Developing a Mass Care Framework for British Columbia

A report on research into mass care practices in British Columbia

Prepared by the Justice Institute of British Columbia

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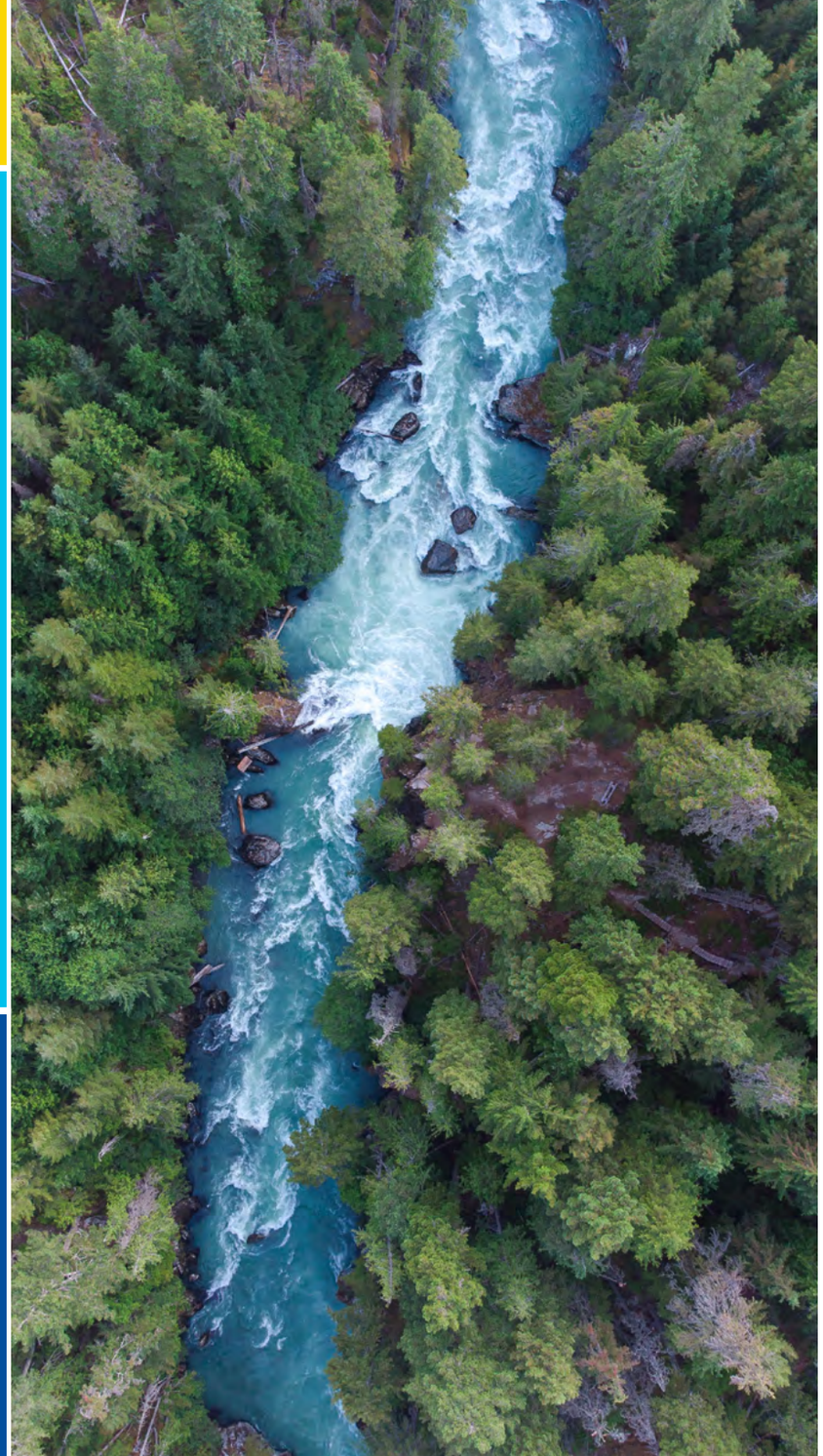

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British Columbia Ministry of Emergency Management and Climate Readiness

Justice Institute British Columbia

Territorial Recognition

JIBC, together with an increasing number of Canadian institutions, organizations, and governments, acknowledges the First Peoples on whose traditional territories we work. Acknowledging territory shows recognition of and respect for Indigenous Peoples of both Canada and the world. It is recognition of their presence both in the past and the present. Recognition and respect are essential for building healthy, reciprocal relations, which is key to Reconciliation with First Peoples. JIBC is committed to establishing healthy relations and supporting Reconciliation, so we acknowledge the lands and traditional territories of Indigenous Peoples where our campuses are located.

The Justice Institute of British Columbia respectfully acknowledges the Traditional, unceded and Treaty Territories of First Peoples its campuses are situated.

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Executive Summary

This report is the output of a research project to explore the concept of "mass care" in British Columbia as used in the context of emergency management practices following long-term emergency events. The project looked at how practitioners defined mass care, the relationship between mass care and emergency support services (ESS), and considerations for the development of a provincial mass care framework.

The report is organized into five sections:

- **Methodology**, describing the processes used to recruit participants, as well as to gather and analyze data.
- **Case Studies**, providing context for the planning and provision of mass care services by describing specific extreme emergency events that exceeded local capabilities.
- **Literature Review**, examining academic and "grey" literature to determine how mass care is presented and understood provincially, nationally, and internationally.
- **Interviews and Focus Groups**, presenting data and quotes collected from participants around the interpretation and provision of mass care services.
- **Discussion and Considerations**, identifying evidence-based considerations that could be used to inform and guide the development of a mass care framework.

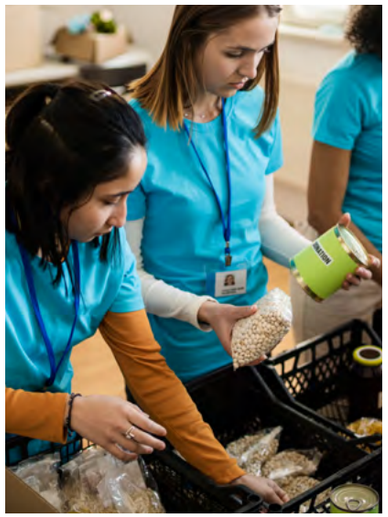
The contents of the case studies, literature review, interviews, and focus groups are further organized by theme. These themes represent broader interpretations and understandings of mass care.

Based on this research, the research team have come to understand mass care as a complex social activity with context-dependent characteristics and functions. Factors such as the characteristics of the community, the type of hazard, and the level of vulnerability of those impacted by the event all play a role in how mass care is interpreted and delivered. Researchers found it useful to consider a mass care framework as being driven by principles that support and align the work of those responding to an event — rather than a formal, prescribed list of steps. A principles-driven approach allows some flexibility to apply a future framework to a variety of interpretations of mass care as well as to address differences in the characteristics of each event.

Considering this evidence, researchers developed eight considerations to guide and inform the development of a provincial mass care framework:

- **Consideration #1**: *Identify plain-language, unambiguous provincial definitions and descriptions for "mass care" and/or "humanitarian assistance."*
- **Consideration #2**: *Identify formal criteria to determine if a mass care event is occurring/imminent.*
- **Consideration #3**: *Identify the phases or timeframes in which mass care and/or humanitarian assistance is provided.*
- **Consideration #4**: *Clarify the role of, and steps for scaling up the capacity of, local Emergency Support Services (ESS) in providing mass care and humanitarian assistance.*
- **Consideration #5**: *Confirm the principles that would inform the focus, structure, and operational considerations for a Mass Care Framework.*
- **Consideration #6**: *Adopt operational structures that support the operationalization of the principles of a Mass Care Framework.*
- **Consideration #7**: *Make available resources to operationalize a Mass Care Framework, in alignment with its principles and structures.*
- **Consideration #8**: *Revise EMCR documents to fully integrate a Mass Care Framework.*

Each consideration includes additional discussion and context. Where applicable, the considerations include models that may be adopted or examples that may support further analysis and discussion.



Project Overview

This project explored the concept of "mass care" in British Columbia as used in the context of emergency management practices following long-term emergency events. The project looked at the relationship between mass care and ESS, the roles and responsibilities of agencies in providing mass care, and wise practices for coordinating and integrating services.

Underlying this research was the assessment that the model of service delivery typically provided during long-term emergency events (such as by ESS) may not be able to address all potential needs owing to the growing scale, duration, and complexity of catastrophic events. Identifying an operational model to address these events requires an understanding of how organizations, agencies, governments, and individuals involved in emergency management understand and operationalize mass care services.

The specific gap being addressed by this research is the lack of clarity around "mass care" and how it is being interpreted across the province. This gap includes no standard definitions for the term "mass care"; an inconsistent understanding of the relationship between "mass care" and the services provided by ESS; a lack of clarity around the roles and responsibilities of agencies in providing "mass care"; and a lack of awareness of past and current best practices to be used to coordinate and integrate "mass care" services.

The project was led by the Justice Institute of British Columbia (JIBC), a training organization provincially mandated to provide justice and public safety training. JIBC partnered with Emergency Management and Climate Readiness British Columbia (EMCR), the Ministry responsible for coordinating emergency management activities in the province, to explore the elements of a framework for mass care services in BC. The core research team comprised representatives from JIBC, EMCR, and First Nations' Emergency Services Society of British Columbia, a charitable, non-profit organization providing support and delivery of essential emergency and forest fuel management programs and services to First Nations communities.

The project was supported by the Natural Sciences and Engineering Research Council of Canada (NSERC).

Methodology

The focus of this research was to capture the perspectives of practitioners related to mass care practices in BC. The work of the core research team was organized around four objectives:

- Develop a definition of mass care, which includes differentiating mass care from emergency support services, identifying elements of mass care, and situating mass care functions, responsibilities, and structures within a provincial context.
- Identify partner communities and agencies involved in aspects of mass care, such as agencies, organizations and individuals with authority/responsibility/capacity for either providing or organizing mass care.
- Develop a model articulating many of the interdependencies of partner communities and agencies, including developing a "system of systems" model illustrating many of the interdependencies and interconnections of those who can play a role in supporting communities.
- Provide considerations and practices for implementation of mass care that are scalable to support partner communities and agencies and communities at remote/rural, urban, provincial, and national levels.

Research Methods

Data was gathered through a literature review as well as through interviews and focus groups. Case studies on severe emergency events were also examined to provide a conceptual framing of mass care.

The initial literature review involved a review of both academic and grey literature. This review was used to develop a foundational understanding of terms, definitions, concepts, and data/knowledge structures. A second literature review included documents and materials identified by participants and researchers.

The participant interviews were one-on-one conversations, each approximately 60 minutes long. Researchers asked participants various questions related to their interpretation of mass care and experiences in delivering what they understood to be mass care services. From interview recordings, researchers performed a thematic analysis of written transcripts.

The focus groups involved multiple participants being engaged in group discussions. Most focus groups were conducted through online web conferencing tools (e.g. MS Teams), using virtual whiteboards (e.g. Mural) to capture and organize data. Some focus groups were conducted in person, using a PowerPoint presentation and flipcharts. Researchers engaged participants with questions like those used in the interviews. Researchers performed a thematic analysis of the materials generated during the focus groups, such as flipcharts, recordings, and researcher notes.

For all interviews and focus groups, field notes, narrative notes, and editorial notes were also collected and analyzed.

Participant Recruitment

An initial set of participants was recruited by the core research team with a focus on representing related roles, agencies, and levels of government potentially involved in mass care. When identifying potential participants, the team considered candidates' backgrounds, expertise, insight, and ability to speak to the information and data needs. Working from a list of potential participants, the team emailed potential participants to ask for their involvement.

To ensure representative participant recruitment, researchers used a balanced recruitment matrix (see Figure 1). This approach supported researchers in identifying and organizing participants based on their sector and scope of practice. The intent of recruitment was not to create a comprehensive or representative sample but to present an array of perspectives on mass care. A balanced matrix served as a guide to support a blend of participants and perspectives.

Participants

More than 90 participants were invited to take part in this research either in one-on-one interviews or in focus groups. Throughout the project, researchers engaged with participants from 38 agencies, roles, and functions. It should be noted these participants presented their own interpretations and understandings, which may not be representative of their agencies, organizations, or roles.

Figure 1 - *Balanced recruitment matrix*

	Local	Regional	Provincial	Federal	International
Government	7	2	7	2	3
Non-Governmental Organizations	2	2	4		1
Indigenous & First Nations Representatives	2		1	1	
Critical Infrastructure, Business & Supply Chain Representatives		1			
Voices of Experience	3		1		1

The top row (local-international) reflects the level at which the participant organization functions. The leftmost column shows the categories or sectors within which the participants work. The numbers indicate the number of unique agencies, departments, communities, governments, or service providers that were engaged in domain.

As the research project progressed, a snowball strategy was used to build out the list of potential participants to ensure adequate representation. The balanced recruitment matrix supported researchers in their goal of making space for underrepresented groups. While the study focuses on mass care in Canada, some participants were recruited from international contexts to meet emergent themes and to compare, contrast, extend, and relate concepts from a Canadian perspective with international concepts and practice.

Analytical Approach

Thematic analysis procedures, based on grounded theory practices as described by Chamaz[1] (2014) and Corbin and Strauss[2] (2008) were used to identify and develop themes and concepts arising from data gathered in interviews and focus groups. Ensuring meaningful engagement and representation amongst research participants was felt to be critical, as the outputs of this research are intended to inform the development of a framework for the planning and delivery of mass care services in the province. Concepts of intersectionality were considered in the overall research structure. Hill Collins and Bilge[3] (2016) provide a foundational description of intersectionality relevant to this research:

> *"Intersectionality is a way of understanding and analyzing the complexity in the world, in people, and in human experiences. The events and conditions of social and political life and the self can seldom be understood as shaped by one factor. They are generally shaped by many factors in diverse and mutually influencing ways. When it comes to social inequality, people's lives and the organization of power in a given society are better understood as being shaped not by a single axis of social division, be it race or gender or class, but by many axes that work together and influence each other. Intersectionality as an analytic tool gives people better access to the complexity of the world and of themselves"* (p. 2).

Researchers engaged with intersectional concepts in two ways:

- **Participant Representation.** Researchers implemented formal and informal processes to engage with a broad audience of research participants. Formal processes included the use of tools to support representative participant recruitment, such as the balanced recruitment matrix (described earlier). Informal processes included a commitment by researchers to be self-critical when considering convenience, as well as the use of snowball recruitment methods with a goal of making space for underrepresented groups.
- **Analysis**. Researchers intentionally chose a social constructivist foundation for this research. This lens empowered participants to inform and shape the development of knowledge and understanding of the roles, practices and models of mass care. Further, the use of semi-structured interviews provided opportunities for key informants to surface (and be prompted to discuss) related concepts such as power imbalance.

> "When it comes to social inequality, people's lives and the organization of power in a given society are better understood as being shaped not by a single axis of social division, be it race or gender or class, but by many axes that work together and influence each other. Intersectionality as an analytic tool gives people better access to the complexity of the world and of themselves."
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> - Hill Collins, P., and Bilge, S. (2016). Intersectionality. Polity.

1 Chamaz, K. (2014). *Constructing grounded theory* (2nd edition). Sage Publications Ltd.

2 Corbin, J., and Strauss, A. (2008). *Basic of qualitative research (3rd edition): Techniques and procedures for developing grounded theory*. Sage Publications Inc.

3 Hill Collins, P., and Bilge, S. (2016). *Intersectionality*. Polity.

Case Studies

Case Studies

This section examines four case studies describing extreme emergency events. These case studies help to illustrate the types of emergency scenarios in which mass care services were, or could have been, implemented to support the response and recovery to impacted communities. The case studies are not meant to be critiques of past practice or to speculate how a response might have been different. Rather, they provide a view of the context in which mass care services may be provided.

2017 Elephant Hill Fire

The Elephant Hill Wildfire in British Columbia began on July 6, 2017, burning nearly 192,000 hectares, primarily affecting the Secwépemc Nation. The human-caused fire was exacerbated by forestry practices and climate change. Eight Indigenous communities were significantly impacted, leading to large-scale evacuations and severe impacts to the environment. During the wildfire, some communities, such as the Skítsesten and Stswecem'c Xgat'tem, took independent actions to protect their lands and support evacuees.

Kamloops hosted many evacuees, providing shelter and services through a community-wide effort. The Tk'emlúps te Secwépemc community offered culturally appropriate support, highlighting the need for more culturally appropriate mass care strategies. The long-term impacts on evacuees included psychological trauma and disruptions to traditional livelihoods and food security. An Elephant Hill Wildfire Recovery Joint Leadership Council was established to focus on recovery, emphasizing the importance of tailored responses to the specific needs of Indigenous communities in disaster planning.

2013 Alberta Floods

The 2013 Alberta floods began on June 20, 2013, caused by intense rainfall in the Rocky Mountains. The rain swelled the Bow and Elbow rivers, resulting in catastrophic flooding in Calgary, High River, and communities in southern Alberta. More than 30 communities declared a state of local emergency. The impacts in High River triggered Alberta's first provincial state of emergency, activating the Provincial Operations Centre at its highest level for 24 days. There were five confirmed fatalities, thousands required evacuation, homes were washed away, and schools were closed. Previous disasters, such as the 2011 Slave Lake fires, had prepared the province to a degree, but significant gaps remained.

The flooding highlighted the different impacts on communities, including disruptions to mutual aid, impacts on receiving communities, and supply chain blockages.

2010 & 2011 New Zealand Earthquakes

The Christchurch earthquake series, beginning with a 7.1 magnitude quake on September 4, 2010, significantly impacted New Zealand's South Island. The initial quake caused extensive infrastructure damage, but no fatalities. On February 22, 2011, a 6.3 magnitude earthquake struck Christchurch, resulting in 185 deaths, thousands of injuries, and widespread destruction.

The immediate response saw building collapses and infrastructure damage, particularly in the central business district. Liquefaction and flooding further exacerbated the situation. Emergency services were strained but mobilized quickly to provide support. Community organizations played a vital role in meeting needs unmet by official responses. These included student-led, volunteer groups that were unaffiliated with local governments, performing work as needed in their communities. International aid, including Urban Search and Rescue teams from various countries, arrived promptly.

The February 23, 2011, National Emergency declaration centralized command, enhancing coordination. The Canterbury Earthquake Recovery Authority was established to coordinate long-term recovery, operating under the Canterbury Earthquake Recovery Act. Recovery efforts faced challenges due to ongoing aftershocks and overlapping disasters, such as floods.

Key impacts included significant building damage, widespread liquefaction, and extensive debris management. Water and sanitation systems were heavily disrupted, but rapid response efforts prevented disease outbreaks. Recovery governance required coordination among various agencies, insurers, and community groups, highlighting the need for resilient and adaptive disaster response strategies.

2020-2023 COVID-19 Pandemic

The COVID-19 pandemic created unprecedented challenges across Canada and internationally. By late January 2023, British Columbia reported 394,366 COVID-19 cases and more than 5,000 deaths. The first COVID-19 case in British Columbia was reported on January 27, 2020. A public health emergency was declared on March 17, 2020, followed by the declaration of a provincial state of emergency on March 18, 2020. This state of emergency was renewed 34 times, eventually ending on June 30, 2021.

The pandemic response involved significant public health measures, including social distancing, hygiene practices, improved ventilation, essential service identification, virtual learning, testing, vaccination, lockdowns, and restrictions on non-essential surgeries and care visits.

Across Canada, the healthcare system faced significant strain. Some impacts were immediate, such as increased mortality rates and demand for services. However, some impacts were felt over months and years. The backlog in medical services particularly affected those with chronic conditions, pregnant women, and children needing specialist care. Mental health also deteriorated, especially among vulnerable groups, with increased reports of anxiety, stress, and suicidal ideation.

Logistically, challenges in the supply chain for personal protective equipment and medical devices necessitated coordination across local, provincial, and federal levels. Efforts included domestic production of essential supplies and managing inventory and distribution through centralized systems.

Shared Characteristics of Case Studies

Common characteristics of these scenarios include:

- Each hazard was known to impacted communities, however the scope and scale of impacts from those hazards exceeded local planning. This resulted in the need to quickly identify alternate ways to manage each event.
- The magnitude of each event quickly overwhelmed local resources. When this occurred, there was a scramble to locate additional resources. In some cases, finding these resources was difficult because of impacts to supply chains.
- Non-emergency management personnel played a significant role in each event. In some cases, they provided direct services. In others, they provided cultural supports.
- Each event exceeded three days, the time limit for which ESS supports are planned in BC. Providing ESS during the pandemic required changes to ESS practices to ensure safety.

Literature Review

Literature Review

While developing case studies, researchers also performed a literature review. A literature review involves looking at what has been written about a particular topic to explore how a concept is being presented and understood. A literature review also reveals gaps in knowledge and where research is needed.

For this literature review, researchers looked at both academic sources (e.g. journal articles) and grey literature (e.g. government documents, after action reports, and policies). The literature review for this research was not meant to be exhaustive. Rather, it was intended as a scoping review, identifying the different research and viewpoints around mass care in BC. Researchers took this approach to explore a variety of viewpoints on this topic. As most written works on mass care primarily focus on operational activities (i.e. how mass care might be delivered), alternate viewpoints and considerations might be missed or drowned out.

The literature review contains some works referencing different areas of study that overlap with mass care.

Researchers wrote the literature review in a narrative format to help readers navigate the various concepts and to tie together some of the ideas being presented.

Purpose of the Literature Review

The purpose of the literature review was to define and describe current practices in mass care, primarily in BC and across Canada. In analyzing the literature, the researchers looked for themes and patterns shared across publications as well as any identifiable gaps in the literature. Literature from the US and other countries helped to fill gaps in Canadian literature and provide different perspectives. The findings of the literature review were then used to develop interview and focus group questions and to support the first round of data analysis.

The literature review was intended to be an "evergreen" document, allowing for additional sources to added throughout the research project. It was not, however, intended to be an exhaustive account of all available literature referring to mass care. Rather, it provides a snapshot of interpretations of mass care within a specified search timeframe. Also, the primary focus of the research is to gather perspectives from current practitioners on their interpretations of mass care. With that in mind, the literature review describes literary perspectives of concepts and practices.

Search Tool

The literature review was performed using EBSCOhost, an online service offered through EBSCO, which provides access to a range of databases, journals, books, media, and grey literature. Researchers accessed EBSCOhost through the JIBC Library.

Data Sources

The literature reviewed examined both empirical, peer-reviewed data, such as journal articles, as well as grey literature and data.

Search Criteria & Filters

The criteria used in the initial search included the terms:

- Catastrophe
- Catastrophe AND emergency management
- Catastrophe definitions
- Catastrophic interdependencies
- Definitions of Emergency Support Services
- Definitions of mass care
- Disability AND catastrophe
- Disaster AND shelter AND catastrophe
- Disaster NOT emergency
- Disaster operations integration, coordination, scalability
- Displaced populations tracking
- Evacuation
- Feeding in mass care
- Human behaviour AND catastrophe
- Mass care AND collaboration
- Mass care AND disaster
- Mass care NOT mass casualty
- Mass evacuation
- Natural disasters AND catastrophe
- Natural disasters AND mass care
- Pet care AND owner tracking
- Private sector AND disaster collaboration
- Social constructs AND mass care
- Supply chain AND disasters
- Whole community AND emergency/disaster management

Initial findings were filtered by timeframe with researchers examining materials published between 2010 and 2022.

As the research project progressed, additional publications were added through backward citation chaining (i.e. reviewing sources cited by authors in their works) and as recommended by interview/focus group participants. Some of these additional documents were published as recently as 2024.

Limitations & Exclusions

The following limitations and exclusions were placed on the initial search:

- The BC Emergency Program Act (1996) was excluded as the legislation was ultimately replaced by the 2023 Emergency and Disaster Management Act. This new legislation was included in the literature review.
- The terms "mass casualty" and "mass fatality" were excluded. An initial examination of literature identified some differentiation between concepts like "mass casualty," seen as placing significant demands on medical resources and personnel and events like disasters, seen as overwhelming

response capabilities (Lee[4], 2010). The researchers worked from the assumption that a mass casualty or mass fatality event could occur independent of a disaster or as a by-product of a disaster.

- References to criminal acts were excluded as these would engage law enforcement activities that may exclude emergency management activities.

Terminology

For the literature review and throughout this report, researchers use "mass care." This term has found de facto use when referring to emergency events requiring care for many people. It should be noted that other terms may eventually replace or be used in lieu of "mass care."

Findings

The initial search yielded hundreds of results. These initial search results were narrowed based on date of publication, focus of publication, overlap/redundancy with other publications, and utility in articulating concepts and practice. Approximately 50 publications were identified as being valuable in displaying a breadth of perspective on this topic.

Themes in the Literature

Researchers categorized literature into one of four themes:

- **Literature Review Theme #1**: Formal & Operational Definitions of Mass Care
- **Literature Review Theme #2**: Operational Focus of Mass Care,
- **Literature Review Theme #3**: Impacts to, and Responses by, First Nations & Indigenous communities
- **Literature Review Theme #4**: Considerations for Change in Disaster Planning, Response & Recovery

4 Lee, C. H. (2010). *Disaster and mass casualty triage*. Journal of Ethics. American Medical Association, 12(6). 466-470.

Theme #1: Formal & Operational Definitions of Mass Care

A primary goal of this project is to identify a definition for mass care. For this reason, researchers were particularly interested in finding formal definitions in Canadian publications from the specified search timeframe (2010-2022). However, only a few definitions were identified.

The earliest definition of "mass care" that researchers found was in a 2015 literature review titled *Literature Review: Best Care Practice for a BC Mass Care Framework* (Collins, 2015). This literature review was developed in support of early mass care planning in British Columbia. This document proposed a definition of mass care that aligned with the US *Federal Emergency Management Agency, Emergency Support Function (ESF) #6*:

- *"congregate sheltering, feeding, distribution of emergency supplies, and reunification of children with their parent(s)/ legal guardians and adults with their families (FEMA, n.d.,¶1). The new BC definition should also expand to include other emergency assistance functions such as first aid, psychosocial considerations, recovery transition needs, information services, and household pet/service animal coordination."* (Federal Emergency Management Agency, 2016, p. 5)

In 2016, a follow-on publication, *Mass Care Concept of Operations* (Collins, 2016) was published. In the *Version 1 — December 2016* draft, "mass care" was defined as:

- *"(A)n event so large that normal ESS systems and processes would not be able to cope with the volume of people impacted. Mass Care services include: Sheltering (including Pet Sheltering), Mass Feeding, Bulk Distribution of emergency supplies, Family Reunification, Transition to Recovery, Access to Information and Disaster Psychosocial Services. The impact would overwhelm resources of the community and require coordinated efforts from local governments, provincial ministries, federal agencies, NGOs, and community based organisations (CBOs)."* (2016, p. 7)

The *British Columbia Emergency Management System* (BCEMS) framework (Ministry of Emergency Management and Climate Readiness 2016) is a foundational document describing how emergency management is structured and implemented in British Columbia. BCEMS is "*standard practice for all provincial government ministries and Crown corporations*" (Ministry of Emergency Management and Climate Readiness, 2016, p. 11), providing a comprehensive framework ensuring "*a coordinated and organized approach to emergencies and disasters*" Ministry of Emergency Management and Climate Readiness (2016, p. 11). BCEMS does not provide a formal definition for "mass care" but states "*mass shelter options, mass feeding, and bulk distribution of essential supplies*" are commonly referred to as "mass care" (Ministry of Emergency Management and Climate Readiness, 2016, p. 60).

A further definition of "mass care" is provided in the 2021 *Integrated Response Plan for Catastrophic Events*, prepared by the British Columbia Public Post-Secondary Education Sector through the BC Ministry of Advanced Educations and Skills Training. This document defines "mass care" as:

- *"An emergency response function co-ordinating congregate sheltering, feeding, distribution of emergency supplies, reunification of children and dependant adults with their parents/ guardians, first aid, psychosocial considerations, recovery transition needs, information services, and household pet/service animal coordination. These services are offered to survivors of disasters by governments, IGO/NGOs and community organizations. Following a catastrophic incident, mass care can be provided to people by neighbours, private businesses, families or individuals. Services can thus be formally co-ordinated and administered by authorities, or informally provided and co-ordinated within communities by community members by the 'whole of community' approach."* (British Columbia Public Post-Secondary Education Sector, 2021, p. 28)

Outside Canada, researchers found several definitions for mass care that were unique but also relatively aligned. One publication, *Multi-Agency Definitions of Mass Care Terms — September 2019,* prepared by the National Voluntary Organizations Active in Disaster (NVOAD) Mass Care Committee, includes a series of definitions of "mass care" sourced from different organizations:

- *"The term mass care refers to a wide range of humanitarian activities that provide life-sustaining support to individuals and families who are temporarily displaced or otherwise impacted by a disaster or emergency that disrupts their ability to provide for their basic needs." Sourced from The American Red Cross, Respond Program Essentials, May 2015.*
- *"Refers to a wide range of humanitarian activities that collectively provide life sustaining services, such as emergency sheltering, feeding, reunification, distribution of emergency supplies and recovery information, before or in the aftermath of an emergency or disaster. Most services are coordinated and provided by NGOs or local government." Sourced from Mintz and Gonzalez (2013) National mass care strategy: A national integrated approach.*
- *"Congregate sheltering, feeding, distribution of emergency supplies, and reunification of children with their parent(s)/ legal guardians and adults with their families." Sourced from ESF #6 — Mass Care, Emergency Assistance, Temporary Housing and Human Services Annex, National Response Framework, June 2016"* (2019, p.2).

The ESF #6 document also provides definitions for "emergency assistance":

- *"Coordination of voluntary organizations and unsolicited donations and management of unaffiliated volunteers; essential community relief services; non-congregate and transitional sheltering; support to individuals with disabilities and others with access and functional needs in congregate facilities; support to children in disasters; support to mass evacuations; and support for the rescue, transportation, care, shelter, and essential needs of household pets and service animals."* (Federal Emergency Management Agency, 2016, p.2)

It also provides definitions for "human services":

- *"Disaster assistance programs that help survivors address unmet disaster-caused needs and/or non-housing losses through loans and grants; also includes supplemental nutrition assistance, crisis counseling, disaster case management, disaster unemployment, disaster legal services, and other state and Federal human services programs and benefits to survivors."* (Federal Emergency Management Agency, 2016, p. 2)

The ESF #6 definition of "mass care" is referenced in the *National Response Framework*, prepared by the United State Department of Homeland Security, which defines practices and concepts related to disasters and emergencies.

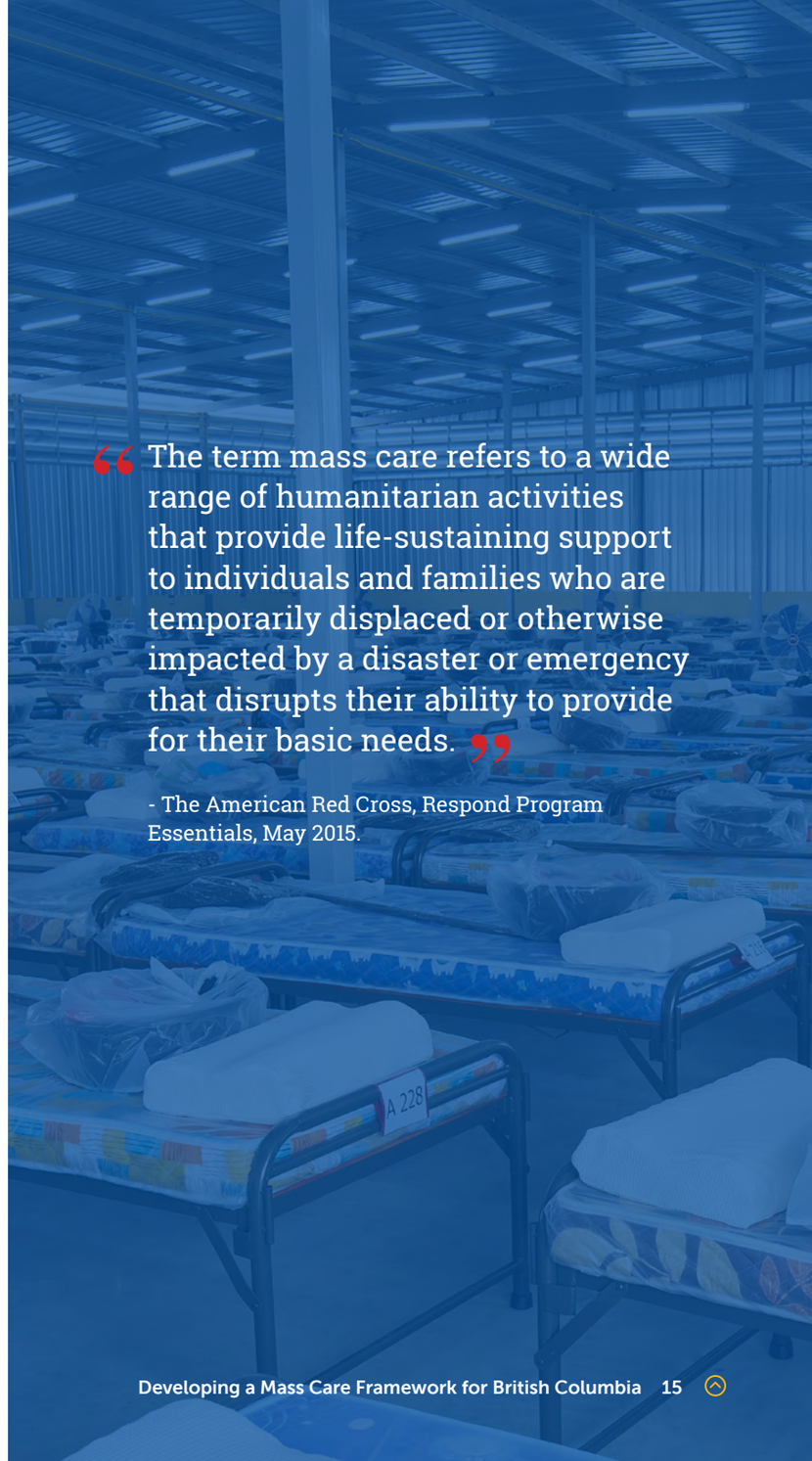
The NVOAD publication provides definitions for "mass care services":

- *"Provide life-sustaining and human services to the affected population, to include hydration, feeding, sheltering, temporary housing, evacuee support, reunification, and distribution of emergency supplies." Sourced from National Preparedness Goal, 2nd Edition, September 2015 2nd Ed., FEMA."* (2019, p. 2).

It also provides definitions for a "mass care task force":

- *"A mass care task force is activated in accordance with criteria specified in the respective mass care plan, or upon mutual consent of the MC/EA stakeholders. Once activated, the task force operates at the direction of the State Mass Care Coordinator as a part of a Multi-Agency Coordination System (MACS)." Sourced from Mass Care Task Force Structure and Function, December 2013."* (2019, p. 2).

It is worth noting the publication *Instruction Manual 262-12-001-01 - DHS Lexicon Terms and Definitions 2017 Edition — Revision 2* (2017), which serves as a common lexicon for the Department of Homeland Security, neither mentions nor defines "mass care" or "humanitarian assistance."



> "The term mass care refers to a wide range of humanitarian activities that provide life-sustaining support to individuals and families who are temporarily displaced or otherwise impacted by a disaster or emergency that disrupts their ability to provide for their basic needs."
>
> - The American Red Cross, Respond Program Essentials, May 2015.

Humanitarian Assistance

Researchers found no other formal definitions of mass care in British Columbia in that search timeframe. However, in 2022, Emergency and Climate Readiness British Columbia (EMCR) released *Provincial Earthquake Immediate Response Strategy (PEIRS)*, a component of a larger, provincial *Comprehensive Emergency Management Plan*. The PEIRS outlines the strategic coordination of provincial ministries, agencies, and partners during a catastrophic earthquake in British Columbia. The PEIRS uses the term "humanitarian assistance" in lieu of mass care, and provides a definition for this concept:

- *"Humanitarian assistance is aid that seeks to save lives and alleviate the suffering of a crisis-affected population. Following a catastrophic earthquake, humanitarian assistance will include shelter, food, emergency supplies, reunification, information, childcare, and provision of psychosocial, emotional, cultural, and spiritual supports. This has previously been referred to as 'mass care'."* (Ministry of Emergency Management and Climate Readiness, 2022a, p. 59)

The PEIRS also describes "humanitarian assistance" as "aid that seeks to save lives and alleviate suffering of a crisis affected population" (Ministry of Emergency Management and Climate Readiness 2022a, p. 60), a definition footnoted in a 2008 document hosted on a World Health Organization webpage that was no longer available at the time of writing.

Researchers found examples of the term "humanitarian assistance" used by North American non-governmental organizations (NGOs) also. From 2017-2018, the American Red Cross, Canadian Red Cross, and Mexican Red Cross and participating government entities held a series of meetings aimed at improving cross-border response during catastrophic disasters in North America. Organized as an ongoing series titled the North American Humanitarian Response Summit Project, the Summit saw the development of a various documents and proceedings. One of its earliest outputs was *North American Humanitarian Response Summit Project — Multinational Legal and Policy Preparedness Scan* (Nakjavani Bookmiller, 2017).

This document describes existing law and policy supporting preparedness for disasters in North America. While the document neither mentions nor defines "mass care," it uses the term "humanitarian assistance" in reference to a individuals described as "humanitarian assistance stakeholders" (Nakjavani Bookmiller, 2017, p. 5). It also refers to "humanitarian assistance" as being a form of support to populations affected by a disaster (Nakjavani Bookmiller, 2017, p. 18), referring to related response concepts that include post-disaster international assistance (Nakjavani Bookmiller, 2017, p. 15), post-disaster external aid (Nakjavani Bookmiller, 2017, p. 15), and post-disaster assistance (Nakjavani Bookmiller, 2017, p. 18). However, the term "post-disaster" is not formally defined and appears to be a colloquial reference to early recovery.

The related document *North American Humanitarian Response Summit (NARHS) Project — Synthesis Report* (2017) also uses the term "humanitarian assistance." While not formally defining the term, the report describes "humanitarian assistance" as including professional personnel, equipment, and supplies applied with the intention of saving lives and reducing suffering (Global Emergency Group, 2017, p. 6). *North American Humanitarian Response Summit (NARHS) Project —Summit Meeting Report* (2018) uses the term "humanitarian assistance" similarly.

Across each of these documents, the definition for "mass care"/"humanitarian assistance" focused primarily on services to support an impacted community (e.g. providing shelter), and outputs of these services (e.g. reunification). Put differently, available literature describes "mass care"/"humanitarian assistance" in terms of quantifiable actions and outputs.

Related Terminology

Two documents defined emergency management related terminology, but did not reference or define "mass care" or "humanitarian assistance":

- *Bill 31 Emergency and Disaster Management Act* (2023), legislation that replaced the previous Emergency Program Act (1996). The new Act provides a detailed account of legislated roles, governmental structures, and agreements with Indigenous governing bodies. The Act also describes the powers, duties, roles, and actions necessary for implementing emergency management, categorizing these details using the four pillars model (Mitigation, Preparation, Response, Recovery). The legislation provides an extensive list of emergency management terminology used in the Act but does not reference or define "mass care" or "humanitarian assistance."
- *Terms and Definitions* (Ministry of Emergency Management and Climate Readiness 2021) is a public facing glossary created by EMCR that provides definitions for commonly used emergency management terms. This document does not reference or define "mass care" or "humanitarian assistance." Researchers found this document is referenced by at least one current EMCR policy, *Policy 2.14 Community Navigator — First Nations Community Navigator for Emergency Support Services*, described later in this literature review.

Researchers found some overlap in mass care-related terminology. In general, "mass evacuation" was often used either in relation to activities that were elsewhere defined as "mass care," or as a context in which mass care was delivered. Also, some of the Canadian definitions of "mass care" described activities that overlap with services traditionally provided by Emergency Support Services (ESS) in BC. However, the PEIRS indicates there is a necessary distinction between mass care/humanitarian services and ESS (2022a, p. 59), as "the ESS program is not designed for the scope and scale of services required after a catastrophic earthquake" (2022a, p. 59).

In general, researchers found that while terminology may differ slightly, mass care related terms primarily articulate services and outputs. This focus on services and outputs may arise from a perspective of mass care as an action or series of actions to be performed for or on behalf of impacted groups. Absent from these definitions and concept were alternate views, such as interpretations of mass care from the perspective of an individual receiving these services.

Theme #2: Operational Focus of Mass Care

Within British Columbia

A secondary goal of the literature review was to identify documents that describe how mass care is operationalized. Researchers found that when mass care is defined in terms of actions and outputs, as described in the previous section, differentiating these actions from those taken during response and recovery becomes difficult. This was notable as it could create confusion as to what qualifies as mass care, how one would know if mass care was occurring, and whether the structures used to provide mass care differ from structures otherwise used during response and recovery. Researchers found a variety of documents describing actions that could be understood as mass care but may not be formally recognized as such.

One example was found in BCEMS (2016), which describes recovery models and structures used in BC. These include:

- The activation of a Recovery unit within the Emergency Operations Center (EOC) of an impacted community;
- The activation of a Community Resilience Centre within an impacted community, providing supports to community members. This involves includes performing a needs assessment with community members then addressing their urgent needs (2016, p. 98);
- The opening of a Recovery Operations Centre, which provides "*continuity in the support and coordination of recovery activities*" (2016, p. 99) as a community shifts from response to recovery;
- The development of a Recovery Steering Committee, a multi-agency committee composed of senior representatives from key organizations, such as "*volunteer groups, business improvement associations, and various levels of government*" (2016, p. 100); and
- A long-term recovery structure, an organizational model to support the ongoing work of the Recovery Steering Committee.

Structures to support the broader coordination of recovery activities are described in the 2024 EMCR *Provincial Disaster Recovery Framework*. The Framework "sets out the Provincial Government's approach to recovery from disasters" (Ministry of Emergency Management and Climate Readiness, 2024, p. 5), describing a vision and principles that support recovery planning and implementation. The Framework organizes recovery by sector, including social, housing, economy, health and mental health, and community operations. Each sector has a lead provincial ministry that coordinates the actions of that sector, member ministries, and key partner organizations. This Framework also describes general stages of recovery that include short-term recovery (for the event and the days immediately following a disaster),medium term recovery (for the weeks to months following),and long-term recovery (for the months and years following). (Ministry of Emergency Management and Climate Readiness, 2024, p. 17).

The PEIRS performs a similar function, describing "*how the Province will lead and coordinate during the immediate response phase*" by articulating "*the roles and responsibilities of the provincial government, provincial agencies, and additional government and non-government partners across a number of key functions*" (Ministry of Emergency Management and Climate Readiness, 2022a, p. 7). The PEIRS describes the anticipated impacts of two earthquake scenarios, providing context for the types of responses expected from different agencies, ministries, and levels of government. The PEIRS also describes the need for humanitarian assistance to be aligned with Core Humanitarian Standards as well as Sphere's Humanitarian Charter and Minimum Standards in Humanitarian Response — documents that will be explored later in this literature review. Further, the PEIRS defines three phases organizing the characteristics and key activities or humanitarian response that include: immediate response with limited coordination; immediate response with early coordination; and sustained response with full coordination" (Ministry of Emergency Management and Climate Readiness, 2022a, p. 63).

The PEIRS does not provide specific operational procedures for performing humanitarian assistance tasks, such as humanitarian assistance or mass care related subplans or appendices.

The EMCR *Emergency Support Services Program Guide* (2023a) describes the functions and activities of ESS in British Columbia, stating that ESS is organized under BCEMS and follows the Incident Command System approach to response (Ministry of Emergency Management and Climate Readiness, 2023a, p. 6). The Guide describes the ESS concept of operations, including activation levels, response guidelines, and descriptions of support for individuals experiencing vulnerability. Also, the Guide briefly describes a process for performing needs assessments for eligible evacuees, as well as considerations for supporting those needs. The Guide also limits the timeframe in which mass care can be offered to 72 hours, though an evacuation order or exceptional approval may allow ESS to be provided for a longer period. The Guide does not reference or define mass care or humanitarian assistance.

The EMCR *Evacuation Operational Guide for First Nations and Local Authorities in British Columbia* (2022b) is a guide for First Nations and Local Authorities that are considering evacuating part or all of their community. The document describes the required authorities and legislation, while providing specific steps and templates to support the evacuation process. The Guide links to an EMCR webpage with various materials supporting the evacuation process. The Guide mentions the role of a host community; however, it also states, "*(t)here is not obligation for another community to act as a host community; fostering proactive, strong relationships with other communities will encourage mutual assistance in times of need*" (Ministry of Emergency Management and Climate Readiness, 2022b, p. 22). The Guide does not describe how to develop these relationships.

Related to evacuations was *Policy 2.14 Community Navigator — First Nations Community Navigator for Emergency Support Services* (2022c). The Policy describes the unique role of Navigators who support individuals and communities engaging with ESS. The Policy highlights the role of a First Nations Community Navigator who helps to connect evacuees with supports not commonly offered at reception centres or group lodging facilities (Ministry of Emergency Management and Climate Readiness, 2022c, p. 1).

Within BC, researchers found a variety of public-facing community and agency emergency and emergency response plans. In general, these plans served to define, structure, and describe local emergency programs. Overall, these plans followed a common structure, articulating response roles, functions, and responsibilities, as well as local characteristics and considerations. In some cases, the function of ESS was defined along with the role of an ESS Director.

Researchers also found examples of community-led preparations for catastrophic events. One example was the City of Vancouver Disaster Support Hubs (City of Vancouver, 2024). These Hubs are described as designated locations where individuals impacted by disasters, primarily earthquakes, can coordinate their efforts with other residents and offer assistance to the community.

Across Canada

At the federal government level, researchers identified several documents that described shared national concepts related to emergency management. However, these documents did not provide detail on operationalizing mass care or humanitarian assistance.

An Emergency Management Framework for Canada (2017) prepared by Public Safety Canada describes overarching principles and concepts guiding emergency management within Canada. This document neither defines mass care or humanitarian assistance nor provides a framework for these types of services beyond a brief mention of coordinating instruments.

Another related document by Public Safety Canada *Emergency Management Strategy for Canada: Toward a Resilient 2030* (2022a) articulates high-level emergency management priorities for federal, provincial, and territorial governments. These priorities describe broad actions, such as enhancing whole-of-society collaboration and governance to strengthen resilience (Public Safety Canada, 2022a, p. 9). However, this document does not reference or define mass care or humanitarian assistance.

The *Canadian Core Capabilities List* (Public Safety Canada, 2022b) lists emergency management capabilities that support initiatives identified in the Strategy document. The List does not specifically reference or define "mass care" or "humanitarian assistance" amongst the capabilities. However, it should be noted that the documents supporting the List are not available to the general public; these documents may contain additional information not available to researchers.

Researchers also reviewed the 2016 *Understanding and Enabling Volunteer Emergency Management in Canada, Assessment of the Canadian Voluntary Sector Capabilities and Capacity in Emergency Management* (Mackwani), which presented research findings related to disaster management capabilities of various NGOs working in Canada. Research participants commented on their respective agency's actions related to 25 emergency management operational capabilities, such as transportation, emergency food and nutrition, and emergency shelter and lodging.

Internationally

Researchers identified multiple documents from international sources that described both operational activities and methods for coordinating responses to large scale emergencies. Some documents, like the *Non-Traditional Shelter Case Studies* developed by the American Red Cross (American Red Cross, 2011a), describe a review of specific case studies that support identifying potential non-traditional forms of shelter during disasters. Based on this research, the *Non-Traditional Shelter Concept of Operations Template* (American Red Cross, 2011b) establishes procedures for local government officials and supporting organizations to provide non-traditional shelter.

These two Red Cross documents reference both the FEMA document *Glossary and Acronyms (*2008) and the *Mega-Shelter Planning Guide* (2010) developed by the International

Association of Venue Managers and the American Red Cross. These examples illustrate the complex cross-referencing and sharing of concepts that underpin some of the mass care materials originating from the US. These planning materials, often developed by different organizations, appear to use common, formal definitions and understandings of specific mass care concepts and actions.

Some US planning documents, like the *Multi-Agency Feeding Support Plan Template* ("Multi-Agency," 2015) are quite focused and detailed. Available on the US National Mass Care Strategy website, this template provides a variety of planning and operational considerations related to mass feeding during a disaster. It also defines a Continuum of Recovery, defining specific timeframes within which different mass care activities would be performed. These timeframes include short-term recovery (up to 60 days), intermediate recovery (up to 18 months), and long-term recovery (years) ("Multi-Agency," 2015, p. 47). The Plan specifies that it focuses only on short-term recovery.

Outside North America, researchers found different frameworks and doctrines describing multi-agency approaches to disaster response. One document, the *Joint Doctrine: The Interoperability Framework Edition 3* (The Interoperability Board, 2021), is a framework used in the UK to provide guidance and principles to all levels of responders when responding to multi-agency incidents. The document does not mention mass care or humanitarian assistance. It does, however, provide principles that organize a multi-agency approach to major incidents.

One of the more robust approaches to mass care was identified in New Zealand. The foundational *Coordinated Incident Management System (CIMS)* (2019) prepared by the Officials' Committee for Domestic and External Security Coordination, New Zealand Government, defines a framework to coordinate the activities of emergency management agencies within New Zealand. Based on the emergency management systems used in North America and Australia, CIMS describes a locally contextualized version of the emergency management practice. Of note is the adaption of the Emergency Operations Centre structure. In particular:

- A formal role for Indigenous representation in the EOC titled Iwi/Maori Representation. This role falls under the category of Controller Support, comparable to the EOC Officer functions;
- A Welfare function responsible for "*ensuring planned, coordinated, and effective delivery of welfare services to affected individuals, families/whanau and communities, including animals … affected by an incident*" (National Emergency Management Agency, 2019, p. 62). The Welfare function is further organized into two sub-functions;
    - Needs Assessment, which follows a "*systematic process of analyzing, prioritizing and understanding the interdependencies of the identified needs of affected people and animals*" (National Emergency Management Agency, 2019, p. 64). In plain language, this process involves gathering information from a variety of sources regarding the specific needs of the impacted communities;
    - Welfare Delivery Coordination, which "*ensures appropriate welfare services organizations and community groups have the capability and capacity to address the specific welfare needs*" of the community during a disaster (National Emergency Management Agency, 2019, p. 65).

  Both these sub-functions are performed using a "*holistic and coordinated approach*" (National Emergency Management Agency, 2019, p. 66). In describing this approach, CIMS indicates the Welfare function will require strong coordination and may result in the use of "*Clusters*" to ensure a manageable span of control (National Emergency Management Agency, 2019, p. 66).
- A Recovery function responsible for ensuring "*that the affected communities, and how they can be supported to recover from an incident, are considered and incorporated in response*" (National Emergency Management Agency, 2019, p. 67).

Above: Christ Church Cathedral, New Zealand, after earthquake
Below: Christ Church Cathedral during reconstruction

At the local level, the Wellington Region Emergency Management Office has prepared for Wellington residents multiple brightly illustrated handouts that describe and explain specific emergency management concepts. *If an earthquake is Long OR Strong, Get Gone!* (Wellington Region Emergency Management Office, 2023a) uses a memorable catchphrase to inform residents what to do in response to a potential tsunami. *Plan what to do if you can't use your loo* (Wellington Region Emergency Management Office, 2023b) provides guidance on how residents can prepare emergency toilet facilities either in their yard or using a bucket system.

Where would you go to ask for and offer help? (Wellington Region Emergency Management Office, 2023c) is written similarly to the two previously mentioned handouts, however it refers to a unique structure known as a Community Emergency Hub (CEB). The handout describes a CEB as a community organized meeting place, offering a place for impacted residents to coordinate their actions with their neighbours. The concept of a CEB is then explained in detail through Community Emergency Hub Guides. Each Guide includes a facility map for each community, as well as procedures for operating the CEB. Further, each Guide contains local information, including lists of resources (people and physical), vulnerabilities, and other details. The *Aro Valley Community Emergency Hub Guide* (Wellington Region Emergency Management Office, 2023d) is an example of one such guide.

The CEBs are not just standalone groups but are also referenced in the *Wellington Region Earthquake Plan - Implementation Guide* (Wellington Region Emergency Management Office, 2023e) as a way of linking to impacted neighbourhoods.

The *Sendai Framework for Disaster Risk Reduction 2015-2030* (United Nations Office for Disaster Risk Reduction, 2015) is an international Framework that identifies seven targets and four priority areas for addressing disaster risk. These priorities describe actions that can be taken at the global/regional level and at the national/local level. While the Framework itself is not an operational guideline, the action items described within are intended to inform the development of legislation and inform practice related to disaster management. This Framework was adopted by the Province of British Columbia in 2018 (Ministry of Emergency Management and Climate Readiness 2023b), in support of aligning emergency management in BC with the Framework. The adoption of the Framework was seen as marking policy shifts that included "*an acknowledgment of the linkage between climate change and increasing emergencies, all four phases of emergency management – mitigation, preparedness, response and recovery – and recognition of the inherent rights of Indigenous Peoples*" (Ministry of Emergency Management and Climate Readiness, n.d.).

BC's Modernized Emergency Management Legislation (Ministry of Emergency Management and Climate Readiness, 2023b), developed to raise awareness around the new Emergency Act, mentions the Sendai Framework and its adoption by the province. While the document does not expressly identify the legislative changes that were informed by the Framework, elements like recognition of the authority of Indigenous governing bodies in relation to emergency management are aligned with the Framework's targets and goals.

As mentioned previously, the PEIRS references the *Core Humanitarian Standard on Quality and Accountability* (CHS Alliance, 2024). The Core describes nine commitments that are intended to ensure "*organisations support people and communities affected by crisis and vulnerability in ways that respect their rights and dignity and promote their primary role in finding solutions to the crises they face*" (CHS Alliance, 2024, p. 2). While not defining mass care, some of these commitments align with functions of mass care and humanitarian services. These include the right of people and communities to:

- "*Exercise their rights and participant in actions and decisions that affect them;*"
- "*Access timely and effective support in accordance with their specific needs and priorities;*"
- "*Access coordinated and complementary support;*" and
- "*Interact with staff and volunteers that are respectful, competent and well-managed*" (CHS Alliance, 2024, p. 4).

Each commitment then contains a series of requirements to be performed to fulfill the commitment. However, the Core does not describe how these actions are to be performed.

While the Core speaks to service commitments to impacted individuals, Sphere's Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere Association, 2018), describes principles and humanitarian standards specific to four areas of humanitarian responses:

- Water supply, sanitation, and hygiene promotion
- Food security and nutrition
- Shelter and settlement
- Health

Sphere references the need for humanitarian actors to "*understand what the needs are as well as how to practically meet them*" (Sphere Association, 2018, p. 20). Sphere then describes processes for delivering assistance through markets, meaning engage local markets to provide goods and services to the impacted community in support of a people-centered approach (Sphere Association, 2018, p. 20).

Sphere describes a timeframe for humanitarian services, stating, "*While the Minimum Standards have been developed to focus on immediate life-saving assistance, they are applicable in humanitarian responses that last a few days, weeks, months or even years*" (Sphere Association, 2018, p. 16). Further, the Sphere document describes the need for "*(c)oordination mechanisms such as the cluster system*" as establishing a "*clear division of labour and responsibility and to identify gaps in coverage and quality*" (Sphere Association, 2018, p. 16). The Sphere document provides references to materials with more information on agencies and groups engaged in clusters.

The use of the term "cluster" has a particular meaning in international humanitarian work. In this instance, it refers to an international approach to providing humanitarian assistance. "Clusters" are defined as:

Top photo: Gathering Voices Society/Josh Neufeld. Yunesit'in and Gathering Voices Society fire stewardship is Indigenous-led, and operates independent from the provincial government

> *"... groups of humanitarian UN and non-UN organizations in each of the main sectors of humanitarian action ... They are designated by the (Inter-Agency Standing Committee/United Nations Office for the Coordination of Humanitarian Affairs) and have clear responsibilities for coordination; they are time-bound bodies that are meant to fill a temporary gap. Their aim is to build the capacity of the national systems to respond to humanitarian situations with a protection and accountability lens and progressively hand over coordination to national and local entities"* (*"Cluster approach,"* 2024).

Clusters organize agencies by sectors with each sector addressing a specific humanitarian need. Clusters include:

- Shelter
- Water, sanitation and hygiene
- Camp coordination and management
- Early recovery
- Education
- Emergency telecommunications
- Food security
- Health
- Logistics
- Nutrition
- Protection

In general, researchers found a variety of conceptual documents, but limited operationalization or procedural guidance related to mass care or humanitarian assistance within Canada. At times, delineating between mass care/humanitarian assistance and what might be considered response and recovery was difficult. There appears to be a lack of alignment in understanding these concepts, such as the different names for response and recovery timeframes.

A variety of materials available internationally describe specific operational and planning activities that can be undertaken to support mass care. However, the adoption and use of these materials implies alignment with the understanding of mass care in terms of quantifiable services and outputs.

Theme #3: Impacts to, and Response by, Indigenous & First Nations Communities

In contrast to the primarily operational focus of response and recovery plans, documents developed by and relating to First Nations and Indigenous communities interpret concepts of mass care from a community perspective.

The *Tl'etinqox Government 2017 Wildfire Report* (Verhaeghe, 2017) is a compilation of community stories, chronicling the events surrounding the July 2017 wildfires that impacted the community. Written in narrative form, accounting for each day of the event, the document interweaves the experiences of community members, presented in direct quotes, with quantitative data about the wildfire's characteristics and impact. The document summary contains a series of recommendations to improve future planning and response. Some recommendations are operational, such as improved funding and developing caches of supply. Others reflect cultural safety and humility, such as developing protocols for groups, agencies, and individuals around engaging with the community. These protocols include affirming Tl'etinqox jurisdiction of their community and territories, developing business and employment opportunities to foster communication and knowledge, and the development of procedures specific to communication and relationship improvement.

A similar document was developed following the 2018 Shovel Lake Fire. *Trial by Fire: Nadleh Whut'en and the Shovel Lake Fire* (Sharp and Krebs, 2018) opens with an account of the Shovel Lake wildfire, describing both the actions taken by the Nadleh Whut'en community and other government agencies, as well as the impacts on the community. The document then shifts to describe the various challenges faced by the community in engaging in wildfire response and in receiving and coordinating support. It concludes with a series of recommendations, many of which were similar to those found in the Tl'etinqox report, such as the need for training, funding, and improved communications.

It is worth noting that neither report uses the term "mass care." However, both reports describe actions that could be interpreted as mass care, including mass evacuation of the community, and finding lodging for community members. Both reports also show mass care practices being interpreted through a community lens, which focuses less on operational outcomes and more on concepts of shared responsibility, and the central role of the community and community members. This perspective sees response services as not only being intertwined with community actions but also as part of a shared community experience. Put differently, mass care services cannot be readily teased out and managed discretely as they are part of the whole experience.

Researchers also identified reports generated by provincial and federal agencies and ministries. At the provincial level, *With Us, Not For Us – Interior Region Report on Wildfires 2017* (Shields, 2018) describes the experiences and perspectives of staff working in the Interior Region First Nations Health Authority (FNHA) during the 2017 British Columbia wildfire season. The report provides a brief timeline of the events as well as a table describing the roles and actions taken by FNHA staff during response and recovery. The report also examines actions that did and did not work. This includes an extensive list of recommendations, including the role of FNHA, the structures and actions employed during preparation, response and recovery, and recommendations for partner agencies.

Researchers identified the *Aboriginal Policy and Practice Framework in British Columbia* (2015), though not specific to emergency management, as germane to response and recovery. The Framework emphasizes the need to consider culture and community when developing practices that engage or impact First Nations and Indigenous communities. Emphasizing that restorative policies and practices can improve the outcomes for those receiving services (Aboriginal Policy and Practice Working Group, 2015, p. 2), the Framework identifies understandings in context of their implications to policy and practice. Adherence to the Framework fosters the development of restorative policies and practices that "*supports and honours Aboriginal peoples' cultural systems of caring and resiliency*" (Aboriginal Policy and Practice Working Group, 2015, p. 3).

At the federal level, *From the Ashes: Reimagining Fire Safety and Emergency Management in Indigenous Communities* (Mihychuk, 2018) describes the findings of the Standing Committee on Indigenous and Northern Affairs related to the 2017 wildfire season in Canada. Interweaving direct quotes from Chiefs, practitioners, and expert sources, the report defines challenges Indigenous communities faced. A series of proposed recommendations describe actions to be taken by Indigenous Services Canada to prompt change at various levels of government. For example, Recommendation 3 states Indigenous Services Canada should "*through tripartite agreements, ensure that emergency service providers, where feasible, engage, train, and employ local workforce from the communities for fire prevention and fire suppression, and that financial compensation is provided*" (2018, p. 18).

Researchers also found some relevant academic literature. *Cultural Safety in Emergency Support Services* (Pepper, 2021) illustrates a model that shows how various agencies and their services can support First Nations peoples and communities. Further, the document articulates how to maintain cultural safety during the delivery of emergency support services.

Researchers also found international examples of frameworks that engage the knowledge and practices of Indigenous people. One example is the *Atua Matua Health Framework*, developed by Dr. Ihirangi Heke. This framework describes methods for employing traditional environmental knowledge of Māori peoples to understand and support health and well-being. This framework describes processes for engaging learners in developing environmental knowledge and cultural knowledge to support personal learning, providing the learner with "*models for how to conduct themselves in contemporary situations.*" (Heke, n.d., p. 5), While not expressly addressing mass care, the Atua Matua Framework is a model that reflects alternate ways of understanding and interpreting lived experiences.

Photo: Gathering Voices Society/Josh Neufeld.
Yunesit'in and Gathering Voices Society fire stewardship is Indigenous-led, and operates independent from the provincial government

Theme #4: Considerations for Change in Disaster Planning, Response & Recovery

Researchers identified a few publications describing both the analysis of existing response frameworks and recommendations for changes. Some documents, like *With Us, Not For Us – Interior Region Report on Wildfires 2017*, *From the Ashes: Reimagining Fire Safety and Emergency Management in Indigenous Communities*, and *Trial by Fire: Nadleh Whut'en and the Shovel Lake Fire, 2018* (described earlier) provide analysis and recommendations from the context of community experiences.

The 2018 *Addressing the New Normal: 21st Century Disaster Management in British Columbia,* written by George Abbott and Chief Maureen Chapman, assessed the response of the BC government to the 2017 flood and wildfire season. The review engaged the individuals and communities impacted by 2017 events in various forms of engagement (one-on-one meetings, community events, online feedback), examining actions taken during planning and preparedness, prevention and mitigation, response, and recovery. The Report outlines 108 recommendations across a spectrum of areas, including jurisdiction, coordination, and establishing pathways for collaboration with First Nations. Many of the recommendations involved identifying and engaging local knowledge, resources, and personnel to address emergency needs. For example, one recommendation (described as a "strategic shift") was to use local resources to find capacity where possible:

> *"(Strategic Shift #12) Support a 'BC first' model for employment during emergencies where, as additional resources are required, qualified Indigenous and non-Indigenous companies, contractors and consultants from BC are selected first. Resources from other provinces and countries to be deployed after readily available BC employees have been deployed"* (Abbott and Chapman, 2018, p. 100).

A similar analysis was released in 2023 in the Ombudsperson of British Columbia's *Fairness in a Changing Climate: Ensuring Disaster Supports are Accessible, Equitable, and Adaptable – Special Report No. 54, October 2023*. The Report describes the findings of an investigation into the provincial response to extreme weather events in 2021. The Report pays special attention to the role of ESS, with several findings criticizing response and support functions like ESS and Disaster Financial Assistance (DFA). At times, the Report states these programs are out of alignment with what is needed by the province. Two examples include:

> *"The DFA program also no longer reflects the realities that British Columbians face in coping with disaster in a changing climate, where insurance is increasingly unavailable, and rebuilding in the same way in the same location may not be feasible or wise"* (Chalke, 2023, p. 97),

and,

> *"(W)e heard repeatedly that the core assistance programs, ESS and DFA, are not designed to – and do not – address the complexities of long-term, climate change-related displacement"* (Chalke, 2023, p. 94)

The Report provides a series of recommendations to refocus emergency planning and response to consider the individual. An example of this is found in Recommendation 18, which states:

> *"Recommendation 18: The Ministry of Emergency Management and Climate Readiness develop plans and a policy framework to meet the needs of people experiencing longterm displacement, considering the impacts of climate change and how people-centred programs might better support climate change adaptation and future resilience ... "* (Chalke, 2023, p. 98)

Each of these reports describes weaknesses in existing emergency management structures and the need for transformation in the systems used to support communities impacted by disaster.

> "Support a 'BC first' model for employment during emergencies where, as additional resources are required, qualified Indigenous and non-Indigenous companies, contractors and consultants from BC are selected first. Resources from other provinces and countries to be deployed after readily available BC employees have been deployed."
>
> - Addressing the New Normal: 21st Century Disaster Management in British Columbia, Abbott and Chapman

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Interviews & Focus Groups

Interviews & Focus Groups

The following sections present and analyze data collected during interviews and focus groups. This data was de-identified then organized by themes. Material presented in italics represent direct quotes from participants, either verbally or as written materials gathered by the researchers.

Participants were prompted to describe:

- How they defined mass care. Prompting or follow-up questions included: What does the term "mass care" mean? What mass care services are necessary? Is mass care the right term to describe these structures and services?
- What their role is in delivering mass care services. Prompting or follow-up questions included: what does the term "mass care" mean to your organization? Does your agency have any responsibility in the delivery of mass care? What interdependencies exist between your office/agency and other offices/agencies providing mass care services or supporting the delivery of these services?
- Follow up questions. Prompting or follow-up questions included: What have we forgotten to ask? What were you expecting us to ask that we didn't? What ideas or suggestions or issues have come up that you think we should consider or explore more?

Themes

Data gathered during interviews and focus groups were organized into six themes:

- **Theme #1**: Challenges in Defining Mass Care
- **Theme #2**: Variations in Describing Mass Care
- **Theme #3**: Complexity in Mass Care Arising from Vulnerability & Trauma
- **Theme #4**: The Perceived Need for a Mass Care Framework
- **Theme #5**: Delineating Mass Care From Emergency Support Services
- **Theme #6**: Considerations for a Mass Care Framework

The data that informs these themes is explored in this section, providing context and detail.

Interview & Focus Group — Theme #1: Challenges in Defining Mass Care

During interviews and focus groups, participants were asked about their interpretations of mass care. This section explores foundational ideas about mass care, primarily focusing on shared concepts and terminology.

What We Heard About Defining "Mass Care"

Researchers asked participants to define and describe "mass care." In general, participants did not provide consistent definitions of "mass care." It was common to hear statements like *"I actually don't know what mass care means,"* or *"(mass care) … hasn't been really defined."* Some participants expressed the sentiment that communities are waiting for the concept of mass care to be defined.

Some research participants said that a consistent definition of "mass care" would be useful. One participant said that defining "mass care" was an integral first step as it would provide parameters around what is being discussed. Others said a consistent definition was likely the most important part of mass care research.

While some participants identified that a definition would be useful, others felt that "mass care" was a difficult concept to define. One participant described their own efforts in defining "mass care," stating, *"I've tried to define mass care, like really like just a short thing. I can't do it … I can't do it. It's a real struggle because there are so many elements that go into it."* Some participants described factors and characteristics of mass care that made it difficult to define. One participant questioned what the mandate of mass care would be. Another described that they hadn't yet been involved in what they would perceive to be a mass care incident so it was difficult to determine what mass care would involve. Yet another participant cautioned that defining mass care too closely creates a risk of overlooking (in their words, *"losing"*) the interdependency between services that comprise mass care.

Some research participants felt trying to imagine the potential scope of mass care services was challenging. One participant stated, *"My brain goes all over the place as I start talking about these things because they're so big"* with another stating, *"(i) t's too comprehensive of a list for me to be able to just pull up the top of my head."* It was not uncommon for participants to describe mass care in terms of emotional impact, with one participant stating, *"I just see scenes of people with their pets and children wanting something that they don't, that they don't have."*

Some participants described waiting for an authority like EMCR to create a definition of "mass care." One participant suggested different interpretations of mass care may be hindering planning efforts:

> "Mass care is not defined yet, in part because it's all floating around everywhere. And I guess it's chicken and egg. We're waiting for the province in part to sort of define what it considers to be mass care, because that will shape things.

Another participant described the need for a definition at either the provincial or federal level so that municipalities can *"… begin to grasp those concepts."* In general, participants appeared open to EMCR taking the lead and generating a definition, with one participant stating they *"… will use whatever (EMCR) gives us."*

Some participants were split on the use of the term "mass care." Some participants stated that mass care was the *"right term."* One participant highlighted that the term "mass care" aligns with terminology used in other countries and that continuing to use the term would support cross-border interactions. Another felt that even though the term "mass care" may be misunderstood by some members of the emergency management community, the term had meaning and was useful. However, some participants felt strongly that "mass care" was not the correct term. One felt it would be confusing to the public. Another felt the term was dehumanizing.

Some participants cautioned against conflating the term "mass care" with the concept of "mass casualty." While participants didn't specifically define "mass casualty," there were repeated references to these being two different concepts. One participant stated that conflating mass care and mass casualty would overlook community needs.

Discussion:

In general, participants didn't reference a specific, shared definition of "mass care." This could mean that if an existing definition of "mass care" exists, it hasn't been adequately shared or hasn't found widespread adoption. While developing a clear definition of "mass care" was seen as being useful to practitioners, there is the perception that "mass care" is difficult to define. There may be a hesitancy among participants to generate their own definitions as they are waiting for an authority to develop a definition. EMCR was viewed as an appropriate authority to define this term.

There was disagreement as to whether the words "mass care" were the correct ones to describe these activities. While one participant described "mass care" as a dehumanizing term, other participants described how "mass care" is already in general use — even if it hasn't been defined.

Theme #2: Variations in Describing Mass Care

As interviews and focus groups progressed, researchers asked participants to describe what they perceived as the qualities and characteristics of mass care. This section explores how participants described mass care.

What We Heard About Defining "Mass Care"

In general, participants described mass care in local or community contexts. One participant described mass care as being relative to local impacts and that a set impact measurement or criteria likely couldn't be used across all communities. Another participant described the need for mass care services as being relative to thresholds of available resources — meaning, mass care is needed when these resources are exhausted. Another participant stated that mass care involves a community requiring more resources than what they typically require. This was echoed by another participant who indicated that a mass care situation could involve only a small number of individuals being impacted, with mass care necessary if the resources to support these individuals were not available.

When asked to describe the characteristics of mass care, participants descriptions fell into one of two categories: community focus and operational focus.

Community Focus

The community focus perspective involved participants considering both hazards and mass care services from the perspective of the community. Some participants who spoke about the experiences of Indigenous and First Nations peoples described mass care as beginning with and being **Centred on the Community**. An example of this was a participant who described mass care as *"(a) community stand(ing) together and being supported together."* Echoing this sentiment, another participant said mass care is a *"wraparound support … never looking at things in silos, it's always like, how are we wrapping around and centering the support around those most impacted by an event."* It was not uncommon to hear participants with a community focus describe mass care as more than just specific services or outcomes. As one participant said, *"(i)t's not just about giving people … a warm place to stay."*

The centrality of community expressed by participants was described in different ways. One participant described mass care as being *"the care of (the) community."* Another participant described an important role for both the community and community members, stating, *"(t)he common message out of each event is without community, the community itself would not have survived. It's everyone coming together."* Another participant highlighted that mass care services require some level of customization based on who is being impacted within the community, stating, *"(i)f the demographics of our population that are most impacted by an event (are) from a specific cultural group, it makes sense to align the practices and space to accommodate those cultural needs … "*

Some participants described mass care was in terms of an **Aspirational Goal**. These descriptions tended to focus on the impact to the individual with participants stating, *"mass care is helping people move forward," "mass care is about the next place of safety,"* and *"(mass care is) the care of the community."*

Operational Focus

The operational focus involved participants taking an outcome-oriented perspective on services and events. Some participants described mass care in terms of **Services and Outputs**, defining specific services, actions, and resources. Theses included elements like housing, shelter, food, clothing, psychosocial support, connections with recovery agencies, transportation, logistics, supply chain, response activities, and debris removal. One participant spoke about the context in which these services were provided, stating, *"(Mass care) looks like the extension of care for lodging, food, wellness, emotional and physical wellness, cultural and spiritual wellness. And it looks like providing that care within the context of the social fabric of the community."*

Some participants described mass care in terms of **Operational Context**. One participant described mass care as a timeframe, saying it meant supporting *"a lot of people over a longer period of time."* Another participant stated mass care was when *"there are more players than just ESS,"* identifying non-governmental organizations (NGOs) and the province (i.e. EMCR) as examples of additional players. Another participant described a scaling up of services, stating, *"I think, in terms of Emergency Support Services or ESS of a mega scale, sort of on steroids."*

Some participants described mass care in terms of **Level of Impact** or indicators that were either required or were actively being delivered. One participant stated a mass care event was *"something that is going to overwhelm the responder base,"* while another stated mass care was needed when *"all those ... things that were working well for day-to-day emergencies stop working quite so well."* It was not uncommon for participants to try to quantify mass care in different ways, such as when one participant stated, *"when you're dealing with, you know, 17,000 people who've been evacuated and you're trying to find resources for them, that's mass care."*

Discussion:

Participant descriptions of mass care generally fell into two categories: community focus and operational focus. These categories can be further organized into five themes:

Community Focus

- **Centrality of Community** describes how the concept of community was seen as foundational and primary in all aspects of mass care. Some participants, including some Indigenous and First Nations participants, described mass care as being woven into, and integral to, ideas of community. The community provided care and in turn, the community was healed through the provision of care.
- **Aspirational Goals** primarily described ways in which mass care helped impacted individuals improve their own resiliency during and after the event. These tended to describe a generalized interpretation of safety and of the community being cared for.

Operational Focus

- **Services and Outputs** describes the specific actions, categories of services, and quantifiable outcomes of mass care. These tend to describe "the whats" (i.e. resources) and "the hows" (i.e. the methods) of response.
- **Operational Context** describes the environment in which mass care services would be provided. Two commonly described factors were the length of time in which services would need to be offered, and the overall scale of response that would be needed.
- **Level of Impact** describes the types and scope of impact participants felt they would see during a mass care event. A common metric was a specific but hypothetical number of people being impacted or the overwhelming of local services. In most cases, specific numbers were estimations intended to describe an event scope beyond that which the community had addressed previously.

These differing descriptions demonstrate participants using different interpretive lenses. The lens may include language, concepts, ideas, and traditions that help the individual understand what they are seeing and experiencing. Each lens is informed by different factors, such as a person's job or function, their cultural background, or their experiences with similar events. The lens prioritizes some ideas and evidence, while deprioritizing and rejecting other evidence. To the individual, the lens may provide a complete understanding of an event, however each lens only provides a particular perspective on an event.

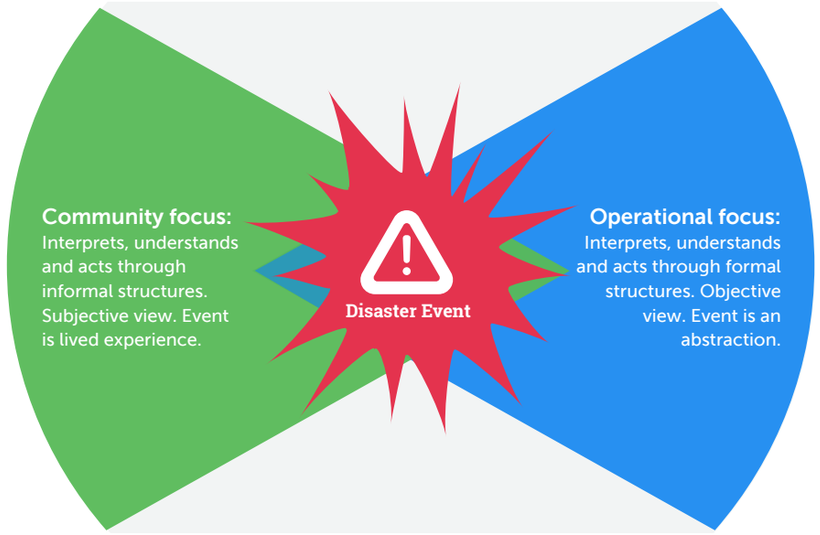
An example of the use of lenses is shown in Illustration 1. In this figure, the red shape represents a disaster event. The blue and yellow triangles represent the application of lenses to view and interpret the event. Neither perspective captures a complete understanding of the event. While there is overlap, these perspectives are still unique.

To expand on this example, assume the blue triangle represents an operational focus. This lens interprets mass care as a series of services and outputs, delivered in an operational context in response to a particular level of impacts. This lens would understand the event through plans, procedures, and objective metrics.

Alternatively, the yellow triangle represents a community focus. This lens interprets mass care as being centred on the community, aspiring to achieve specific goals. This lens would understand the event through community interpretations and subjective, first-hand experiences.

While there is overlap, neither lens completely captures the mass care event in a way that addresses the needs of all involved. An objective operational focus potentially misses out on the need for community action, interpretation, and healing. A subjective community focus potentially misses out on the need for quantifiable systematized processes.

Illustration 1 *Contrasting Operational & Community Focuses*



However, these differing lenses can be reconciled. Rather than perceiving these perspectives as being at odds, each lens can be seen as a way to perceive mass care needs at a certain time. Considering the circle process described in *Aboriginal Policy and Practice Framework in British Columbia* [5](2015), a model can be developed that provides space and connection between these viewpoints. Illustration 2 shows depicts this harmonized model.

Illustration 2 *Harmonized Model of Perspectives*

5 Aboriginal Policy and Practice Working Group. (2015). Aboriginal Policy and Practice Framework in British Columbia. https://www2.gov.bc.ca/gov/content/governments/Indigenous-people/supporting-communities/child-family-development

In this model, one can start anywhere in their interpretation of a mass care event. Their interpretation then logically leads to, and supports, engaging with other perspectives. For example, during a disaster, a community leader may start by considering the level of impact on a community. This leads to an interpretation of how the event and response need to centre on the community. Consulting with other community leaders, they identify aspirational goals, which inform the services and outputs that the community needs. These are then delivered in an operational context, which loops back to the level of impact.

Perspectives and lenses also need to be considered when developing a definition for mass care. A definition that is too focused will prioritize some perspectives over others. This creates a challenge as individuals may reject the concept of mass care if it does not align with their own understanding of these services. For example, if "mass care" is defined as being about services and outputs only, individuals who think of mass care from a community focus will not find the definition applicable and relevant.

Treating the definition of "mass care" as a *boundary object* is one way to address this challenge. A boundary object is idea whose meaning is flexible enough to adapt to specific local needs, while being robust enough to maintain a common identity across a larger professional landscape. An architectural blueprint is an example of a boundary object — it has a shared, overarching meaning for all users, but also has specific, distinct meanings and uses for different groups. A boundary object is stable enough to be distinct and recognizable while also being flexible enough to adapt to local meanings.

A definition for "mass care" that would support its interpretation as a boundary object would require it to be somewhat general, to allow for use in multiple perspectives, and to describe a particular area of action. An example of a boundary object definition might be "Mass care is defined as the provision of coordinated supports to re-establish the well-being of a community during and following a disaster."

Finally, participants shared a variety of opinions on whether "mass care" is the right term to use to describe these services. Ultimately, the decision for using this term would be with the authority defining the term (in this case, EMCR). However, should the term "mass care" continue to be used, it should be given a prescribed meaning.

Theme #3: Complexity in Mass Care Arising from Vulnerability & Trauma

During interviews and focus groups, participants often spoke about vulnerability and trauma as both exacerbating the delivery of, and arising from, mass care services. This section explores ways participants described and interpreted vulnerability and trauma in context of mass care.

What We Heard About Vulnerability & Trauma:

Some participants described vulnerability as a complex concept that arises from, and is exacerbated by, different factors. These were either operational (e.g. people requiring translation services to fully access supports) or situational (e.g. people who become stranded while travelling through a community impacted by a disaster).

Other participants said that, for some individuals and communities, vulnerability arises from multiple factors. One participant differentiated between populations that may require support during disasters, describing individuals suffering mental health issues due to addictions as having "*different set of needs than … a middle-class family living in their own home somewhere or in an apartment building.*" Another described the complexity in providing support at the intersection of multiple factors, such as "*the drug poisoning crisis, the COVID 19 pandemic, the poverty, institutional and … predominantly gendered violence.*"

Housing was a particular challenge identified by some participants. One participant described the challenge of finding hotel space, stating,

"Often hotel rooms are … in short supply … and it gets especially challenging when certain hotels will limit the types of people that they will accept into their into their facilities based on, you know, what they look like and where they're coming from."

Another participant described challenges in supporting specific vulnerable populations in context of the criminalization of certain behaviours and activities, such as sex work and the criminalization of drug use.

Referring to trauma, some participants spoke about how decisions made during the response to disasters may have longstanding impacts on some people. As one participant said, *"trauma can be lifelong if it's not managed well,"* with another stating,

" … but we know from residential schools the trauma is intergenerational, right? And there's cost down the road. So, you know, on a much smaller scale, this kind of a disaster, there's potential long-term costs and consequences to not being thoughtful about that response upfront."

In referring to the complexity of trauma, one participant stated that *"trauma taps into other trauma."*

One participant spoke about the challenges faced by someone resuming their livelihood when the elements of that livelihood were destroyed during an event, stating, *"How do you start running the farm again when you lost your tractor and your, and your plowing equipment, and your hanging equipment in your barn is gone … ?"*. Another participant described the need for sensitivity and thoughtfulness when engaging with people impacted by disasters, stating,

"… when you're dealing with people who have lost loved ones, you don't treat those people the same as the ones who have … someone who's injured in hospital or somebody who's just traumatized … Those people all need to be treated differently, and you can't co-locate them."

Some participants spoke about how experiences during mass care events carry into the lives of responders and those supporting the event. One participant, when describing their role as an ESS staff member, stated,

"If we were activated, I would probably take a role as a reception centre manager. I would probably want to stay away from group lodging because … we are dealing with (a large number of) people in an arena. It's just freaking scary …"

Another commented on the short-term nature of emergency response and the impact this may have on individuals, stating, *"Do we end up leaving people in a pit of grief."* Participants commonly described the need for a longer-term view when it came to mass care planning and services, with one stating, *"So the response can't be it's not just about the day of or the immediate aftermath, it's kind of this long … there's got to be a longer-term view of that as a response."*

Some participants spoke about the unique experiences of First Nations and Indigenous people related to trauma and vulnerability. One participant stated,

"We know that we are a vulnerable population. If you look at the socioeconomic kind of health indicators, poverty, housing people with disabilities, we have, I think, three times the rate of disabilities with our youth,"

with another stating, *"We know that there's health inequities. We know there's structural racism."* Other participants described specific experiences engaging with emergency services during a disaster. One stated,

"I see the … challenges for communities and it doesn't matter what nationality of communities … There's challenges working through the system. And when people are most vulnerable, you know, you get there and you … need to stand the line up for a long-time and … it's a little bit demoralizing when you're faced with it. And I don't, I don't know how we improve it … I get both sides."

Another participant described an experience registering for services during an evacuation, stating, *"I'm fairly (a) resilient individual and the whole process … was overwhelming."*

Some participants pointed out the complexity arising from both mental health and physical health needs, individually and combined. This complexity was seen as not conducive to housing people in gyms or on cots. This was echoed by other participants who said that mass care services themselves could be traumatizing for those receiving care. One participant described a situation where individuals were required to complete paperwork before receiving care, stating,

> *"(i)n some cases, the forms required to get people into housing asked questions that would bring up traumas … Were these forms or the info they asked for really necessary for the service to be provided?*

One participant described how providing care can also be traumatizing to responders and service providers, particularly when they know the individuals they are serving and supporting.

Another participant highlighted the role trauma plays in how people act and react, stating, *"I just don't think there's adequate recognition of all of the complexities of this community and the ways in which people cause harm to each other because of trauma."* Yet another participant said that those providing mass care services should have a deeper understanding of trauma, stating,

"… this work needs to be incredibly trauma informed … I feel like everybody in the field of emergency management should have … required training and trauma informed practice … there is like, there is such a potential to further harm people during an event. I know it's never the intention of the volunteers or the people working, but you don't know what you don't know."

This was echoed by another participant who described the need for compassion when engaging with vulnerable populations, stating,

> *"It is a big challenge to meet the needs of individuals who are facing substance misuse issues. It is a very big challenge to meet the needs of people who are dealt with a socio-economic hand of cards that that makes regular life challenging … there is no easy way ever to support people who are in those situations. I think the greatest amount of compassion is needed."*

Some research participants indicated mass care may look different to different communities. One participant stated,

> *"Mass care comes in many formats, and I think there's many different cultures out there that, beyond Indigenous … have very similar conditions. Yeah, and we treat everybody as one, and that's a problem."*

This was echoed by another participant, who said, *"It doesn't matter if you're a rural ranching community or an Indigenous community, you have different values and understanding of how care looks."* Another participant said, *"Different people in society adapt differently."* This was echoed by other participants who described other examples of the types of challenges individuals face.

Some participants who work with vulnerable peoples described challenges that can arise with individuals at the intersection of homelessness, drug use, and criminal behaviour. One participant described issues with group lodging, stating,

> *"(T)here were a lot of vulnerable populations evacuated with the communities and unfortunately, those vulnerable populations when they came into things like group housing continued (to act) outside of societal norm behaviors … so we had issues of security. We had issues … everything from prostitution to theft happening in group lodging facilities. And so, you know, number one, it created a whole atmosphere within our reception center that our team wasn't used to dealing with."*

Another participant described steps they took to address these challenges, stating,

> *"So, we're now, you know, deploying staff to support a group lodging facility, and so the cost of the expense to pay people for a 24-hour day, to be dealing with the types of things that they were dealing with (like) security and the ultimately, I think the evacuee experience for a lot of people was probably fairly negative."*

Another participant described a challenging situation, stating,

> *"I would be walking into the reception centre, and I'd have three or four people saying, "Hey, do you want to buy a $200 gift card for twenty-five dollars? … that's tough on the volunteers because most volunteers are not trained to work with that, and it can have a huge impact on, you know, the volunteers that are coming in."*

Another participant stated,

> *"(A) few years ago now in the group lodging, they had to have the police been there. They had to have a medical staff right in the centres because of the population. Your typical family may stay for a night, but they're going to get out of group lodging as quickly as possible. And the people that seem to remain are the type, you know, they have nowhere else to go for a good reason."*

One participant described how their community would primarily rely on commercial lodging going forward, stating,

> *"The big difference between those responses was we didn't open group lodging. We relied on commercial lodging for that event. It went a lot better for us. We didn't have to use nearly the volunteer hours or the staff hours to support that event. And so, we have said … to the province 'we're not going to provide group lodging anymore'."*

However, another participant described a challenge that arose, stating,

> *"Last year when communities were being evacuated and that we heard that they're placed in hotels, but then they don't have the financial means to pay for the security deposit … it's humiliating …"*

One participant stated, *"When people started going back to their homes a lot of those vulnerable populations, especially the homeless population, didn't have a home to go to."*

Discussion:

When referring to vulnerability and trauma, participants often spoke in terms of complex intersectional issues such as homelessness and addiction. From participants' responses, it is evident these issues are providing challenges in planning for, and operationalizing, response. These complex examples might have dominated discussions because they are the most challenging to manage within existing response and social support frameworks.

However, participants also described other experiences managing vulnerability and trauma. Some were operational, such as the need for translation services when accessing support, while others were situational, such as travellers being stuck due to severe weather. Other experiences related to misalignment between services and personal needs, including cultural appropriateness, physical safety, or alignment with community needs.

In considering vulnerability and trauma, some participants advised that a mass care framework should adopt a trauma-informed approach. This recommendation would be supported by one or more of the perspective lenses described in the previous section and would also provide an informed way to address these issues.

However, the conversations around vulnerability and trauma raise foundational questions around the function and purpose of a mass care framework; particularly, questions about the scope and scale of services and the populations being supported. These questions include:

- What does equitable treatment look like in a mass care setting?

- Does a mass care framework guarantee equitable access to mass care services for all individuals and communities impacted by an event?
- What role does personal preparation play in mass care planning?
- How can limitations to mass care services be communicated to the public?
- Is the province responsible for all mass care services that would be offered to a community? If not, where does this responsibility end?

Theme #4: The Perceived Need for a Mass Care Framework

During interviews and focus groups, participants discussed potential structures and roles of a mass care framework. This section explores ways participants expressed these ideas in the context of structuring mass care services.

What We Heard About Structures & Roles of Mass Care:

Researchers commonly heard participants describe a desire for a formal mass care framework. One participant indicated a framework would provide a starting point for planning, stating, *"There is no clear understanding or top down like framework in BC for doing this, so we didn't really have a place to start to understand what our role was specifically."* Another participant reiterated the complexity of mass care, stating, *"there are so many pieces"* when it comes to mass care planning. One participant said that there has been talk about mass care planning in British Columbia for *"quite some time,"* so it would be useful to have a framework to guide these conversations.

Some participants felt a mass care framework should not focus solely on response structures and services but should take a holistic approach to care. One participant described thinking of mass care as a form of engagement with the impacted individual, stating, *"It's not just about filling somebody's belly or putting their head on a pillow. It is about thinking about how they can be better off."* This was echoed by another participant, who stated (when referring to response services), *"We often think we just need to get to (the) point, but this could cause more harm than good if we don't do it in the right way."* Another participant stated,

> *"I'm really excited to see that we're trying to look at a framework of mass care because ... volunteers play a critical role. But I think we need to be looking at the next evolution of it. And ... maybe this is a baby step in the right direction. So, I'm very excited about it."*

Some research participants felt mass care should be considered in terms of scale of local impacts, with one participant stating, *"For that one family, having their house burned down is equally as impactful as having their community burned out."* Similarly, another participant described how communities can become quickly overwhelmed, stating, *"An apartment fire would be a big, even overwhelming, event."*

Some participants speaking to the experiences of Indigenous and First Nations peoples described the need for roles for impacted communities and community members. One participant said,

> *"I'd like to see mass care evolve into something where there's more onus put on the individual to help to provide mass care, to consider more of an approach where each individual and family living in our community has a role to play and in the conversations that we've been having."*

Another participant echoed a similar idea, stating,

> *"(Mass care) looks like the extension of care for lodging, food, wellness, emotional and physical wellness, cultural and spiritual wellness. And it looks like providing that care within the context of the social fabric of the community."*

Another participant envisioned mass care as reflecting what a community would do normally, stating, *"It's more about the way the community works on a day-to-day basis, which is very much a large family or a large, very close social network."*

Some participants described the need for a mass care framework to be flexible around the types of actions taken

> "I'm really excited to see that we're trying to look at a framework of mass care because ... volunteers play a critical role. But I think we need to be looking at the next evolution of it. And ... maybe this is a baby step in the right direction. So, I'm very excited about it."
>
> - Participant

during response as well as who is involved in planning those actions. One participant said,

> *"The problem is there's not a cookie cutter approach and it's almost like I feel like what municipalities need almost is like a menu, like a playbook menu to say, 'Hey, here's a series of options that can actually help you work through a challenging circumstance. Here's the different scenarios that you'll want to consider, and you'll want to put some of these in place before an event and some might be organic ... as it evolve(s)'."*

Another participant explained that a flexible model is needed, as *"the day-to-day plan is not going to work anymore. And so now you need to bring in other whole of society actors to actually help deliver on those services."* Further, another participant felt some flexibility in a framework is a strength but that those providing mass care services to engage with one another need to understand how services will be provided. Another participant described how many of these relationships between service providers already exist, stating,

> *"... even without a tight plan or protocol in place, there's a quite interconnected web from day-to-day work that exists, that has lots of lots of differing parts of that information to go back and forth."*

Some participants described the need for a mass care framework to have a stated, prescribed focus. One participant stated that a mass care framework *"can't just focus on (a) grandiose idea of what it should look like."* Another participant felt a framework should provide clarity around terminology, stating,

> *"When I'm talking to people, I want people to understand that when I say a reception center, we're all on the same page. I don't need 45 definitions ... the people who are writing all these plans ... got a different lexicon and it drives me crazy."*

Another participant described the need to flip the general understanding of populations that are being served, stating,

> *"We have a tendency to ... design our policies above and beyond the vulnerable sector... to make them for the people that need it the least, which is, you know, you're like 20- to 60-year-olds that are ... employed and have, and are regularly tapped in the city services stuff like that. Not necessarily for young vulnerable children or for the elderly or for the other traditionally vulnerable sectors like those that are homeless or otherwise recent immigrants that are sort of one or two levels removed from ... regular access to services or effective dissemination of information. So, there should be some kind of explicit footnote that mass care is likely to be disproportionately required by the very people that we traditionally ignore or give sort of just a hand wave to. And it doesn't mean we should ignore everybody else, but we probably need to completely flip our ... focus on this one. And then within that sort of vulnerable sector or ... including the people we don't normally think about will likely have to have some sort of specific provision for First Nations and Indigenous communities."*

In general, participants saw EMCR as having a central role in creating and maintaining a mass care framework. One participant described EMCR as being a logical lead as their community would align with this planning, stating, *"quite frankly, I see [EMCR] as the parent. And so, they're going to write a mass care plan that is going to be my plan. Why would I do it differently?"* Another participant, in referring to mass care plans, stated simply *"We will use whatever [EMCR] gives us."* Another participant explained that a provincial lead is necessary as planning would exceed the current capabilities of small communities, stating,

> *"(Mass care planning is) not going to happen very well unless there's a framework in place in terms of a resource that needs to be something that local governments are plugged into because I think this is far beyond the capabilities of local of a single local government to be providing the services, especially most local governments in BC who are quite, quite small."*

Discussion:

Participants described a variety of benefits in developing a mass care framework. These included helping individuals understand their operational roles in mass care; articulating the goals of mass care activities; and understanding how emergency management is evolving in context of increasingly challenging hazards. A further benefit arising from these discussions is formalizing language and concepts to support discussions and interpretations of mass care in BC.

Participants described some considerations around the framework's structure. It should be flexible, so that it is useful to different communities in context of their available resources. It should engage communities, outlining governmental and individual roles and responsibilities. It should include a variety of supports — some operational, like food and shelter, and some cultural and social, such as emotional, cultural, and spiritual wellness.

Participants also saw a mass care framework as an operational document, providing plain language descriptions of activities that need to be performed. Tied up in focus and function is interpreting how the framework addresses equity of services.

One possibility to address this would be to develop a base framework similar in structure to [6]*An Emergency Management Framework for Canada*. This document prescribes definitions, principles, and concepts to organize and align emergency planning and response. However, the document is also flexible enough to allow interpretation by local governments.

EMCR was perceived as the appropriate body to create and maintain a mass care framework. This logic was two-fold. First, EMCR is uniquely positioned to engage with communities, service providers, and other provincial agencies. With the legislated mandate to support emergency management

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6 Public Safety Canada. (2017). *An Emergency Management Framework for Canada 3rd edition*. https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/2017-mrgnc-mngmnt-frmwrk/2017-mrgnc-mngmnt-frmwrk-en.pdf

and as the organization responsible for articulating practice, EMCR is authorized and qualified to develop and maintain a mass care framework. Second, EMCR plays a significant role in reimbursement for emergency management activities in BC. Local authorities may see close alignment with EMCR policy and practices as important factors in receiving financial reimbursement.

Theme #5: Delineating Mass Care from Emergency Support Services

When discussing mass care, participants frequently referred to the role of Emergency Support Services (ESS). As a primary provider of what can be interpreted as mass care services, ESS was seen as playing an important role during response and recovery. However, participants also identified several weaknesses in relying solely on ESS during mass care events. This section explores participant comments on the role of ESS in mass care.

What We Heard About ESS & Mass Care:

Participants commonly stated that mass care involves Emergency Support Services but that the two are not synonymous. One participant simply stated, *"ESS is not mass care."* Another participant stated mass care is "*beyond ESS, meant to support the most vulnerable in greatest time of need."* This was echoed by another participant, who stated, *"mass care implies ramping up, organizing (and) activating other capacities that are beyond ESS."* One participant described this in terms of scale, stating, *"mass care has crossover with ESS but is more of trending into territories we have not yet seen."*

This delineation based on scale was a common theme across interviews and focus groups. One participant stated that mass care is *"beyond the scope of stage (level) 3 event for ESS."* Another stated that a mass care event exceeds *"the capacity or ability of the existing ESS system … necessitating additional resources."* Another participant spoke in terms of timeframes, stating, *"mass care could be months and months, ESS, they try to (stay at) 72 hours, but we know that's not true with flooding. You could be on ESS for months."* Another participant described the thresholds in terms of capabilities, stating, *"there is a threshold that is exceeded where sustaining response is no longer sustainable by ESS."* Another participant spoke about thresholds in terms of individuals served, stating, *"once you get over 12 people, most communities are hooped."*

Some participants speaking to the experiences of Indigenous and First Nations peoples described a variety of challenges that arise when engaging with ESS. One participant stated, *"If you've ever been evacuated or you've ever had to go register … it's not a comforting feeling, and it's almost humiliating."* One participant asked, *"Why do we insist on making people work through two to three systems? Why can't it be seamless?"* Another spoke of their personal experiences registering for services during an evacuation, stating, *"(they said) you need two pieces of identification. I don't have it … (they said) 'sorry, we can't help you, you need identification'."* One participant, in describing a conversation with members of an evacuated First Nations community, stated,

> "The care aspects like the lodging, the food, it was oppressive. So that part, like the basic needs part, was an incredibly oppressive part of the experience for them, almost to the point that it to the point that it led to substance abuse, it led to other really, really negative elements."

Some participants described bad experiences as leading to the rejection of ESS. One participant stated,

> *"In the group lodging environment where we have 100 cots and a very large, impersonal, uncomfortable room … I've never had anyone stay past the three days. They always found some family, friend, [or] neighbour to stay with."*

Another echoed this, stating,

> *"I found that people don't … avail themselves too much to the group lodging as it's a more uncomfortable way to live. And they often quickly find their own … options as opposed to using the mass care provided by our organization."*

Another participant identified the importance of finding solutions, stating, *"if we (First Nations communities) don't find some solutions, we're going to have more and more people choosing to stay home. And then we have different complications."*

Researchers repeatedly heard about the importance of community. One participant, in speaking about the experience of an evacuated First Nations community, stated,

> *"The only thing that gave them light and hope during that time of displacement was connection to … love, (to) community, (to) culture. And that was the only thing that brought them out of these really dark spaces."*

This participant continued, stating that the lodging component of group lodging was just the start, and that the concept of group lodging needs to *"include(e) all of the spectrum of community care in that space where people are lodging, where people are staying."*

In general, participants spoke about a perception that ESS groups are already stretched with day-to-day emergency events. One participant stated that ESS

> *"… was not designed to support even, you know, evacuations from the wildfires and the flooding. It's designed to support those one-off apartment fires. And we've really stretched the mandate of that group over the last few years, and they they're thin on capacity and resources. So, I would say if a mass care event were to happen right now, it would be an all-hands-on deck and a little chaotic to get things set up."*

One participant described the increasingly complicated scope of planning required to engage with volunteers, stating, *"I was in a meeting recently that our human resources director (said)*

... they were scheduling 150 individuals per 24-hour period to support group lodging ..."

Other participants also described challenges with the volunteer model used by ESS. One participant stated, *"(W)hen we have these big apartment fires, we just say our prayers to whoever we say our prayers to and hope the (volunteers) show up."* One participant described the demands placed on volunteers and a perceived role of the province to address this, stating,

> *"ESS volunteers have been stretched to their absolute max, supporting some of these bigger emergency response events. And so, you know, getting them to help and even the smaller events is difficult right now because they are, they're burnt out, exhausted. And so, I think it would require more commitment from the province, more resources and some sort of campaign to bring in and onboard new members."*

Other research participants echoed this perception, with one stating, *"I can't keep my people up to date. And they disengaged. So now I have to start from square one again and figure out something else."*

Another participant stated,

> *"At a level three and level four ... the fact that we are deploying volunteers for no money and no compensation is really insane. And then EMBC is, you know, crying, why we don't have volunteers to help run these major reception centers. As people are burnt out, they're done like they ... can't take any more time off .. work."*

However, research participants saw ESS having an important role in mass care. One sentiment was that mass care is providing the same fundamental services of what ESS provides. Another participant stated,

> *"Mass care is not ESS and ESS is not mass care. However, and I put the little dot dot dot ... there are elements of each in both."*

One participant described mass care as being,

> *"An expansion of emergency support services, primarily in a catastrophic event or across multiple jurisdictions where local authorities or regional authorities don't have the capacity to care for displaced individuals following an emergency or disaster."*

Discussion:

In general, participants saw ESS as having a role in mass care. However, difficulties maintaining trained and available volunteers make it challenging for ESS programs to address even day-to-day events. Further, the timeframes in which ESS is required are misaligned with the three-day limit to service under which ESS programs are intended to operate.

Some participants also described challenges with the normative assumptions that underlie how individuals are expected to engage with ESS. For example, there is an assumption that individuals should both present official identification and complete a registration process to access support services. From a government perspective, this assumption may be supported by past practice, a strict requirement for accountability over resources, and the need to quantify services provided. However, the impacted individual may question why they need to identify themselves to access services.

Several considerations relating to the treatment and respect for cultural practices of Indigenous/First Nations were also raised.

Theme #6: Considerations for a Mass Care Framework

During interviews and focus groups, participants described several potential characteristics of a community-centred mass care framework. These considerations range from leadership models through communication practices to training needs. This section explores participants' ideas on the contents and structure of a mass care framework.

What We Heard About the Contents & Structure of a Mass Care Framework:

Some participants described how mass care is currently performed in BC. One research participant stated existing groups support elements of mass care. This participant highlighted the role of the Integrated Disaster Council of British Columbia, indicating the Council represents groups that *"come together post-event or during an event, and ... bring their collective resources to the situation."* However, some participants did not appear to know of the Council or didn't reference the Council when speaking about how mass care was performed. In other cases, participants described actions they would take during mass care events that may replicate or overlap with the Council. In one case, a participant identified the need for a registry of groups that provide mass care-related services:

> *"We'll need to have a register of service providers understanding who fills which gaps and then pre-established relationships that are maintained, along with probably some form of supplier agreement and supplier registry, so much like we have for ESS."*

This sentiment was echoed by another participant, who stated, *"Maybe we should have a stability framework, so once we've reached this certain degree of stability that means we're now moving into that mid-term recovery."*

Many participants expressed concern and a lack of clarity around their potential roles or the role of their staff in mass care events. One participant was specifically concerned the provincial government may be expecting local authorities to perform mass care planning, stating, *"I would say there'd be really significant political assumptions and pressures that we would provide mass care support."* Another participant identified a lack of clarity around what was specifically required from local authorities during mass care events, stating, *"As a local EPC, there are questions around how legislation and policy support local communities."* Another participant was concerned about capacity, stating the emergency management related workforce was not structured to support mass care events.

Research participants also spoke about information sharing during mass care events. Information sharing was seen as being important, as one participant stated,

> *"Mass care requires a very high level of communication, a very high level of skill in relationship and rapport building. You have to have a high level of understanding (of) what the roles and responsibilities are ..."*

Participants also described challenges with information sharing and coordination. One participant stated, *"I would say that's the biggest gap we have right now is the ability to share information."* Some participants provided specific examples of how information sharing and communications could break down. One participant stated,

> *"I think that there are inconsistencies in the way policy procedure and guidelines are applied. So, you know, to some extent, depending on which EMCR regional manager you call, you might get a different answer."*

Another participant was concerned about information being siloed, stating,

> *"For some reason, some kind of cone of silence has been dropped down over the various (response) partners ... some of the NGOs are unwilling to share (information) or perhaps not willing, just their own mandate."*

Structure & Function of a Mass Care Framework

When speaking about the structure and function of a mass care framework, participants provided a variety of tangible and practical ideas.

Flexible Leadership

Some research participants described unique roles and responsibilities for individuals providing leadership during mass care events. One participant stated that mass care requires flexibility, as interim guidelines may be created on the fly. Another participant described the need for flexibility when working in mass care roles, stating, *"When crises emerge, there's an all-hands-on deck kind of approach here. So, I do what needs to be done in the moment."* This was further echoed by another participant who stated, *"In a disaster, you need to start to be a little bit more creative. The scripts don't work quite as well."*

One participant cautioned that traditional leadership structures may become less stable during a mass care event, stating, *"Command and control starts to be a little bit less adaptive and more maladaptive. Things start to change in the skill set required to manage those events ..."* Another participant stated, *"It takes a high degree of management to manage these types of events."*

One research participant delineated between "emergency managers" and "mass care managers," stating, "the *skillset of a mass care manager may not be the skillset of the emergency manager,"* with a mass care manager having background in outsized, "*disproportionate*" emergency events. The participant then described the mass care manager as someone with less emphasis on operational expertise but able organize and motivate people and be a good negotiator with those providing support to the impacted community.

Relationship Building

Some research participants described the need for a relationship between service providers, local authorities, and the provincial government. One participant stated,

> *"Having the relationship between the provincial government and the municipal governments ... whether that's through mayor's task force, whether that's through intermediate municipal community committees, pardon me. That's key. That's absolutely key. And that's certainly something that I have learned ... that relationships are very, very important."*

Another participant described the benefit of relationship building, stating, *"We need to build that relationship, so people are comfortable coming to the table when an event happens, and they all know how to work together during an event."*

Another participant felt these relationships needed to be captured in plans, stating, *"You can have all the plans in the world you want. You have to deal with the people on the day and you have to have a plan that is fluid enough to deal with the people on the day."*

Relationships could be strained when there was an expectation of service. Some research participants described a perceived overreliance on mutual aid. One participant stated,

> *"There is an expectation that we will provide mutual aid. Well, we don't have agreements in place, so it's all very informal and we all rely on our relationships with each other. And so that has pluses and minuses."*

Another participant highlighted that mutual aid planning needs to consider funding, stating, *"But when it's somebody else's community (being supported), you need to be able to send the bill to somebody in the end."*

Guidance to Staff

Some research participants described the need for staff to receive education about mass care. One participant stated, *"There are a lot of sectors where mass care won't have meaning ... there is education that needs to occur to ensure people know what we are talking about."* This was echoed by another participant who stated, *"How do we engage a group that is not trained in these concepts in working on these topics?"* One participant felt this education needed to be for all employees and include both the emergency program as well as the services offered by ESS. One participant described a practical solution, stating, *"There would be guidelines for staff and ... to the public that is served."*

Aside from training, some research participants described concern about the prevalence of burnout amongst emergency management-related staff. One participant stated,

> "The frailty, I think in emergency management, especially over the past five years in British Columbia, is that we have jumped from event to event with very, very little time in between to recover. So, we haven't had an opportunity to refresh. We haven't had an opportunity to even really fully recover our teams from those events."

Another participant described the burnout they saw in ESS, stating,

> "ESS volunteers have been stretched to their absolute max, supporting some of these bigger emergency response events. And so, you know, getting them to help and even the smaller events is difficult right now because they are, they're burnt out, exhausted."

Another participant described how burnout had also extended into the health care system.

Engaging the Community

One research participant described the need for local authorities to clearly advise the public of the need to prepare for long-term events, stating, *"People need to be self-reliant — not just 72 hours but 14-plus days."* Another participant stated, *"Another gap is public apathy in personal preparedness."*

Some research participants felt mass care was something that the community needed to own and perform. One research participant stated, *"Mass care is something the community supports (and) does."* One participant stated, *"People are very strong when they take back control."* Another participant stated, *"The common message out of each event is without community the community itself would not have survived. It is everyone coming together."*

One participant felt there would be an influx of convergent volunteers during a mass care event, stating,

> *"If I put a call out, I probably wouldn't get many more people signing up. But if there was a big event happening, it would be flooded with people wanting to help. So being ready to use those people is really important."*

Another participant felt there is an opportunity to lean in and engage with youth, stating,

> *"We don't do a great job of mobilizing youth. So, like that is a group where... they're engaged, it's tokenistic. And it's like, what are the young people think? It's not systematic, like, how do they actually contribute? ... (T)here's just such a huge capacity there and not just in unskilled labor, but just in creativity and then enthusiasm and all those other things that we just don't tap into because disasters are grown ups time."*

Coordinating Actions

Some research participants described the need for coordinated actions between response agencies and support organizations. One participant stated coordination helps support *"fluidity between organizations, and the ability for different organizations to step forward depending on their resources or available assets in a given area."* Another participant described the current use of scheduled, virtual meetings, stating,

> *"we'll just have to start having coordination calls between all the players just so that there's information exchange. And we sort of force and book daily meetings, daily phone calls with Zoom ... or WebEx or teams or whatever."*

Some research participants described specific, pre-existing models as being useful for organizing agencies. One participant described a perceived overlap between the UN clusters model and what a mass care framework may look like, stating,

> *"As I've been looking through the UN cluster model, we have a number of organizations, non-profit organizations in particular that are really versatile and they all kind of do a lot of overlapping services."*

Another participant felt the UN cluster approach may be a useful model for BC, stating,

> *"I totally agree like that to me is the way to do it, whether you use our capabilities or somebody else's like, I'm kind*

of agnostic, but I think that that break down and then that ability to LEGO-block things together is exactly what is the right, the right move …"

Another participant described the value in organizing humanitarian aid in line with the Sphere Humanitarian Standard, which describe four clusters of humanitarian services.

Including Impacted Individuals & Communities in Planning

Some research participants described the need to provide space and opportunity to hear from individuals impacted by the event. One participant stated,

> *"There needs to be community leadership and opportunities for those impacted by an event to share their experience with community leadership so that there are decision makers at the table that can effectively support those impacted."*

However, another participant said this engagement could take time, stating, *"Don't expect people to work on your timeline. Could be a long time before they ask for help."* One participant described how engagement with individuals impacted by the event needs to be done purposefully and carefully, stating,

> *"There's the health, you know, and mental health, because it's … people who end up in some kind of mass care situation. They've gone through a pretty traumatic experience and … that health mental health support kind of world again, I think can take many different forms like you need health care at the table, but you also probably need a lot a softer approach for some … more community-based approach as well."*

Funding to Support Mass Care Planning

Some research participants described the need for the local authorities and the provincial government to support local emergency programs with additional funds and guidance specific to mass care planning and response. One participant described how funding is a roadblock to mass care planning, stating,

> *"I think we need more in-person forums to flesh this out a little bit and I would suggest we do it … just talk about possible solutions … because the money thing just stops everybody every time you start talking about something. So, I think we need to find the solutions and then find funding opportunities after that."*

One participant stated there were gaps in "*funding to allow communities (and) agencies to provide support and be better positioned to provide support and meet needs during mass care events.*" Another participant felt there needed to be flexibility in funding, stating,

> *"If municipal governments (and) elected officials want their emergency programs to manage (mass care) events, there needs to be a surplus of extraordinary special projects funding that emergency projects can lean on."*

Another participant felt that this type of funding may come in the form of support for expenses, stating, "*Where the rubber meets the road … there's going to be something, somewhere that says a municipality is eligible for remuneration.*"

Discussion:

Participants described challenges that could be addressed through the development of a mass care framework. In practical terms, a framework could clearly identify service providers. In more general terms, a framework was seen as having a role in supporting communications. However, the idea of "communications" was described in different ways with reference to communications processes, the willingness to share information outside silos, and the need for consistent decision making when engaging with provincial representatives.

Some participants referenced the Integrated Disaster Council of British Columbia, suggesting the Council may already perform some of these functions. However, as the references to the Council were limited, it is possible the role and functions of the Council are not widely known or have not achieved widespread engagement across the province.

In describing the structure of a mass care framework, participant comments highlighted several important areas. A framework should:

- Be supported by **flexible leadership** who can navigate events of a magnitude disproportionate to what emergency managers typically engage in.
- Involve **relationship building** that supports interactions between the people planning for, and delivering, mass care. Relationship building involves multiple layers. At the formal, inter-government level, there is a need to clarify how the province and municipal governments will interface and interact during mass care events. Inter-governmental relationships also involved clarifying how municipal governments will engage with each other, specifically, articulating what can be expected in the way of support identified in mutual aid relationships. On a less formal level, relationship building between people (responders, community representatives, NGOs and others), in getting to know each other before an event occurs is also key.
- Provide **guidance and support for staff** regarding how mass care is being interpreted and operationalized. Put differently, mass care-related staff need to be trained in mass care concepts and structures. However, there is a need to support existing staff who are experiencing burn-out and fatigue from recent responses. As identified earlier in this work, ESS staff who are primarily tapped with frontline mass care actions may not have the resources to provide ongoing support throughout the event.
- Support **engagement from the community** around mass care. Prior to a mass care event, engagement involves educating the public on potential impacts on the availability of services. This entails providing realistic assessments of which services and resources will, and won't, be available. In doing so, there is an opportunity to engage the public in purposeful personal planning to address the impact most relevant to them. Further, engagement with the community means involving the community in the provision of mass care. Organizing, or at a minimum, acknowledging the work of emergent and non-traditional volunteers is one example of this type of engagement.
- Clearly **articulate the models used to coordinate** the actions of response and support agencies. This includes day-to-day coordination, such as the use of technology, as well as overarching organizational structures, such as the use of a clusters-style model.
- Identify **funding models** to support mass care activities. Some costs will be related to planning, such as bringing together various groups for relationship building, training, and strategizing. Other costs will be related to response, such as financial support for host communities. Yet other costs will be related to emergent recovery activities that are difficult to predict but are determined by local governments to be appropriate and necessary.
- Include **impacted individuals and communities** in planning for, and delivering, mass care activities. This action supports the community in contextualizing supports to align with the norms and values of a given community.

Discussion & Considerations

Discussion & Considerations

In this section, the data identified in case studies, the literature review, interviews, and focus groups is discussed in context of the research objectives. Following this discussion, considerations for a mass care framework are presented.

The language used in this section may appear directive and normative. As much of the provincial government's work is driven by legislation, policy, and standard operating procedures, there is a need to present considerations in terms of activities that can a) result in a measurable action and/or outputs, and b) be interpreted and evaluated through an objective lens. It is possible some activities described in these considerations may already be actioned by the province through different programs and initiatives.

The intention of these considerations is to support discussion and planning by EMCR. It should be noted that a number of these considerations would require both executive level approval at EMCR as well as community buy-in to be approved and operationalized.

Discussion

The research set out to address four objectives:

1. Develop a definition of "mass care," which includes differentiating mass care from emergency support services, identifying elements of mass care, and situating mass care functions, responsibilities, and structures within a provincial context;
2. Identify partner communities and agencies involved in aspects of mass care, such as agencies, organizations and individuals with authority/responsibility/capacity for either providing or organizing mass care;
3. Develop a draft framework articulating the interdependencies of partner communities and agencies, including developing a "system of systems" model illustrating the interdependencies and interconnections of those who can play a role in supporting communities, and
4. Provide considerations and practices for implementation of mass care that are scalable to support partner communities and agencies and communities at remote/rural, urban, provincial, and national levels.

Each objective was completed to varying degrees. For objectives 1 and 4, sufficient data was gathered to support researchers in developing a draft definition and description of mass care, identifying elements and principles of mass care, identifying potential mass care models, and developing considerations for a mass care framework. These items are described later in this section.

However, objectives 2 and 3 proved more challenging. Researchers had insufficient data to fully map out the interdependencies between communities and agencies during mass care, or to identify all agencies, organizations, or individuals engaging in mass care. Researchers believe this reflects the lack of formalization of mass care in BC, rather than insufficient sampling..

Conceptually, a lack of formalization means research participants lack a shared language or models to describe mass care. This is supported by the data, in which participants primarily described mass care subjectively, and in context of local experience. Practically speaking, participants focused on describing what was happening in their communities, using local language, models, thresholds, and examples. When prompted to speak about what was happening regionally or provincially, conversations typically focused on identifying operational challenges or describing a need for a broader framework — as compared to the structure of an existing framework.

Operationally, a lack of formalization means the actions that structure and implement mass care are inconsistently described and understood. In provincial documents relating to emergency response and recovery, mass care is variously described as a function of ESS, as being replaced with the concept of humanitarian assistance, or is not mentioned at all. During interviews and focus groups, some participants referred to formal working groups or councils, such as the Integrated Disaster Council of British Columbia, while others did not. Further, some participants described specific roles for ESS and mutual aid in a mass care context, while others did not. Participants seldom referred to formal documents beyond references to BCEMS or legislation. Except for specific references to the Integrated Disaster Council of BC or the UN Clusters model, participants did not describe an overarching mass care framework.

The lack of formalization could be interpreted as both a characteristic of emerging practice and an opportunity to prescribe an approach to mass care. An overarching goal for the province will be to conceptualize an overarching vision for mass care in context of response and recovery, expressing how the province understands mass care and its role in providing mass care services. This conceptualization will require engagement with the various groups being served, as well as those providing services. Importantly, engagement with communities is paramount as they are both the recipients and providers of mass care services.

Categories of Considerations

Considerations have been grouped into five distinct but overlapping categories. These are considerations for:

- **Concepts**: Articulating EMCR's understanding of mass care and humanitarian assistance
- **Principles**: Identifying foundational ideas, interpretations, and directions that will inform a Mass Care Framework
- **Structures**: Identifying elements within a Mass Care Framework that support the operationalization of mass care activities
- **Supports**: Identifying specific actions, procedures, concepts, or roles that support the operationalization of mass care activities aligned with the Framework principles

- **Alignment**: Revising other EMCR documents, procedures, and structures to foster a common understanding of mass care and humanitarian assistance, and to support operationalization

Each consideration will include one or more supporting actions. These supporting actions reflect practical activities to support completion of a given consideration.

This section will reference a variety of documents. Several references will be made to the PEIRS (2022), the ESS Program Guide (2023), and the Provincial Disaster Recovery Framework (2024), as these documents are the main operational documents guiding activities related to mass care at this time.

Considerations

CONCEPTS

Consideration #1: Identify Plain-Language, Unambiguous Provincial Definitions &Descriptions for the Terms "Mass Care" and/or "Humanitarian Assistance."

Researchers did not find a singular, broadly accepted definition for the term "mass care" in BC. Across participants, there was variation in perspectives on the focus, structure, and outputs of mass care. There was also variation in written documents — as an example, the term "humanitarian assistance" in the PEIRS (2022) was introduced as a replacement for the term "mass care."

Neither "mass care" nor "humanitarian assistance" are referenced in the Provincial Disaster Recovery Framework (2024) or the Emergency Support Service Program Guide (2023). It's unclear to what degree EMCR has adopted either of these terms. An initial step in developing a Mass Care Framework is to formalize definitions and descriptions for the terms "mass care" and/or "humanitarian assistance."

Proposed Definition for Mass Care

Mass care can be defined as **the provision of coordinated supports to re-establish the well-being of a community during and following a disaster**.

Mass care has both community and operational focuses. In focusing on the community, mass care considers people and their relationships with services and supports that address physical, cultural, social, and psychosocial needs. In focusing on operations, mass care organizes and coordinates community members and service providers in responding to and interpreting an event, as well as working through recovery.

Existing Definition of Humanitarian Assistance

Humanitarian assistance is defined as "**aid that seeks to save lives and alleviate the suffering of a crisis-affected population**" (PEIRS 2022, p. 59).

Per the PEIRS, humanitarian assistance includes "shelter, food, emergency supplies, reunification, information, childcare, and provision of psychosocial, emotional, cultural, and spiritual supports" (2022, p. 59).

Harmonizing Mass Care & Humanitarian Assistance

Mass care and humanitarian assistance address many of the same functions and services. However, there are key operational differences between them. To differentiate between these services, EMCR might use the following characteristics:

Table 1. *"Mass Care" vs. "Humanitarian Assistance"*

Mass Care	Humanitarian Assistance
Describes the mobilization and coordination of *internal resources* (within the community), which are supplemented by external resources. The combination of supports will vary by community based on available resources and degree of hazard impact.	Describes *external resources* being delivered from outside of the community. These are immediate supports, "pushed" into the community to supplement internal resources.
Begins immediately following an event but may require time to scale up.	Begins immediately following an event. *Resources may be pre-positioned* prior to an event.
Contextualizes humanitarian supports to the need of people and the community. Mass care incorporates other types of supports specific to the needs of the people and community members.	Includes *internationally recognized forms of assistance* and include shelter, food, emergency supplies, reunification, information, childcare, and provision of psychosocial, emotional, cultural, and spiritual supports.
Community led. When community leaders are overwhelmed or unavailable, mass care services are *community-endorsed*.	*Led by external agencies*. Community leaders are engaged to determine service needs and for an overall endorsement of humanitarian service efforts.

CONCEPTS

Consideration #2: Identify Formal Criteria to Determine if an Event Requiring Mass Care is Occurring/Imminent.

The need for mass care arises when local service and resource thresholds are exceeded. When this occurs, available services or resources can no longer fully address the community's needs. This may happen over time and be somewhat predictable, such as gradually using up a supply of sandbags. This may also happen quickly and unpredictably, such as EOC staff needing to be evacuated due to an imminent threat. Thresholds being exceeded are likely an indicator that either mass care services are needed, or that the delivery of mass care services has already begun.

It may be difficult to know if a threshold has been exceeded, as some services are not readily quantifiable. In those cases, participants identified informal criteria that indicate that services and resources are either not available or not meeting the actual need. These criteria include emergency management staff starting to use alternate communication methods (such as using personal cell phones), creating practices and strategies on the fly (i.e. outside existing plans and standard operating procedures), and actively trying to re-interpret the mission or purpose of their agencies to address the situation at hand.

However, there is an opportunity to identify more formal criteria to determine if local thresholds have been exceeded and if mass care is required. Identifying formal criteria will support the province in:

- Identifying when an event will be recognized as a mass care event,
- Interpreting the potential scope of resources required to support a community,
- Interpreting the phase or timeframe the event is in, and
- Determining if/when to mobilize specific mass care related supports.

It is important to consider that the need for mass care is based on local impacts. An event that results in the need for mass care in one community may not have the same impact in another. Erring on the side of activating resources then standing them down if not needed may be prudent.

Formal criteria may include:

- Estimates of hazard severity and/or impact,
- Traditional knowledge of First Nations/Indigenous peoples,
- Estimated or actual financial impact to the community, region, and/or province,
- Estimated or actual loss/damage to infrastructure.

Informal criteria may include:

- Substantial increase or decrease in communications being received by a community,
- Agencies re-interpreting their mission to lean into or support response,
- Practices being generated on the fly.

Additional criteria may be identified based on pre-positioning needs, planning needs, development of mutual aid agreements, and other factors or situations informed by mass care.

CONCEPTS

Consideration #3: Identify the Phases or Timeframes in Which Mass Care and/or Humanitarian Assistance is Provided.

BCEMS[7], the comprehensive framework coordinating emergency management in BC, organizes emergencies into four phases: mitigation, preparedness, response, and recovery. These phases have found broad adoption as BCEMS is standard

7 Ministry of Emergency Management and Climate Readiness. (2016). *British Columbia Emergency Management System.* https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/embc/bcems/bcems_guide.pdf

It is important to consider that the need for mass care is based on local impacts. An event that results in the need for mass care in one community may not have the same impact in another. Erring on the side of activating resources then standing them down if not needed may be prudent.

practice for provincial government ministries and crown corporations and is also recommended best practice for all groups engaging in emergency management in BC (2016, p. 11).

Researchers found no alignment of timeframes across documents structing response and recovery aside from these four phases. A brief sample of timeframes include the following:

- The Provincial Disaster Recovery Framework[8] (2024) identifies three timeframes: short term recovery (the days immediately following a disaster), medium term recovery (the weeks and months following a disaster), and long-term recovery (the months and years following a disaster).
- The PEIRS[9] refers to three phases: immediate response with limited coordination; immediate response with early coordination; and sustained response with full coordination (2022, p. 63). No specific timeframes are identified for each phase, with each being described in terms of coordination level characteristics and key activities to be performed.
- Sphere's Humanitarian Charter and Minimum Standards in Humanitarian Response[10], referenced in the PEIRS, states durations or phases will vary by event; are defined at the response level; and may include "short-term, medium-term, long-term, permanent, emergency, transitional, recovery, durable" phases (p. 280).
- The BC Public Post-Secondary Education Sector Integrated Response Plan for Catastrophic Events[11] (2021) refers to three phases: an immediate response phase; a sustained response phase; and a recovery phase. The recovery phase is further divided into three stages: short term (days to weeks), medium-term (weeks to months), and long-term (months to years) (p. 14).

These examples illustrate two challenges in formalizing timeframes. The first challenge is how to describe an activity succinctly, with enough detail to be meaningful. The second challenge is how to describe these activities in terms of either time or length, and in a way that useful for planning and reporting. Integrating these phases or timeframes within the four phases of emergency management is yet another consideration. The unique characteristics of mass care mean that some form of mass care activity would occur in each of the four phases, with the most recognizable activities occurring during response and recovery.

Despite the challenges in identifying phases or timeframes, doing so provides multiple advantages. These include:

- Organizing the types of actions that may be required to support a community within specific timeframes,
- Supporting reporting on actions taken at particular times, and
- Marking the general progression of the event.

One approach is to organize mass care and humanitarian services as subsets of response and recovery. In this model, there are three phases:

- **Early response.** Primarily involves external humanitarian assistance. Limited mass care services may be provided by departments and organizations internal to the community, however these services may be quickly exhausted. There is significant emergent in-community activity performed by volunteers that is not necessarily seen by, or reported to, government.
- **Sustained response/early recovery.** Involves the alignment of humanitarian assistance with internal mass care services. Community developing capacity to take the lead, or at least to inform and endorse mass care services.
- **Sustained recovery.** Involves continued mass care as needed throughout the recovery phase.

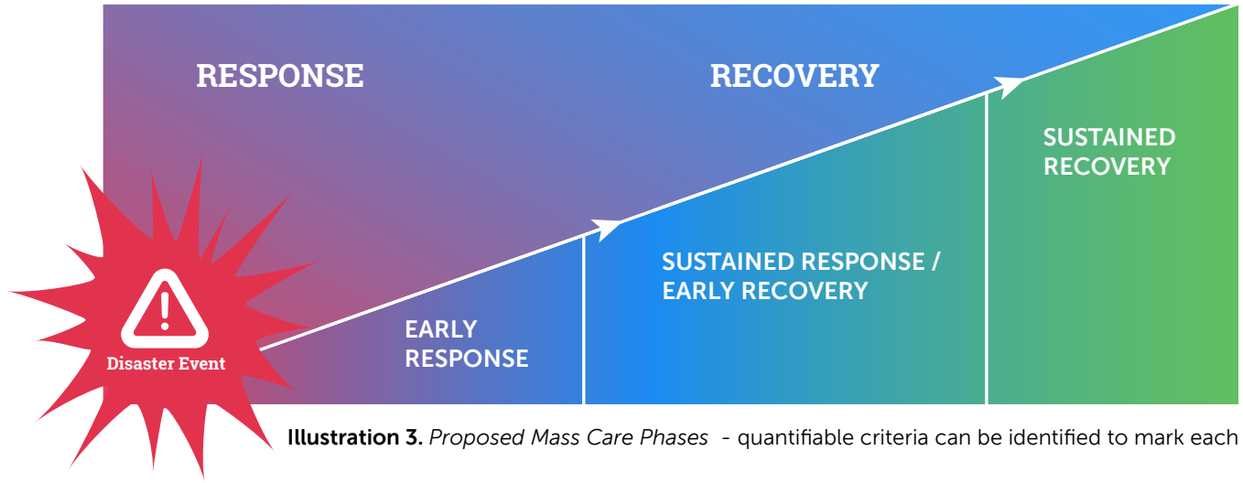


Illustration 3. *Proposed Mass Care Phases* - quantifiable criteria can be identified to mark each phase.

8 Ministry of Emergency Management and Climate Readiness. (2024). Provincial Disaster Recovery Framework.

9 Ministry of Emergency Management and Climate Readiness. (2022a). *Provincial earthquake immediate response strategy*. https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/embc/plans/peirs.pdf

10 Sphere Association. (2018). *Sphere's Humanitarian Charter and Minimum Standards in Humanitarian Response* (2018 edition). https://www.spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf

11 British Columbia Public Post-Secondary Education Sector. (2021). *The Integrated Response Plan for Catastrophic Events.* https://www2.gov.bc.ca/assets/gov/education/post-secondary-education/institution-resources-administration/emergency-support/psi_irp.pdf

CONCEPTS

Consideration #4: Clarify the Role of, and Steps for Scaling up the Capacity of Local Emergency Support Services in Providing Mass Care and Humanitarian Assistance.

The past decade has seen an evolution in the perceived role of ESS in mass care. While the 2015 research conducted by Dr. Collins[12] presented a model in which mass care services were a function of ESS, later planning has acknowledged limitations of ESS during major events. The PEIRS[13] states "*(t)he humanitarian assistance required following a catastrophic earthquake will exceed the capability and mandate of ESS programs due to the scope and duration of supports required*" (2022, p. 59). The Emergency Support Services Program Guide[14](2023) describes boundaries to the services provided by ESS, stating the "*ESS program is designed to support the immediate needs of evacuees*" (p. 6), providing "*short-term temporary supports for individuals and families affected by emergencies or disasters so they can begin to plan their next steps and facilitate their recovery*" (p. 5). The Guide further quantifies this timeframe, stating, "*ESS is typically provided for a period of up to 72 hours*" (p. 6) though this may be extended to three months. These limitations were also acknowledged by research participants, with one stating ESS "*was not designed to support even … evacuations from the wildfires and the flooding. It's designed to support those one-off apartment fires.*"

ESS is still understood as having a role in mass care, though this needs to be considered in context of the limits of ESS programs. One example of this type of planning can be found in the PEIRS, which states, "*(w)hile the provision of humanitarian assistance services will flow from the existing Emergency Support Services (ESS) model, the ESS program is not designed for the scope and scale of services required after a catastrophic earthquake*" (2022, p. 8). However, the PEIRS also describes a reliance on ESS volunteers, stating, "*(t)rained and experienced ESS providers around the province will be an important source of personnel to staff various humanitarian assistance functions*" (2022, p. 59). As some research participants described limits to ESS in terms of staffing, e.g. "*ESS volunteers have been stretched to their absolute max, supporting some of these bigger emergency response events,*" there is a need to identify what additional resources will be available.

As ESS programs are locally managed (2023, p. 4), with services often delivered through volunteers (2023, p. 6), the role of ESS in mass care will need to be clarified through engagement with representatives from ESS and the province.

Understanding if and how ESS will be engaged in mass care requires an objective assessment of the programs current and future capabilities. This would include:

- Identifying current volunteer numbers across the province,
- Identifying potential number of volunteers needed during a catastrophic event,
- Identifying ways to increase the number of, and retaining, trained volunteers,
- Identifying ways to fast-track training and onboarding for emergent volunteers.

PRINCIPLES

Consideration #5: Confirm the Principles that Would Inform the Focus, Structure, and Operational Considerations for a Mass Care Framework.

A principle[15] is a general statement or assumption that forms the basis for a chain of reasoning. In context of a framework, principles provide a way to think about ideas, concepts, and practices. They support the reader in interpreting content by guiding them to think in a particular way. For example, the Provincial Disaster Recovery Framework[16] (2024) includes 10 principles used to "*guide the Province's approach to Community Recovery*" (p. 10-11).

A mass care framework would benefit from principles that support the broader adoption, integration, and operationalization of the framework.

It is important to keep in mind that these principles will influence how a mass care framework is interpreted and operationalized. Some principles may refer to, or imply the use of, structures that require unique forms of leadership, resourcing, and interpretation.

Based on the literature and participant data, a Mass Care Framework would be guided by seven principles. These are:

- **Alignment with EDMA and BCEMS**. The ideas, concepts, and practices described in this framework should be considered and performed in alignment with the Emergency and Disaster Management Act (EDMA) and the British Columbia Emergency Management System (BCEMS).
- **Alignment with the Declaration on the Rights of Indigenous Peoples Act.** The ideas, concepts, and practices described in this framework should align with the Declaration of the Rights of Indigenous Peoples Act.

12 Collins, K. (2015). Literature Review: Best Practice for a BC Mass Care Framework. Government of British Columbia.

13 Ministry of Emergency Management and Climate Readiness. (2022a). *Provincial earthquake immediate response strategy*. https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/embc/plans/peirs.pdf

14 Ministry of Emergency Management and Climate Readiness. (2023a). *Emergency Support Services Program Guide* (2nd Edition). https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/ess/guides/ess_program_guide.pdf

15 Oxford English Dictionary, s.v. "principle (n.), sense II.3.a," March 2024, https://doi.org/10.1093/OED/1796119223.)

16 Ministry of Emergency Management and Climate Readiness. (2024). *Provincial Disaster Recovery Framework*.

- **Alignment with Trauma-Informed Practice**. Practices and activities described in this framework will be performed in alignment with a trauma-informed approach.
- **Community Led and Endorsed Planning and Actions**. The impacted community will play a central role in identifying and administering mass care services. When a community is overwhelmed and unable to take a leading role, community leaders or representatives will be involved in mass care planning and will endorse decisions and actions.
- **Services for All Impacted by the Event**. Planning and response will consider the unique needs of all community members impacted by an event.
- **Services Based on Identified Need**. The framework takes a person-centred approach, providing services based on the actual needs identified by individuals.
- **Incorporate Indigenous Knowledge and Indigenized Practices**. Indigenous Knowledge is engaged where possible to develop mass care ideas, concepts, and practices.

Alignment with EDMA & BCEMS

Emergency management in BC is given structure through important documents. The Emergency and Disaster Management Act[17] (EDMA) provides legislated authority to the Minister and provincial emergency management organization (EMCR) to perform actions required for effective emergency management. EDMA includes a brief overview of principles necessary for organizing and performing emergency management activities in a way aligned with provincial expectations.

The principles described in EDMA are thoroughly explored and operationalized in BCEMS[18]. BCEMS aligns emergency management activity by providing structures for standardized approaches in developing and managing emergency management programs; establishing principles, processes, and common terminology; and supporting integration and partnerships (2016, p. 11). BCEMS also contains a series of guiding principles that form the basis of emergency management practice in the province. These guiding principles include health and safety; shared responsibility; an all-hazards approach; collaboration and "stakeholder" engagement; common approach; clear communication; and continuous improvement (2016, p. 18-19).

Interpreting the contents of a mass care framework in context of EDMA and BCEMS is important in supporting alignment of mass care activities to emergency management practice in the province.

Alignment with the Declaration on the Rights of Indigenous Peoples Act

In November 2019, the provincial government passed the Declaration on the Rights of Indigenous Peoples Act (Declaration Act) into law. The Declaration Act establishes the United Nations Declaration on the Rights of Indigenous Peoples as the Province's framework for reconciliation, as called for by the Truth and Reconciliation Commission's Calls to Action.

The Declaration Act describes the mandates of the government to bring provincial laws into alignment with the UN Declaration; the requirement for the Province to develop and implement an action plan, in consultation and co-operation with Indigenous Peoples, to meet the objectives of the UN Declaration; to regularly report to the provincial legislature on the implementation of the action plan; and other related actions to operationalize these activities.

Interpreting the contents of a mass care framework in the context of the Declaration Act and in active consultation with Indigenous Peoples is important in supporting alignment of mass care activities with the Declaration Act.

Alignment with Trauma-Informed Practice

Trauma is a complex emotional response to challenging events that can *"harm a person's sense of safety, sense of self, and ability to regulate emotions and navigate relationships"* [19]. Trauma — both pre-existing and arising from an emergency event — informs how individuals interpret an event, how they perceive emergency services and supports, and how they recover from the impact of the event. Acknowledging and addressing trauma will be an important consideration in ensuring mass care services both address the needs of, and are accepted by, an impacted population.

Acknowledging and addressing this trauma could involve the adoption of trauma-informed practice, described as a strengths-based approach to engaging with individuals that emphasises physical, psychological, and emotional safety as they rebuild a sense of control and empowerment[20].

The *Aboriginal Policy and Practice Framework in British Columbia*[21] describes trauma-informed practice as being central in creating security, belonging and well being for First Nations and Indigenous peoples (2015, p. 20). Further, the adoption of a trauma-informed approach aligns with recent plans, such as the PEIRS[22], which describes all services as needing to be provided in a trauma-informed manner (2022, p. 64).

17 *Emergency and Disaster Management Act*, Bill 31, 4th Session, 42nd Parliament (2023). https://www.bclaws.gov.bc.ca/civix/document/id/bills/billsprevious/4th42nd:gov31-1

18 Ministry of Emergency Management and Climate Readiness. (2016). *British Columbia Emergency Management System.* https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/embc/bcems/bcems_guide.pdf

19 CAMH. (2024). *Trauma*. https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/trauma

20 Government of British Columbia. (2024). *Trauma-informed practice (TIP) – resources*. https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/child-teen-mental-health/trauma-informed-practice-resources

21 Aboriginal Policy and Practice Working Group. (2015). Aboriginal Policy and Practice Framework in British Columbia. https://www2.gov.bc.ca/gov/content/governments/Indigenous-people/supporting-communities/child-family-development.

22 Ministry of Emergency Management and Climate Readiness. (2022). *Provincial earthquake immediate response strategy*. https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/embc/plans/peirs.pdf

Community Led & Endorsed Planning & Actions

The role of the community during a disaster is complex, with literature describing it fulfilling different roles. The PEIRS describes a community role as focusing on response activities (2022, p. 63), as well as a source for services and networks (2022, p. 64). The ESS Program Guide[23] describes the community as a source of support for individuals (2023, p. 6). BCEMS[24] describes the community as a source of creative problem solving for long-term recovery (2016, p. 94). Abbott and Chapman[25] described the community as a unit for goal setting and measurement (2018, p. 7). However, one missing interpretation of community was its significance in shaping the individual. To some participants, the recovery of the community and the individual are closely tied, in some cases to the point of being inseparable. A catastrophic event becomes part of the community's story and will influence how the community understands future events.

Owing to the significance of the community during catastrophic events, a community should have a central role in planning and administering mass care services.

There is still the need to examine the language in other provincial documents to clarify the how the concept of community led aligns with other interpretations of the role of community. For example, the Provincial Disaster Recovery Framework[26] (2024) identifies 10 principles that guide the approach to community recovery. One of these principles is recovery being *Community-Endorsed*, described as:

> "*The Province is a partner in recovery. The Province recognizes that while the community has the authority and responsibility for all phases of emergency management, recovery can often present unique and difficult challenges for communities. Depending on the scope and scale of events, some communities will need more direct assistance and leadership from the Province to achieve success*" (2024, p. 10).

However, this Framework later describes a "community-led" process, stating that the Framework enables "a community to navigate recovery in a manner that will enable a community-led recovery process" (2024, p. 63).

These variations in language may simply be semantic interpretations, ultimately pointing to the same goal of articulating an active, leading role for the community.

Services for All Impacted by the Event

On the surface, the concept of equity in the provision of mass care services may seem to be both sensible and attainable. However, the factors that make an event catastrophic in nature are the same factors that impact the provision of equitable treatment. These factors can prompt formal and informal narrowing of services, often justified in terms of available resources and services. However, this reveals a hidden challenge — that the hardest to get resources and services may be those most needed by specific portions of the evacuee population. Services that don't cater to all evacuees' specific needs have not actually provided care for all; they have only provided care to a portion of the population whose needs can be addressed by available resources. Those whose needs are not met by mass care services will need to either make do with what is available and manage any related consequences, or source required resources and services on their own — at a time when those resources and service are most difficult to locate and access.

In the PEIRS, EMCR describes alignment with two standards that inform how services are provided during catastrophic events. These include the Core Humanitarian Standard[27] and Sphere's Humanitarian Charter and Minimum Standards in Humanitarian Response[28].

The Core Standard includes nine commitments that "*describe what people and communities in situations of crisis and vulnerability can expect from those that support them*" (2024, p. 3). Commitment 2 of the Core states "*(p)eople and communities access timely and effective support in accordance with their specific needs and priorities*" (2024, p. 7).

The Sphere Standards makes a similar commitment, stating "*(c)ommunities and people affected by crisis receive assistance appropriate to their needs*" (2018, p. 54). The Sphere Standard includes additional commitments, including "*(c)ommunities and people affected by crisis have access to the humanitarian assistance they need at the right time*" (2018, p. 56) and "*(c)ommunities and people affected by crisis receive coordinated, complementary assistance*" (2018, p. 70).

In general, these commitments describe a goal of equitable treatment for people and communities impacted by disaster. The supporting material in each Standard describes related actions and requirements that enact each commitment. It is worth noting that these commitments do not identify any limitations related to which impacted people, communities, or groups receive care.

Providing care that is appropriate to the specific needs and priorities of people and communities, delivered at the right time

23 Ministry of Emergency Management and Climate Readiness. (2023a). *Emergency Support Services Program Guide* (2nd Edition). https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/ess/guides/ess_program_guide.pdf

24 Ministry of Emergency Management and Climate Readiness. (2023b). *BC's Modernized Emergency Management Legislation*. https://www2.gov.bc.ca/gov/content/safety/emergency-management/emergency-management/legislation-and-regulations/modernizing-epa

25 Abbott, G., & Chapman, M. (2018). *Addressing the new normal: 21st century disaster management in British Columbia*. Government of British Columbia. https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/embc/bc-flood-and-wildfire-review-addressing-the-new-normal-21st-century-disaster-management-in-bc-web.pdf

26 Ministry of Emergency Management and Climate Readiness. (2024). *Provincial Disaster Recovery Framework*.

27 CHS Alliance. (2024). *Core Humanitarian Standard on Quality and Accountability* (2nd edition). https://www.corehumanitarianstandard.org/languages

28 Sphere Association. (2018). *Sphere's Humanitarian Charter and Minimum Standards in Humanitarian Response* (2018 edition). https://www.spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf

and in a coordinated fashion, requires an understanding of the community's actual, specific needs and priorities. Further, it involves an acceptance that some needs are not negotiable, even short term. Cultural proscriptions, required medications, food allergies, and accessible facilities are examples of non-negotiable factors that inform what appropriate care looks to a person and a community.

A mass care framework that is aligned with the Sphere and Core Standards will recognize that care is for all people and communities impacted by the event.

Services Based on Identified Need

While the principle of Services for All describes the scope of mass care services extending to everyone impacted by the event, the principle of services Based on Identified Need describes a focus on identifying and understanding the particular needs of impacted people and communities.

In *Fairness in a Changing Climate: Ensuring Disaster Supports are Accessible, Equitable, and Adaptable – Special Report No. 54, October 2023*[29], the BC Ombudsperson states, "*The provincial response needs to be proactive and centred on the needs of people, not programs. A 'one-size-fits-all' approach will not result in fair and equitable outcomes*" (2023, p.2). Further,

> "*(a)dopting a person-centred approach in line with the Sendai Framework would better enable support along a continuum from evacuation to recovery. Such an approach would integrate response and recovery — whether through ESS and DFA or other programs — to support those experiencing long-term displacement*" (2023, p. 94)

In general, the concept of care based on need is referenced in several provincial planning documents. The Provincial Disaster Recovery Framework[30] identifies a principle of flexibility and scalability of services that "*depend on the needs of the community, and will vary based on discussions with the impacted community*" (2024, p. 10). The ESS Program Guide[31] describes a process in which ESS responders conduct a needs assessment with evacuees "*to determine what is needed to sustain an evacuee through the immediate response period*" (2023, p. 24), followed by the ESS program supporting those needs. The PEIRS[32] describes how damages following a catastrophic earthquake will "*create significant needs within communities*" (2022, p. 59).

As a caution, performing needs assessments does not necessarily guarantee equity or services for all. For example, the PEIRS describes needs assessments performed across two phases. During the immediate response — early coordination phase to an event:

> "*PREOCs and the PECC/CERRC will partner with local EOCs to undertake rapid community needs assessments to identify the distinct needs of various groups, including equity-seeking groups, and to ensure humanitarian services are appropriate*" (2022, p. 62).

During the sustained response/full coordination phase, "*a provincial registration system will be established to register impacted people, begin individualized assessments of needs, and provide targeted supports*" (2022, p. 62). However, this creates the risk of primarily identifying and prioritizing the needs of dominant groups or groups who can express their needs to community leaders. This could be seen as a logical approach in that early care is provided to the assumed majority of impacted people. However, it may also lead to a situation in which groups with lower representation, unique needs, or who cannot articulate their needs receive less care and fewer services. To the individual impacted by disaster, needs are personal and immediate and may not be able to wait until later phases of response to be addressed.

A mass care framework that provides services based on identified need will engage in planning and needs assessment processes that foster equity and representation across impacted individuals and communities. The services provided will reflect their actual needs.

Incorporate Indigenous Knowledge & Indigenized Practices

To decolonize emergency management practice, there is a need to purposefully and thoughtfully develop, and in some cases redevelop, mass care systems and structures. An initial step is to engage with, and incorporate, Indigenous Knowledge into a mass care framework. Indigenous Knowledge is described at the federal level[33] as referring to the "*unique cultures, languages, values, histories, governance and legal systems of Indigenous Peoples.*"

In addition, mass care practices should be Indigenized. This is a process that will require engagement, consultation, and imagination as new practices are developed and existing practices are brought in line with Indigenous Knowledge.

- **Alignment with Trauma-Informed Practice**. Practices and activities described in this framework will be performed in alignment with a trauma-informed approach.
- **Community Led and Endorsed Planning and Actions**. The impacted community will play a central role in identifying

29 Chalke, J. (2023). *Fairness in a Changing Climate: Ensuring Disaster Supports are Accessible, Equitable, and Adaptable – Special Report No. 54, October 2023*. Ombudsperson British Columbia. https://bcombudsperson.ca/assets/media/OMB-FireFlood_report_web.pdf

30 Ministry of Emergency Management and Climate Readiness. (2024). *Provincial Disaster Recovery Framework*.

31 Ministry of Emergency Management and Climate Readiness. (2023a). *Emergency Support Services Program Guide* (2nd Edition). https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/ess/guides/ess_program_guide.pdf

32 Ministry of Emergency Management and Climate Readiness. (2022a). *Provincial earthquake immediate response strategy*. https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/embc/plans/peirs.pdf

33 Government of Canada. (2024). *Indigenous Knowledge*. https://www.canada.ca/en/impact-assessment-agency/programs/aboriginal-consultation-federal-environmental-assessment/Indigenous-knowledge-policy-framework-initiative.html

and administering mass care services. When a community is overwhelmed and unable to take a leading role, community leaders or representatives will be involved in mass care planning and will endorse decisions and actions.

- **Services for All Impacted by the Event**. Planning and response will consider the unique needs of all community members impacted by an event.
- **Services Based on Identified Need**. The framework takes a person-centred approach, providing services based on the actual needs identified by individuals.

OPERATIONAL STRUCTURES

Consideration #6: Adopt Operational Structures that Support the Operationalization of the Principles of the Mass Care Framework.

After the principles for a mass care framework have been identified and adopted, structures and practices that operationalize those principles will need to be developed.

At least one model for mass care/humanitarian assistance has been proposed in the PEIRS[34]:

> "*Provincial Regional Emergency Operations Centres (PREOCs) and the Provincial Emergency Coordination Centre (PECC) or Catastrophic Emergency Response and Recovery Centre (CERRC) will establish a Humanitarian Assistance Branch as needed. Provincial working groups may also be established to coordinate and integrate various humanitarian assistance functions*" (2022, p. 59).

However, guidelines for operationalizing this model are not provided in the PEIRS. Additionally, this model is not mentioned in the Provincial Disaster Recovery Framework (2024) or the Emergency Support Services Program Guide (2023).

Further, existing structures may be insufficient to effectively deliver mass care. Some provincial documents have alluded to these limitations, including the PEIRS, which states:

> "*(t)he humanitarian assistance required following a catastrophic earthquake will exceed the capability and mandate of ESS programs due to the scope and duration of supports required*" (2022, p. 59),

and

> "*(w)hile the provision of humanitarian assistance services will flow from the existing Emergency Support Services (ESS) model, the ESS program is not designed for the scope and scale of services required after a catastrophic earthquake*" (2022, p. 8).

New operational structures may be required to fully address the scope, scale, and community needs of mass care events. The development of a mass care framework would require a commitment to consider revising or adopting new operational models as well as models for engaging the community in response and recovery activities. Two potential operational models as well as one model for community engagement are described below. While adoption of portions of these models would require engagement and authorization that exceeds the scope of this research project, initial steps would be to consider the merits of each in context of the needs of the province and communities.

Potential Models

New Zealand Emergency Operations Centre (EOC) Structures

One strategy to enact these principles would be to explore adapting existing EOC structures to better address catastrophic events. In BC, EOCs typically follow an ICS structure described in the BC Emergency Management System (BCEMS).

In New Zealand, EOCs follow a similar model but with some key adaptations. In New Zealand, emergency management is administered federally through the National Emergency Management Agency (NEMA) and administered at the community level through 16 local/regional Civil Defence and Emergency Management (CDEM) groups. At a high level, community support during disasters involves the use of Incident Command Points as well as EOCs. These in turn receive support from a regional Group Emergency Coordination Centre, followed by a National Crisis Management Centre (see Figure 1).

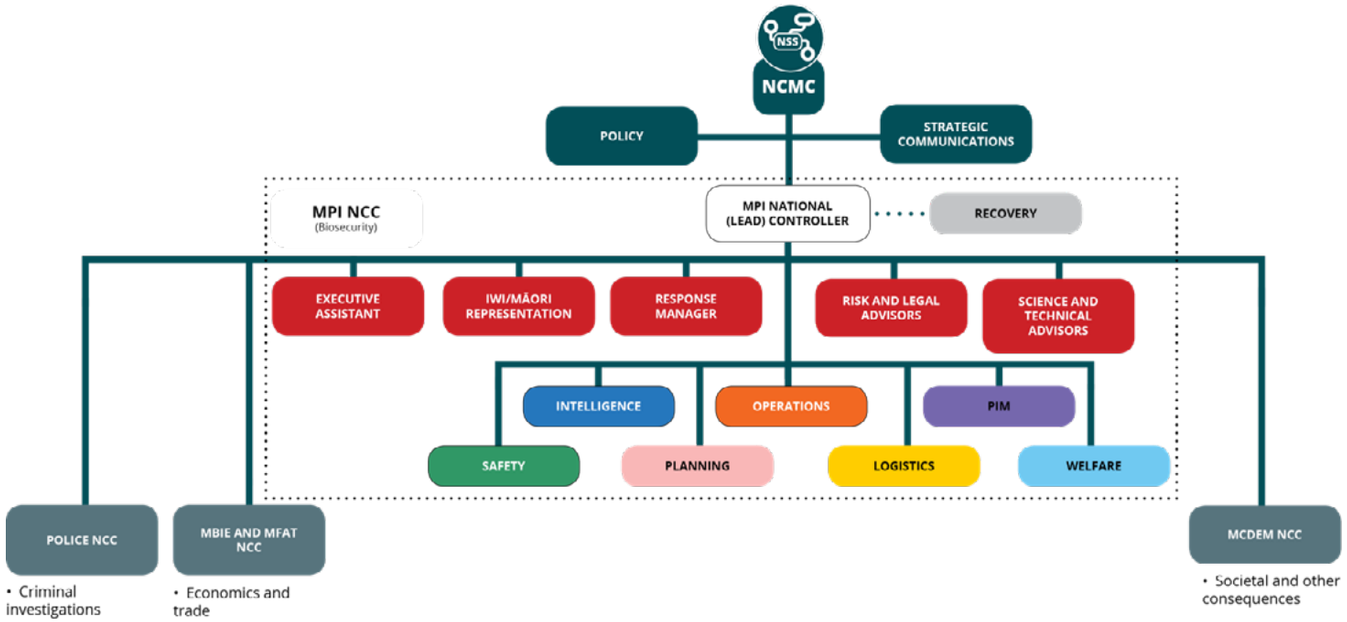
Figure 1. *New Zealand CDEM Response Structure*

Source: Emergency Management Canterbury. (2023). *About Civil Defence Emergency Management.* https://www.cdemcanterbury.govt.nz/canterbury-cdem/about-us/

34 Ministry of Emergency Management and Climate Readiness. (2022a). *Provincial earthquake immediate response strategy*. https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/embc/plans/peirs.pdf

EOC operations are guided by the Coordinated Incident Management System (CIMS), a networked hierarchical system that supports an expandable control structure comparable to BCEMS. However, there are some key differences and contextualization that delineate CIMS from BCEMS, illustrated in Figure 2.

Figure 2. *New Zealand CDEM EOC Structure*



Source: New Zealand Government. (2019). *Coordinated Incident Management System (CIMS)* (3rd ed.). https://www.civildefence.govt.nz/assets/Uploads/CIMS-3rd-edition/CIMS-3rd-edition-FINAL-Aug-2019.pdf

Some functions, such as Planning, Logistics, and Operations, are similar in both systems. However, CIMS includes functions and roles that differ from those commonly found in ICS. Related to mass care, two functions are:

Iwi/Māori Representation, a position addressing Iwi-mandated representation in the EOC. This role may be filled by a representative or representatives of the whānau (describing the extended family group), hapū (describing a subtribe or clan and serving as a base political unit in Māori society), and iwi (describing the Māori people or nation). The function of this role is described in CIMS[35] as providing:

> *"Cultural advice to the Controller and ensures iwi/ Māori interests are represented. Being part of the IMT, the representation also ensures that connections to the various functions are established and maintained, Iwi and Māori media channels are informed about the response objectives and progress, and that the welfare of the wider Māori community and whānau is captured in response planning … Iwi/Māori representation should understand local resources that might be able to be mobilised, ensure interactions with and between iwi/Māori networks are managed appropriately, and provide advice on tikanga and local topography e.g. wāhi tapu."* (2019, p. 40-41)

The Welfare function, distinct from Operations. In the New Zealand EOC context described in CIMS, Welfare is responsible for "*ensuring planned, coordinated and effective delivery of welfare services to individuals, families/whānau and communities, including animals that are affected by an incident*" (2019, p. 114). Some Welfare services overlap with those provided by ESS in British Columbia, while other services are unique. Welfare services include,

35 National Emergency Management Agency. (2019). *Coordinated Incident Management System (CIMS) (3rd edition)*. New Zealand Government. https://www.civildefence.govt.nz/assets/Uploads/documents/cims/CIMS-3rd-edition-FINAL-Aug-2019.pdf

> *"(F)ood, water, hygiene and clothing; medication and other health needs; shelter or accommodation; psychological first aid and psychosocial support; care and support for vulnerable people and communities; financial assistance (e.g. tax relief or business support); veterinary assistance, food, water, rescue, evacuation and/or shelter for affected animals; assistance with contacting family/whānau or significant others; and timely information about available services"* (2019, p. 62).

The Welfare function ensures welfare activities are coordinated and integrated with other EOC functions and organizations supporting response and recovery. Welfare personnel actively gather data on community needs and work to ensure these needs are met.

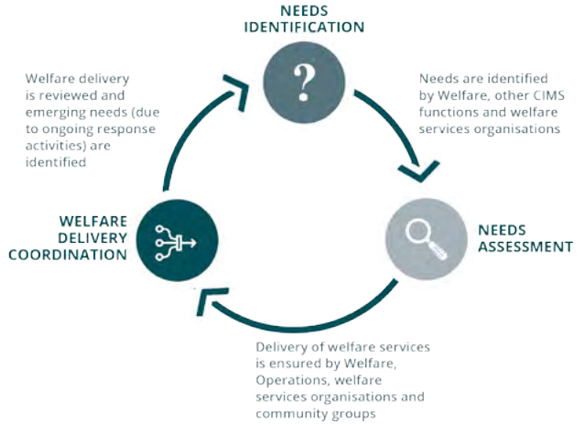
The Welfare function includes two subfunctions:

- Needs Assessment, whose personnel follow a systematic process of analysing, understanding, and prioritizing the needs of people and animals. Immediate needs are identified by analyzing data from a variety of sources, including *"requests for assistance … requests received by call centres and through welfare facilities, coordinated community outreach activities" and "information received from welfare service organisations"* (2019, p. 64).
- Welfare Delivery Coordination, whose personnel *"ensures appropriate welfare services organisations and community groups have the capability and capacity to address the specific welfare needs"* (2019, p. 65).

When needed, a Welfare Facility subfunction may also be activated to oversee welfare facilities, support for individuals sheltering in place, and for providing support to evacuated individuals.

The activities of the Welfare function are driven by identifying and understanding the needs of people and animals impacted by an event. This process is summarized in Figure 3, which articulates a process of identifying needs, determining which service can address those needs, and then a review to determine if the needs are met.

Figure 3. *The Welfare Cycle.*



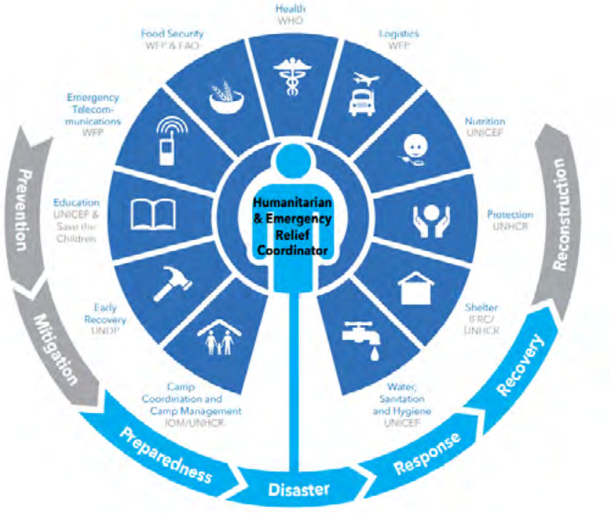
Source: New Zealand Government. (2019). *Coordinated Incident Management System (CIMS)* (3rd ed.). https://www.civildefence.govt.nz/assets/Uploads/CIMS-3rd-edition/CIMS-3rd-edition-FINAL-Aug-2019.pdf

The Welfare function is supported by unique roles with the title Group Welfare Manager. This role supports the Welfare function during an event but also provides community outreach and training, as well as supporting the community-initiatives, such as Emergency Hubs.

United Nations Cluster Approach

The Cluster approach, used to coordinate non-refugee humanitarian emergencies, involves complex coordination with levels of government and humanitarian organizations at the federal and international level. Organized into thematic groupings of services, each Cluster coordinates the delivery of services and resources related to their grouping. Figure 4 illustrates these groupings, highlighting the role of a central coordinator and the timeframes in which the work of the Clusters is performed.

Figure 4. *United Nations Cluster Approach*



Source: UNCHR. (2024). *Cluster Approach.* https://emergency.unhcr.org/coordination-and-communication/cluster-system/cluster-approach.

Full adoption of the Cluster approach would require both significant legislative and development work at the provincial and federal levels. This level of commitment is outside the scope of what this report could recommend.

However, it is feasible to adopt some elements of the Cluster approach to support the organization and coordination of governments, NGOs, and the private sector during mass care events. Further, organizing response in this way would support interoperability with other international agencies, a) if the Cluster approach was adopted at the federal level and, b) if a catastrophic event in BC was so severe it warranted engagement with the Cluster approach to organize international support.

The PEIRS[36] states,

> *"National and international surge capacity and expertise will be required to deliver basic services in alignment with Core Humanitarian Standards and Sphere's Humanitarian Charter and Minimum Standards in Humanitarian Response, and in particular to ensure humanitarian assistance is culturally appropriate, trauma-informed, and cognizant of the unique needs of people who may be vulnerable"* (2022, p. 8).

Alignment with the Cluster model would support engagement with international supports.

While adoption of this approach would require significant consultation and planning, this approach would likely involve identifying:

- One or more key positions that would serve as provincial level mass care coordinators,
- Cluster groupings and coordinators for each,
- Lead organizations for each Cluster,
- Activation procedures for the Cluster approach,
- Operational structures for coordinating activity of Cluster members,
- Processes for deactivating and demobilizing Cluster members.

Disaster Support Hubs/Community Emergency Hubs

Another model that would address these principles is the development of community structures that support emergency community activity.

The City of Vancouver maintains 25 Disaster Support Hubs[37], which serve as designated locations for community members to gather, coordinate immediate response work, and aid others in their neighbourhood. Most Hubs are in public buildings, such as community centres. Hubs can serve multiple purposes depending on the event and the resources available at the Hub and may include group lodging, reception centres, and cooling and warming centres.

The Community Emergency Hubs, used by Wellington Region Emergency Management in New Zealand, are similar to the Vancouver Hubs. These hubs provide places for community members to meet and coordinate local response and recovery. Wellington Hubs are organized and activated by members of the public, with the emergency management program providing template materials to organize their work (e.g. bins, vests, office materials).

SUPPORTS

Consideration #7: Make Available Resources to Operationalize the Mass Care Framework, in Alignment with its Principles & Structures.

The operationalization of the Mass Care Framework will require making various types of resources available to communities. Some of these resources will support realignment of existing emergency programs to the principles and structures of a Mass Care Framework. Other resources will support communities in navigating and operationalizing the practices described in the Framework.

The provincial government has previously expressed its intentions to support emergency management by stating in BCEMS[38], *"It is our government's priority to give emergency personnel and emergency management representatives the tools necessary to ensure a coordinated and organized approach to emergencies and disasters"* (2016, p. 9).

It is important to note that new operational structures may be needed to fully operationalize these principles as the scope, scale, and community needs of mass care events described by participants exceeds what existing structures can address.

Supporting resources include:

- **Personnel — Auxiliary**. Identifying both pre-trained personnel as well as mechanisms for engaging with large numbers of convergent volunteers.
- **Personnel — Mass Care Framework Navigators**. Developing positions specific to supporting communities in understanding and engaging with the mass care framework.
- **Training and Documentation**. Developing training and framework materials to support the operationalization of mass care.
- **Funding**. Making funding available to support foreseeable and emergent costs associated with the provision of mass care.
- **Service Arrangements**. Developing service arrangements to address specific mass care functions.

Personnel — Auxiliary

The implementation of mass care will require an influx of auxiliary personnel. This notion is captured in documents like the PEIRS[39], which states that following a catastrophic earthquake, *"Trained and experienced ESS providers around the province will be an important source of personnel to staff various humanitarian assistance functions"* (2022, p. 59). However, research participants described a variety of challenges related to the day-to-day maintenance of trained ESS staff

36 Ministry of Emergency Management and Climate Readiness. (2022a). *Provincial earthquake immediate response strategy*. https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/embc/plans/peirs.pdf

37 City of Vancouver. (2024). *Disaster support hubs*. https://vancouver.ca/home-property-development/disaster-support-hubs.aspx

38 Ministry of Emergency Management and Climate Readiness. (2016). *British Columbia Emergency Management System*. https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/embc/bcems/bcems_guide.pdf

39 Ministry of Emergency Management and Climate Readiness. (2022a). *Provincial earthquake immediate response strategy*. https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/embc/plans/peirs.pdf

rosters, ranging from burn out through disengagement to challenges with the volunteer model. It is unclear what impact an event requiring mass care would have on the availability of ESS staff. In that regard, a Mass Care Framework should consider staffing options outside of the ESS model.

One option is to plan and prepare for non-ESS volunteers from both impacted communities and converging from other parts of the province. This aligns with statements from some research participants, such as "*if there was a big event happening, (the emergency program) would be flooded with people wanting to help. So being ready to use those people is really important.*"

Recent disasters in other countries have shown convergent volunteer groups may take different forms. For example, the Student Volunteer Army in New Zealand[40] saw the coordinated mobilization of 11,000 students who provided response support immediately following the 2010 Christchurch earthquake. The Student Volunteer Army evolved into a formal charity in 2012. Similarly, Occupy Sandy saw the emergence of an informal yet coordinated disaster relief network comprised of both local community organizations and individuals engaged in the Occupy protests. Some aspects of the Occupy Sandy[41] network have continued under their social media, with a focus on social issues.

Personnel — Mass Care Framework Navigators

EMCR currently maintains roles known as Community Navigators, and First Nations Community Navigators[42]. These people serve as liaisons between evacuees and the services that are supporting them, such as the EOC, ESS program, and other support agencies. In this role, the Navigator "*advocates for evacuees and facilitates solutions to complex and/or unique evacuee needs*" (2022, p. 2). Further, the First Nations Community Navigator "*also has in depth knowledge of the affected First Nation peoples' culture, practices, and protocols*", within which context the role "*supports, demonstrates, promotes, and facilitates the implementation of culturally safe practices within the Emergency Support Services program delivery*" (2022, p. 2).

Based on the potential complexity of the Mass Care Framework, it may be useful to develop a Navigator role that also address the needs of elected officials. This person would also be a liaison, managing their involvement based on the needs of the community leadership. Versed in the Mass Care Framework, EMCR practices, and the practices of the local community, this person would assist the local community in engaging with EMCR.

Training & Documentation

As the Mass Care Framework will involve changing practice, there will be the need for both documentation and training at a variety of levels — for communities, agencies and ministries, and NGOs and other groups supporting mass care. Both documentation and training will need to be developed and then delivered in a coordinated manner.

Funding

In implementing the Mass Care Framework, funding will be needed to support a variety of initiatives. An overview of some foreseeable costs include:

- Community planning and preparation to align with the Mass Care Framework,
- Training additional personnel as auxiliary supports, prior to and during an event requiring mass care,
- Training for the public around interpreting mass care,
- Immediate funding during mass care to support emergent projects and needs.

40 SVA. (n.d.). *About SVA*. https://www.sva.org.nz/about.

41 Occupy Sandy. (n.d.). *Occupy Sandy*. https://www.facebook.com/OccupySandyReliefNyc/

42 Ministry of Emergency Management and Climate Readiness. (2022c). *Policy 2.14 Community Navigator – First Nations Community Navigator for Emergency Support Services*. https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/embc/policies/214_embc_community_navigator_for_ess_policy.pdf

These costs may be shouldered by the province, local communities, or both. Clearly articulating how they will be shared will be an important factor in garnering buy in for the Mass Care Framework.

Formalize Service Arrangements

For this research, service arrangements include:

- Formal contracts, standard operating procedures, or other documents that articulate the provision of specific services and resources by a group, organization, agency, or individuals,
- Mutual aid agreements maintained by communities, regional bodies, and agencies,
- Informal agreements, historical practices, or other forms of relationship that imply the provision of services or resources,
- Plans and other documents that define a concept of operations or similar model.

Based on this research, service arrangements should not be seen as unique or separate from the overarching mass care framework. Rather, these arrangements should describe the services, resources, and operational structures used to address the specific identified needs of the impacted population. Further, these arrangements should define how these actions will be performed in alignment with the principles of the framework.

There may be a tendency to rely on existing documents to serve as templates for new service agreements. However, these should be used with caution as they may focus primarily on operational activity and overlook the overarching purpose of a mass care framework.

ALIGNMENT OF EMCR DOCUMENTS

Consideration #8: Revise EMCR Documents to Fully Integrate the Mass Care Framework.

The operationalization of the Mass Care Framework will require the Mass Care Framework to be consistently reflected in EMCR plans, policies, and procedures. This will involve identifying documents that reference mass care or activities comparable to mass care; reconciling contradictory mass care activities in favour of alignment with the Mass Care Framework; and then revising and disseminating these documents.

Fully integrating the mass care framework into current emergency management practice will include:

- **Engaging staff, departments, and partners in identifying the various plans, policies, and procedures** that reference mass care or events comparable to mass care,
- **Developing a common language** to be used to update these plans, policies, and procedures,
- **Identifying and reconcile differing approaches** to mass care identified in the plans, policies, and procedures,
- **Revising the plans, policies and procedures** with the common language.

Considerations — Summary

The considerations from this research report are summarized below.

Consideration #1: Identify Plain-Language, Unambiguous Provincial Definitions and descriptions for the Terms "Mass Care" and/or "Humanitarian Assistance."

Adopt formal definitions and descriptions of mass care and humanitarian assistance, as follows:

- "Mass care" can be defined as the provision of coordinated supports to re-establish the well-being of a community during and following a disaster.
    - Mass care has both a community focus and an operational focus. In focusing on the community, mass care considers people and the relationships between people with services and supports that address physical, cultural, social, and psychosocial needs. In focusing on operations, mass care organizes and coordinates community members and service providers in responding to and interpreting the event, as well as working through recovery.
- Humanitarian assistance is defined as "aid that seeks to save lives and alleviate the suffering of a crisis-affected population."
    - Per the PEIRS, humanitarian assistance includes "shelter, food, emergency supplies, reunification, information, childcare, and provision of psychosocial, emotional, cultural, and spiritual supports."

Consideration #2: Identify Formal Criteria to Determine if an Event Requiring Mass Care is Occurring/Imminent.

Formal criteria:

- Estimates of hazard severity and/or impact,
- Traditional knowledge of First Nations/Indigenous peoples,
- Estimated or actual financial impact to the community, region, and/or province,
- Estimated or actual loss/damage to infrastructure.

Informal criteria:

- Substantial increase or decrease in communications being received by a community,
- Agencies re-interpreting their mission to lean into or support response,
- Practices being generated on the fly.

Consideration #3: Identify the Phases or Timeframes in Which Mass Care and/or Humanitarian Assistance is Provided.

Adopt three phases:

- **Early response.** Primarily involves external humanitarian assistance. Limited mass care services may be provided by departments and organizations internal to the community, however these services may be quickly exhausted. There is significant emergent in-community activity performed by volunteers that is not necessarily seen by, or reported to, government.
- **Sustained response/early recovery.** Involves the alignment of humanitarian assistance with internal mass care services. Community developing capacity to take the lead, or at least to inform and endorse mass care services.
- **Sustained recovery**. Involves continued mass care as needed throughout the recovery phase.

Consideration #4: Clarify the Role of, and Steps for Scaling up the Capacity of, Local Emergency Support Services in Providing Mass Care and Humanitarian Assistance.

Understanding if and how ESS will be engaged in mass care requires performing an objective assessment of ESS programs current and future capabilities. This would include:

- Identifying current volunteer numbers across the province,
- Identifying potential number of volunteers needed during a catastrophic event,
- Identifying ways to increase the number of, and retaining, trained volunteers,
- Identifying ways to fast-track training and onboarding of emergent volunteers.

Consideration #5: Confirm the Principles that Would Inform the Focus, Structure, and Operational considerations for a Mass Care Framework.

The principles guiding this mass care framework include:

- **Alignment with EDMA and BCEMS**. The ideas, concepts, and practices described in this framework should be considered and performed in alignment with the Emergency and Disaster Management Act (EDMA) and the British Columbia Emergency Management System (BCEMS).
- **Alignment with the Declaration on the Rights of Indigenous Peoples Act.** The concepts and practices described in this framework should align with the Declaration of the Rights of Indigenous Peoples Act.
- **Alignment with Trauma-Informed Practice.** Practices and activities described in this framework will be performed in alignment with a trauma-informed approach.
- **Community Led and Endorsed Planning and Actions.** The impacted community will play a central role in identifying and administering mass care services. When a community is overwhelmed and unable to take a leading role, community leaders or representatives will be involved in mass care planning and will endorse decisions and actions.
- **Services for All Impacted by the Event.** Planning and response will consider the unique needs of all community members impacted by an event.
- **Services Based on Identified Need.** The framework takes a person-centred approach, providing services based on the actual needs identified by individuals.
- **Incorporate Indigenous Knowledge and Indigenized Practices.** Indigenous Knowledge is engaged where possible to develop mass care ideas, concepts, and practices.

Consideration #6: Adopt Operational Structures that Support the Operationalization of the Principles of the Mass Care Framework.

New operational structures may be required to fully address the scope, scale, and community needs of mass care events. The development of a mass care framework would require a commitment to consider revising or adopting new operational models as well as models for engaging the community in response and recovery activities. This may include exploring additions to BCEMS, adopting a Cluster model to organize response and support agencies, engaging the community through the use of disaster support hubs, and/or other options.

Consideration #7: Make Available Resources to Operationalize the Mass Care Framework, in Alignment with its Principles & Structures.

Supporting resources include:

- **Personnel — Auxiliary.** Identifying both pre-trained personnel as well as mechanisms for engaging with large numbers of convergent volunteers.
- **Personnel — Mass Care Framework Navigators**. Developing positions specific to supporting communities in understanding and engaging with the mass care framework.
- **Training and Documentation.** Developing training and framework materials to support the operationalization of mass care.
- **Funding.** Making funding available to support foreseeable and emergent costs associated with the provision of mass care.
- **Service Arrangements.** Developing service arrangements to address specific mass care functions.

Consideration #8: Revise EMCR Documents to Fully Integrate the Mass Care Framework.

Fully integrating the mass care framework into current emergency management practice will include:

- Engaging staff, departments, and partners in identifying the various plans, policies, and procedures that reference mass care or events comparable to mass care, that reference mass care or events comparable to mass care,
- Developing common language to be used to update these plans, policies, and procedures,
- Identifying and reconcile differing approaches to mass care identified in the plans, policies, and procedures,
- Revising the plans, policies and procedures with the common language.

Connect with us to explore the possibilities

Contact the Centre for Research, Innovation & Scholarship to discuss how we can partner with you.

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