them to maintain the security and safety of their world.

The participants felt that being comfortable in their own homes was of importance, both in terms of managing the home and getting around the home physically; and also in terms of feeling safe and secure from potential crime. The participants were also comforted by the fact that they felt financially secure. This relief could be

interpreted both in terms of their every day, but also in terms of allowing them to feel being prepared for emergencies. This sub theme is an issue that emergency management planners should consider when developing advice regarding being prepared for an emergency event – those older people who do not find comfort in their worlds might find it distressing that they are not in the position to ‘do the right thing’ in terms of being prepared, i.e. they may want to follow the advice given, but may simply not be able to.

The participants understood that their physical health is not as strong as it once was. However, in the main, they did not feel concerned about this. They might become momentarily frustrated that it takes them longer to complete a task, or that they have to call help from friends and family to carry out a specific task; but on the whole, they did not feel troubled by their changing body and changing ability. In many cases, they talked about enjoying the slower pace of carrying out daily activities. They were conscious that this reduced physical strength has implications for being prepared for an emergency event – in terms of potentially being unable to carry out certain preparedness measures (for example clearing vegetation, or turning on sprinkler systems) and also in terms of reacting in an impending event (due perhaps to no longer having a car). They did not, though, feel vulnerable.

While the participants spoke of - and acknowledged their susceptibility to, as they get older – health emergencies, it was interesting to note that they did not consider themselves to be vulnerable to extreme heat. This was a summer event/ occurrence that many of them could relate to, having lived in South Australia for many years, in some cases, all their lives. Their first hand lived experience of extreme heat meant that they were not concerned, and in fact were ambivalent about it; whereas the unknown of an age related health emergency, such as a stroke or a heart attack, held more meaning in terms of being prepared. They may have nursed a spouse with a condition/ disease, but on the whole, the health events that they had personally suffered had been minor. The ‘known’ of extreme heat was much less of a concern than the ‘unknown’ of a stroke or heart attack. The participants took the view of Australian poet Dorothea MacKellar, who in her poem ‘My Country’ (1908) says:

I love a sunburnt country,  
A land of sweeping plains,  
Of ragged mountain ranges,  
Of droughts and flooding rains.  
I love her far horizons,  
I love her jewel-sea,  
Her beauty and her terror -  
The wide brown land for me!

(Mackellar 1908, *My Country*, second stanza). A copy of the full poem can be found in Appendix 4.

The participants in this current study mentioned that they were not upset by the heat as they were used to it. They had – over their long lives, living in South Australia, without the modern conveniences of air conditioning – adapted to the heat, learned to deal with it, and simply accepted it. Brian, for example, while acknowledging that an extended heatwave would be a concern, said of the heat:

‘...you just accept it’s part of life. When you’ve lived in South Australia for 79 years, you don’t really worry about it.’

He then proceeded to tell me a story of his younger days as a teacher in the town of Cleve, on the Eyre Peninsula, 350km to the west of Adelaide:

‘I drove a school bus when I was at Cleve, and I used to travel to the east [driving in to the rising sun] in the morning and to the west [driving in to the setting sun] in the afternoon...and no air conditioning or anything like that... and then taught in a wooden class room all day long, without air conditioning, so...I mean you just...accept these things.’

Banwell et al.’s (2012) research considering extreme heat from a socio-cultural perspective also has parallels with the comments from the participants in my study. Banwell et al.’s study sought to understand ways in which vulnerable sub-populations adapt their behaviours to dealing with extreme heat, within the context of

Australians' relationship with heat. In addition to repeat interviews with eight older Australians and two focus group discussions in western Sydney, New South Wales the researchers drew upon scientific, historical and literary sources in order to understand the psyche of Australians and whether this has affected thoughts of heat, vulnerability to heat and acceptance of heat.

Banwell et al. found that participants' behaviour to coping with extreme heat was similar to that shown in previous studies, and also as discussed by the participants in this current study – employing methods of personal cooling, changing patterns of daily activity and altering dietary habits. The majority of participants also reported high levels of air-conditioning use, but highlighted that this may become prohibitive over time, with increased electricity costs. Of more interest to me were the cultural reflections that Banwell et al. made, drawn from the historical literature sources. They argue that Australians' cultural acceptance of heat is 'sedimented within the national psyche: the sun, the sea, and the outdoor barbecue reappear over and over again as iconic Australian scenes' (Banwell et al. 2012, *Socio-cultural reflections on heat in Australia with implications for health and climate change adaptation*, viewed 11 April 2013, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3475099/>).

In their historical literature reviews, Banwell et al. found that Australia's climate has been a source of wonder and amazement since the beginning of European settlement. Not only was it a source of wonder, but it became something to be both celebrated and endured. Rather than succumb to maladies such as sunstroke and hardships such as food production, settlers were determined to:

make Australia work for them, embracing and celebrating the resilient and renewed character of the Australian Bushman (those living in remote areas colloquially termed 'the bush'). The arguments about heat were turned around and instead heat was seen as a positive force in fostering strong, resilient and healthy people

(Banwell et al. as previous).

As a result, Australians adopted, and have retained, an ambivalent attitude to heat. In colder climates, such as parts of Europe and parts of North America, heatwaves have

generally caused much more of a sensation (and in many cases a steeper rise in mortality) due to their out of the ordinary nature. Banwell et al. felt that the ambivalence displayed in Australia continues to shape behaviour with respect to extreme heat, leading people to generally be unconcerned by extreme heat events.

Finally, the participants in this study felt mentally strong and believed that their life experiences had made them so. They felt mentally prepared to deal with any type of emergency event, and in fact it was mental strength that they saw as more important to them, in terms of feeling prepared for an emergency event than physical strength. They were keen to help me understand the distinction between physical and mental strength – in terms of being prepared for an emergency event, feeling mentally strong and able to cope was more important to the participants at this stage in their lives than feeling physically strong.

## **Summary**

This chapter has described and discussed *understanding my world* - the first theme that has been drawn from the participant meet and greets and interviews, and the reflective research diary. Within the theme were the four sub themes of experiencing emergency events, communicating emergency events in my world, being comfortable in my world, and my changing body. This theme provides shape and context to the participants' lives, in which their understanding of being prepared can be further explored.

The next chapter describes and discusses the second of the three themes – *shrinking my world*.

## CHAPTER SIX

### THEME TWO SHRINKING MY WORLD

#### Overview

In the previous chapter, which explored the theme of *understanding my world*, shape and context was provided to the participants' lived worlds. In understanding their worlds - the events they have lived through, how those events have been communicated and interpreted, how the participants are comfortable in their worlds and content with their changing bodies – we now move on to theme two.

As the participants are ageing, they described their worlds as shrinking. This is the case in many aspects of their lives, some perhaps more noticeable than others, and can be broken down into:

- shrinking social world
- shrinking engagement
- shrinking thinking

These three sub themes, and their relevance to the question of how does the lived experience of older people influence their preparedness for emergency events, are described below and then discussed in greater detail at the end of the chapter.

#### Shrinking social world

The participants talked about how they are experiencing their social worlds shrinking, with reduced lived human relations and a reduced lived space. From their discussion, two principal reasons for their shrinking social worlds were identified.

Firstly, the participants advised that many of their friends and family have died; and secondly the participants' reduced mobility and loss of driver's licence has stymied

their ability to socialise. The reduction in size of their social world is not something they feel negative about; in fact in some cases they expressed contentment with their shrinking social world. Art, for example, said:

‘Well, most of my associates are dead, I don’t really have anybody...I don’t really have anybody now from...all the wine [business associates] boys are dead, naturally, and um...no...I just have three things that I do. I...I’m doing painting, I watch a DVD every night before I go to bed, and I have music, and er...that’s it, I’m very happy.’

Frances was also happy with a smaller social world, saying that her ideal is to have friends close by, but to:

‘...have your own house. So you could go and visit whenever you wanted to and go on holidays together; go out to dinners together; go to theatres together – that...suits me fine but be able to still have time to myself. Because I like company, but I like my own company.’

For many of the participants, their spatial world has become smaller too. They have moved from a large family home to a smaller retirement village unit. Their immediate home is therefore smaller, but also the geographical area in which they live and engage in has become more focused. Again, this focus was seen as a positive thing. The participants felt able to manage their homes, especially with respect to managing a larger rural block, and felt comfortable in their smaller homes. Keith and Judith, for example, mentioned that the smaller home was far more practical with Judith’s deteriorating Parkinson’s Disease. It is all on the one level and is compact, yet wide enough for Judith’s walking frame. This is much more practical than the large three bedroomed family home that they lived in for much of their married life, with Judith saying:

‘I must say some people feel that they’re [the retirement village setting units] too small ... but the friends the other day, I said “Well I’m just so glad that I only have to walk that little ... road, don’t have to walk right down” and just walking around the house was [hard], [this] is so much easier.’

Hattie has found real benefit in terms of having close friends and neighbours, who helped her settle in and feel comfortable, saying:

‘...and then first day I – or the day before I moved in here properly, I came in to have another look around...and I met [neighbour’s name], my 96 year old friend. And she saw me walk past the Gorge side of her place. By the time I got round to the back, she was outside waiting for me. And she asked me was I looking for somebody. And I said, “No. I’m going to move into unit [number X].” “Oh,” she said, “That’s lovely.” She said, “Would you like to come in and have a cup of tea?” And so – and then when I did move in, she came in and she gave me three different lots of white plastic racks and things to fit it in my cupboards and to organise – and, so, I immediately really felt comfortable.’

In summary, the participants do not feel concerned that they have a shrinking social world. While this reduction in friends and family members with whom they socialise has not always been through choice, as their peers have died or become less mobile, the participants feel content that the relationships they have now are genuine, supportive and caring.

In terms of being prepared for an emergency event, I believe that the participants were trying to assure me. Although they do not have so many people from whom to seek assistance, they are satisfied that they are in control and do not feel that this reduced social world threatens their feelings of being prepared. On the contrary, the genuine nature of their relationships - and the strength of those relationships - allows them to remain confident that if an emergency event were to occur, that they had not fully prepared for, they know that assistance could be sought and would be freely given by those in their smaller social world.

## **Shrinking engagement**

In addition to having a shrinking social world, the participants are also becoming less engaged with the world on a more conceptual level, such as the way they feel about



current social norms and the way they think about contemporary issues such as current affairs. It must be acknowledged that not having known the participants throughout their lives, I am not qualified to say whether they are less gregarious, or engaged in world affairs, but from the way some of the participants talked and what they talked about it was clear that on the whole, these participants were happy to not dwell on broader social, political and economic issues. Two notable exceptions were Eleanor and Hattie. For example, Eleanor still regularly attends lectures and events at the University of the Third Age<sup>2</sup> as she enjoys learning new things, and having the opportunity to discuss the lectures with her fellow attendees. Hattie was particularly worried at the lack of interest in world affairs, and felt that her life experiences were formative in her outlook, expressing:

‘And I find so many people, especially the slightly younger people and a lot of the oldies here are – they haven’t got a clue what’s going on. And they’re not vaguely interested. Whereas, I say, because I used to live on the land and we had a different aspect – a way of looking at life...I’d say my experience with life is a bit different from a lot of city dwellers. That’s why I always say about politicians - we’ve got too many lawyers and people who have never been out of the city in their lives. Lack practical experience of how the rest of the world lives.’

Two particular examples of how the participants were generally not keen to dwell on, or spend time deliberating and discussing, broader social issues were their responses to the subjects of climate change and the media. With respect to climate change, the opinions of the participants were generally in agreement in that it was not something that worried them. Some said that they could see that the climate was changing, and noticed effects of this changing climate. Daisy, the keen gardener, said:

‘No, it doesn’t worry me. I can see it’s happening...I can see the changes, even

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<sup>2</sup> The University of the Third Age (U3A) is an international organization, embodying the principles of life-long education and the pursuit of knowledge for its own sake, in an atmosphere of mutual learning and teaching. Each U3A is a learning community, organized by and for people who can best be described as being active in retirement - the so-called Third Age of their lives. (University of the Third Age n.d., *U3A movement*, viewed 5 July 2013, [http://www.u3a.org.au/u3a\\_movement](http://www.u3a.org.au/u3a_movement))

with the plants, the flowers; they're all changing. Now, I and a few other elderly people, a couple of other women, we supply the flowers for the afternoon tea area of the [town of] Uraidla Show. Like, they decorate it a little bit for afternoon tea and that. And um, I've been doing that for years, and this year, the flowers that I normally pick will be gone. You can see the seasons are changing, and it even confused the plants. Because I've got winter phlox that come up and flower beautifully in winter...they came up and flowered and have finished. They're not supposed to come up till winter. Yeah. So, you can just see that things are happening.'

While not being overly *concerned* about climate change, many of the participants were nonetheless interested in it. They remain to be convinced that man has had a direct influence on climate change – or more specifically in their perception, of an increased temperature. Brian, for example, expressed an opinion that the changes in the climate were natural when he said:

'Well, I think it's a very long term thing we're talking about. I think it's um...just part of the evolution, and I'm not certain – yet – as to how much effect we as a race have on it... so I think it's just part of a general trend, and ...er...well, I'm not going to be here, and it's not going to really worry my grandchildren very much, a degree or two in temperature rise. Besides, they all live in air conditioned buildings these days, which we didn't do. Um, so I'm not concerned about it.'

Some of the participants did suggest that the increase in pollution, cars and industry probably has not helped, but they were not certain that these things have been drivers for rising temperatures. Eleanor, for example, said:

'I'm not concerned about it; I'm interested in it. I can't help but think that it is, it's a very debatable point. I'm thinking 'ok, so we're putting out all of these emissions into the atmosphere that's never happened before, so surely it must be having some sort of effect'. And yet on the other hand, you look at nature and you look at things, and you think 'well, you know there's been...dinosaurs have gone and there's been other things because of great change in the

atmosphere and climate' and I feel it's a debatable point. I do feel that, um, with so many cars and the emission that's going out, it's much worse than the Industrial Revolution smoke. Because that was in one place; this is all over, and when you look at the freeways and you see New York with 5 or 6 lanes of cars, all driving through. But I feel it's a very debatable point, and I don't think it'll happen in this generation.'

Hattie held similar views, saying:

'Well, I'm not fully aware of all of the things but looking back in history we seem to go through periods of climate change. And I mean it's like when the dinosaurs disappeared. What made it happen in those days? The only thing is that I think we've got a lot more pollution in the air from our industry and the people that inhabit the earth, I suppose. So I do think that that's been having an effect on things. And of course we're cutting down all the trees and that is stupid...My feeling is that it's probably exacerbated by the pollution that we're causing in the atmosphere. But I also think that it's probably just another one of those eras that we're going through.'

The participants were not sceptical about climate change, as such; they just did not feel that they had enough information to make a definite decision one way or another. They were not prepared to make strong statements themselves, and are happy to believe the experts. Keith, for example, said:

'I think we've got to allow for our scientific people to watch that and to advise us.'

A second broader social issue that the participants displayed a shrinking engagement with, and indeed strong and predominantly negative views on, was the media. Judith summed up the general feeling among the participants by saying:

'I try to keep out of it and you have to listen to it of course but I find it irksome.'

Participants felt that the media reporting was negative, focused on ‘what sells the paper’ and gave too much, often sensationalist and horrifying, information. Keith, for example, said:

‘I think media reporting is looking at the worst side of life as it possibly can because that’s what sells the newspapers, not the good things. If you stop and think there are a lot of good things going on that you never hear about and the media wouldn’t report that because that doesn’t make the news...’

Art echoed this, saying:

‘I think what the media does is bloody awful; it’s all negative. There’s not a good thing...I wouldn’t...I don’t buy a paper for me, I buy it for [my wife]. But it’s doom and gloom...the whole thing. You know – accidents, murders, rapes, all this kind of tripe. And that’s not doing any good in my book.’

Finally, Frances felt that

‘I think – I just think sometimes we could do without all the information that they give us because you know I mean we lived quite well with it before and I mean just for example with some of these wars that we have, we get everything, we get everything, and I don’t think we need to get everything...when the Twin Towers were bombed or whatever you want to call them – I think we got every single thing and we got it about ten times moment by moment...it was moment by moment which is terrible.’

Engaging with media is an activity that one could argue could be avoided – radios and television news programs can be switched off, newspapers not read, for example. However, many of us receive passive information from the media on a daily basis, without necessarily paying particular attention. So, while the participants are choosing to shrink their engagement with the media – such as Art choosing not to buy a newspaper for himself, only for his wife – it is not always possible to ignore it completely. As Brian said, when discussing media coverage of particularly big news stories, such as worldwide global financial crises, or major emergency events such as

the Japan earthquake and tsunami of 2011:

‘Well, you don’t have much choice at a time like that, if you’re looking at the TV...it’s on every station’

Given the passive nature of this information exchange, there could be implications for how people feel about being prepared and for the development and delivery of emergency preparedness messaging. For example, there could be opportunities to use this time, when people are passively taking up information about the events unfolding in the media, to impart preparedness advice. Conversely, depending on the message to be given, this might be a particularly poor time to impart advice and information as people may be overwhelmed by what they are seeing and hearing, and may feel that no amount of planning could help them prepare for an emergency event of such magnitude.

### **Shrinking thinking**

Linked closely to shrinking engagement, the participants are reducing their scope of thought, choosing to focus on what has meaning and value for them. Most of the participants care less about the opinions of others. They stressed that this was not because they wanted to upset people or felt they had the right to be dismissive; it was more the case that as they had grown older, and learned from life experience, they were simply less bothered about the wider world. They realised that ‘life’s too short’ to worry about everything and everyone. Grace, for example, said:

‘Why worry at our age, why worry? I wouldn’t hurt anybody, I wouldn’t say – at my age, well I can do what I like...but you don’t worry about things you would have...no.’

With respect to emergency preparedness, there were two particular examples that they do worry about, however: what is the ‘right’ thing to do, and the management and development of land.

When discussing what is the ‘right’ thing to do in terms of being prepared, and activities undertaken to be prepared, the issue of insurance was raised by several of the participants. For those living in retirement village settings, the buildings insurance is organised by the village management, but contents insurance is the responsibility of the resident. Eleanor believed that having insurance was sensible, and she acknowledged that she was fortunate in being able to pay for it. Imogen, on the other hand, was unusual among the participants as she did not have any insurance, but was not concerned about that.

Brian and Keith were very clear in their opinions about people who choose not to have insurance. Brian said:

‘Well, it concerns me, although it’s nothing to do with me, some people don’t insure themselves. They expect the government to step in and replace their house, or whatever it is. And in a sense, those people might get more than those who’ve actually prepared. It may not have covered the whole of the house because it’s so much more expensive to build today than it was say 20 years ago, but they don’t get any help.’

Keith was even blunter when discussing of insurance policies, suggesting that:

‘...they're things that if you don’t take them up you're being a bit stupid.’

These sentiments suggest to me that in spite of the fact that the participants’ worlds are shrinking, and as they grow older there are some activities and issues that they choose not to engage with or worry about, the comfort and security of insurance is something that they still feel strongly about. Developing and delivering of preparedness messaging, indeed seeking information about being prepared, could therefore be undertaken in conjunction with insurance providers.

In terms of experience and knowledge gained during their lives, the participants felt they had learned valuable lessons with respect to preparing a home, and specifically reflected on recent land use planning and the development of new homes. Several participants were scathing about developments that have been built on floodplains.

When talking of the extensive and destructive flooding in the state of Queensland in 2011, Brian said:

‘Well, if you build things on floodplains, you’ve got to expect floods... and a lot of these places that got flooded in Queensland were on flood plains, particularly in Brisbane.’

Eleanor, one of the oldest participants, spoke of two particular areas in greater Adelaide which had been developed, without consideration to their geography. Not only was Eleanor scathing about the development, but in one case she was also facetious about the outcome:

‘Well, when I was a kid, all of [the area of] Kirkcaldy and by the Kooyonga Golf Course, you know between there and the seafront, that was all a floodplain, from the [River] Torrens... That was always known as a boggy area, you know. It was a natural flood plain and had been from year dot. And then, the next thing, gradually gradually gradually, things are filled in and, you know, bits of the Torrens are diverted around here and whatnot, and now it’s a housing thing. And they’re talking about the wetlands, as if they have found something that they’ve plucked out of the sky! The natural wetlands were there, and then they were reclaimed, and now they’re up at [the town of] Salisbury, and everyone thinks ‘oh, it’s wonderful, they’ve got a wetland’.’

The participants’ shrinking thinking was also evident when considering possible future emergency events. When telling me about and reflecting on their lives, the events they had experienced, and what those events meant to them, the participants very much stuck with what they knew. This is, to some degree, to be expected and is logical as it is easier to make meaning of an event and learn from it when one has first-hand experience. While many of the participants suggested that an accumulation of experiences helped them feel prepared, they did not always correlate learnings and meaning drawn from one event, to a possible future event. This was particularly evident if considering the tangible checklist side of preparedness. Examples of this can be seen in the participants’ thoughts on extra food in the house and the preparation of a ‘ready-bag’ or ‘go-bag’.

Most of the participants were well stocked up, in terms of extra food in the house. Frances, for example, when telling me about an occasion when her neighbour's son had stayed in her unit, said:

‘[The neighbour’s] son, when he came over, he looked in my cupboard and my freezer and he said - because they stayed here when I was in Sydney – he said to me when I came back and we were talking when he was still here and he said “Oh [Frances], you could live for months off your cupboards and your freezer”.’

This situation may have been the case for a range of reasons. For some, it was simply a lesson from being a wife/ mother of a large family whose children's friends often dropped by and the children were always hungry. For others, it was a learning from times that they had experienced a health emergency. Imogen, for example, had an operation and when she returned home:

‘I had ‘Meals on Wheels’ ...ohhh...they weren’t very nice. I mean I’m not knocking them, because they do a wonderful job, and lots of people here have them. But I couldn’t stomach them, you know. I used to throw the soup down the sink, and sometimes...and then, I found then that I wasn’t eating as I should, even though I was having ‘meals on wheels’. So I thought I’ve got to do something. I’ve got to get myself moving and cook some meals. You know, and this is what I did from...I just cancelled the ‘meals on wheels’. But then, *from then*, I always had a couple of frozen dinners, in case I hadn’t cooked...I don’t feel like cooking all the time, and when I cook, I do 2 or 3 lots, you know. But um, yeah, I suppose it is...these things you *think* about more.’

As seen in the above two examples, not only were the participants happy to point out that they had a few extra tins of food in the cupboard, or some cartons of long life milk; they were also keen to point out that they had plenty of prepared frozen dinners in the freezer. Their breadth of thought in terms of emergency events did not extend to a lengthy power outage that might either cause all the meals in the freezer to be ruined, or render heating ready meals up in the microwave impossible. Eleanor, for



example, talked in one breath about the extra food she had, including frozen dinners, but in the next breath talked about keeping a torch readily available because having:

‘lived up here [Adelaide Hills] where we’ve had blackouts because trees have come down over the power lines. Er, if we have a bushfire, sometimes the lines have come down.’

With respect to an emergency ‘go-bag’ or ‘ready-bag’ the participants again did not see the connection between actions they took for one issue, to being prepared generally, for a range of emergency events. Several of the participants had a bag packed, should they need to be taken to hospital in a hurry. The bag had the items they thought they might need, such as night clothes and toiletries. Imogen, for example, advised:

‘...it’s in the wardrobe! All ready to go. So, even if I’m taken off [in an ambulance] and we don’t pick it up, my children can come in and get it for me.’

What the participants had not considered is that this same bag, perhaps with the addition of one or two extra items, doubles as a ‘go-bag’ should they have to leave their home for any reason, such as an impending bushfire or flood, or building fire in their retirement village environment.

The participants’ view of events that they might consider preparing for was narrow, sticking to ‘traditional events’ from their lived worlds. On the whole, their primary concern, in thinking about events they might need to prepare for, was a health related emergency. By health emergency, they were concerned with a fall in the home, or a more severe issue such as a heart attack or stroke. They did not consider an issue such as influenza or other infectious disease outbreak, and they did not talk of vaccination when talking about measures they might take to be prepared.

Following health related concerns, the participants tended to consider two natural hazard events - bushfire and flood. In raising this, it should be noted that these are generally the most common natural hazards in southern Australia. Brian did mention

that Adelaide had experienced an earthquake in the 1950s, but felt that ‘you can’t do anything’ to prepare for something like that.

As mentioned in the previous chapter, extreme heat - an issue very likely to affect the participants given South Australia’s climate - was not an event they were worried about. They felt that having grown up in a hot climate, with little or no air conditioning, they had become accustomed to the heat. Some did admit to changing their behaviour if a hot day was planned, but the suggestion was that was just an inherent thing they knew, and plain common sense.

Man-made or man-induced events did not get mentioned, in terms of a likely event to affect the participants – and this despite the recent (at time of interview) Costa Concordia cruise ship sinking (January 2012); and the Japanese earthquake, tsunami and subsequent nuclear power emergency (March 2011). Eleanor did mention that Australia has ‘been blessed’ in that it has not suffered over the years like other countries have, with wars, conflict, sectarian troubles and gang related violence. However, she lamented that some of this is changing, with drive-by shootings and related violence sadly becoming more commonplace.

A final example of the participants’ shrinking thinking was displayed to some degree in terms of denial, particularly denial that they may be affected by a particular event. In a curious way, this was justified on account of their lived experience. Keith, for example, lives in the Adelaide Hills – an area well recognised in South Australia as being prone to bushfires. He stressed more than once during his interview that he had not experienced a bushfire at close quarters:

‘Because I’ve lived here all my life and all my life I’ve never known of a [bush] fire in this place.’

It was clear that by expressing this thought, Keith assured himself that he could not therefore be affected by a bushfire. Not only did Keith express this sentiment several times, his wife Judith also mentioned it – quite independently of Keith - in her interview. Of particular interest in this case, is that while Judith had lived with Keith in the Adelaide Hills for many years, she did not grow up there. I rather feel that the

seed of Judith's opinion was sewn by Keith.

To summarise, the sub themes of shrinking engagement and shrinking thinking are also states of mind that the participants are content with. They have chosen, for a range of physical and social reasons, to reduce their engagement with the wider world, and focus on those issues of interest and concern to them. When looking to the future, they have undertaken a number of activities to prepare for what may come, such as arranging contents insurance and packing a bag for an unexpected hospital visit, but do not feel that they need to 'change the world'. They do not feel the need to consider world affairs, for example, in any great detail.

## **Discussion**

Returning to the literature, and considering older people and how they feel and behave in the latter stages of their lives, it can be seen that the participants in this current study are not unusual in living in a shrinking world. In 2013, for example, Toepoel undertook an investigation into the relation between leisure activities and the social status of the elderly living in Holland. She found that older people have a reduced number of social contacts and participate in fewer leisure activities, but that they are more satisfied with their social contacts and feel more connected to others than younger adults.

Anderson, Hallsberg and Edberg (2008) carried out a study in Sweden which explored what constitutes a good life, in the last phase of life. In the study, interviews were carried out with 17 people aged over 75 years who were in their last 12 months of life. The study confirmed previous theories that suggest that people in the last phase of life focus inwards, reflecting on their lives as a whole, as a way of completing it, as a way of enjoying small things and as a way of viewing themselves in the perspective of giving to the future.

In defining the theme as 'turning inwards to come to peace with past, present and the approaching death while being trapped by health complaints' (2008, p. 822)

Anderson, Hallsberg and Edberg name six categories which embrace aspects that constitute a good life in the last phase of life: maintaining dignity; enjoying small

things; feelings of “being at home”; being in the hands of others, trying to adjust; still being important for other people; and completing life while facing death. While the participants in this current study were not necessarily in the last 12 months of their lives, parallels can be drawn with some of the categories, as shown below.

- Maintaining dignity

As the interviews in this study have shown, while participants acknowledged that they are older, and have to accept what this brings, they still maintain their dignity. Grace, for example, has suffered a number of falls in her home, and despite having supportive loving children who live locally, she will do her utmost not to call them. She does not wish to bother them, and feels embarrassed at the fact of having fallen again. Grace’s way of dealing with the issue is to laugh it off. On one occasion, when her son asked her why she did not call, Grace replied:

‘Because I was trying to get up off the floor first!’

She continued with:

‘Because you can’t get up it’s so frustrating; you’re not hurt, not really.’

Grace has learned from these falls, and has changed her behaviour – she now uses her walking frame more, wears her personal emergency alarm more diligently and thinks ahead with her shopping. Taking these actions allows her to remain as independent as she can – maintaining her dignity – and assures her that she is prepared in case she should have a fall and be unable to leave the house for a few days.

- Enjoying small things and feelings of “being at home”

All of the participants in the current study were positive about their lives, acknowledging that they might not have big social worlds, but they took every opportunity to enjoy the small things. As previously outlined, Art is happy with his small world of painting, watching DVDs and listening to music. Hattie has embraced the retirement village environment since moving in, making the most of village

social events, and forging a close friendship with a neighbour. Daisy very much enjoys potting up the plants which she sells from her home, for charity.

The participants in the current study were happy in their homes – whether they had downsized from the family home, or whether they still lived in the family home. During the interviews and meet and greet sessions, it was clear that their homes were important to them. Eleanor, for example, was very proud of her home and some of the furniture she had collected over the years. During the interview we had a break for afternoon tea, during which I was given a tour of her apartment, and she fondly told me about family heirlooms, pieces of furniture and plants of the verandah. She clearly enjoyed having these familiar things around her.

When offered morning or afternoon tea during interviews, the participants may have been slow and deliberate in their preparation, but it was clear that they had their home arranged in a way that worked for them, and they were very comfortable in their own homes. As van Manen suggests ‘Home is where we can *be* what *we are*.’ (van Manen 1990, p. 102).

Enjoying small things and feeling comfortable in their homes assured the participants that they are in control of their lives and their immediate environs. This control enabled them to feel safe and secure, and prepared for emergency events.

- Being in the hands of others, trying to adjust

As is discussed further in the next chapter, accepting care and support from others is something the participants are learning to adjust to, and in most cases beginning to embrace. In some instances, they highlight the positives that this brings. Daisy, for example, has a home helper who has become a good friend. Accepting help from others can in some cases be harder to adjust to, and bring negative feelings or feelings of guilt. Hattie misses driving, missing the independence that driving brings; and she also feels guilty when accepting lifts from friends or neighbours as she feels she is not in the position to repay the favour.

- Still being important for other people

This was something that the participants were very positive about, even in their shrinking world. They enjoyed the voluntary community work that they did or had done, and enjoyed being able to look after grandchildren and great grandchildren. It was clear that they were pleased to feel needed and gratified that their opinions were held in high regard. Keith, for example, freely gave the first ten years of his retirement to the Uniting Church, sharing his knowledge of land management and valuation; and Frances spent many years (both whilst working and since retired) actively involved in the Scouts, first as a Leader and latterly with the Scouting Social and Services Club.

A shrinking life world does have implications in terms of emergency preparedness, both for the positive and the negative. On the negative side, as has been discussed across this and the theme of *understanding my world*, participants recognise that strong social resources, including good friends and a strong community spirit, are critical in times of an emergency – whether it be a health emergency, a larger scale community emergency such as a bushfire or cyclone, or simply a very localised emergency where one's fridge stops working. Hattie was very complimentary about the friends and community who rallied after her house was destroyed in a fire. A shrinking social world might mean that this social resource base, by being reduced, is less able to provide support and assistance.

On the positive side, the participants said that the social world that they had, although shrinking and therefore smaller, was 'genuine'. As they have become older, they have recognised that it is not necessary to have lots of friends. While it is sad to lose good friends to illness and death, some of the people that you socialise with when you are younger are not necessarily 'good friends'. As they have grown older, the participants have become much more circumspect - and almost discerning - about their social worlds, choosing to have genuine supportive friendships, rather than acquaintances.

With regard to both the participants' shrinking social world and their shrinking engagement, this is also a reflection of previous research. Mogilner et al. (2011) for example, carried out a study in the United States where they explored emotions,

specifically considering happiness. The method was four-fold and included examining 12 million personal internet blogs, along with a series of surveys and laboratory experiments. Across the four studies, the ages of the participants ranged from teens to late eighties. They found that the meaning of happiness is not fixed; instead, it systematically shifts over the course of a person's lifetime:

When individuals are young, they primarily experience happiness as feeling excited; however, as they get older, they come to experience happiness more as feeling peaceful. Furthermore, an age-related increase in focus on the present moment appears to drive this shift

(Mogilner et al. 2011, p. 401).

Mogilner et al.'s research builds on previous psychology of ageing research which has found that differences in the time a person has left in life has significant consequences in terms of the person's goals and decisions (Carstensen 2006). Younger people, with a perceived long life ahead of them, seek new experiences and information that will serve them well in to the future; whereas older people are more likely to foster current relationships that are satisfying and comforting (Carstensen, Isaacowitz and Charles 1999). This explains why the participants in this current study are content with their smaller social worlds, which they find comforting and peaceful.

Specifically regarding the shrinking engagement, parallels can also be drawn with previous research, which has found that older people perceive themselves as less able to effect change in the world (Neugarten 1977). When considering the participants in this current study, and their thoughts on climate change, for example, two of Brian's comments are reflective of the thought among the participants. Firstly, his statement:

‘well, I'm not going to be here.’

This is perhaps the reason that the participants are not worried about climate change, or have not given it a great deal of thought. At their age, they feel that the worst of any climate change effects will occur long after they have died; their temporal

engagement with the issue of climate change is therefore reduced.

Secondly, Brian stated:

‘I’m not certain – yet – as to how much effect we as a race have on it...’

The majority of participants were of the same opinion; they were concerned about climate change, but either would not accept - or could not be sure - that anthropogenic causes were driving climate change. Some conceded that perhaps pollution and vehicle emissions were not helping, but none believed that man’s actions were the sole reason for climate change. They very much believed that ‘the jury was out’ on that matter, and that we had to trust the scientists and policy makers to come up with solutions.

This is in line with national and international research. The Australian Commonwealth Science and Industrial Research Organisation commissioned research (Leviston et al, 2011) in 2010 in which they identified and analysed 22 recent studies (2007-2010, some which dated back further, as part of longitudinal research studies) that examined Australians’ views of climate change. The studies considered a range of issues including views on climate change and the role of human activity in causing climate change.

The findings of the Commonwealth Science and Industrial Research Organisation (CSIRO) research include that:

- most Australians believe the climate is changing, but fewer believe that this is attributable to human activity
- belief in climate change and its anthropogenic drivers has waned in recent years, which reflects trends in other Western countries

(Leviston et al. 2011, page i)

The research also found that climate change beliefs are strongly related to political



preferences, voting behaviours and gender; but that there is less correlation between geographic location of the study participant, age or income. The report's authors suggest a number of possible reasons for the decreased belief in climate change, including the global financial crisis of 2008 (i.e. people have other issues at the forefront of their minds); the failure of international bodies to reach consensus on global climate agreements; and the relationship between political beliefs and climate change beliefs as Australia has moved to a more conservative position in the last three years.

Returning specifically to the issue of age, some of the studies analysed did demonstrate stronger findings. For example, one study analysed by the Leviston et al. concluded that respondents aged 55 and over were more likely to think climate change was the result of natural causes and that nobody could do anything; and another indicated that respondents aged 65 years and older were less likely to report any concerns about climate change. The research did not analyse why these opinions were held.

These findings correlate with the opinion and beliefs from the participants in this current study; they may be concerned broadly about climate change, and worry about the future for their grandchildren, but they were not overly concerned about climate change, and could not be sure of man's influence. For many of the participants, because they have known hot periods during their lives, they could not be sure that the rising temperatures experienced in recent years are not just a natural climate cycle. Eleanor, for example, recalled a heatwave when she was young:

‘...in I think it was 1936, we had a week or more of it over 100 degrees in those days, and it was very similar.....actually, The Advertiser [the major Adelaide newspaper] brought out a little postcard which you could buy, and somebody sent it to me, and it had a little man, you know, like the man on the street, and then all of these temperatures, each day, how much it had been...I can remember that there was a week of it over 100 degrees. Of course then, people didn't have refrigerators, and people didn't have...well, we had a fan, but a lot of people didn't have electric fans.’

With regard to the perceptions of the participants in the current study, regarding climate change, it was notable that their thoughts, when climate change was raised, focused on heat waves and increasing temperatures. They did not mention the possibility of other extreme events such as the possibility of reduced rainfall in winter, or increased severity of floods and storms, for example. I wonder whether some of this is to do with the way that climate change first came to be discussed in everyday life – as ‘global warming’. The participants in this current study would have been aware of the discussions regarding the changing climate for many years, and may still associate the issue as one of global warming, rather than broader climatic changes.

As described above, some of the participants were keen to say that we have to trust what the scientists say, and the right decisions will be made. Although the participants said that they trusted the scientists, it was clear that they were not reading scientific journals or reports; rather, they were getting their information from the mass media. This is not unusual – ‘Most world citizens will not learn about climate change research directly from the cautious lexicon in scientific journals...rather from the mass media’ (Wilson in Allan et al. 2003, *Communicating climate change through the media*, viewed 29 September 2013, [http://books.google.com.au/books?hl=en&lr=&id=rQTF09q14IQC&oi=fnd&pg=PA201&dq=climate+change+myths&ots=qpVdVFInyZ&sig=waJy5ZgXdyAaZx9x34XzTN4Fptc#v=onepage&q=climate%20change%20myths&f=false,27.09.12\).](http://books.google.com.au/books?hl=en&lr=&id=rQTF09q14IQC&oi=fnd&pg=PA201&dq=climate+change+myths&ots=qpVdVFInyZ&sig=waJy5ZgXdyAaZx9x34XzTN4Fptc#v=onepage&q=climate%20change%20myths&f=false,27.09.12).)

One final issue on climate change and the mass media is the bias that is often evident in reporting, particularly with respect to scientific issues and climate change, which can sway how the general public perceive climate change. As Allen et al. suggest above, most people get their information from the mass media, so any bias that appears in the reporting, can affect people’s beliefs.

Boykoff and Boykoff (2004) carried out research on American newspaper coverage of global warming (as they called it) to assess biased versus balanced reporting. They concluded that balanced journalistic reporting has actually led to informationally biased coverage. By reporting ‘both sides of the story’ in a balanced manner newspaper coverage has led to disbelief in global warming – ‘...through the filter of

balanced reporting – popular discourse has significantly diverged from the scientific discourse’ (Boykoff and Boykoff 2004, pp. 125 and 126).

In Australia, Manne (2011) found that major media outlets, most notably the media owned by Rupert Murdoch, consistently and actively have created doubt about climate change. The science has been mis-reported and support for politicians who are either cynical about climate change, or support inaction, has been strong. Most Australians, though, get their news from commercial television (Australian Government Convergence Review, 2012), a format that Farrant et al. (2013) have described as being:

suited to reporting live events, violence and conflict but not to the background needed for understanding big, global issues like climate change. Even when extreme weather events are covered, the dramatised suffering of individuals – rather than big-picture science – is highlighted

(Farrant et al. 2013, *Australian media failures promote climate policy inaction*, viewed accessed 19 June 2013, [http://theconversation.com/australian-media-failures-promote-climate-policy-inaction-15197?utm\\_medium=email&utm\\_campaign=Latest+from+The+Conversation+for+19+June+2013&utm\\_content=Latest+from+The+Conversation+for+19+June+2013+CID\\_7777bece1b9c7848e2c7746d4e23d571&utm\\_source=campaign\\_monitor&utm\\_term=Australian%20media%20failures%20promote%20climate%20policy%20inaction](http://theconversation.com/australian-media-failures-promote-climate-policy-inaction-15197?utm_medium=email&utm_campaign=Latest+from+The+Conversation+for+19+June+2013&utm_content=Latest+from+The+Conversation+for+19+June+2013+CID_7777bece1b9c7848e2c7746d4e23d571&utm_source=campaign_monitor&utm_term=Australian%20media%20failures%20promote%20climate%20policy%20inaction)).

While the studies outlined in this discussion section are broad ranging - considering what constitutes a good life and happiness in older age, belief in a changing climate, factors influencing beliefs in a changing climate, and reporting of the changing climate - they are interlinked and have relevance to, and implications for, the meaning of being prepared for emergency events; and particularly to the issue of emergency preparedness messaging.

To briefly recap, Carstensen found that as people age, their goals and decisions about the future change. The participants in this current study displayed these traits – they

are interested and concerned about climate change, but at this stage in their lives they are not prepared to give the ‘mental head space’ to worrying about it. Their future goals and decisions concern issues much closer to home, such as keeping healthy and supporting their families.

The Commonwealth Science and Industrial Research Organisation’s research found that most Australians believe that the climate is changing, but fewer are sure that this change is human caused. The findings from this current study echo this, as the majority of participants acknowledged the changing climate, but were not convinced of the cause. The participants are content to believe what the scientists tell them. However, the literature outlined above suggests that most people gain their climate science information from the mass media, some of which is biased and misleading; and about which the participants in this current study had their own strong views, feeling that it could be negative and sensationalist.

In terms of emergency messaging, therefore, the sub themes that make up the shrinking of the participants’ worlds, especially shrinking engagement and shrinking thinking, should be considered. If the participants are living in a world of shrinking engagement, effectively choosing to close themselves in their own smaller world, it could be harder to convey emergency messages. As has been seen by some of the comments in this chapter, the participants have displayed denial about certain emergency events, and their reduced engagement might make it harder to break through their dogmatic shell and enter their worlds with appropriate messages and advice regarding emergency preparedness.

The channel used to disseminate preparedness information must be carefully considered. The participants in this current study are negative of the media; however, research shows that the mass media is the most common source of information for many people. The mass media is a channel of information that is readily available to both consumers (for example older people) and also those agencies or organisations who are trying to disseminate emergency preparedness messaging. If the mass media is to be used, therefore, messaging must be carefully drafted to be un-biased and non-sensationalist, in order that the target audience does not ignore it. Linking to the sub theme of *communicating emergencies in my world*, discussed in the previous chapter,

messaging also needs to be consistent across agencies, because the participants expressed disappointment and frustration at the apparent lack of coherence between local and state government policies. It must also be accepted that at this stage of their lives, there are some messages that older people simply will not react to, as it is temporally irrelevant to them.

With respect to being prepared for emergency events, there are also some potential concerns with the participants' shrinking thinking. That the participants have not thought broadly about the range of emergency events that might befall them could mean that they are under-prepared for certain events. In some cases, these events could be easily prepared for. A slight change in the foodstuffs stored, for example could make a difference – ensuring that a few more dried or tinned goods are kept in the home, rather than relying on frozen food that could become spoilt during an extended power outage. Or, greater consideration of possible infectious diseases such as influenza, and ensuring the annual influenza vaccination is up to date.

## **Summary**

This chapter has described and discussed the shrinking of the participants' worlds. This shrinking of their worlds has occurred in three interlinked areas – their social worlds, their engagement and their thinking, linking to van Manen's life world existentials. In effect, each of the four life world existentials - lived space, lived body, lived time and lived human relations - have been reduced, shrinking their overall life world.

The effects of this shrinking of their worlds can be seen as both positive and negative. On the positive side, the participants are content with their shrinking worlds, feeling that the relationships and engagement they have are genuine and strong. Some of the worries of being involved in a larger world, with greater responsibilities, have been removed, allowing the participants to worry less and feel content in their changing worlds. On the negative side, however, this shrinking world could lead to a reduced level of support should an emergency event occur, and could lead to difficulties in developing and conveying emergency information and advice.

The theme of *shrinking my world* leads on to the third and final theme – *acceptance of my world* – which is described and discussed in the next chapter.

## CHAPTER SEVEN

### THEME THREE ACCEPTANCE OF MY WORLD

#### Overview

In this, the final of the three findings chapters, the theme of *acceptance of my world* is introduced. This theme could also be considered purely from a cultural and generational cohort perspective, with both incidental and essential sub-themes. There are distinct issues, however, that make it relevant to emergency preparedness behaviour change, due to life experience.

The participants' acceptance of their worlds is linked to the shrinking of their worlds – by shrinking their worlds and reducing their lived relations and lived space, there have been consequences for how they live their lives. Within the theme of *acceptance of my world*, there are a number of aspects of acceptance, or sub-themes:

- acceptance of greater dependence
- acceptance of sharing
- acceptance of advancing age and impending death

These are described below, and then discussed in greater detail at the end of the chapter.

#### **Acceptance of greater dependence**

Acceptance of greater dependence was a key issue, and in many cases a release for the participants. In accepting greater dependence, the participants were not relinquishing control. Rather, the decision was a sophisticated way of taking control. They understand their need to – and have the confidence to – allow others to 'do things for them', and the participants were therefore content to hand over a certain

level of control. The sophistication of this control decision was manifest in the fact that it was not a 'once and for all' proposition – control could be relinquished and then regained. Imogen, for example, talked of a time when she had 'Meals on Wheels' delivered to her home, when she was recuperating from surgery. While she was grateful for the support, and keen to stress that the service is a good one, Imogen did not enjoy the meals, and cancelled them as soon as she was able to cook and prepare food for herself. Since that time, Imogen has ensured that she always has frozen meals in the freezer, and some extra tins of food in the cupboard. She has both taken control back and learnt from that experience, to be more prepared in the future, as she did not enjoy being dependent on the 'Meals on Wheels' service.

By accepting greater dependence, the participants were not giving up on life in general, and every element within their life. On the contrary, their life experience has taught them that they do not need to control everything; indeed, they have come to learn that you cannot control everything in life. Frances, for example, said during her interview:

'I'm a great believer if you can't control the situation there's no point in worrying about it...'

Art echoed this with:

'You know the old story of putting a marble in a jar...with every worry? And at the end of the week, you can't remember what it was for!'

Acceptance of greater dependence was not completely without issue, however, and had both positive and negative connotations for the participants, depending on how that greater dependence had come to be necessary.

Starting with the positive connotations, many of the participants expressed great relief at having moved from the family home in to something smaller and more manageable. This was an example of them taking control, and being happy to accept a greater level of dependence - the participants who had downsized from the family home had done so by choice, at a time that suited them. The move was not a rushed



affair due to rapidly deteriorating physical ability or the rapid unexpected onset of illness. The participants might have been sad to leave the large family home behind, but I believe that this was in relation to past memories and connections to experience and the meaningfulness of place, rather than the property itself. The fact that the families living in these family homes were long gone - the participants' children are now adults with children of their own, and in several cases spouses had died – made it easier to leave the family home and downsize.

The participants were pragmatic about their changing needs, and accepted that their lived space and lived relations were changing, with the family moving out and the need for a large family home reducing. For many of the participants, moving to a smaller property, with the possibility of friendly neighbours with whom to socialise and be supported by was appealing. Hattie, for example struggles to understand why people do not consider downsizing sooner:

‘...that’s why I can’t...I try to persuade people who will not leave their homes because they’re used to it. And they really don’t appreciate until they’re on their own – if they’ve got a partner or a husband or something or a grownup child that lives with them, they feel secure. But once you’re on your own then that’s a different story. But there’s so many people that I come in contact with who really should be in a place like this but will not leave their homes even though they...they don’t seem to appreciate that - what advantages it is.’

The participants who live in independent living units within retirement village settings did not resent the fact that they have less control than they had in their family home, where they could come and go, and carry out decoration or landscaping as they pleased. Instead, they were happy to be more dependent on others, and have the responsibility of looking after a large home, and in some cases a large garden, removed from them. Frances, for example, said:

‘..we pay maintenance and what’s so good about this place is if my light blows I just ring up reception and say “Oh look could you get someone to come over and put a globe in my light” or “My air conditioner is busted, could you get someone to come over” and I guess my maintenance pays for that.’

The responsibility for upkeep being out of the hands of the participant was a particular relief in terms of emergency preparedness. Several of the participants had lived in the Adelaide Hills region, on semi-rural blocks, with lots of trees and other vegetation – which required considerable upkeep with regard to bushfire prevention. The participants were aware that they were no longer able to independently manage their own properties. Brian for example talked about the work required in his family home, which was a factor in deciding to move to a retirement village setting:

‘... just to walk up and down was becoming difficult, and I certainly couldn’t handle cleaning out the gutters and so on any more, that was...and there was lawn to cut, and all that sort of thing, which made it awkward.’

He then went on to say:

‘Er, here, well the [village management] Trust takes responsibility. You saw the man cleaning up leaves. Well, he’s a gardener actually, but er, this time of year, a lot of his work is clearing up leaves. He’ll go up the paths, and out the back here. Presumably because they feel that the leaves might be a problem if there are embers flying around and so on.’

By making the decision to leave the family home and downsize, moving in to an independent living unit in a retirement village setting, Brian felt comfortable that he was retaining a level of independence. Within his home, he and his wife live largely independently of any help on a day-to-day basis; however, in terms of the larger maintenance issues, he and his wife are happy to accept greater dependence. Finally, Brian also took comfort in the security the responsibility that the management would take, should there be an emergency event that destroyed his home:

‘Well, if an earthquake came through the village, er, the [village management] Trust has guaranteed that they’d find us a place, at least for two or three years, which would mean that they could re-build here, if they were allowed to do so. But, um, we are well protected, there’s no doubt about it.’

This acceptance of greater dependence, while planning for future preparedness, was a key factor in making the move to a retirement village setting for other participants too. Keith and Judith, for example, planned the move to take into consideration both the fact that they were struggling to maintain the family home; but also that as and when Judith's Parkinson's Disease deteriorates to a stage where she needs greater care than Keith can provide, they are well positioned for Judith to move in to a higher care facility, co-located next to the village:

'Oh I think that, the thing is because Judith is unwell and she's had this jolly disease for about 20 years and it's getting worse every year. And ... around the 80 [year] mark, we decided that perhaps we'd better look ahead. And these places became vacant and so we decided we'd apply for it which is what we did. Because we had in mind that we could live here independently but there was always the safety measure behind us in the low and high living areas here that you could move into from here. Now we had to keep that in mind because, and so when we moved down here we said to ourselves, well now [for the first] first few years live practically normal but after 3 years it started to be very different. And we thought of ourselves as being "Okay well how much longer are we going to be able to live in this particular unit before we're going to have to [move to higher care]" one of us anyway'

Another positive of accepting greater dependence was new found friendships. Daisy, for example, has help in her home with the heavy housework and also shopping. Not only is she thankful for the help, especially with the heavy lifting, but the home helper has become a good friend; in fact:

'...she's like a daughter now.'

Accepting their new world of greater dependence, and accepting a reduction in independence as a result of giving up driving, on the other hand, was seen as negative. Hattie, for example, had to stop driving due to macular degeneration. This was clearly something Hattie felt upset about as she mentioned it in both our meet and greet session and the interview, advising that she misses driving terribly. Having spent most of her married life on a farming property, driving all sorts of vehicles, she

misses both the physical act of driving, but more importantly the independence that driving brings. She does not feel comfortable being reliant on others:

‘And I now suffer a lot from a feeling of so many people doing so many things for me and I have no way of returning it - because I’ve always been independent. And of course, having lived on a farm we used to have to take the children places and all that sort of thing as well as ourselves. You didn’t go anywhere unless you drove. Now I can’t do it.’

The mere thought of having to give up driving was also a major concern for some – both in terms of their own general independence and a sense of loss; but also in terms of the broader ramifications of not being able to drive, the possible need to reorganise their lives, and what being unable to drive might mean to their lives in to the future. Art, for example, when talking about the fact that he might one day have to give up driving said:

‘That would be a catastrophe...really. I do think about that...and I don’t quite know what I’d do. Furthermore, my wife is absolutely dependent upon me. She’s housebound – I don’t know how she’d get on. No, really.’

The issue concerns him so much that he has undertaken a series of DVD driving lessons for older people; spent an hour with a local policeman, driving around ‘proving’ his driving ability; and has said to his doctor:

‘if you ever think that I can’t drive, I’m going to be your chauffeur for a week’.

Art was not the only participant to be concerned. Keith was also concerned as giving up driving would mean that he could no longer take his wife to medical appointments, and said:

‘Oh it would make things very difficult because as it is now Judith can't drive and so whenever she has an appointment or whatever ...’

Helping and providing care for her neighbour is a large part of Frances’ life. She is

also concerned, therefore, about the possibility of having to give up driving as she would be less able to provide this care for her neighbour, who requires help with shopping. The neighbour has also stated that in the case of a high fire danger day, she would rather leave her home and go to the City, where the risk is much lower, than stay in her own home. This is in contrast to Frances' wishes:

'Well [neighbour's name] wants to go. She doesn't want to stay and I've got to drive her, so. I would prefer to stay but once I get on the plains I won't be able to come back, but my plan was always to stay until she came to live here and then she's always been very adamant that she wants to go, and she's not driving so I have to take her.'

In summary, therefore, while acceptance of a greater dependence could be seen as relinquishing control, or imply a level of helplessness, I do not believe this is how the participants feel. For them it is about taking control. The move from the family home to a smaller home, for example, means that unlike some of their peers they have made a choice because they can; they have taken control of their lived world and shaped it to fit their requirements. The participants are aware of the changes in their physical health and ability, their environment and context. They are making decisions based on their experience and understanding, and accept that these choices are protective responses interacting with their understanding of their capacity, capability and control.

### **Acceptance of sharing**

Acceptance of sharing was demonstrated in two ways for the participants – sharing their lived time and sharing their lived human relations, two of van Manen's life world existentials that are closely interlinked in this sub-theme.

On the whole with great enthusiasm, the participants in this research have accepted that their time, and how they fill it, has changed over their life course. As their lives have moved from one stage to the next, the way they have shared this time has changed. For many years, their time may have been taken up with work or family

responsibilities. Now, many are keen volunteers in the community, and also look after friends and family in both formal and informal arrangements.

Some participants have almost had a 'second career' on retirement, sharing their time and enthusiasm with others for many years. Quite by accident, Clare found herself teaching dancing, on a voluntary basis, at a community centre after she retired.

Dancing was not something she had ever done professionally – just something she was good at and she enjoyed and it was clear that people enjoyed her classes as she ran them for 18 years:

‘Oh...yes...well, I mean there was, at one time, a waiting list a mile long to get in to the two classes at Elizabeth House. It was very...very popular, there’s no doubt about that. But I tell you what, it took some brain power...would have kept my brain active! Cos I’d done Scottish, Irish, Ballroom, you know...I had the knack for dancing...that was it.’

Clare was very committed to her volunteer role, and during the 18 years in which Clare ran the classes, she had two hip replacements and recovered from a broken pelvis and still carried on; it was only a mini-stroke that finally stopped her.

The participants do not consider that 'knowledge is power' and are happy to share what they have learned throughout their lives. Keith, for example, spent his professional career in the land management/ valuation sector. Upon retirement, he worked with the newly forming Uniting Church, assisting them with their property administration and:

‘...eventually I became Chairman of the Property Committee of the Uniting Church, Chairman of the Property Trust of the Uniting Church. And mind you with all that there was a lot of practical work on the evaluation side, and so for 10 years after I retired I worked voluntarily in the church...in the property section. And I was ... assisted by staff from within the church’s property side, but that was quite, a great time I really had in those 10 years.’

Keith found the work very rewarding and after the ten years:

‘I retired again!’

The decision to volunteer their time has been a conscious choice by the participants. It has been important in allowing them to share their past experience and knowledge, to keep their brains active, and to continue – on their own terms - to feel part of the wider world enjoying new encounters and relationships.

Hattie was also keen to point out that the residents of the village are happy to share their life stories, and share their experiences and knowledge, if only they might be asked, saying:

‘Well, that’s one thing that intrigues me and interests me in this village. For instance, take the lady 2 doors up from me – 3 doors up from me. She has led such an interesting life – even to climbing Mount Everest. I mean she didn’t get right to the top but – and she is a very highly qualified nurse. And she’s worked in almost every facet of medical, other than brains. And she could never get into that, which annoyed her a bit. But she’s been through most of the middle-eastern countries as far as Nepal. A lot of it she’d done trekking with groups. And everybody, just about, here – well, a lot of them. Put it that way. I mean I don’t know intimately so – but a lot of the people here have had such interesting lives and so different...’

In concluding the sub theme of acceptance of sharing, the participants are telling me that sharing is important for two reasons. Firstly, and in linking to the theme of acceptance of greater dependence, it helps them stay connected in their changing lived worlds of downsizing and surrender of control. As discussed in the previous chapter, their social worlds are reducing, yet the activities the participants undertake keep them engaged as much as they choose to be, in the wider world.

By sharing their time and knowledge, the participants also feel valuable and vindicated – they know that they have amassed a great deal of experience and wisdom and understanding over a range of areas of their lives, and they are keen to pass this on.

## Acceptance of advancing age and impending death

Lived time is also our temporal way of being in the world – as a young person oriented to an open and beckoning future, or as an elderly person recollecting the past

(van Manen 1990, p. 104).

When the participants recollected stories from their lives, they were not maudlin about the fact that they were getting older - getting older did not have a negative connotation. As touched on in the theme of *understanding my world*, the participants were aware of, and accepting of, their deteriorating physical ability. They have become used to their changing bodies, and rather than dwell on what they can no longer do, the participants were keen to emphasise what they still enjoy and therefore what they are still able to offer. In accepting their advancing age, and the restrictions that may come with that, they have adjusted their lives and their activities to suit, rather than stop their favoured activities completely.

Daisy, for example, is less able to leave the house, due to lack of transport. A keen gardener, she used to grow and pot up plants that she would take to the church fete and other community gatherings, and then sell for charity. Daisy continues to grow and pot up the plants, but is no longer able to travel to functions to sell them, and now sells them from her home. While Daisy has a much smaller 'customer base' buying from her home, these people are good friends and look out for her safety and well-being - something she finds comforting since she lives on a sizeable rural block of land in the Adelaide Hills – even to the point of looking after the plants if Daisy goes on holiday:

'And, I, you know, they're such good friends now. When I went to...away for Christmas...one of them came and watered the plants. So, she offered to do it, and I offered to pay her, and she said 'no way, but I'll take some plants' So she did. I think she said she took about 35...and she wanted to pay me for them. I said 'no way'. You know...cos it was so hot'



As well as accepting their advancing age, they are also accepting of their impending death. The participants felt that they have been lucky to have lived good lives, with each of van Manen's life world existentials being positively represented – good lived space, good (if ailing, for some, in advancing age) lived body, good long lived time and good lived human relations. The fact that this was the case, meant that in reflecting on their lives, they felt generally positive; the meaning of loss of future time was experienced according to how their entire lives had been lived, and death generally holds no fear for them.

Frances, one of the younger participants, had nursed her older sister through the final stages of cancer and said:

'I think that was a very soul searching and it was a – I was going to say it was a good experience but in some ways it *was* a good experience because it made you realise that death is not that bad...I'd always probably thought death was pretty terrible. She was sick from the July. She died on the 24th September so that's three months and I think out of that I can face death without any – someone said to me the other day – my great niece said to me "You know, are you afraid to die?" and I said "I'm not afraid to die"'

Eleanor, at the other end of the age scale, is a very spritely ninety-year old, and still leads an active social life. Her husband was a doctor, and suffered a lengthy illness before death. When asked whether she had reached a point in her life where she was accepting of death she said:

'Well, er, I have written at the end of my will that...after I was 86, if at any stage I had, um, something some sort of...I worded it much better than this...but, that it was a disease or something, or I was in an accident, I, Ok, I didn't want to be resuscitated from that. And I am...I mean as much as I'm happy, and I love the children, and I'd love to see the children go on...no, I'm...it doesn't worry me. I feel that I'm very lucky, I had a very happy marriage. I had a trusting marriage, and when you hear of other things, women not knowing what their husbands are doing, and so on. In lots of ways – I had loving parents, I had a good education, er, and I've watched my boys grow up

and they're 60. And I've got great grandchildren. I feel that I've been doubly blessed by having those, and Ok, if tonight's the night, it really doesn't...worry me'.

When asked if they hoped to have many more years to live, or whether they were prepared for death, Judith and Daisy felt the same, with Judith saying:

'I don't know about an awful lot more I want to live, but I'm quite happy when it happens it happens.'

Daisy used similar words, saying:

'I am. If it happens that I go, I'm quite ready...I'll be with him [her husband].'

To summarise this sub-theme, I believe that the participants were stressing that they are not concerned about their advancing age, or their impending death – they do not feel that these are potential emergency events that they need to prepare for, particularly in terms of mental preparation. The participants accept that they might need to make choices, and perhaps change the way they live due to their advancing age and possible ailing physical health. While they may have already downsized in preparation, or may have plans in place such as paying into funds to pay for funeral expenses, they are not investing great effort in preparing for, or worrying about, their advancing age or impending death.

## **Discussion**

To some extent, in the acceptance of their worlds as outlined above, the participants could be seen to be 'giving up', but this is not how the participants viewed their situations. The participants have very much learned to live with, and embrace, their changing lived worlds. They have taken control and made conscious decisions to allow others to do things for them. This has been the case on both a personal level, but also on broader community and world levels. Like anyone who has reached advanced age, they have had many lived worlds including being children, students,

young professionals, parents, more experienced professionals, carers of parents, retirees and carers of spouses. Each of these lived worlds has brought challenge, trauma, joy and sadness. Learning and meaning has been drawn from each world, which has helped the participants move on and deal with future challenge – whether they had specifically prepared for it or not.

On broader community and world levels, the participants have experienced great change over the course of their lives, something that they are keen to keep up with. There have been major technological advances, which in the main the participants have kept up to date with. Several of the participants use home computers, and have used modern technology to assist them in their volunteer activities. Grace, for example, uses the computer to prepare ‘Chit-Chat’ a three monthly magazine that is distributed to the clients of the aged care service provider that assists her; and Eleanor regularly emails friends and family in both Australia and overseas.

In developing the dance classes that she taught for 18 years on a voluntary basis, Clare was keen to enhance the classes and make them more interesting for the participants. Even though this was time consuming for her, she was keen to improve herself and keep learning. She therefore used television video music channels to gain inspiration:

‘I put the television on [Australian television music channel] ‘Rage’ and there was this thing, that was going [indicating a beat with her hand] and I thought, I could take that, and develop it, which I did. ..So, when I went back to [the class]..I showed them what.. and then you could see, they were thinking...oh yeah. ..and er...it was a skill I never knew I had...I was a choreographer... And it used to take me ages – honest to God – thank god sequence dancing came in, so you only had to sort of get the sequence and then repeat it...

And then I went to...[my son] gave me a trip to America...and er, you know they had 300 stations then, on the television. Of course the...I watched the line dancing and thought we could do that. We don’t have to jump, cos not all the people could, so I sort of modified it. So, you know, I took a bit of this and a bit of that and at the finish...I mean, we were even on the Festival Theatre...’

Equally, there have been major cultural and societal changes. When considering the events experienced by Imogen and Grace, for example, concerning teenage pregnancies; both participants acknowledge that ‘in this day and age’ their situation would have been much less socially stigmatised. They have reflected on the events and realised that they would behave differently now, as the social context has changed, and the events would not have been dealt with so privately. This has implications at the family level too. Grace, for example, advised how she learned the hard way, in terms of not sharing information about her daughter’s teenage pregnancy, with her son:

‘Well we did a silly thing, in a way, because my son, my youngest boy, he was in high school, first year – I think it was first year – and we thought it was best not to tell him, and it turned out really, when he got to about 18, 19 it was the worst thing we could have done, because there happened to be a conversation amongst – this [her daughter’s pregnancy] was all forgotten then, by then, and she was older, and there was a lot of talk, and he was having girlfriends, and we were talking, and it came up and [the daughter who fell pregnant] was there, and in front of her, well because she was there, we were talking about some young girl that had given a baby away, and we knew her, and we were saying, oh what a shame, you know, and I just thought, well you gloss over these things, when you’ve been part of it and [the daughter] happened to be there and [the son] said, “Oh how can they give their baby away?”...her brother. And that stuck with [the daughter], and she always held it against him for – not always; for a long while, and said, “Well just what he would think of me...”– now, I said, “That’s just a form of – he wouldn’t have said that about you.” But she’s got over that. So, yeah little things that you forget, we should have told him.’

The meaning drawn from their experiences, and the changing attitudes of society, has been for Imogen and Grace to be more open about their lives, and sharing their knowledge – and concerns – with family and friends. The participants stressed that it is not about ‘poking your nose in’ but about sharing their experience and helping others. Grace was also keen to point out the valuable lessons and knowledge that you gain from friends and voluntary work too:

‘Oh, years – over the years your friends – oh, yes you learn a lot. As I say I’ve done a lot of voluntary work, I have quite a lot of people say to me, you’re so good to talk to, you’ve helped us no end, and it’s because I understand that you learn a lot – you learn; you do, you learn people, you learn – mm.’

An overarching conclusion for the participants, in acceptance in their world is that life just happens; there is often no rhyme or reason to the way events happen. Even with the benefit of having years to reflect upon their lives, and to have analysed and cogitated over specific events – both good and bad - they have accepted that life simply is what it is. Certainly, you learn from each event, but to them, being prepared is not about preparing for specific events, it is about being prepared for life, and accepting that you have to make the best of things and move on.

The participants were telling me that some emergency events simply cannot be planned for. This is particularly the case for those emergency events that are completely unexpected, such as a road traffic accident or an earthquake. Brian, for example, recalled the fact that Adelaide had experienced an earthquake in 1954, but concluded that in terms of preparation:

‘You can’t do anything.’

On the other hand, emergency events such as long term health conditions, death in old age and location specific natural hazard events such as bushfires in the Adelaide Hills can, to some extent, be expected and hence planned for. Even with these events, though, the exact way in which the event may unfold cannot be planned for; therefore the participants were keen to stress again that for them, it is not about preparing for specific events, it is about being prepared for life.

The participants were accepting that while the event was hard at the time, they were, in some way, pleased to have had them. Keith, for example, when talking of his time as a radar mechanic during World War Two, said:

‘I think the whole thing...it was important experience for me, these were all new experiences. And so to some extent I suppose I was glad that I had them...’

This is echoed in the literature, in terms of ‘growing’ following traumatic events. Bower et al. state that ‘Individuals who have undergone stressors ranging from diagnoses of serious medical conditions to bereavement to war or terrorism report that these experiences have changed their lives in positive ways’ (2009, p. 337).

A range of terms have been used to describe this growth, including posttraumatic growth, stress-related growth and benefit finding. Positive changes include feeling stronger and wiser, feeling closer to friends and family, and reordering goals and priorities to emphasise enjoyment. Bower et al. have developed an integrative model, the underlying premise of which is that benefit finding leads to more adaptive, efficient responses to future stressors, limiting exposure to stress hormones that may have damaging effects on long-term health. They highlight, however, that the model has not been extensively tested, and that caution is required in ‘advocating a simplistic “don’t worry, be happy” approach’ (2009, p. 341).

The issue of post event counselling was discussed in some interviews. The participants were aware of, and in some ways surprised at, the counselling and other psychological interventions that are sometimes now offered to people following emergency or traumatic events. They were not convinced that those kinds of interventions are necessarily required, and wondered about whether they would have changed the meaning of being prepared for them, or whether the event would have been rendered any more comprehensible at the time, had they received counselling.

The event type is influential in this discussion. In immediate, ‘out-of-the-blue’ events, such as Clare’s loss of her son in a car accident, there was to some degree an element of debriefing. This was not formal, in that Clare was not approached by a mental health or other practitioner; rather, Clare herself sought solace and comfort. Clare’s choice was to turn to what she knew – her Catholic faith, particularly a cousin who was a priest. While she did not feel she got ‘answers’ from her religion as a whole – indeed, Clare was disparaging of some advice received from the nuns -

she did feel that her cousin was able to put the accident in to some kind of context, and allow her to move on.

In prolonged events, where there was time to think and consider, some form of counsel would have been gratefully received. Grace, for example, feels she would have benefited from some more advice, counsel and discussion when her teenage daughter fell pregnant. Grace feels that the limited advice available was not helpful, and she has subsequently regretted the decision that to give the child up for adoption. This was taken largely as a result of following advice that was given at the time.

This is an issue that has been debated in the literature, and over the last few decades opinion has changed (Gordon 2007). More recently, there is agreement that intervention should be part of a recovery process following an emergency event, but that automatically intervening with those affected is not necessarily appropriate (Wade et al. 2012). Community and cultural situations need to be considered (especially in the case of community wide events such as natural disasters or terrorism), and on an individual basis, prior mental health must be considered. Forbes and Creamer, when talking of their role as psychologists for example, assert that ‘Our first responsibility should not be to intervene, but, rather, to support the normal recovery process and naturally occurring networks’ (2009, p.11).

The participants did not feel that by giving up, they were becoming helpless or powerless. On the contrary, they made conscious choices about allowing others to do things for them, or to not worry about certain elements of their lives any more. The participants felt that having been in control of their lives, over many years and in many situations, they are able to cope with whatever life may bring. They have had the time to reflect on their lives, realise what has been beneficial, use the information or strength gained, all the while accepting that the next event might be slightly different. Finally, for most of the participants, adaptation and flexibility were key issues, and as Daisy said, enable one to deal with:

*‘Anything and everything, yeah*

Finally, acceptance of advancing age and impending death is a sub-theme that has an

alignment with the *my changing body* sub-theme of *understanding my world*. Older people's acceptance of, and absence of concern regarding, death has also been found in other research studies (Clarke and Warren 2007; Heikkinen 2004) and suggest that acceptance of dying grows as people become older. The participants felt that they have been lucky to live good long and fulfilled lives, with each of van Manen's life world existentials being positively represented. In reflecting on their lives, therefore, they feel comfortable with where they were in their world; they did not feel concerned about their reducing future life, were accepting that they may die soon, and confirmed that death held no fear for them.

## **Summary**

This final theme of *acceptance of my world*, with its associated sub themes, has both positive and negative implications. On the positive side, acceptance of greater dependence has relieved the participants of anguish over maintaining a large family home and has increased friendships and networks, giving a potentially greater pool of people to call on should an emergency occur – something which is valued given the fact that in other ways their worlds are shrinking. On the negative side, by surrendering independence and mobility, some of the participants feel more beholden to others. This in turn could lead to some participants becoming less socially engaged, if they feel that to engage relies upon lifts from friends in their cars; which in turn could lead to a reduced preparedness for emergency events due to isolation.

The next chapter – the final chapter - draws the study together. It provides a summary of the study from beginning to end, provides concluding comments and discussion, and considers implications for practice and future research.



# CHAPTER EIGHT

## DISCUSSION AND CONCLUSION

### Overview

In the preceding three chapters the findings which have been gathered from the reflective research diary, from the meet and greet sessions and from the in depth interviews held with the participants were discussed. In presenting and exploring the participants' life stories and immersing myself in their lived worlds further, I was able to add to our understanding of what being prepared for an emergency event means to them.

In this chapter, I consider all the information that has been collected, from the initial thoughts that instigated the research and the literature review through to final analysis and theme identification and interpretation. I briefly summarise the themes, discuss them in relation to past research and scholarly literature, where available, and suggest recommendations for future activities, including potential further research.

### Introduction

The aim of this research was to gather rich data, via in depth interview, regarding the perspectives of older people about the phenomenon of being prepared for an emergency event; seeking to establish how their lived experience of emergency events has influenced and perhaps modified their perspectives, understanding and behaviour. As discussed in Chapter One *Introduction*, to give the broadest definition possible - relevant to everyone - the Shorter Oxford English Dictionary, Sixth Edition definition of an emergency was used: 'A situation, esp. of danger or conflict, that arises unexpectedly and requires urgent action' (2007, p. 819).

It was identified from the review of the literature in Chapter Two that while research in the field of emergency preparedness has been undertaken, there is a scarcity of literature (a) that specifically relates to older people and (b) that considers what being

prepared for an emergency event means to older people; as opposed to literature that seeks to quantify how many older people are prepared, and what preparedness checklist items 'prepared older people' have gathered. In seeking to understand what this interpretation of being prepared for emergency events means to older people, we can establish how best to assist them in confronting major emergency events; rather than making assumptions about their needs. Intrinsically linked with this are the implications and effectiveness of emergency management planning, policy development, and education for older people, their families, their carers and others who service their needs.

A hermeneutic phenomenological approach was used, as I was keen to understand the *meaning* of being prepared for older people, not simply to describe being prepared. As van Manen (1990, p. 40) asserts:

Phenomenology is not concerned primarily with the nomological or factual aspects of some state of affairs; rather it always asks, what is the nature of the phenomenon as meaningfully experienced?

The research method, including data collection and analysis, was guided by van Manen's six research activities and four life world existentials. In depth interviews were undertaken with eleven older people. All participants were over the age of 65 years, lived in their own homes and were in receipt of some kind of in-home care service.

### **The researcher in the research**

In using a hermeneutic phenomenological approach, guided by Heidegger's ontological philosophy, I had to remain conscious of my own background and perceptions – my historicity. When carrying out the data analysis, as I moved between listening to the interviews, reading the interview transcripts and reading my reflective diary, I had to be cognisant of the fact that my personal experience as an emergency management planner and policy writer could potentially influence how I interpreted the participants' words and behaviours. Further, I had to remain aware that one of the drivers for me in undertaking this research was my belief that older

people are not engaged effectively in emergency management planning, and that this lack of engagement could lead to ill-informed policy and plans. Finally, I had to understand that my lived world is very different to the lived worlds of the participants - on a number of levels including age, life experiences (particularly with regard to emergency events) and my professional world being one of emergency management planning and policy development. Acknowledging my being in the world links particularly to van Manen's relationality life existential – in terms of how I related to the participants and how their rich life experiences influenced my perspectives, and therefore my analysis.

## **Synopsis of the themes**

Van Manen states that 'phenomenological themes may be understood as the *structures of experience*' (1990, p. 79); they are the '*...means to get at the notion*' (1990, p.88). They are not objects or generalisations – they serve to 'point at, to allude to, or to hint at, an aspect of the phenomenon' (van Manen 1990, p. 92). The themes therefore provide a form of words that express the meanings and interpretations that the older people in this study use to make sense of their world. In gaining an understanding of the participants' worlds, the meaning of being prepared for an emergency event can be considered – how have they skilfully blended their knowledge and experience gained from prior emergency events to understand, interpret and make meaning of being prepared for a future emergency event?

The three themes uncovered during the data analysis were - *understanding my world*, *shrinking my world* and *acceptance of my world*. The themes and how they relate to, and have informed the phenomenon of, being prepared for an emergency event are briefly summarised below.

### *Understanding my world*

This theme provides shape and context to the participants' lived worlds, introducing the emergency events that the participants had experienced; their feelings on how emergency events are communicated; how they feel comfortable in their changing worlds; and their changing bodies.

In providing shape and context, identification of this theme highlighted to me the need to think much more broadly about the phenomenon of being prepared for an emergency event, beyond the traditional emergency management world; and that the temporal and private impact of events is important in providing meaning to being prepared. It is not always the case that an emergency event has a defined beginning and or end, and/ or is understood in a shared world view. For some, the event was internalised and less significant to, or noticed by, others. Importantly, an event may *not* have a clear beginning and certainly may not have a defined end, or even an end at all; it may continue to be a feature of every day experience, such as living without a loved one after their death, or giving up a child for adoption. The ongoing nature of these events was reflected by the activities of some of the participants in later life.

#### *Shrinking my world*

The theme of *shrinking my world* could be interpreted from, or was conveyed in, the interviews with the participants in three principal ways - a shrinking social world, shrinking engagement and shrinking thinking. The identification of *shrinking my world* as a theme was revealing because it highlights a potential window of opportunity to engage older people in emergency planning activities. There may come a time when older people start to feel differently about being prepared for an emergency event. They may feel less inclined to share their time, knowledge and experience about emergency events, as their life world shrinks, and therefore the way they interpret their smaller life world changes. The name of this theme was chosen carefully. In calling it *shrinking my world*, there was acknowledgement that the actions of the participants were deliberate – they have chosen to shrink their worlds. As opposed, for example, to naming the theme my shrinking word, which implies some level of outside influence.

#### *Acceptance of my world*

This theme also had sub-themes – different aspects of acceptance displayed by the participants – acceptance of greater dependence, acceptance of sharing and acceptance of advanced age and impending death. An overarching conclusion for the participants in feeling acceptance of their world is that life simply ‘happens’. While people can learn from experiences, and they all attest they have learnt from their

experiences, at the end of the day they feel that life is 'what it is'. The participants have learnt through experience that you cannot anticipate every event that will occur in life. They feel, therefore, that one has to accept the events that come (either good or bad, happy or sad, joyful or traumatic) and deal with each of them individually as they occur. This aligns with their feelings that being prepared for an emergency event is a process rather than a one-off set of actions. They feel that being prepared is about living and learning.

This theme highlighted that not only do the participants accept their changing worlds, and the need to seek assistance in some areas of their lives; it showed that *they* choose from whom, and when, they will accept assistance. This challenges the emergency management (and potentially other service delivery) sector/s in devising appropriate strategies for connecting with older people.

## **Reflecting from start to finish**

The drivers for this study, as outlined in Chapter One, included my professional background of emergency management planning and policy development, a gap I identified in terms of how older people were being engaged in emergency management planning, specifically emergency preparedness planning; the changing risk picture; the changing climate; and changing demographics, particularly a growing ageing population.

Research shows that emergency events are having a greater impact today than previously, due to a range of issues including the abovementioned changing risk picture and changing climate. There is a national (indeed global) shift towards preparedness and resilience; older people are becoming an important and growing segment of society, and are often considered to be particularly vulnerable. Furthermore, older people often are not being consulted regarding their own needs; and historically, preparedness messaging and education has been very limited and simplistic in its approach, particularly with regard to older people, although better practice is starting to be developed.

Returning to the literature, the main issues discussed in Chapter Two were older people and disaster research; are older people more vulnerable?; looking after older people; the ageing population: a burden or a benefit?; prior exposure to emergency events; are you prepared?; and preparedness education.

Drawing on the drivers for this research, the literature discussed, and the experiences shared by the participants during this current research, what reflections can be made from the rich data gathered, with respect to the meaning of being prepared for an emergency event for older people? In making these reflections, it is acknowledged that phenomenology does not attempt to generate wider explanations; rather it focuses on eliciting meaning from specific individuals in specific settings (van Manen, 1990). Any reflections and conclusions, therefore, must be considered in light of the specific participants who chose to become involved in this study – the eleven older people, living in greater Adelaide, with the demographic characteristics, culture, personal histories and experiences as previously described. Similarly, it must be acknowledged that:

The older generation is not a homogenous group for which one-size-fits-all policies are sufficient. It is important not to standardize older people as a single category but to recognize that the older population is just as diverse as any other age group

(United Nations Population Fund and Help Age International 2012, p. 13).

Finally, before moving on to the reflections, I introduce the concept of the double hermeneutic, which should be considered. In providing their account of the phenomenon in question, the participants interpreted their actual lived experience for me. Second, when I was analysing the data, I was trying to interpret the participants' interpretation (King and Horrocks 2010, p. 205). This is pertinent to the research undertaken, as many of the participants in this current study said, during our meetings, that this is the first time that they had really stopped to think about their lives in terms of emergency events that they had lived through, how those events may have influenced them and what meaning these events had for them. They were, in effect, recalling and interpreting their experiences 'on the run' during the meet and greets and the interviews.

As previously discussed, emergency management research, with regard to older people, is scant. To date, researchers have largely considered the response and recovery phases of emergencies. Critically, older people themselves have not been asked about their experiences, rather comment and opinion has predominantly been sought from peak bodies and service providers. Further, emergency management research to date focuses on the preparedness of authorities (such as governments) and agencies (notably those operating aged care facilities such as nursing homes) that provide services to older people, rather than the older people themselves. Unfortunately, by having this focus and seeking input from authorities and agencies only, understanding of what it means for older people to be prepared for an emergency event may be misinterpreted. Authorities and agencies may be making assumptions about how older people feel, how they have interpreted their life experiences and what would be helpful to them in terms of preparing for emergency events. Two examples of how existing practice does not align with the meaning of being prepared for an emergency event, drawn from this research, are given below.

For the older people in this study, being prepared for an emergency event means feeling mentally prepared and able to cope; yet the tendency of agencies and authorities is to develop personal safety plans and check lists. The intention in developing these tools is well meaning, however perhaps it is mis-placed because at the personal level the participants did not feel vulnerable.

Secondly, for the participants in this study, the meaning of being prepared was being prepared for any emergency event that might occur – from potentially small personal crises to broader community wide hazard specific events. It was not concerned with specifically ‘being prepared for a bushfire’ or ‘being prepared for a flood’. The hazard specific material that is sometimes prepared by agencies, therefore might be inappropriate for, or of less practical value to, older people.

Are older people more vulnerable and less prepared for emergency events? The literature demonstrates a relative ‘taken for granted-ness’ that this is the case, but I would argue that the participants in this current study do not feel that way. In terms of vulnerability, they are very well aware that they are ageing, are not as strong

physically, and need help with certain activities, but they do not feel vulnerable. The only type of vulnerability that they talked about was a physical illness or health emergency (such as a heart attack or stroke), but this did not overly concern them; they took the view that ‘if it happens, it happens’. Some of the participants talked about more ‘day-to-day’ vulnerabilities, such as crime. However, when they raised the issue, it was to affirm that they felt comfortable, safe and secure, and did not believe themselves to be vulnerable – but they did reflect that some people their age might.

With regard to being prepared for emergency events, research and literature to date is predominantly operational in focus, considering toolkits and checklists, without reflecting on older people’s situations, perceptions and abilities. Yet the meaning drawn from participants in this research is contrary to this literature. While the issue of whether or not the participants had a preparedness checklist or toolkit was not the focus of this study, the issue was raised by some participants. Of those who talked about this element of preparedness, most advised that they had extra food in their homes, and kept petrol in their cars (if they still drove) and all but one had insurance. In some cases, participants specifically discussed how this level of being prepared was as a direct result of an emergency event experienced. Hattie, for example, talked of increasing the insurance on her home and property following a house fire.

In other cases, however, the participants felt that some of the measures they had in place were either simply common sense, or were ‘just the way I am’. Frances always had a good stock of food in the cupboards, but not as a result of any specific emergency event, rather it is just the way she is – buying a replacement item as soon as one is almost finished. Having worked full time, and having lived alone all her life, she liked to be organised and know that there would always be something in the cupboard for dinner on her return from work. This is perhaps something of lesser importance in recent years, as shops and restaurants are open later, but when the participants were of working age, this was not the case. Similarly, Grace also always had a good stock of food in the house. In her case it was as a result of having children whose friends often called in; and a strong social network of friends and family who might call by:



‘...we could always rustle up a decent meal.’

These two examples indicate that there is also an element of unchanged learned behaviours, i.e. even though the world around them is changing (for example with longer opening hours for supermarkets) and their worlds are shrinking (and they no longer have such a strong social network, with friends and family visiting) some of the behaviours they formed when younger have remained unchanged. Finally, one can speculate that perhaps as they get older, the participants prefer to know they have extra food in case they do not feel like going shopping – another example of the participants’ desire to be prepared for life in general.

For the participants, the meaning of being prepared was not interpreted from checking items off a list; and they did not feel prepared simply because they had completed such a list. Rather, the experiences they had lived through had shaped their meaning of being prepared, and this meaning was focused on feeling prepared in a more holistic sense, and in particular feeling mentally prepared. The participants understood that they had coped with one, and in some cases several, emergency events in their lives; and they felt prepared to deal with ‘whatever life threw at them’.

The participants in this current study did not feel that they needed looking after. Again, they understood that their physical abilities had changed, and in meeting the selection criteria for this research, they were in receipt of some kind of in-home care service so were aware of some level of reduced ability in their lived worlds. This assistance was, however, largely at the ‘lighter’ end of the service provision spectrum, covering activities such as housework and shopping, as opposed to bathing or personal services provided by health professionals. The decision to have the in-home care service was driven by the participant, and in all cases was a planned, preventive action taken by choice, and not something that had been hurriedly put in place following an illness or action. This action by the participants, in feeling that the time was right to accept assistance from others, could be used as an early indication to service providers of older people’s growing service needs in the future, for example with respect to emergency preparedness planning, but also for issues such as power of attorney and living will discussions.

When comparing the participants in this current study with the literature on formal versus informal service provision to older people living in the community, there are parallels, particularly with Motel- Klingebiel et al. who found that ‘...the country differences in family help become insignificant when the personal and household attributes of older people are controlled’ (Motel- Klingebiel et al. 2005, p. 876). The participants in this current study were in receipt of low level in-home care, yet they all also received care and support from family. The extent of this familial care provision varied. Judith, for example, received a high level of care and support from her husband Keith; while for others it was simply a case of their daughter visiting once a month, or telephoning every day. In most cases, the participants felt reluctant to ‘bother’ their family with small issues, preferring to manage on their own as much as possible.

From the interviews with the participants, I certainly would not consider them to be a burden in terms of emergency events. They were aware of their abilities, and in the main, had plans in place should there be an emergency. These were generally informal, perhaps taking the form of conversations with family, but in place nonetheless. Brian for example, was keen to point out that he and his wife are organised and have plans:

‘It’s not all written down and stamped for approval, or anything like that, but we run a fairly tight ship.’

There were also more formal arrangements for some of the residents living in a retirement village setting, and even those still living in the family home, such as the choice to wear personal emergency alarms. Their life experience had helped them form ideas about what being prepared for an emergency event meant to them, and while some of them, in accepting greater dependence, had delegated this to village managers and other family members, they did not see themselves as helpless. Indeed making the decision to move into a retirement village setting showed the participant taking control of this element of their lives.

Another issue regularly cited as being burdensome, with respect to older people and emergencies, is that of evacuation. Older people are believed to be unwilling to

evacuate. However, as Jenkins et al. (2007-08) pointed out, there are often many reasons for this, some of which existed prior to the emergency, such as lack of access to transport or not wanting to leave the familiarity and comfort of their own home, only to join hundreds, maybe thousands, of other people cramped into a hall or sports arena. From this current research, I did not detect a resistance to evacuate, but there was certainly a reluctance. It was clear from what they said that it would not be the participants' first choice, however they accepted that on some days (for example high heat or high fire danger) they would have to go. The reluctance was not so much about leaving their home; it was about how long they would be away for (and therefore what did they need to take) and a feeling of anxiety or trepidation about coming home – would the roads be clear and what condition would their home be in on their return.

When considering the benefit and experience of older people in terms of emergency events, the literature uncovered a small amount of positive research and opinion, for example, the World Health Organization's research on older persons in emergencies and the opinion of Muramatsu and Akiyama's following their review of the East Japan Earthquake and tsunami of March 2011. The participants in the current study felt confident that what they had learnt as a result of living through emergency events was helpful, and could be used to help others. Frances spent three months nursing her sister, at the end of her sister's life. Frances felt the experience gave her the strength and confidence to subsequently volunteer her time at a palliative care hospice.

As demonstrated in the literature review, there is a large body of work considering prior exposure to, or previous experience of, emergency and traumatic events. However, in terms of the emergency management sector specifically, the literature has some limitations. It is, generally, not age specific and the focus is primarily on prior exposure and subsequent behaviours in known hazard areas, for example hurricane prone regions. This current research is novel because it has considered life experience as a whole, and allowed participants to self-nominate the emergency event. This was illuminating because there are emergency events that the participants had experienced that I would possibly have never asked them about specifically. Yet with the benefit of reflection, the participants believed that these events had an impact on their behaviour and perceptions of being prepared. For example, if I was

specifically asking about event types, it is unlikely that I would have thought of teenage pregnancy, as it is not an event from my lived world of emergency management planning.

The participants in the current study align with much of the research on prior experience of emergency events, in that they feel their life experience has made them generally much better able to cope with extraordinary events – particularly in terms of their mental ability to cope. Many of them had lived through several events, of varying natures. While they did not display a level of inoculation to specific events; they feel they have developed a level of mental resilience and capacity to cope.

On the negative side, some of the research suggests a level of complacency can sometimes be reached, for example if a forecast hurricane does not eventuate. To some degree this was exhibited by the participants in the current research. Brian, for example, admitted to being complacent as he and his wife have plans in place and have insurance, but he felt that the complacency was:

‘the lowest, or least dangerous form of complacency, I suppose’

Brian felt that while he and his wife are complacent, they see it as an informed complacency. Keith was also complacent regarding the possibility of a bushfire. Having lived in the bushfire prone Adelaide Hills area all of his life and never having been affected by a bushfire, he did not believe he ever would. These two examples underline the need for us to understand the judgement of those actually living in their individual life worlds, in order that we can be more supportive and less prescriptive.

The meaning of being prepared for an emergency event has not been widely explored in the literature, with older people specifically being explored even less. Most of the preparedness research with regard to older people is either targeted at service providers and authorities, or is concerned with preparedness checklists. Any alignments to this research, therefore, are difficult as (a) this research asked the questions of the older people themselves; and (b) this research did not specifically ask how many items on a checklist people had collected, as it did not fit with the research question of seeking to understand what preparedness means and what

influences preparedness. The issue of preparedness checklists and toolkits often came up during the interviews, but was not investigated in any depth.

To the participants in the current study, the principal consideration when being prepared was mental preparedness. They felt mentally able to cope with an emergency event, and this was of far greater importance to them than being able to tick items off a list – an activity they had not given a great deal of consideration to. As discussed in Chapter Two *Context and literature review*, preparedness checklists can be valuable tools; however this study highlights that they should not be used in isolation as a measure of preparedness and should not be relied upon as an assessment of level preparedness without knowing what motivates or influences people to think about being prepared.

Finally, the initial literature review considered preparedness education. While at first glance, this does not seem to be relevant to the question of whether lived experience influences being prepared for emergency events; it does have broader implications for the development of preparedness messaging, because education could play an important role in ensuring that older populations feel prepared for an emergency event.

The preparedness education literature highlighted that there are a range of factors that influence the success of education campaigns - how people interpret information, community and social contexts, and whether the message transfer is passive (such as simple delivery of printed information to households) or active (such as delivery of information in a face to face situation). Further, the literature found that education and engagement programs have the potential to achieve positive outcomes if they are planned, well implemented and appropriately resourced.

Findings from the current study add to the above literature. As discussed in the chapter on the theme of *understanding my world* the use of particular words ('preparedness'), phrases ('one in one hundred year flood'), and conflicting messages (for example in relation to being prepared for bushfires) concerned the participants, and they felt that it may confuse people and hinder appropriate understanding or action. These issues reflect previous research findings in terms of people's

interpretation of information, and the importance of community and social contexts.

Since this current study has been underway, Greenberg, Dyen and Elliott (2013) have undertaken research regarding preparedness actions, and the motivating factors of those actions. Greenberg et al.'s research shows parallels and connections to the opinions of the participants in this current study - although theirs did not specifically consider older people - and brings together several of the initial literature review themes and findings from this study.

Greenberg et al. surveyed 1930 residents in America, by telephone, to establish the proportion of residents who have engaged in preparedness actions (ranging from knowing how to use a fire extinguisher to having an agreed meeting place in the event of an emergency); and to explore what factors are most strongly associated with taking those preparedness actions. Of the 1930, 1080 lived near Department of Energy nuclear waste facilities (to specifically explore the motivators of emergency preparedness for those living proximal to such facilities) and the remaining 850 comprised a national random sample.

The study started with two hypotheses, that: (i) personal experience with a hazard event that left strong negative memories would be motivation for preparedness; and that (ii) deeply embedded memories of major national or international disaster events can motivate preparedness due to their shocking nature, and the fact that they leave detailed recollections about the past - 'flashbulb' memories – including where the participant was, and how they felt.

Greenberg et al. '... expected personal experience in events, emotional reactions to those events, and flashbulb memories of some of the worst events in recent history to be the strongest correlates of preparedness' (Greenberg et al. 2013, *The public's preparedness: self-reliance, flashbulb memories, and conservative values*, viewed 21 May 2013, <http://www.ncbi.nlm.nih.gov/pubmed/23597367>).

Greenberg et al.'s survey consisted of a range of questions which explored the following areas: personal experience of an event (for example of a tornado, hurricane, flood, explosion or train derailment; and evacuation of themselves of

close friend/ family); their recollection of six major hazard events (World Trade Center attack in New York in 2001; Hurricane Katrina in New Orleans in 2005; the offshore drilling platform blowout in the Gulf of Mexico in 2010; a coal ash spill in Tennessee in 2008; the Asian tsunami in 2004; and the earthquake, tsunami and subsequent nuclear power plant failures in Japan in 2011); whether they agreed with the statement that “too many people expect society to do things for them that they should do themselves.”; and whether the United States should rely on alternative forms of energy (such as solar) “more” or “less” or whether reliance should “stay the same.”.

Greenberg et al. (2013, as above) found that:

Having experienced a hazardous event and more flashbulb memories were significant predictors of the number of preparedness activities... Having been evacuated and recalling feelings of horror or fear from the 6 events were not significant predictors

There was also agreement among the more prepared participants that people should be more self-reliant, and rely less on government to provide services and or support.

Although the methods and aims of Greenberg et al.’s study and mine were different, the survey responses align, to some degree, with the feelings and thoughts on being prepared elicited from the participants in this current study. The four specific elements detailed above – experience of previous events, flashbulb memories, previous evacuation and agreement that people should be more self-reliant, and rely less on government to provide services and or support - are briefly compared below:

- Experience of a prior hazardous event

The lived world of some of the participants in this current study has not included a hazard emergency event as such - i.e. an event that was considered traumatic due to an initiating hazard such as a fire - but it has nonetheless included a traumatic event. Their meaning and understanding of being prepared for an emergency event was still influenced by the events they experienced and was seen in ways other than tangible measures such as learning to use a fire extinguisher. For example, the measures included increasing insurance premiums and learning to discuss issues more as a

family.

- Flashbulb memories

I did not specifically ask my participants about vicarious trauma from flashbulb memories following major national or international hazard events. However, from the discussions held with the participants, I believe that they were less likely to be affected by flashbulb memories – or from *worldwide* flashbulb events, at least. They were therefore less likely to make meaning from, or be motivated to prepare for an emergency event, as a result of worldwide event related flashbulb memories.

Certainly, in discussions regarding the media, the participants felt that society does not need to know in such great detail the plight of others around the world who are suffering at the fate of one type of disaster or other (whether it be natural or human induced). Many of the participants were of the opinion that more people should use the ‘off’ button on the television, and not get so drawn into these media stories.

While they acknowledged that news stories must be covered, and that society has the right to know what is happening around the world; they felt that hearing everything ‘about ten times...moment by moment’ (Frances, when talking about the World Trade Center bombing) was really not required, nor was it helpful.

It may be the case, however, that for the participants in my study, their flashbulb memories are personal, sentinel events – being told that their house had burned down, or that their son had died in a car accident, for example. These personal flashbulb memories, combined with the participants’ shrinking worlds, focus and distil their beliefs about preparedness and may be more powerful in constructing meaning for the present. The events personally experienced have always been meaningful events and they have laid the foundation for the meaning matrix that drives preparedness thinking in the present.

- Previous evacuation

Previous evacuation due to a hazardous event has not directly influenced being prepared for an emergency event among participants in the current study. The question was not asked directly during the interviews, however the issue was raised by several participants. Eleanor, for example, told of a time when she had been in



the City with family. Upon trying to return to her Adelaide Hills home, she was not able to, as the access roads had been closed due to a bushfire. Eleanor was able to spend the night with family, but since it was an ad-hoc stay with her family, due only to the bushfire, she did not have any personal belongings (such as an overnight bag) with her. While she does not actually have a preparedness 'go bag' packed, she did talk of needing to prepare a 'dilly bag and whatnot' referring to having belongings ready if she had to leave her property because of a forecast high bushfire danger day. Other participants had decided to keep a personal belongings 'overnight bag' packed in case of an emergency trip to hospital. Having been caught out once before with an emergency trip to hospital, Imogen has a bag packed and stored in the bottom of the wardrobe, for ambulance personnel to pick up should she be taken to hospital in an emergency. If the ambulance personnel do not take it, her daughter knows that it is there ready to go, and she can come and collect it and take it to Imogen in hospital. This recognition by the participants in this study of the need to have an overnight pack opens the potential to broader community preparedness messaging that may be relevant to all members of the community.

- People should be more self-reliant

The issue of people being more responsible and self-reliant was an important part of the lived worlds of the participants in my study and several participants mentioned it. Brian and Keith, for example, were very firm in their beliefs about insurance – feeling that it is something a responsible person simply does, that people are foolish if they choose not to insure their property or their health, and that they should not necessarily expect assistance from others should an event occur. .

### **The new knowledge: what does being prepared mean?**

Before presenting the new knowledge and understanding of being prepared uncovered during this study, I am mindful of the fact that there may be some literature that I did not find, or I may have interpreted the work of others in a way that they did not intend. However, given the dearth of literature on perceptions and influencers of emergency preparedness generally, let alone specifically in older people, I am confident that this study provides a more sophisticated and nuanced

understanding of the lived world of older people with regard to emergency events; and an elevated and more informed understanding of the phenomenon of being prepared for an emergency event, from the perspective of older people.

This research brings an ontological view of what it means to be prepared, having explored the lived worlds of eleven older people. It has specifically considered the emergency events (as defined by the participants) they experienced, how those events influenced or motivated future behaviour, with respect to being prepared, and what being prepared means to older people. This research study did not set out to quantify or define disaster preparedness, nor did it seek to establish what factors make someone prepared. However, the factors that constitute being prepared were sometimes discussed alongside the meaning of being prepared, and therefore form part of the concluding comments to the research.

During a systematic review of personal disaster preparedness literature, Kohn et al. (2012) found that emergency preparedness is a multidisciplinary field that draws on - and is influenced by - several areas, including economics, psychology and public health. While the influencing factors vary, emergency managers, planners and academics generally agree that two principal activities identify preparedness – having a stock of certain items (such as water, food, torch and battery operated radio) and having an emergency plan. It is these quantifiable measures that are far more readily researched and discussed in the literature. Of the 36 peer reviewed articles that Kohn et al. examined, only four discussed purely qualitative research, and one gave both qualitative and quantitative results. The remaining 31 articles discussed research that was purely quantitative in approach. Kohn et al. (2012, p. 217) also concluded that:

The current evidence indicates that factors influencing preparedness attitudes and behaviours are complex and multifaceted, including demographic characteristics, trust in government efforts, previous exposure to disaster, and number of dependents in the household. Furthermore, certain population groups, households and individuals have different disaster preparedness needs and vulnerabilities

It is disappointing, given these complexities, that few studies have been undertaken

to research the influencers and motivators of preparedness, and specifically, what it means to people to be prepared. As discussed in the literature review of Chapter Two, there are some studies that have explored whether prior exposure to, or previous experience of, an emergency event influences preparedness. However, these studies have been very hazard specific. While these studies have validity, and provide insights, they:

(a) do not consider a person's broader life history, and the fact that possibly smaller events, or at first glance non-related events (for example non-traditional emergency events such as a mental breakdown) may influence behaviour; and

(b) do not consider how an accumulation of possibly relatively minor events may influence behaviour; and

(c) do not fully consider the complacency effect. They do acknowledge that complacency can occur - '...certain circumstances, such as having easily survived a mild hurricane or near-miss, can breed complacency' (Morrow 1999, p. 6), but do not take into account the fact that people may assume that having lived through a 'one in one hundred year flood' or a less common natural hazard event such as an earthquake they are unlikely to live through another one. The people of Christchurch, New Zealand, for example, thought that they had been relatively fortunate, and had a narrow escape when the earthquake of September 5<sup>th</sup> 2010 struck. While there was some structural damage and general disruption, there were no deaths. They did not consider that a series of aftershocks would continue, and that a more devastating earthquake would strike just five months later, resulting in far greater destruction and 181 deaths (*After the Quakes*, 2013, 360 Documentaries, Australian Broadcasting Corporation Radio National, broadcast 09.06.13).

In considering the literature, the meet and greet sessions, the in depth interviews that explored the lives and experiences of the participants, my own thoughts and the data analysis – what can I conclude motivates and constitutes disaster preparedness; what is the *meaning* of being prepared for the older people who took part in this study? What have the participants shared with me, that helps in building a greater understanding of the feeling of being prepared?

*We feel that being prepared is a process*

First and foremost, this study provides new knowledge in understanding that for this group of older people, the feeling of being prepared for an emergency event is not about toolkits and checklists, and tangible items. Yes, it was important to the participants to have food in the house and petrol in the car, but only in as much as this helps them feel mentally prepared, and mentally at peace, and this is far more important.

Preparedness is not a state of being, rather it is a process. This process may, for some, include some of the tangible preparedness elements; yet of greater importance to them was the understanding that becoming prepared was not a one-off activity. Agencies and authorities therefore need to foster the 'process of preparedness', rather than promoting a 'state of preparedness'. Preparedness is understood to be individual and dependent on what else is happening in people's lives at that time, what resources are available and what other priorities are competing. Preparedness is therefore a dynamic and changing 'state' even at the individual level.

*We have learnt from a variety of emergency events*

This study also shows that a variety of event types influence behaviour, and help build a feeling of being prepared. The current study allowed the participants to define the emergency events they discussed, and also include the incremental effect of events over an entire life time. Several of the participants said that an accumulation of emergency event experiences enabled them to feel mentally prepared and able to cope. Understandings of preparedness, therefore, are grounded in life experience and the events that are meaningful and significant for the participants.

*We don't feel vulnerable*

This study also highlights that while older people might not necessarily consider themselves as 'being prepared' in terms of the traditional emergency management context, they do not feel vulnerable to emergency events. Yet, the emergency management sector has taken for granted, to an extraordinary degree, that older people are vulnerable and disengaged from preparedness.

The participants in this study accept their limitations, but feel confident they can cope. Given their lack of engagement to date, this is an important finding as it has implications for how older people may (and should) be engaged in the future; i.e. they should not be approached as a ‘vulnerable’ group per se; rather a group that has some specific needs, but that also has a wealth of positive attributes in terms of knowledge, experience and sense of community. While the older people in this study might not define themselves as being prepared, they certainly consider themselves to be resilient.

*We don't like the way emergency preparedness is communicated*

Over the course of their lives, the participants have seen changes in the way that emergency preparedness is communicated. They do not feel that people are communicated with; rather that emergency preparedness messages and programmes are pushed out in a ‘top down’ fashion and that they do not engage with the community.

While there are positive changes occurring, for example in some of the community bushfire programmes, these are still generic in their approach, ‘telling’ entire communities what they should and should not do. In addition, they are still largely instructional – suggesting that people (particularly groups they consider vulnerable, like the elderly) should complete a personal safety plan, or ensure they have three days’ worth of food stocked at home – rather than genuinely engaging with the community members to establish their needs and concerns.

To some degree, the traditional preparedness messaging approaches have ‘scared’ or ‘shamed’ people into preparing; potentially only serving to wind up or ramp up concern, which is not helpful. Agencies and authorities therefore need to move away from preparedness messaging and programmes that are didactic and undermine a personal sense of security or preparedness, and move toward those that are supportive and make resources and support readily available and customisable to communities.

## **Limitations**

Limitations to the research method were outlined in Chapter Three *Methodology and method*, however a further possible limitation noted during the data analysis and discussion is that the participants were largely congruent in their opinions and perceptions of being prepared for emergency events. While there may have been variation in how they felt about particular issues, or how engaged they were in broader social issues, their perspectives and the meaning drawn from their experience was readily generalised into a set of principal themes that captures the meaning of being prepared for this group.

It may be that this cohort of participants was particularly hardy, in some cases even stoic. Certainly, some of the participants exhibited elements of stoicism such as tolerance, endurance and even fatalism. The participants were pragmatic about the fact that they are getting older, and accept that the majority of their lives is behind them. In accepting this, the issue of 'being prepared' for every possible future emergency event is not of concern to them; they feel resilient and comfortable with their lives, where they are in their lives – both temporally and spatially - and feel they would be able to cope.

## **Recommendations**

### **Implications for practice**

This study highlights the importance of gathering older people's perspectives, and the appropriateness of using a hermeneutic phenomenological approach. In terms of developing well informed policy for this growing demographic group, it is not enough to simply consult with peak bodies and service providers. Older people themselves must be engaged in policy and planning to illuminate what they feel, to gain an understanding of where and how being prepared for an emergency fits in their lived world, and how they see and interpret being prepared - and therefore what might be helpful to them. As King and Horrocks point out:

As well as the development of phenomenological perspectives in sociology and

psychology, phenomenology has also played an important role in many practice-oriented disciplines, such as education and the health professions. Its emphasis on looking closely at lived experience in specific settings, rather than abstract theorising about 'human nature', appeals to academics and practitioners in such disciplines, who are aware of the dangers that can follow when 'expert' professionals impose their own theories on the experiences of the people they are supposedly serving

(King and Horrocks 2010, p. 181).

While the number of participants interviewed was small, and therefore one could argue how far the findings can be generalised, the small number of participants was specifically chosen in order to have the ability to carry out in depth, semi-structured interviews to gain rich data. It is acknowledged that eleven older people cannot be representative of all older people, and that the range of events experienced differ. However as Janoff-Bulman noted in her work on the psychology of victimisation:

...dramatically different victimizations may have psychological impacts that are similar in important ways. It is these similarities that provide us with an understanding of those who survive trauma and enable us to draw conclusions about some basic aspects of human thought and behaviour

(Janoff-Bulman 1992, p. 4).

Some caution must also be taken in considering the generalisability of the findings into the future. Older people in the future will have lived their lives in different ways to the older people who were interviewed in this study, and may therefore have different beliefs and expectations. As Muramatsu and Akiyama (2011, p. 429) pointed out in their review of Japan's societal and gerontological research contexts, undertaken following the 2011 East Japan earthquake and tsunami:

Future older adults will differ drastically from today's seniors who know sheer poverty and value frugality. Baby boomers grew up during the rapid economic growth, entered the workforce before the bubble economy (1986–1991), and have just started retiring. The majority of women have participated in the labor force and have fewer children than their predecessors

The participants in the current study self defined the emergency events they talked about. I did not ask them about specific event types such a fire, flood or road accident. In following this course, events that – from a professional ‘emergency management sector’ perspective – might not be considered to influence being prepared were raised. This has implications for the development of preparedness messaging and education, and concurs with Graham’s suggestion that ‘The most effective messages are relevant to all hazards and meaningful on a day-to-day basis, while also effective in an emergency’ (2011, p. 20). While Graham made this statement in respect of disaster recovery messaging, there are parallels for preparedness messaging – by being too specific about ‘being prepared for a flood’, or ‘being prepared for a bushfire’ agencies may miss the opportunity to engage with people about being prepared for emergency events generally, for instance encouraging people to learn basic first aid techniques.

When considering the development of emergency management plans and policies, in addition to involving older people themselves, the shrinking nature of their lived worlds and acceptance of their lived worlds must be taken into account. At this stage in their lives being prepared for emergency events – when understood from the more traditional emergency management sector world of, for example, natural hazards – does not feel important to the participants. They feel confident of their resilience and their ability to cope.

Designing emergency preparedness materials for older people on specific hazard types, therefore, may be of limited value. Ensuring older people feel secure, safe and mentally strong is more important, and therefore developing plans, policies and programmes that support feelings of security, safety and mental strength – throughout the life course – would be beneficial.

In addition, the participants’ feelings of resilience and ability to cope – i.e. the fact that they do not feel vulnerable – is important to note, and has implications for receptivity to messaging about emergency preparedness. If messaging implies that older people (and potentially other groups often considered to be vulnerable, such as those with disabilities) are by default dependent, messages will not be well received.



Traditionally, the emergency management sector tends to take the opposite approach – messages that threaten and challenge people’s sense of safety and security are disseminated. Indeed, there is a culture of warnings, not support. We perhaps undermine that which is our greatest asset - a sense of confidence and capability among older people.

In highlighting that the older people in this study do not feel concerned with being prepared for specific emergency events, therefore, there is the need to strengthen policy, resourcing and planning that builds general resilience in both individuals and the community. In Australia, this is happening at the government policy level, however is not yet occurring in any consistent way at the community and individual level. It must also be noted that future work should be inter-disciplinary, and not specifically related to emergency management. All but one of the participants in this study, for example, had buildings and/ or contents insurance. Insurance providers could therefore be used as conduits for information, as could other providers of services such as utility companies. Taking an inter-disciplinary approach, across all stages of people’s lives, will improve the success of resilience building.

### **Implications for further research**

The current research was seeking to understand the meaning of being prepared for older people, and to explore whether emergency events in their lives (as defined by the participants) had influenced behaviour and perceptions of being prepared. The ‘other side of the coin’ could be to interview policy makers, service providers and peak bodies, to seek their views. What in their lived experience might influence their policy and plan development; what makes them believe that older people are vulnerable; what do they believe influences older people to be prepared; and what makes them believe that the policies and plans they develop are what the older people target audience wants or needs? Compellingly, therefore, this study points to the importance of emergency management planners and policy makers re-considering their pre-conceptions, and taken for granted assumptions about what emergency preparedness is, and what it means to be prepared.

The findings of the study also suggest that research in being prepared across the life course is important – there is an opportunity to engage those who are on their way to being older people, and those who are already aged, to learn from the understandings gained. In addition, research with those who are in everyday contact with older people, such as family and carers, to learn about the nuanced meaning of being prepared for older people.

The tendency by agencies to develop plans for people they consider to be vulnerable – such as older people – and the assumption that everyone must have an emergency plan needs to be challenged. A better understanding, by agencies, of what it means for people to “feel prepared” is needed. For the individual, most planning and preparation is highly informal, personal and situational in ways that are not dealt with using the current top down approaches. Agencies should learn to accept the better judgement of those actually in the situation and develop programmes that are supportive and less prescriptive.

More needs to be understood about what constitutes vulnerability in the elderly, and engagement to build resilience must be genuine. As Cornell, Cusack and Arbon state ‘Emergency management planning needs to be less paternalistic and more inclusive if true resilience is to be achieved’ (2012, p.52). In the case of older people, it should be recognised that many older people live in the community, in their own homes and can contribute enormously to community resilience.

I cannot know what influence the method of recruitment used in this study had on the findings. Fifteen of the potential participants who received an invitation to participate in the study declined. Limiting this study to the greater Adelaide region may have acted to conceal social contextual influences that may become relevant in a larger study, which could have implications for how other older people understand being prepared. Undertaking similar research with a larger study group, across a wider geographical area, including both urban and rural could illuminate other meanings of being prepared.

The older people who participated in this current study came from similar cultural backgrounds, i.e. white Anglo-Australian. This may partly have been influenced by

the recruitment process, and the demographics that comprise the recipients of the aged care services provided by the agencies used. Research in Australia, for example, shows that:

the use of formal services is lower among migrant groups with the most consistently documented barriers including lack of interpreter services, cultural resistance due to preference for family care, lack of awareness of services and the cultural insensitivity of 'front-line' staff

(Hurley et al. 2013, p. 141).

Future research, therefore, could seek the views of older people from indigenous Australian backgrounds, and culturally and linguistically diverse backgrounds, to see whether different cultural backgrounds lead to differing views and feelings on being prepared.

Similarly, the majority of participants were, by their own definition, 'comfortably well off' and therefore did not fall in to a lower socio-economic group. It may be that participants from a lower-socioeconomic group, with potentially lower levels of resources, might feel differently about being prepared for emergency events. This is a key issue when considering that the older people in this study were less concerned with 'being prepared for an emergency event' than feeling safe, secure, resilient and able to cope with life in general – features that may all be impacted by a lack of resources.

## **Summary and final conclusion**

Older people are often considered to be a vulnerable group in terms of emergency management planning. They are seen as being under-prepared; and they are considered to be particularly vulnerable during an emergency event (in the response phase) and following an emergency event (in the recovery phase). Little research has been carried out, however, to explore preparedness among older people specifically. Of the research that has been undertaken, much considers the aged care service provider perspective, or is concerned with traditional measures of preparedness such

as the collection of items including torches, first aid kits and extra food and water.

Using a hermeneutic phenomenological approach, this research sought to understand the meaning of being prepared for older people, exploring the lived worlds of eleven older Australians. The study revealed three main themes - *understanding my world*, *shrinking my world* and *acceptance of my world*.

The material gathered in undertaking the research, from literature review to in depth semi-structured interviews, shows that for the older people in this study, being prepared is not a one-off tangible activity – it is a process and a feeling of comfort and security in their world. The process is something that has been built upon over many years, and therefore ‘being prepared for an emergency event’, as a specific activity, is not necessarily something that worries or concerns them. They have taken steps through their lives unconsciously - and almost by serendipity - to be prepared, for example moving to smaller property and giving up driving.

In accepting their advancing years and deteriorating physical ability, the participants feel assured in understanding that their life experiences (including the emergency events they have lived through) have left them feeling comfortable and resilient in their changing and shrinking world, and strong enough mentally to deal with any potential future emergency.

While, as highlighted by Richardson, ‘Our thinking in preparedness is extending to approaching awareness in a whole different way to what has been done previously...’ (Richardson 2013, *Would you like steak knives with that?*, Sastrugi blog, viewed 8 August 2013, <http://sastrugi64.wordpress.com/2013/08/08/would-you-like-some-steak-knives-with-that/>) the emergency management sector still has followed the general approach of having:

...someone up the front of a room, telling people what they should do, giving them a booklet and pamphlet, and then going away. Then, later, there is usually some finger wagging done, when “they” don’t or didn’t do what “we” told them what to do

(Richardson 2013, as above).

This research therefore has implications for the emergency management sector in terms of developing well informed policy and practice. By understanding what influences older people living in the community to prepare for emergency events – indeed, understanding that for this group of older participants being prepared for specific emergency events is less important than feeling resilient and mentally able to cope - the sector can establish how best to assist them in their emergency preparedness planning; rather than making assumptions about what this group wants or needs.

Significantly, this research has shown that the extent to which the emergency management sector has a taken for granted understanding of older people has not been exposed like this previously. The findings of this study indicate that further research could be undertaken to explore the meaning of preparedness from professional groups, such as emergency management planners and policy makers; and other demographic groups, for example different cultural groups, participants from differing socio-economic backgrounds, and even different age groups.

# **APPENDIX ONE**

## **ETHICS APPLICATION**

# National Ethics Application Form

Version 2008 - V2.0

**Proposal title:** How does the lived experience of older people influence their preparedness for emergency events?

**For submission to:**  
**Social and Behavioural Research Ethics Committee (EC00194)**

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**Contact:** (Bus) 0434 654 939

(AH) -

(Mob) 0434 654 939

(Fax) -

**Proposal status:** Complete

**Proposal description:**

**Aim and Objectives**

**Aim**

To establish how the lived experience of older people influences their preparedness for emergency events.

**Objective**

To explore whether older people prepare if they have lived through an emergency event.

Traditionally, older people are seen as a 'vulnerable group' when it comes to emergency management. This is true in the preparedness phase (assisting people to prepare for emergency events), the response phase (issuing warnings, carrying out evacuations and 'putting the fire out') and the recovery phase (helping affected communities to resume life and move on from the emergency or disaster).

From my work in the emergency management sector, I have become aware that older people are not well engaged in the emergency management process, particularly the preparedness phase.

**Methodology**

This research will take a phenomenological approach, qualitatively describing the lived experience of older people and their decision to prepare for emergency events.

**Research Method**

The research method is typical of a phenomenological approach, in that it is exploratory, seeking information from older people, by interview with the principal researcher.

The target population for the research is adults over the age of 65 years who are living in their own homes and are in receipt of an in-home aged care service.

Previously submitted to:



# Administrative Section

## 1. TITLE AND SUMMARY OF PROJECT

### 1.1. Title

#### 1.1.1 What is the formal title of this research proposal?

How does the lived experience of older people influence their preparedness for emergency events?

#### 1.1.2 What is the short title / acronym of this research proposal (if applicable)?

Older people's experience of, and preparedness for, emergency events

### 1.2. Description of the project in plain language

#### 1.2.1 Give a concise and simple description (not more than 400 words), in plain language, of the aims of this project, the proposal research design and the methods to be used to achieve those aims.

Aim and Objectives

Aim

To establish how the lived experience of older people influences their preparedness for emergency events.

Objective

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The target population for the research is adults over the age of 65 years who are living in their own homes and are in receipt of an in-home aged care service.

## 2. RESEARCHERS / INVESTIGATORS

### 2.2. Principal researcher(s) / investigator(s)

2.2.0 How many principal researchers / investigators are there? 1

#### 2.2.1. Principal researcher / investigator 1

##### 2.2.1. Name and contact details

Name: Mrs Victoria Cornell  
Address: School of Nursing and Midwifery, Flinders University  
c/o Torrens Resilience Institute  
Torrens Building, 220 Victoria Square  
Adelaide SA 5000  
Organisation: Flinders University  
Area: School of Nursing and Midwifery, Faculty of Health  
Position: PhD Research Student  
Contact (Bus) 0434 654 939 (AH) -  
(Mob) 0434 654 939 (Fax)-  
Email: victoria.cornell@flinders.edu.au

##### 2.2.2... Summary of qualifications and relevant expertise NS 4.8.7 NS 4.8.15

BSc Honours Applied Science

Significant work experience working with communities dealing with emergencies - both in planning for emergencies and helping communities recover following emergency events.

Policy development understanding and experience as relates to emergency management.

##### 2.2.2... Please declare any general competing interests

None

##### 2.2.2... Name the site(s) for which this principal researcher / investigator is responsible.

Homes of older people who are living in the community and receiving at least one type of aged care service to assist them to remain in their own homes.

##### 2.2.3 Describe the role of the principal researcher / investigator in this project.

Undertaking:

Literature reviews

Reviews of policy relating to aged care provision

Interviews with older people

Collection of data

Analysis and evaluation of data

Writing of doctorate thesis

2.2.4 Is the principal researcher / investigator a student? Yes

##### 2.2.4...What is the educational organisation, faculty and degree course of the student?

Organisation	Flinders University
Faculty	Faculty of Health Sciences
Degree course	PhD

2.2.4... Is this research project part of the assessment of the student? Yes

2.2.4... Is the student's involvement in this project elective or compulsory? Compulsory

##### 2.2.4... What training or experience does the student have in the relevant research methodology?

This research study is a PhD.

The researcher is gaining experience through the process of the PhD. However, the PhD supervisors have extensive experience in the research methodology for this study and close supervision will be provided throughout to ensure validity and ethical practice.

##### 2.2.4... What training has the student received in the ethics of research?

Student has attended 'The Ethics of Research: Applying for Ethics Approval' course at the university.

##### 2.2.4... Describe the supervision to be provided to the student. NS 4.8.8

The student has a PhD Supervisor and a Co-supervisor. Regular meetings occur between the student and supervisors, and the supervisors have had access to this NEAF proposal. An Action Plan has been developed to ensure the methodology is applied appropriately and in a timely fashion.

**2.2.4... How many supervisors does the student have?** 2

### 2.2.4...Supervisor 1

**2.2.4...Provide the name, qualifications, and expertise, relevant to this research, of the students' supervisor**

<b>Title</b>	Prof
<b>First Name</b>	Paul
<b>Surname</b>	Arbon
<b>Summary of qualifications and relevant expertise</b>	Dean School of Nursing and Midwifery Faculty of Health Sciences Flinders University  President World Association for Disaster and Emergency Medicine (WADEM)  Director of Training St John Ambulance Australia  Director Torrens Resilience Institute  Prof Arbon has extensive experience in emergency management research and in the field of phenomenology.

### 2.2.4...Supervisor 2

**2.2.4...Provide the name, qualifications, and expertise, relevant to this research, of the students' supervisor**

<b>Title</b>	Dr
<b>First Name</b>	Lynette
<b>Surname</b>	Cusack
<b>Summary of qualifications and relevant expertise</b>	Post Doctoral Research Fellow (Population Health) Faculty of Health Science School of Nursing and Midwifery Flinders University  Dr Cusack has a track record of disaster management research and her expertise is relevant to the proposed methodology of this research.

## 2.3. Associate researcher(s) / investigator(s)

**2.3.1 How many known associate researchers are there? (You will be asked to give contact details for these associate researchers / investigators at question 2.3.1.1)** 0

**2.3.2 Do you intend to employ other associate researchers / investigators?** No

## 2.4. Contact

Provide the following information for the person making this application to the HREC.

### 2.4.1. Name and contact details

**Name:** Mrs Victoria Cornell

**Address:** School of Nursing and Midwifery, Flinders University  
c/o Torrens Resilience Institute  
Torrens Building, 220 Victoria Square  
Adelaide SA 5000

**Organisation:** Flinders University

Area: School of Nursing and Midwifery, Faculty of Health  
Position: PhD Research Student  
Contact (Bus) 0434 654 939 (AH) -  
(Mob) 0434 654 939 (Fax)-  
Email: victoria.cornell@flinders.edu.au

## 2.5. Other personnel relevant to the research project

2.5.1 How many known other people will play a specified role in the conduct of this research project? 5

2.5.1... Describe the role, and expertise where relevant (e.g. counsellor), of these other personnel.  
Staff from aged care service providers: to facilitate recruitment of older people for interview

2.5.2 Is it intended that other people, not yet known, will play a specified role in the conduct of this research project? No

## 2.6. Certification of researchers / investigators

2.6.1 Are there any relevant certification, accreditation or credentialing requirements relevant to the conduct of this research? No

## 2.7. Training of researchers / investigators

2.7.1 Do the researchers / investigators or others involved in any aspect of this research project require any additional training in order to undertake this research? No

### 3. RESOURCES

#### 3.1. Project Funding / Support

##### 3.1.1. Indicate how the project will be funded

###### 3.1.1... Type of funding.

[Please note that all fields in any selected funding detail column (with the exception of the code) will need to be completed.]

Name of Grant / Sponsor	External Competitive Grant	Internal Competitive Grant	Sponsor	By Researchers Department or Organisation
	No	No	Resthaven Incorporated PhD Scholarship	Flinders University
Amount of funding	Nil	Nil	\$30,000 pa	In kind
Confirmed / Sought	Not Sought	Not Sought	Confirmed	Confirmed
Detail in kind support	Not applicable	Not applicable	Access to service provider staff and assistance in recruitment of research participants	Office space, desk, printing facilities
Indicate the extent to which the scope of this HREC application and grant are aligned	Not applicable	Not applicable	The PhD position is funded for a period of three years and the research will be completed within the specified time.	In kind support will be available for the duration of the PhD

###### 3.1.1... How will you manage a funding shortfall (if any)?

Not applicable as the research is not funded.

The PhD scholarship funding is provided for a period of three years and the research will be completed within the specified time.

###### 3.1.2 Will the project be supported in other ways eg. in-kind support/equipment by an external party eg. sponsor

Yes

###### 3.1.2... Describe the support and indicate the provider.

Provision of laptop and ICT support

The ability to apply for transcribing funding

#### 3.2. Duality of Interest

##### 3.2.1 Describe any commercialisation or intellectual property implications of the funding/support arrangement.

None

##### 3.2.2 Does the funding/support provider(s) have a financial interest in the outcome of the research?

No

##### 3.2.3 Does any member of the research team have any affiliation with the provider(s) of funding/support, or a financial interest in the outcome of the research?

No

##### 3.2.4 Does any other individual or organisation have an interest in the outcome of this research

Yes

###### 3.2.4... Indicate the interested party and describe the interest.

While they do not have a financial interest in the outcome of the research, Resthaven Inc (and other aged care service providers) will have an interest in the findings of the research as it may guide future service provision.

##### 3.2.5 Are there any restrictions on the publication of results from this research?

No

## 4. PRIOR REVIEWS

### 4.1. Ethical review

#### 4.1.0. Duration and location

4.1.0... In how many Australian sites, or site types, will the research be conducted? 1

4.1.0... In how many overseas sites, or site types, will the research be conducted? 0

Provide the following information for each site or site type (Australian and overseas, if applicable) at which the research is to be conducted

#### 4.1.0...Site / Site Type 1

##### 4.1.0... Site / Site Type Name

Homes (or other convenient location) of older people in South Australia

##### 4.1.0... Site / Site Type Location

Homes (or other convenient location, such as cafe or library) of older people in South Australia, in receipt of an aged care service, as recruited by one of three aged care providers

#### 4.1.0...Provide the start and finish dates for the whole of the study including data analysis

Anticipated start date 01/10/2011

Anticipated finish date 31/12/2013

4.1.0... Are there any time-critical aspects of the research project of which an HREC should be aware? Yes

#### 4.1.0... Describe the time-critical aspects.

Funding for the PhD position is time limited to 3 years.

4.1.1 To how many Australian HRECs (representing site organisations or the researcher's / investigator's organisation) is it intended that this research proposal be submitted? 1

#### 4.1.1...HREC 1

4.1.1... Name of HREC Social and Behavioural Research Ethics Committee (EC00194)

#### 4.1.1...Provide the start and finish dates for the research for which this HREC is providing ethical review.

Anticipated start date or date range 01/10/2011

Anticipated finish date or date range 31/12/2013

4.1.1... For how many sites at which the research is to be conducted will this HREC provide ethical review? 1

#### 4.1.1...Site 1

4.1.1... Name of site Homes (or other convenient location) of older people in South Australia

4.1.1... Which of the researchers / investigators involved in this project will conduct the research at this site?

Principal Researcher(s)

Associate Researcher(s)

Mrs Victoria Cornell

4.1.2 Have you previously submitted an application, whether in NEAF or otherwise, for ethical review of this research project to any other HRECs? No

### 4.3. Peer review

4.3.1 Has the research proposal, including design, methodology and evaluation undergone, or will it undergo, a peer review process? NS 1.2 Yes

4.3.1... Provide details of the review and the outcome. A copy of the letter / notification, where available, should be attached to this application.

The research proposal will be reviewed by PhD supervisors.

A presentation, including questions and peer review, took place in June 2011 as part of the School of Nursing and Midwifery's annual Higher Degrees Week.

A presentation will be given each year throughout the research period to the School of Nursing and

Midwifery's annual Higher Degrees Week.  
Progress on the research is provided to Resthaven Inc, the providers of the PhD Scholarship.

# **Ethical Review Section**

## **Summary**

### **Applicant / Principal Researcher(s)**

#### **Mrs Victoria Cornell**

*BSc Honours Applied Science*

*Significant work experience working with communities dealing with emergencies - both in planning for emergencies and helping communities recover following emergency events.*

*Policy development understanding and experience as relates to emergency management.*

#### **Potential conflicts of interest**

*None*

### **Other Relevant Personnel**

#### **Prof Paul Arbon**

*Dean*

*School of Nursing and Midwifery*

*Faculty of Health Sciences*

*Flinders University*

*President*

*World Association for Disaster and Emergency Medicine (WADEM)*

*Director of Training*

*St John Ambulance Australia*

*Director*

*Torrens Resilience Institute*

*Prof Arbon has extensive experience in emergency management research and in the field of phenomenology.*

#### **Dr Lynette Cusack**

*Post Doctoral Research Fellow (Population Health)*

*Faculty of Health Science*

*School of Nursing and Midwifery*

*Flinders University*

*Dr Cusack has a track record of disaster management research and her expertise is relevant to the proposed methodology of this research.*



## 5. PROJECT

### 5.1. Type of Research

**5.1.1 Tick as many of the following 'types of research' as apply to this project. Your answers will assist HRECs in considering your proposal. A tick in some of these boxes will generate additional questions relevant to your proposal (mainly because the National Statement requires additional ethical matters to be considered), which will appear in Section 9 of NEAF.**

**This project involves:**

Research using qualitative methods NS 3.1

**5.1.2 Does the research involve limited disclosure to participants?** NS 2.3 No

**5.1.3 Are the applicants asking the HREC / review body to waive the requirement of consent?** NS 2.3.5 No

### 5.2. Research plan

**5.2.1 Describe the theoretical, empirical and/or conceptual basis, and background evidence, for the research proposal, eg. previous studies, anecdotal evidence, review of literature, prior observation, laboratory or animal studies (4000 character limit).** NS 1.1

Traditionally, older people are seen as a 'vulnerable group' when it comes to emergency management. This is true in the preparedness phase (assisting people to prepare for emergency events), the response phase (issuing warnings, carrying out evacuations and 'putting the fire out') and the recovery phase (helping affected communities to resume life and move on from the emergency or disaster).

From my work in the emergency management sector, I have become aware that there is a gap in how older people are engaged in emergency preparedness, and the assumptions applied to emergency planning – both within Australia and internationally.

The literature review to date has confirmed this, and shows that much research has been carried out on older people with respect to the response to an emergency event, and also the recovery from the event. In both the response and recovery phases older people are often found to be more at risk and more vulnerable; and the effects of the emergency event are often exacerbated for them.

However, there is little research on preparing older people for emergency events, and even less on establishing whether or why older people prepare for events, and whether older people are more or less likely to prepare if they have lived through an emergency event.

Of the preparedness research carried out to date, most is centred on preparing for responding to an event. For example, there has been much research on developing social vulnerability indices, within communities, to assist response workers when dealing with an emergency event. If a social vulnerability study undertaken in a community highlights that a large number of older people live in a particular suburb, the emergency responders can factor that in their response. Similarly recovery workers can tailor their recovery activities with that knowledge. Research has not been undertaken which deals with the older person as an individual - how does their lived experience influence their preparedness for emergency events?

This research will therefore take a phenomenological approach, investigating the lived experiences of the older people – have they lived through an emergency event or not - and how those experiences may shape their behaviour.

As a nation, the population is ageing - we are living longer and keen to be independent for as long as possible. The imperative to keep people living as independently as possible, in conjunction with the need/desire to get patients discharged and back in their own homes following hospital care, forecasts a higher demand for services to care for ageing populations in their own homes. This, combined with the potential for more regular and increased severity of natural hazard emergency events in coming years due to the effects of climate change, highlights the need for this research.

**5.2.2 State the aims of the research and the research question and/or hypotheses, where appropriate.**

To establish how the lived experience of older people influences their level of preparedness for emergency events.

**5.2.3 Has this project been undertaken previously?** No

### 5.3. Benefits/Risks

**5.3.0 Does the research involve a practice or intervention which is an alternative to a** No

## standard practice or intervention?

### 5.3.2 What expected benefits (if any) will this research have for the wider community?

The value of the study to the community is significant as it will create an understanding of how older people's lived experience of emergency events forms their behaviours with respect to emergency planning.

For the purpose of this research emergency events are defined as events that threaten physical or social disruption, including 'typical' natural hazard events such as bushfire and severe storm; but also including events such as heatwave and extended power outages.

Given the ageing population, and the potential impacts of climate change leading to a higher number and greater severity of emergency events (Australian Academy of Science, 2010); the ability to understand this growing population, and possibly help them to be better prepared should not be considered lightly.

Providing insight into the role of the social context within which older people live and consider risk and their preparedness behaviour will also help understanding of preparedness planning generally.

The research may also be used to inform more effective policy and education programs with regard to emergency preparedness and it has the potential to deliver significant health benefits (both physical and mental) in helping older people prepare for, and subsequently respond to and recover from emergency events. The research study has the potential to deliver significant benefits to the disciplines of health, sociology, psychology and anthropology.

To my knowledge, little research has been undertaken which expressly considers the feelings and perceptions of older people in preparing for emergency events. This research will therefore bring new knowledge to this subject area, highlight where further research could be carried out, and may lead to other research projects in the future.

### 5.3.3 What expected benefits (if any) will this research have for participants? NS 2.1

Older people will benefit by having the opportunity to consider the subject of emergency preparedness in a safe and secure environment, not in the context of an actual imminent threat. This will help their own preparedness, for example as a result of the interviews they may learn that they are well prepared (and take comfort in that); or that they may need to do some more work to prepare and if so, where they can go for help. In addition, as a result of taking part in the research the participants may talk with their friends and neighbours, who may also take on preparedness activities; thereby increasing the community preparedness as a whole.

### 5.3.4 Are there any risks to participants as a result of participation in this research project? NS 2.1 Yes

### 5.3.5 Explain how the likely benefit of the research justifies the risks of harm or discomfort to participants. NS 1.6

Anecdotal evidence suggests that exploring previous trauma (in this case, living through an emergency event) and whether older people worry about emergencies might cause anxiety in the participants. The participants might think about issues that perhaps they have not considered for many years; or realise that perhaps they are less prepared than they thought.

However, research undertaken with regard to questioning participants about traumatic events shows that this is not the case. For example, in their study "Participation in Trauma Research: Is There Evidence of Harm?" (Journal of Traumatic Stress, Vol. 16, No. 3, June 2003, pp. 221–227 (C © 2003)) Griffin et al found that participation in research regarding traumatic events including domestic violence and physical harm was typically described by participants as a positive or sometimes neutral experience; one that they would be willing to repeat. Research undertaken by Parslow et al (Journal of Traumatic Stress.13(3):465-471, 2000) asked Australian Vietnam veterans about distress experienced during interviews when traumatic events were raised. The research concluded that interviews may cause short-term distress, but found no evidence of long-term harm.

### 5.3.8 Are there any other risks involved in this research? eg. to the research team, the organisation, others Yes

#### 5.3.8... What are these risks?

##### Older People

There is a risk that the older people may experience anxiety as a result of the interview, from either re-living an emergency event they have experienced, or from thinking that they are not prepared for emergencies.

##### Researcher

There is a personal safety risk for the researcher, meeting research participants (either in their own home or

at a suitable community facility).

**5.3.8... Explain how these risks will be negated/minimised/managed.**

Older people

The risks to the older people will be managed by:

- Clear explanation of the research intent in the Information Sheet given to potential participants; and again further clarified at the initial 'meet and greet' session
- Careful design of the interview framework

The researcher will carry a list of free resources that can be given out at the interview if people feel the need for extra support, eg contact details for Beyond Blue; and also details on where the participant can receive further information on emergency preparedness. The researcher will ensure that the participants understand that they can contact the researcher, the aged care service provider or their GP following the interviews if they have any concerns. The participants will be advised that they are able to stop the interview at any time.

Researcher

The risk of meeting the research participants in their own homes has been given careful consideration. On balance, it is not considered a high risk, given the age of the participants, the way in which they will have been recruited and the subject matter of the research. In addition, the desire not to exclude potential participants who may be reliant on others to leave their home (for example needing assistance with transport to an alternative location) makes it preferable for the researcher to go to the participants' homes.

Whether the participant chooses to meet with the researcher in their own home, or at a community facility, the risk for researcher will be managed by the provision of the researcher's interview timetable to her supervisors. The researcher will telephone a nominated contact person upon entering the home of the older person/ community facility, and will advise the anticipated length of interview. The researcher will advise the nominated contact person that she will again phone upon leaving the home of the older person. If the researcher has not called the nominated contact person within the timeframe advised, the contact person will call the researcher to ensure her safety.

**5.3.8... Explain how these risks will be monitored.**

Older People

The risk to the older people will be monitored by regular assurances sought from the participants that they are happy to continue with the interview. At the end of the interview, the researcher will ensure the participants have any further resources they request, such as information on how to prepare for an emergency; and will be clear that the participants can contact the researcher following the interview if they have any concerns.

Researcher

The risk to the researcher will be monitored with the above management proposal, of a timetable, with regular telephone contact with a nominated contact person (supervisors and/ or appropriate colleagues).

If the researcher can not be contacted, the nominated contact person will arrange for another member of the research team to visit the last known location of the researcher.

**5.3.8... Explain how any harm to participants, resulting from these risks, will be reported.**

Participants will be able to report any potential harm back to the researcher and or the aged care service provider.

The researcher will be able to report any potential harm to her supervisors.

Any adverse events will be reported to the Flinders University Social and Behavioural Research Ethics Committee.

**5.3.9 Is it anticipated that the research will lead to commercial benefit for the investigator(s) and or the research sponsor(s)?** No

**5.3.11 Is there a risk that the dissemination of results could cause harm of any kind to individual participants - whether their physical, psychological, spiritual, emotional, social or financial well-being, or to their employability or professional relationships - or to their communities?** No

## 5.4. Monitoring

Refer to NS 3.3.19 - 3.3.25

**5.4.1 What mechanisms do the researchers / investigators intend to implement to monitor the conduct and progress of the research project?** NS 5.5

Supervised research, with regular supervisory meetings.

Annual report to PhD committee.  
Regular reports to Resthaven Inc.  
Peer review during the university annual Higher Degrees Week

## 6. PARTICIPANTS

### 6.1. Research participants

6.1.1 The National Statement identifies the need to pay additional attention to ethical issues associated with research involving certain specific populations.

This question aims to assist you and the HREC to identify and address ethical issues that are likely to arise in your research, if its design will include one or more of these populations. Further, the National Statement recognizes the cultural diversity of Australia's population and the importance of respect for that diversity in the recruitment and involvement of participants. Your answer to this question will guide you to additional questions (if any) relevant to the participants in your study.

**6.1.1 Tick as many of the following 'types of research participants' who will be included because of the project design, or their inclusion is probable, given the diversity of Australia's population. If none apply, please indicate this below.**

	b) Probable coincidental recruitment	c) Design specifically excludes
People whose primary language is other than English (LOTE)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Women who are pregnant and the human foetus NS 4.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Children and/or young people (ie. <18 years) NS 4.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People in existing dependent or unequal relationships NS 4.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People highly dependent on medical care NS 4.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People with a cognitive impairment, an intellectual disability or a mental illness NS 4.5	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Aboriginal and/or Torres Strait Islander peoples NS 4.7	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People who may be involved in illegal activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>

You have indicated that it is probable that

- People whose primary language is other than English (LOTE)
- People in existing dependent or unequal relationships
- People highly dependent on medical care

may be coincidentally recruited into this project. The National Statement identifies specific ethical considerations for these groups(s).

#### 6.1.3... Please explain how you will address these considerations in your proposed research.

The participants may speak english as a second language, having emigrated to Australia many years ago. Recruitment via the aged care service providers will ensure that only those clients who can read and speak english competently will be approached to participate in the research.

The participants may be dependent on a carer or the aged care service provider. Recruitment via the aged care service providers will ensure that only those clients who are physically and mentally able to participate in the research will be approached.

The people interviewed may require medical care in their home. However, the interview process will not cause any physical discomfort.

### 6.2. Participant description

6.2.1 How many participant groups are involved in this research project? 1

6.2.2 What is the expected total number of participants in this project at all sites?  
10-15

#### 6.2.3. Group 1

**6.2.3... Group name for participants in this group**

Older people

**6.2.3... Expected number of participants in this group**

10-15

**6.2.3... Age range**

Over 65 years

**6.2.3... Other relevant characteristics of this participant group**

The participants will be living in their own homes, and in receipt of support provided by an aged care service provider.

**6.2.3... Why are these characteristics relevant to the aims of the project?**

The research is interested in understanding how the lived experience of older people influences their decision to prepare for emergency events; it will therefore not consider anyone under the age of 65 years.

The research does not wish to consider those older people living in residential aged care as the aged care provider/ manager is responsible for the health, safety and well being of the older person, including any preparedness for emergency events.

The research does not wish to consider those older people who are living completely independently of any support service as it wishes to understand whether the lived experiences of older people who are receiving some assistance in their homes (and therefore would be of greater vulnerability in an event) influences their behaviour with regard to emergency preparedness.

**6.2.4. Your response to questions at Section 6.1 - Research Participants indicates that the following participant groups are excluded from your research. If this is not correct please return to section 6.1 to amend your answer.**

Children and/or young people (ie. <18 years)

People with an intellectual or mental impairment

Aboriginal and/or Torres Strait Islander peoples

Women who are pregnant and the human foetus

**6.2.4... Have any particular potential participants or groups of participants been excluded from this research? In answering this question you need to consider if it would be unjust to exclude these potential participants. NS 1.4**

Yes.

This research is interested in understanding how the lived experience of older people (those aged 65 years and over) influences their preparedness for emergency events. It therefore excludes anyone under age 65 years.

It also excludes people with an intellectual or mental impairment; and Aboriginal and/or Torres Strait Islander peoples.

There is no injustice in excluding them, as no there are personal gains for participating.

**6.3. Participation experience**

**6.3.1 Provide a concise detailed description, in not more than 200 words, in terms which are easily understood by the lay reader of what the participation will involve.**

Contact with older people will be made via Coordinators at the aged care service providers. They will review clients, select those who they believe are capable of taking part in the study, and make the first approach - forwarding a letter of introduction, information sheet (including willingness to participate tear off sheet) and consent form.

Participants will be asked to take part in an initial a 'meet-and-greet' session, at a convenient location for them (for example their home, or community facility). This will provide another opportunity for further information gathering by the participants. During this initial meeting, an appointment time and location will be made for the interview. The interview will investigate a range of themes and will be recorded. A copy of the transcript will be provided to the participant if desired.

**6.4. Relationship of researchers / investigators to participants**

**6.4.1 Specify the nature of any existing relationship or one likely to rise during the research, between the potential participants and any member of the research team or an organisation involved in the research.**

The principal researcher is receiving a scholarship from one of the aged care service providers in the project.

The principal researcher has no existing relationship with the older people.

**6.4.2 Describe what steps, if any, will be taken to ensure that the relationship does not impair participants' free and voluntary consent and participation in the project.**

Participation in the research is voluntary and participants can withdraw their involvement at any time.

Participants will be asked to sign a consent form.

**6.4.3 Describe what steps, if any, will be taken to ensure that decisions about participation in the research do not impair any existing or foreseeable future relationship between participants and researcher / investigator or organisations.**

It is not anticipated that deciding to participate in the research will impair existing or future relationships between the either the participants and the researcher; or between the participants and their aged care service provider.

**6.4.4 Will the research impact upon, or change, an existing relationship between participants and researcher / investigator or organisations.?** No

**6.4.5 Is it intended that the interview transcript will be shown or made available to participants?** 3.1.15 No

## **6.5. Recruitment**

**6.5.1 What processes will be used to identify potential participants?**

Participants will be recruited via three aged care providers - Resthaven Incorporated, James Brown Memorial Trust and Masonic Homes. Contact has already been made with senior staff from each of the providers, and letters of support from the providers are included with this application.

The aged care providers will source clients who they believe have the mental and physical ability to be interviewed.

A letter of introduction (from the principal supervisor), information sheets and consent forms for the participants will be emailed and/ or mailed to the aged care service providers.

The first contact with potential participants will be made via Coordinators at the aged care providers. They will review their clients, shortlisting those they believe are capable of taking part in the study. The Coordinators will ask those clients if they will be willing to receive information about the research project. If yes, they will forward, either by email or mail, the abovementioned letter, information sheet and consent form.

Participants will be asked to take part in an initial a 'meet-and-greet' session, at a convenient location for them (for example their home or a community facility such as a cafe or library). This will provide another opportunity for further information provision and allow further questions from the participants. This will also provide an opportunity for the researcher to determine the level of rapport that will need to be established. It is expected that this process will take no more than half an hour. During this initial meeting, an appointment time and location will be made for the interview, and the consent form will be signed if the participant still chooses to be involved.

**6.5.2 Is it proposed to 'screen' or assess the suitability of the potential participants for the study?** Yes

**6.5.2... How will this be done?**

The aged care service providers will assess the suitability of older people to ensure they are able to be interviewed.

**6.5.3 Describe how initial contact will be made with potential participants.**

The first contact with potential participants will be made via Coordinators at the aged care providers. Contact has already been made with senior staff from each of the providers, and letters of support from the providers are included with this application. The providers will forward letters of introduction and an information sheet, which will include contact details for the researcher.

The information sheet will include a tear-off form, with a prepaid envelope allowing participants to reply free of charge, indicating their willingness to be involved. The researcher will then schedule a 'meet and greet' session, and subsequently an interview, if the participant chooses to continue.

**6.5.3... Do you intend to include both males and females in this study?** Yes

**6.5.3... What is the expected ratio of males to females that will be recruited into this study and does this ratio accurately reflect the distribution of the disease, issue or condition within the general community?**

Not known

The Australian Institute of Health and Welfare reported that in 2008, the number of people aged over 70 years was 2,026,609. Of those, 900,485 - or 44.4% - were male and 1,126,124 - 55.6% - were female. It is expected that a similar ratio will be appropriate for this research project.

**6.5.4 Is an advertisement, e-mail, website, letter or telephone call proposed as the form of initial contact with potential participants?** Yes

**6.5.4... Provide details and a copy of text/script.**

Copies of the following documents, as attached, will be provided:

Letter of introduction  
Information sheet  
Consent form

**6.5.5 If it became known that a person was recruited to, participated in, or was excluded from the research, would that knowledge expose the person to any disadvantage or risk?** No

## **6.6. Consent process**

**6.6.1 Will consent for participation in this research be sought from all participants?** Yes

**6.6.1... Will there be participants who have capacity to give consent for themselves?** Yes

**6.6.1... What mechanisms/assessments/tools are to be used, if any, to determine each of these participant's capacity to decide whether or not to participate?**

Screening by the aged care service provider will ensure that older people are capable of taking part in the research. Guardians of the State will be excluded from the research.

**6.6.1... Are any of the participants children or young people?** No

**6.6.1... Will there be participants who do not have capacity to give consent for themselves?** No

**6.6.1... Describe the consent process, ie how participants or those deciding for them will be informed about, and choose whether or not to participate in, the project.**

Participants will be given a letter of introduction, an information sheet (including a willingness to participate tear-off form) and a consent form at the start of the research. Upon reading the letter of introduction and information sheet, interested participants will be invited to contact the researcher (either by phone, or by returning the willingness to participate tear off slip). A 'meet and greet' short meeting will take place which will allow greater opportunity for questions and clarification, allowing participants to be sure of their decision to participate. If they still choose to proceed, they will be asked to sign the consent form and an interview time will be scheduled.

**6.6.1... If a participant or person on behalf of a participant chooses not to participate, are there specific consequences of which they should be made aware, prior to making this decision?** 4.6.6 - 4.6.7  
No

**6.6.1... Might individual participants be identifiable by other members of their group, and if so could this identification expose them to risks?**

No

Participants will be informed via the letter of introduction that no information that identifies them will be published in the PhD thesis, and that the confidentiality of any information provided by them will be respected.

Participants can ask for information to be omitted at any stage and this will be explained to them as part of the letter of introduction. Any information collected from people that may identify the household as part of this research will only be seen by the researcher in the raw format. Any transcripts will be de-identified before they are viewed by the supervisors. The researcher will not convey any details of the participants which may have the potential to identify them to the supervisors, the thesis itself or subsequent publications. Free and informed consent will be achieved by clearly stating that participation is voluntary. Consent will be informed because the letter of introduction, information sheet and consent form state the purpose of the research, the involvement required of the participants and the proposed process of the research (ie an initial 'meet and greet' and a semi structured interview).

**6.6.1... If a participant or person on behalf of a participant chooses to withdraw from the research, are there specific consequences of which they should be made aware, prior to giving consent?**

No

**6.6.1... Specify the nature and value of any proposed incentive/payment (eg. movie tickets, food vouchers) or reimbursement (eg travel expenses) to participants.**



Not applicable

**6.6.1... Explain why this offer will not impair the voluntary nature of the consent, whether by participants' or persons deciding for their behalf. NS 2.2.10 - 2.2.11**

Not applicable

**6.6.3 Do you propose to obtain consent from individual participants for your use of their stored data/samples for this research project? Yes**

## 8. CONFIDENTIALITY/PRIVACY

### 8.1. Do privacy guidelines need to be applied in the ethical review of this proposal?

8.1.1 Indicate whether the source of the information about participants which will be used in this research project will involve:

collection directly from the participant

#### 8.1.1... Information which will be collected for this research project directly from the participant

8.1.1... Describe the information that will be collected directly from participants. Be specific where appropriate.

Age and gender

What in-home care services do they receive

What is their lived experience of emergency events

What are their feelings, perceptions and concerns about the threat of emergency events and emergency preparedness

8.1.1... The information collected by the research team about participants will be in the following form(s). Tick more than one box if applicable.

non-identifiable

### 8.2. Using information from participants

8.2.1 Describe how information collected about participants will be used in this project.

All necessary transcriptions will occur by the researcher, and coded in a way that participants cannot be identified. Original transcripts will be destroyed following the Flinders University five year from publication requirement.

All information collected as part of the study (hand written, electronic, audio etc) will be held by the researcher in a locked filing cabinet and any audio/electronic files on a password protected computer until the completion of the research project.

8.2.2 Will any of the information used by the research team be in identified or re-identifiable (coded) form? No

8.2.4 List ALL research personnel and others who, for the purposes of this research, will have authority to use or have access to the information and describe the nature of the use or access. Examples of others are: student supervisors, research monitors, pharmaceutical company monitors .

Research personnel

Principal researcher - full access all to information

Supervisors - access to unidentifiable information

Aged care service providers

Access to details of those clients to whom they sent the initial letter of introduction

Upon completion of analysis, access to final report

### 8.3. Storage of information about participants during and after completion of the project

8.3.1 In what formats will the information be stored during and after the research project? (eg. paper copy, computer file on floppy disk or CD, audio tape, videotape, film)

Paper copies

Electronic copies (computer hard drives and CDs)

Audio (WAV files or similar)

8.3.2 Specify the measures to be taken to ensure the security of information from misuse, loss, or unauthorised access while stored during and after the research project? (eg. will identifiers be removed and at what stage? Will the information be physically stored in a locked cabinet?)

The information will be stored in a locked cabinet, in de-identified form; and on a password protected computer.

Given the this research involves a proposed waiver of consent and the intent of exposing illegal activity [see NS 4.6.1] the HREC must be satisfied that your response to this question has justified that there is sufficient protection of the privacy of the participants.

8.3.5 The information which will be stored at the completion of this project is of the following type(s). Tick more than one box if applicable.

non-identifiable

8.3.6 For how long will the information be stored after the completion of the project and why has this period

been chosen?

Five years from date of publication, in line with Flinders University policy

**8.3.7 What arrangements are in place with regard to the storage of the information collected for, used in, or generated by this project in the event that the principal researcher / investigator ceases to be engaged at the current organisation?**

The information will be stored at Flinders University

## **8.4. Ownership of the information collected during the research project and resulting from the research project**

**8.4.2 Who is understood to own the information resulting from the research, eg. the final report or published form of the results?**

The principal researcher

**8.4.3 Does the owner of the information or any other party have any right to impose limitations or conditions on the publication of the results of this project?** No

## **8.5. Disposal of the information**

**8.5.1 Will the information collected for, used in, or generated by this project be disposed of at some stage?** Yes

**8.5.1... At what stage will the information be disposed?**

The data collected will be destroyed five years after publication

**8.5.1... How will information, in all forms, be disposed?**

The data collected will be destroyed in line with Flinders University policy and NHMRC Guidelines

## **8.6. Reporting individual results to participants and others**

**8.6.1 Is it intended that results of the research that relate to a specific participant be reported to that participant?** No

**8.6.1... Explain/justify why results will not be reported to participants.**

The information gathered from participants at the interview is intended to provide a 'snapshot' of how the lived experience of older people influences them to prepare for emergency events. There is concern that if the participants have the opportunity to review their transcript, they may 'change their story' and provide another experience which may not actually be their lived experience - either because they wish to portray another image of themselves; or because they feel that is what the researcher wants to hear.

**8.6.2 Is the research likely to produce information of personal significance to individual participants?** Yes

**8.6.3 Will individual participant's results be recorded with their personal records?** No

**8.6.4 Is it intended that results that relate to a specific participant be reported to anyone other than that participant?** No

**8.6.5 Is the research likely to reveal a significant risk to the health or well being of persons other than the participant, eg family members, colleagues** No

**8.6.6 Is there a risk that the dissemination of results could cause harm of any kind to individual participants - whether their physical, psychological, spiritual, emotional, social or financial well-being, or to their employability or professional relationships - or to their communities?** No

**8.6.7 How is it intended to disseminate the results of the research? eg report, publication, thesis**

Doctoral thesis

Journal articles and conference presentations

**8.6.8 Will the confidentiality of participants and their data be protected in the dissemination of research results?** Yes

**8.6.8... Explain how confidentiality of participants and their data will be protected in the dissemination of research results**

All data will be non-identifiable



\_\_\_\_\_  
Title            First name

\_\_\_\_\_  
Surname

\_\_\_\_\_  
Position

\_\_\_\_\_  
Organisation name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## LETTER OF INTRODUCTION

Dear Sir/ Madam,

This letter is to introduce Mrs Victoria Cornell, a PhD candidate in the Faculty of Health Sciences at Flinders University. Victoria is undertaking research leading to the production of a doctorate thesis on the subject of "How does the lived experience of older people influence their preparedness for emergency events?" This research is being supported by a scholarship from Resthaven Incorporated.

Victoria would be most grateful if you would volunteer to assist in this project, by granting an interview which covers certain aspects of this topic. It is anticipated that the interview will last for no more than an hour, and prior to the interview Victoria would like the opportunity for a half an hour 'meet and greet' session to make the first connection with you. She will produce her student card, which carries a photograph, as proof of identity.

Be assured that any information provided will be treated in the strictest confidence and none of the participants will be individually identifiable in the resulting thesis, report or other publications. You are, of course, entirely free to discontinue your participation at any time or to decline to answer particular questions.

Since Victoria intends to make an audio recording of the interview, she will seek your consent to record the interview, to use the recording or a transcription in preparing the thesis, report or other publications, on condition that your name or identity is not revealed. The recording and transcript will only be made available to other researchers on the same conditions.

I enclose the following documents for your reference and completion, should you wish to be involved in the research:

- An Information Sheet which gives some more detail on the work Victoria proposes to undertake. The Sheet also contains a Willingness to Participate form (with reply paid envelope) to complete and return if you wish to proceed and arrange a 'meet and greet' session with Victoria
- A Consent Form to be completed at the 'meet and greet' session if you wish to proceed to full involvement with the project

Any enquiries you may have concerning this project should in the first instance be directed to Victoria, on the details below:

Telephone 0434 654 939  
Email [victoria.cornell@flinders.edu.au](mailto:victoria.cornell@flinders.edu.au)  
Address Victoria Cornell (School of Nursing and Midwifery, Flinders University) c/o  
Torrens Resilience Institute, Torrens Building, 220 Victoria Square,  
Adelaide SA 5000

Thank you for your attention and assistance.

Yours sincerely

Prof Paul Arbon  
Dean, School of Nursing and Midwifery  
School of Health Sciences

*This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project Number **INSERT PROJECT No. here following approval**). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email [human.researchethics@flinders.edu.au](mailto:human.researchethics@flinders.edu.au).*

## **INFORMATION SHEET FOR PARTICIPATION IN RESEARCH BY INTERVIEW**

### **“HOW DOES THE LIVED EXPERIENCE OF OLDER PEOPLE INFLUENCE THEIR PREPAREDNESS FOR EMERGENCY EVENTS?”**

#### **Description of the research project**

This PhD research project will investigate how the lived experience of older people influences their preparedness for emergency events.

For the purpose of this research:

- ‘emergency events’ are defined as events that threaten physical or social disruption, including ‘typical’ natural hazard events such as bushfire and severe storm; but also considering events such as heatwave and extended power outages; and
- ‘older people’ includes anyone aged 65 years or over.

Traditionally, older people are seen as a ‘vulnerable group’ when it comes to emergency management. This is true in the preparedness phase (assisting people to prepare for emergency events), the response phase (issuing warnings, carrying out evacuations and ‘putting the fire out’) and the recovery phase (helping affected communities to resume life and move on from the emergency or disaster).

From Victoria’s work in the emergency management sector, she has become aware that there is a gap in how this group are engaged in emergency preparedness, and the assumptions applied to emergency planning – both within Australia and internationally.

Wider reading around this issue has confirmed this, showing that much research has been carried out with this group in terms of response to an emergency event, and also the recovery from the event. However, there is little research on understanding what influences preparedness for emergency events.

This research will therefore would like to know what is important to you in terms of preparing for emergency events. It will take your view, investigating your lived experiences. Have you lived through an emergency event or not? What experiences shape your behaviour with respect to preparing for an emergency event?

#### **Your role if you choose to participate**

At the rear of this sheet is a ‘Willingness to Participate’ tear off form. If you think you would like to participate in the research, please complete the form, and return it to Victoria in the enclosed reply paid envelope.

You will then be contacted by Victoria and asked to take part in an initial a ‘meet-and-greet’ session with her, at a location that is convenient for you - for example your home, or a community facility. This session will provide an opportunity to get to know Victoria and for you to ask further questions, or clarify issues. It is expected that this process will take no more than half an hour.



During this initial meeting, an appointment time and location will be made for the interview should you wish to proceed, and you will be asked to sign the Consent Form. Please remember, therefore, to bring the Consent Form with you. The interview will be audio recorded, and it is expected that it will last approximately 60 minutes.

### **Project supervision and monitoring**

Victoria has two university supervisors, with whom she meets with monthly. Victoria also provides an annual report to the University's Higher Degrees Research Committee; and presents annually at the School of Nursing and Midwifery's 'Higher Degrees Research Week'.

### **Consent and right to withdraw**

Participation in the research is voluntary and you can withdraw your involvement at any time. If you wish to be involved, you will be asked to sign the Consent Form.

### **Privacy and confidentiality**

No information that identifies you will be published in the PhD thesis, or any other subsequent publications. The confidentiality of any information you provide will be respected.

The interview will be audio recorded and then transcribed into a written format. Transcripts will be anonymised before they are viewed by the supervisors. The researcher will not convey any details which may have the potential to identify you to the supervisors, the thesis itself or subsequent publications. You can ask for information to be omitted at any stage.

### **Expected benefits to the wider community**

The value of the study to the community is significant as it will create an understanding of how older people's lived experience of emergency events forms their behaviours with respect to emergency planning.

Given the ageing population, and the potential impacts of climate change leading to a higher number and greater severity of emergency events; the ability to understand this growing population, and possibly help them to be better prepared should not be considered lightly.

The research may also be used to inform more effective policy and education programs with regard to emergency preparedness and it has the potential to deliver significant health benefits (both physical and mental) in helping older people prepare for, and subsequently respond to and recover from emergency events. The research study has the potential to deliver significant benefits to the disciplines of health, sociology, psychology and anthropology.

To Victoria's knowledge, little research has been undertaken which expressly considers the feelings and perceptions of older people in preparing for emergency events. This research will therefore bring new knowledge to this subject area, highlight where further research could be carried out, and may lead to other research projects in the future.

**Contact details**

Victoria Cornell – Principal Researcher  
PhD Candidate  
School of Nursing and Midwifery  
Flinders University  
c/o Torrens Resilience Institute  
Torrens Building  
220 Victoria Square  
Adelaide SA 5000

Tel: 0434 654 939

Email: [victoria.cornell@flinders.edu.au](mailto:victoria.cornell@flinders.edu.au)

Prof Paul Arbon – Principal Supervisor  
Dean  
School of Nursing and Midwifery  
Faculty of Health Sciences  
Flinders University  
GPO Box 2100  
Adelaide SA 5001

Tel: 08-8201 3558

Email: [paul.arbon@flinders.edu.au](mailto:paul.arbon@flinders.edu.au)

Dr Lynette Cusack – Co-supervisor  
Post Doctoral Research Fellow  
School of Nursing and Midwifery  
Faculty of Health Sciences  
Flinders University  
GPO Box 2100  
Adelaide SA 5001

Tel: 08 82017645

Email: [lynette.cusack@flinders.edu.au](mailto:lynette.cusack@flinders.edu.au)

**Willingness to Participate**

If you wish to assist Victoria in her research, please complete the details below and return in the reply paid envelope provided.

Victoria will contact you shortly to arrange a mutually convenient time and location to meet.

Thank you very much.

.....

**‘HOW DOES THE LIVED EXPERIENCE OF OLDER PEOPLE INFLUENCE THEIR PREPAREDNESS FOR EMERGENCY EVENTS?’**

Yes, I would like to arrange a ‘meet and greet’ with Victoria Cornell to discuss participation in the above PhD research project

Name	
Contact Details	Home phone
	Mobile phone
	Email
Signature	

**CONSENT FORM FOR PARTICIPATION IN RESEARCH  
BY INTERVIEW**

**“HOW DOES THE LIVED EXPERIENCE OF OLDER PEOPLE INFLUENCE THEIR  
PREPAREDNESS FOR EMERGENCY EVENTS?”**

I .....

being over the age of 18 years hereby consent to participate as requested in the interview for the research project to explore whether the lived experience of older people influences their level of preparedness for emergency events

1. I have read the information provided.
2. Details of procedures and any risks have been explained to my satisfaction.
3. I agree to audio recording of my information and participation.
4. I am aware that I should retain a copy of the Information Sheet and Consent Form for future reference.
5. I understand that:
  - I may not directly benefit from taking part in this research.
  - I am free to withdraw from the project at any time and am free to decline to answer particular questions.
  - While the information gained in this study will be published as explained, I will not be identified, and individual information will remain confidential.
  - I may ask that the interview be stopped at any time, and that I may withdraw at any time from the session or the research without disadvantage.
6. I have had the opportunity to discuss taking part in this research with a family member or friend.

**Participant’s signature.....Date.....**

-----

I certify that I have explained the study to the volunteer and consider that she/he understands what is involved and freely consents to participation.

**Researcher’s name.....**

**Researcher’s signature.....Date.....**

## **APPENDIX TWO**

### **ETHICS APPROVAL**

## SOCIAL AND BEHAVIOURAL RESEARCH ETHICS COMMITTEE

Research Services Office, Union Building, Flinders University  
GPO Box 2100, ADELAIDE SA 5001  
Phone: (08) 8201 3116  
Email: [human.researchethics@flinders.edu.au](mailto:human.researchethics@flinders.edu.au)

### FINAL APPROVAL NOTICE

Principal Researcher:

Mrs Victoria Cornell

Email:

victoria.cornell@flinders.edu.au

Address:

School of Nursing and Midwifery, Adelaide SA 5000

Project Title:

How does the lived experience of older people influence their preparedness for emergency events?

Project No.:

5378

Final Approval  
Date:

14 October  
2011

Approval  
Expiry Date:

31 December 2013

The above proposed project has been **approved** on the basis of the information contained in the application, its attachments and the information subsequently provided.

If you have any outstanding permission letters (item D8), that may have been previously requested, please ensure that they are forwarded to the Committee as soon as possible. Additionally, for projects where approval has also been sought from another Human Research Ethics Committee (item G1), please be reminded that a copy of the ethics approval notice will need to be sent to the Committee on receipt.

In accordance with the undertaking you provided in your application for ethics approval for the project, please inform the Social and Behavioural Research Ethics Committee, giving reasons, if the research project is discontinued before the expected date of completion.

You are also required to report anything which might warrant review of ethical approval of the protocol. Such matters include:

- serious or unexpected adverse effects on participants;
- proposed changes in the protocol (modifications);
- any changes to the research team; and
- unforeseen events that might affect continued ethical acceptability of the project.

To modify/amend a previously approved project please either mail or email a completed copy of the Modification Request Form to the Executive Officer, which is available for download from <http://www.flinders.edu.au/research/info-for-researchers/ethics/committees/social-and-behavioural-research-ethics-committee/notification-of-committee-decision.cfm>. Please ensure that any new or amended participant documents are attached to the modification request.

In order to comply with monitoring requirements of the *National Statement on Ethical Conduct in Human Research (March 2007)* an annual progress and/or final report must be submitted. A copy of the pro forma is available from <http://www.flinders.edu.au/research/info-for-researchers/ethics/committees/social-behavioural.cfm>.

Your first report is due on **14 October 2012** or on completion of the project, whichever is the earliest. *Please retain this notice for reference when completing annual progress or final reports.* If an extension of time is required, please email a request for an extension of time, to a date you specify, to [human.researchethics@flinders.edu.au](mailto:human.researchethics@flinders.edu.au) before the expiry date.



Andrea Mather  
Executive Officer  
Social and Behavioural Research Ethics Committee  
18 October 2011

c.c Prof Paul Arbon, paul.arbon@flinders.edu.au  
Dr Lynette Cusack, lynette.cusack@flinders.edu.au

## **APPENDIX THREE**

### **ETHICS MODIFICATION APPROVALS**



**SOCIAL AND BEHAVIOURAL RESEARCH ETHICS COMMITTEE**

Research Services Office, Union Building, Flinders University  
 GPO Box 2100, ADELAIDE SA 5001  
 Phone: (08) 8201 3116  
 Email: [human.researchethics@flinders.edu.au](mailto:human.researchethics@flinders.edu.au)

**MODIFICATION APPROVAL NOTICE**

Principal Researcher: Mrs Victoria Cornell

Email: victoria.cornell@flinders.edu.au

Address: School of Nursing and Midwifery  
 Adelaide SA 5000

Project Title: How does the lived experience of older people influence their preparedness for emergency events?

Project No.: **5378**      Modification Approval Date: **23 November 2011**      Approval Expiry Date: **31 December 2013**

I refer to your application for a modification of the above project that has been approved previously. I am pleased to inform you that the Chairperson has approved your request to modify the project as outlined below:

✓	Approved Modification(s)	Details of approved modification(s)			
	Extension of Time:	From:		To:	Expiry date was already as requested in Modification Request.
	Change of Project Title	From:			
		To:			
	Change of personnel:				
✓	Modified research protocol:	Use of 'snowballing' approach for recruitment as outlined in the Modification Request received on the 22 <sup>nd</sup> of November.			
	Documentation Amendments and/or Additions				

**Reminder:** The next annual progress or final report to the Social and Behavioural Research Ethics Committee is due on **14 October 2012** or when the project is completed, whichever is the soonest. If you require an extension of time, please send a request for an extension of time, to a date you specify, to [human.researchethics@flinders.edu.au](mailto:human.researchethics@flinders.edu.au) before the expiry date listed above.



Andrea Mather  
 Executive Officer  
 Social and Behavioural Research Ethics Committee  
 18 November 2011

cc: Prof Paul Arbon, paul.arbon@flinders.edu.au  
 Dr Lynette Cusack, lynette.cusack@flinders.edu.au

**From:** [Human Research Ethics](#)  
**To:** [Victoria Cornell](#); [Paul Arbon](#); [Lynette Cusack](#)  
**Subject:** SBREC 5378 - Modification Approved  
**Date:** Friday, 9 March 2012 6:58:13 PM  
**Importance:** High

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Dear Victoria,

The Chairperson of the [Social and Behavioural Research Ethics Committee \(SBREC\)](#) at Flinders University has reviewed and approved the modification request that was submitted for project 5378. A modification ethics approval notice can be found below.

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## MODIFICATION APPROVAL NOTICE

Project No.:	<b>5378</b>		
Project Title:	How does the lived experience of older people influence their preparedness for emergency events?		
Principal Researcher:	Mrs Victoria Cornell		
Email:	victoria.cornell@flinders.edu.au		
Address:	School of Nursing and Midwifery Flinders University c/o Torrens Building 220 Victoria Square Adelaide SA 5000		
Modification Approval Date:	8 March 2012	Ethics Approval Expiry Date:	<b>31 December 2013</b>

I refer to your application for a modification of the above project that has been approved previously. I am pleased to inform you that the Chairperson has approved your request to modify the project as outlined below:

✓	Approved Modification(s)	Details of approved modification(s)
✓	Modified research protocol:	Use of a professional transcription service to transcribe interviews as per the modification request received on the 28 <sup>th</sup> of February.

### RESPONSIBILITIES OF RESEARCHERS AND SUPERVISORS

#### 1. Participant Documentation

Please note that it is the responsibility of researchers and supervisors, in the case of student projects, to ensure that:

- all participant documents are checked for spelling, grammatical, numbering and formatting errors. The Committee does not accept any responsibility for the above mentioned errors.
- the Flinders University logo is included on all participant documentation (e.g., letters of Introduction, information Sheets, consent forms, debriefing information and questionnaires – with the exception of purchased research tools) and the current Flinders University

letterhead is included in the header of all letters of introduction. The Flinders University international logo/letterhead should be used and documentation should contain international dialling codes for all telephone and fax numbers listed for all research to be conducted overseas.

- the SBREC contact details, listed below, are included in the footer of all letters of introduction and information sheets.

*This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project Number 'INSERT PROJECT No. here following approval'). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email [human.researchethics@flinders.edu.au](mailto:human.researchethics@flinders.edu.au).*

## 2. Annual Progress / Final Reports

Please be reminded that in order to comply with the monitoring requirements of the *National Statement on Ethical Conduct in Human Research (March 2007)* an annual progress report must be submitted each year on **14 October** (approval anniversary date) for the duration of the ethics approval.

If the project is completed *before* ethics approval has expired please ensure a final report is submitted immediately. If ethics approval for your project expires please submit either (1) a final report; or (2) an extension of time request and an annual report.

A copy of the [annual progress / final report pro forma](#). Please retain this notice for reference when completing annual progress or final reports.

Your next report is due on **14 October 2012** or on completion of the project, whichever is the earliest.

## 3. Modifications to Project

Modifications to the project must not proceed until approval has been obtained from the Ethics Committee. Such matters include:

- proposed changes to the research protocol;
- proposed changes to participant recruitment methods;
- amendments to participant documentation and/or research tools;
- extension of ethics approval expiry date; and
- changes to the research team (addition, removals, supervisor changes).

To notify the Committee of any proposed modifications to the project please submit a [Modification Request Form](#) to the [Executive Officer](#). Please note that extension of time requests should be submitted prior to the Ethics Approval Expiry Date listed on this notice.

### Change of Contact Details

Please ensure that you notify the Executive Officer if either your mailing or email address changes to ensure that correspondence relating to this project can be sent to you. A modification request is not required to change your contact details.

## 4. Adverse Events and/or Complaints

Researchers should advise the [Executive Officer](#) of the Ethics Committee on 08 8201-3116 or [human.researchethics@flinders.edu.au](mailto:human.researchethics@flinders.edu.au) immediately if:

- any complaints regarding the research are received;
- a serious or unexpected adverse event occurs that affects participants;
- an unforeseen event occurs that may affect the ethical acceptability of the project.



Andrea Mather  
Executive Officer  
Social and Behavioural Research Ethics Committee

Cc: Prof Paul Arbon, paul.arbon@flinders.edu.au  
Dr Lynette Cusack, lynette.cusack@flinders.edu.au

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**Andrea Mather**

Executive Officer, Social and Behavioural Research Ethics Committee

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From: [Victoria Cornell](#)  
To: [Victoria Cornell](#)  
Date: Friday, 3 January 2014 5:46:36 PM

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Dear Victoria

The Chairperson of the [Social and Behavioural Research Ethics Committee \(SBREC\)](#) at Flinders University has reviewed and approved the modification request that was submitted for project 5378. A modification ethics approval notice can be found below.

---

## MODIFICATION APPROVAL NOTICE

Project No.:	<b>5378</b>		
Project Title:	How does the lived experience of older people influence their preparedness for emergency events?		
Principal Researcher:	Mrs Victoria Cornell		
Email:	<a href="mailto:victoria.cornell@flinders.edu.au">victoria.cornell@flinders.edu.au</a>		
Modification Approval Date:	2 December 2013	Ethics Approval Expiry Date:	<b>31 December 2013</b>

I refer to your modification request for the project above that has been approved previously. I am pleased to inform you that the Chairperson has approved your request to modify the project as outlined below:

✓	Approved Modification(s)	Details of approved modification(s)			
	Extension of Time:	From:	31/12/13	To:	30/06/14

### RESPONSIBILITIES OF RESEARCHERS AND SUPERVISORS

#### 1. Participant Documentation

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- all participant documents are checked for spelling, grammatical, numbering and formatting errors. The Committee does not accept any responsibility for the above mentioned errors.
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*This research project has been approved by the Flinders University Social and Behavioural Research Ethics*

Committee (Project Number 'INSERT PROJECT No. here following approval'). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email [human.researchethics@flinders.edu.au](mailto:human.researchethics@flinders.edu.au).

## 2. Annual Progress / Final Reports

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If the project is completed *before* ethics approval has expired please ensure a final report is submitted immediately. If ethics approval for your project expires please submit either (1) a final report; or (2) an extension of time request and an annual report.

### Student Projects

The SBREC recommends that current ethics approval is maintained until a student's thesis has been submitted, reviewed and approved. This is to protect the student in the event that reviewers recommend some changes that may include the collection of additional participant data.

Your next report is due on **14 October 2014** or on completion of the project, whichever is the earliest. A copy of the Report Pro Forma is available for download from the [Annual / Final Reports](#) SBREC web page. *Please retain a copy of this notice for reference when completing annual progress or final reports.*

## 3. Modifications to Project

Modifications to the project must not proceed until approval has been obtained from the Ethics Committee. Such matters include:

- proposed changes to the research protocol;
- proposed changes to participant recruitment methods;
- amendments to participant documentation and/or research tools;
- change in project title;
- extension of ethics approval expiry date; and
- changes to the research team (addition, removals, supervisor changes).

To notify the Committee of any proposed modifications to the project please submit a [Modification Request Form](#) to the [Executive Officer](#). Download the form from the website every time a new modification request is submitted to ensure that the most recent form is used. Please note that extension of time requests should be submitted prior to the Ethics Approval Expiry Date listed on this notice.

### Change of Contact Details

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## 4. Adverse Events and/or Complaints

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- an unforeseen event occurs that may affect the ethical acceptability of the project.

Mikaila Crotty  
Ethics Officer and Joint Executive Officer  
Social and Behavioural Research Ethics Committee

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**[Mrs Andrea Fiegert and Ms Mikaila Crotty](#)**

Ethics Officers and Joint Executive Officers, Social and Behavioural Research Ethics Committee  
Telephone: +61 8 8201-3116 | Andrea Fiegert (Monday, Tuesday and Wednesday – all day)  
Telephone: +61 8 8201-7938 | Mikaila Crotty (Wednesday, Thursday and Friday - mornings only)  
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## APPENDIX FOUR

### 'MY COUNTRY'

**Dorothea MacKellar, 1908**

The love of field and coppice,  
Of green and shaded lanes.  
Of ordered woods and gardens  
Is running in your veins,  
Strong love of grey-blue distance  
Brown streams and soft dim skies  
I know but cannot share it,  
My love is otherwise.

I love a sunburnt country,  
A land of sweeping plains,  
Of ragged mountain ranges,  
Of droughts and flooding rains.  
I love her far horizons,  
I love her jewel-sea,  
Her beauty and her terror -  
The wide brown land for me!

A stark white ring-barked forest  
All tragic to the moon,  
The sapphire-misted mountains,  
The hot gold hush of noon.  
Green tangle of the brushes,  
Where lithe lianas coil,  
And orchids deck the tree-tops  
And ferns the warm dark soil.



Core of my heart, my country!  
Her pitiless blue sky,  
When sick at heart, around us,  
We see the cattle die -  
But then the grey clouds gather,  
And we can bless again  
The drumming of an army,  
The steady, soaking rain.

Core of my heart, my country!  
Land of the Rainbow Gold,  
For flood and fire and famine,  
She pays us back threefold -  
Over the thirsty paddocks,  
Watch, after many days,  
The filmy veil of greenness  
That thickens as we gaze.

An opal-hearted country,  
A wilful, lavish land -  
All you who have not loved her,  
You will not understand -  
Though earth holds many splendours,  
Wherever I may die,  
I know to what brown country  
My homing thoughts will fly.

Copied from the Dorothea MacKellar website, viewed 31 August 2013,  
<http://www.dorotheamackellar.com.au/archive/mycountry.htm>

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