

West Auckland Emergency

**A study of community responses to the 2023
Anniversary Weekend floods and Cyclone Gabrielle.**

This report was commissioned by Community Waitakere and supported by West Auckland Together, Healthy Families Waitākere, Vision West, MPHS and Auckland Council.

Introduction

◆ Background

In early 2023, 2 unprecedented weather events saw flooded houses and roads; saturated soil and slips; loss of electricity, telephone and internet communications, and water supply across the West. Hundreds of people lost possessions and 2 emergency workers lost their lives. Many were without critical services for long periods of time. Auckland Council Emergency Management and Civil Defense followed the community response. A lot happened, some good things and some not.

➡ Purpose & Method

This study focuses on what happened from the perspectives of a range of West Auckland organisations and groups with a view to informing future risk reduction, readiness, response and recovery. The method was co-designed by people from Community Waitākere, Vision West, Healthy Families Waitākere, West Auckland Together and Auckland Council. Information was gathered via 11 conversations with 28 people from 10 groups and organisations involved in response and recovery efforts. The report is intended to complement work being undertaken by others*.

◆ Summary

Participants were very clear that the disasters, response and recovery must be understood in the context of multiple societal challenges (COVID-19, lockdowns, changes in local government, cost of living, housing, mental health) as well as existing, long term, deep local networks and trusted connections. Despite well-functioning systems with a “spirit of the community” and “manaakitanga” being established swiftly and successfully, the official response was sometimes chaotic, uncoordinated and inflexible. Recovery has also been experienced as prolonged. There are many learnings to share and put into practice.

*Separate pieces of work have been completed with coastal communities, from the perspectives of various organisations and are underway by Māori with Maori people, groups and organisations.



What was already there that ensured success?

Anniversary weekend flood

Cyclone Gabrielle Flood

To do list

Emergency response experience from the COVID-19 pandemic

Extensive experience of community development

Community facilities and operations

Deep relationships across the west

What worked well

Responded and adapted quickly

Worked well together and mostly worked well with official organisations

Systems set up by local organisations running CDCs

High trust relationships with funders

Collective approaches

A "spirit of community"

What didn't work well

Public communication from official channels

Inadequate information, data sharing and 'connecting dots' within and between organisations and groups

Did not reach all of those with needs

Community organisations had to "do much more than anticipated"

Official support sometimes added to the workload rather than relieving it

Some officials used CDCs for non-emergency purposes adding stress to management, staff and volunteers

Lack of preparedness and capacity in some local organisations

Inappropriate emergency housing

Past

January

February

March

April

May

June

July

Future

Suggested next steps

	Reduction	Readiness		Response	Recovery
Central and local government	<p>Maintenance of infrastructure (roads, drains, slips)</p> <p>Public communications to let people know who to contact and where to go in an emergency</p> <p>Map trusted organisations that information/data can be shared with in an emergency and develop protocols and processes for access</p> <p>Establish response system that overrides BAU so paperwork can be done later</p>	<p>Planning, training, certifications (eg food safety) and resourcing for locals in emergency management</p> <p>Make council buildings easier to access for emergency hubs</p> <p>Clear communication of AEM and council roles and ways of working</p> <p>Better systems for AEM and council to communicate information in an emergency</p>	<p>Establish systems to better share information and data before, during and after disasters to improve coordination and outcomes while reducing duplication and expediting decision making</p> <p>Stocktake of what organisations exist and what their role can be in an emergency</p> <p>Recognise 'field experts' who are already embedded in communities and agree response frameworks in advance, including roles and responsibilities, that make the most of these alongside expertise. Revise and update these regularly</p>	<p>Operate in more integrated ways, using local knowledge to guide the application of subject matter expertise</p> <p>Clear and timely communications through networks and official channels</p> <p>Better, secure fit for purpose emergency accommodation</p> <p>Council and AEM play a supportive overarching role that enables organisations to respond flexibly</p>	<p>Move people into long term housing as soon as possible</p> <p>Support people to fix flooding damage in their homes</p> <p>Include locals and local expertise in decision making</p>
Funders of community organisations	<p>Make grants/funding systems simpler and easier to navigate</p>	<p>Flexible contracting and resourcing</p>	<p>Map impacts of floods and where services were provided in specific areas</p> <p>Have supplies and equipment stored and ready</p> <p>Develop CDC plans including locations, how to transition people out of CDCs and CDC models more cognisant of diverse needs</p>	<p>Easy access to flexible funding</p>	<p>Implement funding models that allow organisations to get back what they have spent on response</p>
Community organisations and groups	<p>Set up emergency response local teams within and across organisations</p>	<p>Establish and resource emergency response teams inside organisations</p> <p>Create scenario plans and response policies</p> <p>Establish relationships with communities and whanau in flood-prone areas and connect them with key services.</p>	<p>Have supplies and equipment stored and ready</p> <p>Develop CDC plans including locations, how to transition people out of CDCs and CDC models more cognisant of diverse needs</p>	<p>Prioritise manaakitanga and holistic care and support.</p> <p>Activate networks and emergency response plans/policies.</p>	<p>Maintain relationships with whānau and communities impacted</p> <p>Compile and share learnings on response efforts</p>

What was already happening that helped the response be successful.

Local organisations, groups and individuals had:

Deep relationships across the west.

High levels of trust, and a long-term culture of working together meant organisations knew who in their networks to contact to provide necessary knowledge, resources and skills.

Emergency response experience from the COVID-19 pandemic and lockdowns had strengthened existing relationships and systems, and meant some organisations already had supplies stored locally.

Community facilities and operations

(op shops, foodbanks, commercial kitchens, large halls and gathering spaces etc) proved extremely useful in a natural disaster.

Extensive experience of community development, disaster response and recovery and working with large groups in communal settings such as marae and churches. They understand and value “collectivism”, have confidence to ask each other for assistance and are prepared to work together to their strengths, “beyond their own kaupapa”, “with respect for the tikanga”, and “for the greater good”.

What worked well.

Local organisations, groups and individuals:

- ✓ **Responded and adapted quickly.**
Using their local knowledge, specific expertise (e.g. communications, housing, healthcare), existing trust, relationships and resources to welcome displaced people with manaakitanga and provide what was needed.
- ✓ **Worked well together and mostly worked well with official organisations.** Many (including some officials) went well beyond their job descriptions, adapting quickly and sometimes overruling official responses to provide caring and streamlined responses, appropriate to local situations and people.
- ✓ **Systems set up by local organisations running CDCs** (welcome, care, triage, access to support, distribution of resources) enabled complex situations to be addressed respectfully and effectively.
- ✓ **High trust relationships with funders.** Where these relationships existed, there was swift access to extra funds and the ability to pivot existing contracts.
- ✓ **Collective approaches** to developing longer term responses and solutions: “We realise that this is a long game and we are determined to be part of the process”.
- ✓ **A “spirit of community”** underpinned a willingness to do what was needed - even as workers and volunteers dealt with impacts of weather events in their own whānau and homes.

“We could mobilise immediately, and we did. Both management and staff levels, using the skills and connections we already had.”

“You feel supported when you have community: you have six people backing you up when you come together. We can’t do this on our own.”

“The whole thing was successful because of the community spirit - skills and passions of the local community [organisations and individuals] that came together and because the invitation to open a CDC came from the community, not from officials”.

“We had lists everywhere, used the whiteboard to coordinate and prioritise. Making connections to get what we needed... and we made it like it was coming onto a marae: Manaaki first.”

“The celebrities of the night were the hands and feet. These were unpaid hours and... we don’t want to take our community for granted. No one from the community hesitated.”

What didn't work well.

- X Public communication from official channels** was initially inadequate, inconsistent, difficult to find as well as “unclear”, and “jargon”. Later actions, such as the stopping of support payments was also poorly communicated.
- X Community organisations had to “do much more than anticipated”** for CDCs to be effective: “not only host CDCs but also lead, organise and deliver them” because official organising of CDCs was sometimes chaotic and often unclear. Official support was experienced as “cookie cutter”, siloed, uncoordinated and duplicating, while funding and reimbursement sometimes took a long time to happen and did not always materialise.
- X Lack of preparedness and capacity in some local organisations** led to emergency work “falling to a few”, especially after the first couple of weeks. Overwork and exhaustion were not uncommon and internal systems did not always recognise and respond well to this.
- X Official support sometimes added to the workload rather than relieving it.** Limited information sharing, training, expertise, experience, “inflexibility” and “working to shift” saw ineffective handovers, leadership and other inappropriate practices, such as slow decision making and disconnects between different responders. Unofficial CDCs were largely unsupported by official organisations until “much later” and sometimes actively discouraged by officials. Local organisations did not always feel respected by officials and their organisations.
- X Some officials used CDCs for their own purposes,** adding further stress to locals by attracting people who didn't need emergency help to a CDC by offering free microchipping of animals or “dropping people” with “very complex needs” which sometimes put themselves and others at risk.
- X Inappropriate emergency housing** saw people return to CDCs so they could cook, get to school/work and better access support and inflexible housing contracts made it difficult for some providers to offer empty homes to displaced people.

“A response ecosystem was not identified or communicated by Council so it could not be connected up.”

“AEM were so disorganised. Didn’t seem to know what they were doing... We got conflicting information from them and it was so hard to know how to work with them, and who was leading what.”

“No one shared data with us... How do we know if those families have moved to a different place? We were with them for quite a while and now we’re unsure of their wellbeing and if they’re okay.”

“Institutional risk aversion - they only operate in no-risk environments which, in a disaster, doesn’t work.”

“They sent staff but in no way did they prepare their staff to look after them. We had to do that as well. Whatever training they had, did not prepare them for reality.”

What we could do to be better prepared next time.

Preparation at a council and government level including:



Better infrastructure maintenance

Of natural and physical assets including streams and drains as well as community infrastructure such as facilities.



Planning, training and resourcing

so organisations and individuals are supported to acquire necessary emergency management skills, certifications, and response plans.



Recognition of 'field experts'

who are already embedded in communities because "officials will never have the local networks and knowledge we have, and we will be unlikely to have their expertise, so we need a system that makes the most of both of these."



Provide support to local efforts with

a **trained emergency team** that is ready to be deployed by Council, connected to communities in advance and in a role to support and enable local efforts with expertise, resources and funding.



Develop, maintain and sustain systems and protocols

for accessing data, information, expertise, and practical help so communication is effective and decisions are fast and duplication and overlap is reduced'.



Make a deliberate effort to form relationships with community connectors (individuals, groups and organisations) ahead of time

What we could do to be better prepared next time.

Preparation at a **community** level including:



Systems of training and certification

for community organisations; food certifications, first aid training, emergency response training.



Develop a system

so everyone charged with emergency response knows what groups are out there and what they do.



Flexible contracts

and establishing “cost recovery/ways to pay for disaster costs... and processes for accessing resourcing MUCH simpler and faster” in advance.



Organisational policies and plans for;

data sharing between community and official organisations, ways of moving expertise between organisations, practical processes for donations etc.



Widen and deepen connections with others in the same and adjacent communities, especially those with different kinds of skills, resources and expertise ahead of time

“Council teams need to have better communications/integration - know what each are doing and the Recovery Office needs to be more engaged with AEM - complement and supplement.”

“There needs to be a core team or group that everyone connects to, if Council had those collectives that were mandated and showed unique leadership it would be useful in showing a strong organised structure in a time of crisis.”

“Best if we can tell them what we need, they provide us the right resources and structure. We know what the community wants. Most council people or big organisations come through with their own agendas, it doesn't work properly that way.”

“Create a library of resources e.g. portable chargers, charging stations, generators and fuel.”

“AEM needs to set up things in advance jointly with communities and CDCs- clear plans, responsibilities, training and support. They should be communicating now, growing relationships to support locals to do things well. They won't have and don't need local knowledge - locals need their expertise, access to resources...”