THE WINSTON CHURCHILL MEMORIAL TRUST OF AUSTRALIA

Report by Kate Brady
2010 Churchill Fellow

The Peter Mitchell Churchill Fellowship to study international best practice disaster recovery.

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Signed:

Dated: Thursday 26 May 2011

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Introduction

My fellowship was conducted between 7 September 2010 and 19 November 2010, and focused on the topic of identifying best practice projects and programs to support psychosocial recovery following emergencies.

This report documents my reflections to date in the format specified by the Winston Churchill Memorial Trust. However, there is still a lot of information that I gathered as part of the trip which requires further reflection and research. That is perhaps one of the best things about the fellowship – the opportunity to continue to reshape, rethink and learn from your experiences once you have returned home to your 'real life'.

Initially my research statement was to identify best practice recovery following emergencies. Due to the breadth of people I was meeting with, I honed the question, and introduced it in two ways:

a.) To community workers: 'Identify the non-clinical activities that supported people's wellbeing following an emergency – tell me about the activities that worked well and what didn't work so well'

b.) To clinicians and academics: 'Identify best practice non-clinical psychosocial interventions that support the long term recovery of communities and individuals affected by emergencies'

While on the fellowship, I maintained a blog of my trip, including detailed notes of many of the interviews I undertook. The blog is still live, and can be viewed at: ***www.fellowshipofthebrady.wordpress.com***

Throughout the report, the term 'recovery' should be read to mean 'psychosocial recovery', rather than an inclusive term encompassing broader elements such as economic, built and natural environment. While many of the concepts or principles of psychosocial recovery may cross over to these areas, they were not my areas of focus. Please refer to the glossary for further explanation of terms used in the report.

This report does not contain a literature review, and is not intended to serve as a comparison to work that already exists in Australia or a comparison to the work I'm involved in. It is intended to be a reflection of my fellowship experiences overseas, and the conclusions I came to as a result of these experiences.

I would like to thank all the people who helped me undertake the fellowship, both in Australia and overseas. The support that I received from my 'home team', both personally and professionally was fantastic, so thank you to my family, friends and colleagues who supported me to go overseas for such a period of time, be it through introductions, references, advice, covering my work while I was away, encouragement, travel advice, tech support, constant reassurances, endless editing and everything else.

Thank you to all the crew at the Winston Churchill Memorial Trust for being so helpful, patient, encouraging and understanding, and to Fiona at Qantas travel for being such a gun with the logistics side of things.

As for all the people I met while I was overseas, I can't thank you enough for taking the time and displaying such patience and openness with me.

While I met a number of fantastic men on my trip, I was particularly heartened to note that many captains of industry were women. Be they practitioners, academics or community members, many women were leading the way.

It's probably true to say that in Australia also, women are best represented in psychosocial recovery of all the elements of emergency management. Still, having the opportunity to meet women like Kay Wilkins, Anne Eyre, Tricia Watchendorf, Sue McNeil, Caitlin Olsen, Claire Whatley, Lori Peek, Louise Geffrion, Claudia Sosa, Diane Ryan, Shasta Butler, Brenda Singlemann, Kathleen Regan-Figley, Margaret Aspinall, Jean Tatge, Kathy Settle, Nicolle Lafleur and others was amazing.

Executive Summary

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Project description: *To identify best practice projects and programs that support psychosocial recovery following a disaster*

My fellowship was conducted between September 2010 and November 2010. After flying nearly 50,000 kilometres, visiting 12 cities, and conducting more than 50 interviews, the following decisive statements became clear to me:

1. There is no reason that Australia should not be a world leader in psychosocial recovery following an emergency

2. Our mentality and culture in Emergency Management towards psychosocial recovery needs to be 'if there is an emergency to respond to, there is something to recover from'

The Churchill Fellowship allowed me to undertake interviews with community members, practitioners, academics and representatives from a range of organisations. These organisations had all been involved in the recovery from a number of emergencies including:
- September 11
- Hurricane Katrina
- Columbine shootings
- London bombings
- Hillsborough stadium crush
- Sichuan earthquake

The conclusions that I drew from this experience are outlined in detail in the following report, and include the following points:
- Psychosocial recovery is a pivotal part of the emergency management cycle
- Community engagement needs to underpin recovery practice
- Response and recovery agencies need to work together to ensure their work is integrated
- Preparedness for future emergencies is an important part of recovery

Thank you to the Winston Churchill Memorial Trust for the opportunity.

Glossary and other notes

Term	Use for the purposes of the report
Affected people	Used in this report in the broadest possible sense – not only referring to survivors, but anyone impacted or affected by an emergency event
Agencies	Used in this report to describe organisations, including government departments, response and relief organisations and not for profit organisations involved responding or recovering from an emergency
Agency recovery	Used in this report to refer to recovery activities and processes that are agency driven or supported
Community recovery	Used in this report to refer to community led recovery, or recovery activities and processes in a community that may not be agency/government driven or supported
Emergency	Used in this report interchangeably with the word disaster
Emergency services workers	The terms emergency services workers and personnel are used interchangeably. Both terms encompass staff and volunteers from response agencies, government agencies and not for profit organisations
Event	Used in this report to refer to as an emergency
Recovery	Used in this report to describe psychosocial, or wellbeing related recovery, rather than that of economic, infrastructure / built environment, or the natural environment.
Recovery phase	The coordinated process of supporting emergency affected communities in reconstruction of the physical infrastructure and restoration of emotional, social, economic and physical wellbeing
Relief / relief phase	The provision of immediate shelter, life support and human needs of persons affected by or responding to an emergency. It includes the establishment, management and provision of services to emergency relief centres
Response / response phase	Actions taken in anticipation of, during and immediately after an emergency to ensure that its effects are minimised and that people affected are given immediate relief and support
Response agencies	Used in this report to refer to those agencies with specific response phase responsibilities, including fire, police and ambulance

Program of activities

Date	Place	Organisation	People met with
7 September	Melbourne – New York	Travel	
8 September	LA – New York	Travel	
9 September	New York, USA	Rest	
10 September	New York, USA	Rest and orientation	
11 September	New York, USA	Official September 11 anniversary ceremony FDNY anniversary ceremony Tribute in Light	Jean Tatge
12 September	New York, USA	New York Port Authority Memorial Exhibitions	
13 September	New York, USA	NY Red Cross	Bob Imbornoni + team
14 September	New York, USA	Project Rebirth Tribute WTC Visitor Centre 9/11 Memorial organisation	Caitlin Olsen Brian Rafferty Michelle Massey Ryan Pawling
15 September	New York, USA	University of Delaware	Prof Tricia Watchendorf Prof Sue McNeill Prof Rachel Davidson Pat Young
16 September	New York, USA	Families of September 11 New York Red Cross	Brian Richardson Diane Ryan Chris Mercado
17 September	New York, USA	Municipal Arts Society	Jean Tatge
18 September		Travel	
19 September	New Orleans, USA	Rest and orientation	

Date	Place	Organisation	People met with
20 September	New Orleans, USA	South East Louisiana Red Cross	Thomas North Evon Repaire
21 September	New Orleans, USA	South East Louisiana Red Cross Tour of Lower 9th Ward New Orleans University	Shasta Butler Kay Wilkins Shirley Laska
22 September	New Orleans, USA	South East Louisiana Red Cross	Brenda Singlemann
23 September	New Orleans, USA	South East Louisiana Red Cross	Bill Salmeron
24 September	New Orleans, USA	Tulane University	Dr Charles Figley Dr Kathleen Regan-Figley
25 September	New Orleans, USA	Cemeteries – New Orleans Cities of the Dead	
26 September	New Orleans, USA	Rest day	
27 September	New Orleans, USA	Tulane University	Guest lecture to post-graduate students Dr Charles Figley
28 September	New Orleans, USA	Tulane University Southeast Louisiana Red Cross	Presentation to undergraduate students Dr Charles Figley Presentation to Red Cross staff
29 September	New Orleans – Denver	Travel	
30 September	Denver, USA	Rest day	
1 October	Denver, USA	Columbine High School Columbine Memorial	Principal Frank DeAngelis
2 October		Rest day	

Date	Place	Organisation	People met with
3 October		Rest day	
4 October	Boulder, USA	Boulder Disaster Research Centre.	Zeke Peters Wanda Headley
5 October	Fort Collins, USA	Colorado State University	Lori Peek + team
6 October		Travel	
7 October	Ottawa, Canada	Canadian Red Cross	Claudia Sosa Louise Geoffrion Ange Sowh
8 October	Ottawa, Canada	Canadian Red Cross	Emily Pietropaolo Bree England
9 October		Rest	
10 October		Travel	
11 October		Rest and orientation	
12 October	London, UK	UK Cabinet Office	Kathy Settle Helen Harper
13 October	London, UK	British Red Cross University College	Justin Dell Simon Lewis Moya Woodheath Liz Urben Emily Knox Margaret Lally Prof Chris Brewin
14 October	London	Greater London Authority British Red Cross	Claire Whatley Judy Evans
15 October	London	London Ambulance Service	Russ Mansford Chris Perry Anne Eyre
16 October	London, UK	London Memorial	
17 October		Travel	
18 October	Leeds , UK	Leeds University	Eve Cole

Date	Place	Organisation	People met with
			Lucy Easthope
19 October	Liverpool, UK	Hillsborough Family Support Group Anfield stadium memorial	Margaret Aspinall
20 October		Travel	
21 October	London, UK	London Transport Museum – London Under Attack Exhibition	
22 October – 9 November		Holiday	
10 November	London - Beijing	Travel	
11 November	Beijing, China	IFRC	Nicolle Lafluer Amagaa Oyungerel
12 November		Rest	
13 November	Beijing – Chengdu	Travel	
14 November	Chengdu	IFRC	
15 November	Chengdu	IFRC	Dr Jeya Kulasingam
16 November	Chengdu	IFRC	Bahtiar Mambetov + team
17 November	Chengdu - Shanghai	Travel	
18 November		Rest	
19 November	Hong Kong to Melbourne	Travel home	

1. Recovery to start at the beginning

Literature and best practice training indicate that recovery should commence at the start of a response to an event. The reasons for this were reinforced by a number of the events that I looked at during my fellowship.

The need for recovery to commence at the response of an event is generally documented through negative examples. Events where negative consequences in the recovery phase of an emergency are attributed either as:
- a result of response that did not factor in long term consequences
- a delay in recovery processes commencing; or
- a lack of planning for recovery in the response

One of the possible reasons for this is that well functioning recovery is not documented as critically as events where the outcome is negative. This is possibly a part of emergency services culture, and also a part of the media culture. Reflection, be it internal operational analysis through to a commission or inquiry, often focuses on what went wrong, rather than what went right and recommendations reflect this.

Another possible reason is that it can be difficult to measure or attribute the positive outcomes of recovery steps put in place early on. It can be easier to identify the negative consequences when recovery is not managed well early on in an event.

In the events that I looked at where recovery efforts did not commence early or smoothly by agencies there seemed to be two main reasons:
- No dedicated recovery personnel were involved at the beginning of the event; or
- Response personnel either did not have the skills or role scope to undertake recovery steps
- A shortage of personnel meant recovery was not prioritised when these resources were being allocated

In interviews, a number of points consistently arose about the importance of implementing recovery support as part of the response:
a. Recovery that commences during the response phase will have opportunities that may not be available later
b. Recovery that commences at the beginning of an event sets up expectations of the sort of help that people can expect in their longer term recovery
c. How recovery is considered early in the event has long term consequences

a. Recovery that commences during the response phase will have opportunities that may not be available later

Central registration of evacuees
An example demonstrating the importance of implementing recovery in the response phase of an event was the diaspora of residents from New Orleans following Hurricane Katrina.

Before, during and after the event, residents of the city evacuated to all 50 states of America, and in some cases, internationally. There was a clear need for evacuees to be able to register their whereabouts, not only to assist people looking for them, but also for agencies to be able to proactively offer support.

While I was in New Orleans, I heard some conflicting stories as to the clarity surrounding registration processes. Some people told me that they had found it easy to register and only knew of one registration place (Red Cross). Others heard of multiple channels of registration, and told me this was confusing. This was later supported by development of the Red Cross 'Safe and Well' program, and then the use of the CAN (Coordinated Assistance Network).

In some of the emergencies I looked at the poor integration of recovery services with response could also be linked to poor core capacity of recovery organisations.

Recovery registration for affected people
In the case of September 11 terrorist attacks the majority of people affected were not evacuated from their homes hence the needs for a central registration system were different but still critical.

Families of September 11 (FoS11) is a not for profit organisation that was formed in October 2011 by bereaved families of the September 11 terrorist events. Membership to the organisation remains open to survivors, family members and responders and anyone who identifies as affected by the events of the day.

By establishing the organisation in October 2001, FoS11 had considerable success getting people to register. Consequently they were able to maintain a database of people who needed proactive information to support their recovery.

At the time of the nine year anniversary, FoS11 still had approx 2,500 members. Their membership is spread across all 50 states of the USA, and in ten other countries. Through their registry, FOS11 are able to send information to 'members' and also know anecdotally that their website is used by 'non-members' to get information. They have also been able to use feedback from members to adapt their information and advocate on a range of issues.

Lessons from these examples were:
- Having a central place for affected people to register their details is important
- The register should allow for two way information - people can enter or search data
- Information collected to be used for short and long term recovery
- Once registered, affected people may become distressed if they are required to continue to register with multiple agencies
- Affected people expect and often want to provide their contact details to "someone"
- Affected people are receptive to proactive recovery support
- Broad definition of an "affected" person was helpful
- It was not essential for an established emergency services agency to provide this service
- Not being a service provider has given the organisation an independence
- The need for longer term support, as nearly ten years on a significant number of people are still requesting information on recovery.

b. Setting up expectations for future support

Following the 7/7 London Bombings, there was no central register of people who had been affected by the event.

In both the literature that I read in the lead up to visiting London, and in a number of the interviews that I conducted, the lack of registration of survivors and witnesses was problematic. This had long lasting negative consequences, both for the psychosocial recovery of survivors and their friends and family, as well as the subsequent legal investigations and inquiries.

One person that I interviewed from the London Ambulance Service spoke eloquently of the issue when looking at it from a personal example. A colleague of his had been on one of the tube trains where a bomb was detonated on July 7. She was in the carriage of the explosion, and survived with minor physical injuries. She was one of the many people who had to walk in the dark though the tube tunnel to the previous station, which she described as being extremely stressful and traumatic. Upon reaching the station, she was helped onto the platform by a paramedic in uniform. This single paramedic was assisting people onto the station and, she assumed, making a rough triage of the survivors. She sat down on the platform, and described feeling safe with the paramedic being there – as though someone was 'in charge'.

Shortly after, however, the paramedic was called off to a 'paramedic matter', and there was no one 'in charge' of helping the survivors on the platform. All available personnel had been deployed to the response, but none of them were allocated to either supporting or registering the survivors. After staying at the tube station for some time, convinced that someone would come to direct her, she realised that no one was coming and went home.

The experience following the explosion had a long and profound impact on this woman – she told her colleagues that it was the reason that she was reluctant to access formal assistance in her recovery.

This experience was not unique to this one individual. The report of the 7 July Review Committee for the London Assembly clearly identified the lack of support in the response phase of the 7/7 bombing as being a major factor in the recovery of a large number of affected people. Not only did people link a lack of support at this stage to their expectations of how recovery services could help them, but it also exacerbated the trauma experienced by some people, including friends and family of people who were alive but not registered anywhere and presumed dead.

The response agencies involved in events such as this clearly have an enormous and frantic task at hand during these events. While it is not necessarily the role of traditional 'response' agencies to implement early recovery activities during the response phase, it's important for them to have a strong understanding of the consequences of the response phase can have on long term recovery.

Organisations such as the police or ambulance services may not have sufficient capacity or role scope to be able to implement recovery activities at the beginning of the response. However by ensuring there is a good understanding of the impact of response on recovery, these traditional agencies can involve personnel to support recovery, such as psychological first aid or registration.

Lessons identified from this example were:
- Affected peoples' experience in the response phase can have a profound impact on their long term recovery
- Mistakes made during the response phase can hamper the effectiveness of recovery agencies

- Response personnel need to understand and take into consideration the longer term impacts of response
- One way that recovery can commence in the response phase is to incorporate recovery management as part of the incident management structure

The impact of mistakes made during the response phase directly following an emergency on the longer term recovery of an individual, was best summed by up a woman I met in New Orleans.

She outlined how her experience in the response phase impacted her expectations of recovery succinctly but sincerely:

"How could you think that any government who let us live like that for so long (in the Superdome evacuation centre, and then in a trailer with no electricity) would help us after. You've just got to do it (recovery) yourself – don't expect much, don't be disappointed."

c. How recovery is considered early in the event has long term consequences
The unintended consequences of response can have a profound impact on individual and communities recovery. Lucy Easthope from Lancaster University told me a story of how unintended consequences affected the personnel living on a military community in the UK following a motor vehicle accident that resulted in multiple fatalities near the base.

When a temporary mortuary was set up in the recreation facility on the base, the considerations that led to this decision were response based, and did not factor in the potential effects this decision would have on the longer term recovery of people involved.

Many of the personnel did not feel comfortable using the recreation facility some time later because of their association with the morgue. This had a long term effect on the morale of the personnel on the base that extended far beyond any anticipated disruption from the event.

Hillsborough stadium crush survivor and emergency/trauma consultant, Anne Eyre reinforced this point. The way people are (or aren't) supported in their long term recovery at the time of the event and shortly after can have lasting impacts on the course of their long term recovery.

Following the Hillsborough event, police made public statements to the press to indicate the survivors of the event had been at fault, and were responsible in some cases for the deaths at Hillsborough. Anne identified that for some people impacted, this incorrect and damaging statement had dire effects on their recovery as well as relationships with the police well into the future.

Lucy Easthope echoed Anne's sentiments of the long term effects of the sense of injustice felt in the Liverpool community following Hillsborough. As a Liverpuddlian she recalled growing up with a sense of generational injustice following the reporting in the *Sun Newspaper* of the event at Hillsborough – even for children and young people that either did not clearly remember or were not alive in 1989. This sense of injustice was passed onto them from their parents and other members of the community.

A positive example of where long term consequences were factored into short term recovery planning was following the 7/7 bombings in London. Claire Whatley from the City of London outlined in fascinating detail the steps she and her colleagues undertook to dispose of the flower tributes the public had laid following the event.

When the flowers started to deteriorate, and it became clear they would have to be disposed of for public health reasons, Claire knew an insensitive disposal of the tributes would have a longer term unintended negative impact. Both for the long term recovery of the community, and possibly the relationships between the public and the council.

Claire consulted the local government authority for the Westminster area as to what happened following the death of Princess Diana. Following this she and a number of people from the City of London, including their waste management team got together to discuss how this could be done quickly, but sensitively. The result was waste disposal staff coming to the site late at night in suits and unmarked vans (rather than their normal uniforms and garbage trucks), and removing the flowers. They left in place small signs to let the public know the flowers had been removed for health reasons, but had been mulched and sprinkled over a memorial garden.

Claire remarked that she was aware of a number of pieces of positive feedback from the community, but also importantly, there was no public concern, distress or anger about the removal of the flowers. This relatively simple process was respectful and had positive effects, while still getting the necessary task completed.

Lessons identified from this example:
- Taking long term consideration in the response phase can have a profound effect on planning
- Steps taken to incorporate longer term recovery can be small or may seem insignificant but can have a huge impact
- Personnel who have an understanding of the principles of recovery and awareness of previous events will find it easier to incorporate lessons into their work
- Interagency cooperation and information sharing is helpful
- Lessons learned from previous events, need to be documented and shared informally and formally to ensure past mistakes aren't repeated
- There need to be stronger relationships between response and recovery agencies to ensure their work is integrated

2. The types of approaches that are used are important

Following an emergency of almost any size, there are numerous and often complex issues that need to be addressed. These can include (but are certainly not limited to):
- Psychosocial / wellbeing
- Health
- Criminal investigations
- Relocation
- Body identification
- Economic issues, including employment, production etc
- Built environment issues including transport infrastructure, utilities, housing, work space etc
- Natural environment issues including revegetation, wildlife populations etc

All of these elements need to be addressed in a coordinated way. However challenges can occur in the coordination when there is no one agreed, over-arching goal for recovery. When different elements of recovery are addressed by multiple (and sometimes competing) approaches used by a range of agencies, there is a risk that the model taken may not be the most effective to support psychosocial recovery.

The nature of an emergency and the agency having the lead role fir the recover will determine the prioritisation of elements of recovery and the resultant approaches used. For example, if a police organisation is in charge of recovery, a criminal investigation process may 'outrank' health and wellbeing of people affected. Alternatively, if a government security task force leads recovery, the focus may be on increased security and infrastructure.

The approach of the organisations involved will also impact how affected people are viewed, and accordingly supported – e.g. victim of crime, witness, bystander, next of kin, survivor, community member etc.

There are a number of different types of approaches that can be used in responding to emergencies, including:
- Community development
- Medical
- Military / security forces
- Cost efficiencies
- Economic stimulus

The priorities of recovery were different across all the events I looked at during my fellowship.

Regardless of the economic or security priorities for recovery, if psychosocial recovery is to be undertaken well, a community development approach needs to be incorporated into the other models' being used.

One of the main reasons for this may be that if a community development approach is taken, the people affected by an emergency can self determine the priorities for their recovery, be it economic stimulus, built infrastructure, criminal investigations, health and wellbeing or community cohesion. An example of this if the Hillsborough disaster, where a community development approach was not taken. A number of the families affected felt strongly about the need for an inquest. It took them several

years of lobbying and financial expense to achieve this. Had a community development approach been taken, affected people would have had the opportunity to prioritise this as a part of recovery planning.

The complexities of the emergencies I looked at seemed to indicate that a combination of a number of approaches could work well, but only if they were well coordinated.

Looking at community development approaches
For many of the events that I looked at, the benefits of a community development approach being used were its long term, flexible and inclusive nature.

While in China I met with Chris Jackson, delegate at the IFRC. Chris summed up succinctly the importance of a community development approach to recovery.

"Preparedness and recovery exist within people's 'real' lives, their everyday existence. It's the response phase that is a blip on their reality."

A community development approach is broader, more inclusive and less hierarchical than a security focussed approach and less structured and individualistic than a medical model. A community development model focuses more on affected people leading the process and aims to promote a more resilient community.

A community development approach helps people put recovery 'in the context of their 'real' lives', albeit in a 'new normal'.

Examples of combined approaches
Professor Chris Brewin from University College, London, addressed the positive elements and challenges of different approaches being used together following the London bombings.

He considered the combination of approaches between the National Health System (NHS) and Department for Culture, Media and Sport (DCMS, which had oversight and responsibility for the recovery following the July 7 bombings) had been positive. He attributed this to the approaches being complimentary but well coordinated.

He described the components of the NHS approach of screening for and treating trauma as having the following characteristics:
- Targeted
- Evidence based
- Clear and precise
- Appointment based
- Fairly rigid
- Individualised

While the DCMS services were:
- Flexible
- Not necessarily evidence based
- Included alternative therapies and supports
- Broad and general, not targeted
- Able to support people through individual and groups e.g. the humanitarian centres, at anniversaries etc

While we didn't discuss it when I interviewed him, upon reflection, one of the reasons these two different models worked well together was possibly their closely aligned overall common goal. That is, to support the health and wellbeing of people who were affected in their recovery.

This was not the case when NHS worked with the police, who had a different priority – that was, to undertake a criminal investigation. One of the ways that NHS tried to proactively offer their service was to contact registered witnesses of the event. However the police would not release the list of witnesses because of the investigation process. The eventual compromise was for the police to send out letters on behalf of the NHS to offering services, which resulted in a poor take up.

Claire Whatley from the City of London talked me through another good example where different approaches worked together to support people affected by the 7/7 bombings. Body identification following this event was a complex crime scene process. A temporary morgue and body identification centre was set up, and the remains transported there.

One of the challenges that was faced was bringing family members to the facility to view the remains of people they loved. While the facility was a part of the criminal investigation, the Salvation Army provided support to families to visit the site. They transported them to the site, remained with families, and follow up with them after the visit.

A great deal of attention went into the site visits, and the way that Claire explained them to me was an indication of how respectful and reverent the personnel were. Some of the elements of the visits included bringing in tall plants to screen family members from potential photographers, making flowers available and counsellors and religious leaders were on an on-call roster in case they were needed. As Claire explained, it was an attempt for what could have been a cold and clinical process to be more 'human', which hopefully lead to, if not positive recovery outcomes, at least 'less bad' ones.

Lessons identified:
- Different models are used in recovery for different priorities
- Community development approach should be taken when the priority is psychosocial recovery
- Different approaches can be used together if goals are clearly articulated and approaches are coordinated and not competing
- Rarely are the competing goals of differing agencies articulated making it difficult to truly coordinate
- Psychosocial recovery is often not the overarching priority of lead agencies
- Where psychosocial recovery is not the priority, attempts should be made to ensure other priorities don't exacerbate trauma or interfere with psychosocial recovery

Responding to changing need

Many of the agencies I met during my fellowship showed great flexibility in the services they undertook, in response to changing needs.

The evolving work of FoS11 is an example of flexible community service delivery. FoS11 highlights how support agencies can adapt to the needs of affected people by directing their work as a result of the feedback received by users.

For the first few months, FoS11 was focused on providing practical information and support – how to claim bodies, how to apply for death certificates, life insurance claims, and information about accessing immediate financial support. It then changed to broader grief and bereavement support, trauma information etc. This was followed by a role in advocating for members involvement in the policy debates around national security and legislation.

At around the five year point, the organisation started getting inquiries from first responders who were becoming ill and attributing these illnesses directly to their participation in the event. This directed the organisation to take on a new role in providing information, advocacy and advice to a new group of people.

The Hillsborough Family Support group is another example of a long term recovery organisation that has undergone changes to meet the evolving needs of families they support. After 21 years, their role now is to continue to support bereaved families and liaise with government, but previously the group has been involved in a range of campaigns, an inquest, legal disputes, and coordinating support groups.

The lead role the Municipal Arts Society (MAS) in New York took in the community consultation following September 11 is an example of the importance of including of agencies which may not be traditionally associated with emergency recovery.

While MAS is not an emergency services organisation their well established networks in the New York community meant they were able to efficiently undertake community consultations with a range of New Yorkers about their views of recovery following September 11.

In March and April of 2002, MAS undertook 230 public consultations (by using existing partnerships with local community organisations) and also hosted online forums so that the broader general public could contribute to the recovery planning. The second round of consultations included partnerships with media outlets to allow community members to have input into the rebuilding plans for lower Manhattan. In 2003, MAS held a third round of consultations to support the memorial consultation and selection process.

In Chengdu, China, a frontline worker for the IFRC, identified the need to be open minded when responding to requests from an affected community.

She told me that both donors and recovery staff working with a particular community affected by the Sichuan earthquake were surprised when the community identified a road to the next town as their recovery priority.

At first the IFRC workers were concerned that an infrastructure project – that is 'hardware' rather than 'software' would not meet the wellbeing needs of the community. However when the community were able to clearly articulate how the

road would support their livelihoods and thus boost wellbeing, IFRC personnel were convinced.

Lessons identified:
- Community engagement is important
- The needs of affected people change over time
- Traditional emergency services agencies may not be best placed to undertake community consultation
- Ongoing consultation and engagement supports community led recovery
- Affected people are the best people to decide on the priorities of their own recovery

3. Proactive and responsive service delivery

When on the fellowship, one of the most defining moments came unexpectedly from a meeting with Columbine High School Principal, Frank DeAngelis. During this meeting, Mr DeAngelis outlined some of his personal experiences, and some of the experiences of his students and staff.

The thing that struck me as he was recounting the phases of recovery that their community had gone through was how 'text book' they were. I mean this in no way to belittle the stories that he told me – in fact, the opposite.

The traumatic and painful experiences their community had gone through in the wake of the Columbine shootings, were also experienced by many in the different emergencies I looked at. They included:
- Increased substance abuse
- Increased risk taking behaviours
- Staff turn over
- 'Categories' of affected people being compared to each other
- Lapses in concentration and subsequent accidents (e.g. car accidents)
- Anecdotal evidence of an increase in family violence
- Increase in separation and divorce
- Ongoing need for support and counselling
- One of the worst things that people can tell you is 'I know how you feel…'
- The concept of a 'new normal'
- Survivor guilt
- The need for strong and open leadership
- People who relocate following an emergency being particularly vulnerable as so much support is place based
- Anniversaries can be trigger points for depression, but also times for celebration

Following this meeting, I started thinking a lot about the sliding scale of community participation used by organisations delivering services to support community recovery.

At one end of the scale, there is no consultation or participation by community members, and things are done 'to' them. At the other end is complete community control – nothing is instigated prior to community suggestion. Many of the best practice examples that I have looked at spend a lot of time labouring the importance of full community consultation and participation, and I support this position.

However, following my meeting with Mr DeAngelis, I began to think more about the need for 'proactive' support services. There are some "standard" recovery services such as grants, counselling, case management. The supports that are ready before an emergency need to be broader. As a sector we can reasonably predict most of the issues that will present in a community following an emergency in some form based on research and past experience. These supports should of course be adapted to community need and the implementation should be community led.

An effective recovery system will balance the predictable recovery needs of a community with the ability to respond to unique and varied needs as they arise.

The proactive element is predicting needs ahead of time and developing supports that can be implemented flexibly. The responsive element is the capacity to consult with the community with a blank slate and respond to their unique needs as they arise.

Lessons identified:
- While every community is unique there are predictable elements to recovery
- While using community led approaches is essential, harnessing this predictability will support agencies be better prepared for recovery prior to an emergency
- Predicting recovery needs is not enough there must also be a capacity to respond to community
- Neither approach will work by itself
- There are more similarities than differences in psychosocial recovery needs following man made compared to natural disaster
- Recovery teams should incorporate personnel skilled in both elements

4. Recovery workers

All of the emergencies that I looked at highlighted the need for a core capacity of permanent, experienced psychosocial recovery workers. The best examples of flexibility, innovation and adaptive work were linked to experience and strong working relationships.

A number of the events I looked at also highlighted the need for strong leadership, support and promotion of self care for recovery workers.

Core capacity of recovery workers
The need for permanent recovery capacity was best summarised by a recovery worker I interviewed in New York. He bitterly declared that currently New York had the least agency capacity to recover from a big disaster than at any point post September 11, 2001.

Delays in recovery services starting, and poor integration of recovery services with response in other events could also be linked to poor core recovery capacity.

A strong, positive example of where an ongoing recovery capacity can serve a community well is in the Cumbria region of the United Kingdom. There were a number of emergencies in the region that followed each other closely, including floods and urban shootings. The relationships and experience that agencies such as the British Red Cross developed were able to be built upon with each emergency.

Another excellent example of the strengths of having experienced recovery workers with strong working relationships was the recovery following Hurricane's Ike and Gustav. While there were public appeals and funding available for recovery following Hurricane Katrina, this wasn't the case following Ike and Gustav. However, the working relationships were already firmly established from Katrina, and these staff and volunteers were still very active. As a result, workers found it very easy to connect people with appropriate recovery services.

Professor Chris Brewin from University College, commented on the challenges of the lack of a permanent specialist recovery capacity in the National Health System (NHS). Short term funding for recovery means people who have developed strong working relationships and first hand experience following an emergency disperse. This capacity may not be there to draw upon in the next emergency.

There are no widely recognised formal qualifications for psychosocial recovery as there are for other parts of the emergency management sector. There are also a broad range of skills needed to support psychosocial recovery.

The main concern about loss of recovery workers is a loss of knowledge in the sector. The secondary concern is the loss of individual and organisational working relationships.

The short term nature of contracts can also pose a workforce issue, which is well documented as a challenge that faces a number of industries. Recruitment, retention, training and people not completing their full contracts as they have to take opportunities for more permanent work towards the end of their contract are all issues that affect sectors that do not support an ongoing workforce capacity.

The permanent capacities of relief and response agencies mean that they are able to reflect on, document, refine and embed learnings into their practices. Because there

is rarely permanent recovery capacity, the opportunities are not there to do the same. This can result in limited embedding of lessons learned into practice.

Looking after recovery workers
When visiting Red Cross in New York and New Orleans I had the opportunity to talk with their teams about the way they enacted support for their personnel.

In New York, Red Cross has an embedded mental health team within their operations. Following an especially traumatic event in the early 1990's that Red Cross personnel attended, they had a large turnover of people involved. It has taken a number of years, but New York Red Cross now has a team of qualified, experienced mental health workers that are embedded in teams. They not only respond operationally to events, but also support the staff and volunteers involved in the teams.

Psychologist Diane Ryan was originally a mental health volunteer, and is now the staff coordinator for the mental health program. This program has more than 300 qualified mental health workers as volunteers. She has documented the process of integrating the mental health team, and some of the challenges they have faced with the process. Overall they have found the program to be worthwhile. Anecdotally they also found they have better retention rates than Red Cross chapters with no mental health support.

Following Hurricane Katrina a number of South East Louisiana Red Cross staff and volunteers lost their homes, and in some cases family members and friends. When I interviewed her, CEO Kay Wilkins told me how challenging it was in the first few weeks. The team had evacuated the office and moved to a 'coop' centre (continuous operation centre), and were all living in a hotel, where they held nightly meetings.

Their office flooded, so they had to continue to work from the coop centre much longer than planned. The drive into the areas that they were working could be up to two hours each way. Everyone was working long hours, in tough and frantic circumstances.

Short term measures that Kay and the management team instigated included:
- Allowing families to move into the hotel with staff where needed
- Assigning driving roles to some volunteers, meaning that staff and volunteers working in the field didn't have the added exhaustion of driving after shifts
- Daily meetings with staff
- After a few weeks when sufficient back up was in place from Red Cross people from other areas of the country (and in some cases, from other countries), Kay enforced two weeks paid leave for all staff. Before she sent them on leave, she made it clear that they did not have to come back if they didn't feel like they could

South East Louisiana Red Cross has been quite successful in it's retention of staff who were working during Hurricane Katrina, which is surprising considering the circumstances. When I spoke to team members, a number of them attributed the positive staff morale to Kay's strong, positive leadership. They also identified support measures that were put in place in the longer term recovery phase that worked well. These included:
- Flexible working hours and leave
- Having shower facilities where they worked (as some staff were living in trailers and other temporary accommodation)

- Formal, facilitated staff workshops
- Informal, fun stress release activities (e.g. piñatas to hit, massages, picnic days)
- Therapeutic activities (e.g. sand tray group activities as stress release)
- Team building activities to help each other identify stressors
- Confidential group counselling sessions
- Access to internal counsellors

Lessons identified:
- There is a lack of core recovery capacity in emergency services organisations
- When recovery workers complete their contracts or leave their roles much corporate knowledge is lost
- The strong working relationships that recovery workers develop support affected people through easy referral and information sharing
- Without a core capacity of recovery workers, documenting and implementing lessons learned can be challenging
- Short term contracts pose challenges to the sector
- Recovery personnel may also be affected personally by events. Planning for recovery services should take this into consideration
- Organisations must proactively support personnel involved in long term recovery

5. Public Education

While there was limited discussion specific to the topic of public education on my trip, public education was certainly a recurrent theme in many meetings and interviews.

Two topics that were identified as needing better understanding by both the public and non-recovery 'officials' (politicians etc) were:
- The financial cost of recovery
- The length of time that recovery can take

One of the other issues that I found interesting, and of use to Australia, was the length of time that it took to construct and complete memorials.

The issue of public appeals was raised a number of times. In a number of emergencies there were considerable amounts of money raised from public appeals, including Hurricane Katrina and September 11. In both cases, most of this money had been expended within five years.

When I was visiting New Orleans, I had the good fortune to be taken to an agency meeting by a colleague from the South East Louisiana Red Cross, Thomas North. At this meeting, the financial situation of individual cases was being discussed. Five years on, there is still a significant amount of rebuilding and other recovery work to be undertaken and very little money to do it with. Almost all of the financial assistance available (e.g. grants) has finished.

The recovery of the people affected by Hurricane Katrina is no longer in the forefront of the broader American public's minds, the media or funders. The agencies that are still working daily to support the recovery of people affected coordinate the limited funds and other resources available. By June 2011, Red Cross will have expended all of the appeal funds and concluded Hurricane Katrina recovery specific services.

Following September 11 there were a number of public appeals to support the recovery, including appeals managed by the Red Cross, United Way, Uniformed Fire Fighters Association, the New York State and the Robin Hood Foundation. In the months following September 11, all of the charities managing appeals received some form of public backlash and accusations of poor conduct. Most of the complaints were regarding the fact that the appeals had not been fully expended. This included newspaper articles and protests about the Red Cross appeal.

Some of the people I interviewed in New York told me that there was huge public pressure to spend the appeal money quickly.

"There was so much pressure to just throw money at it [individual recovery], even when you knew it could probably be spent better if we planned more. There was unbelievable pressure – just, you know, get rid of it"

as one of the workers in New York that I spoke to put it. The appeal managed by the Red Cross was expended by 2008 and there are currently no permanent recovery workers in the Greater New York Red Cross.

When interviewing Brian Richardson from FoS11, he explained the contrasts of the organisation's financial situation from when they started in 2001. While the organisation has never been large – at their peak, they had three full time and two part time staff - they have never had a dedicated fundraising function. For the first

few years they didn't need to create appeals to raise money. He told me how the organisation initially received unsolicited donations, grants and support with minimal fundraising effort.

Nine years on, however, the organisation is struggling to fund two part time workers, and it is unclear if they will make it through to the ten year anniversary. While FoS11 have (sadly) never had the resources to chart the trends in the types of assistance they are asked for information about, they were until recently still receiving daily calls about support for mental health issues, post traumatic stress disorder and bereavement issues.

The Hillsborough Family Support group has been running for more than 21 years, and their members still identify a need for the support to continue. While the function of the organisation has changed over time, they are still very active. Interestingly, despite the length of time the organisation has existed (and while they do have a section on their website that people can donate to) they have never had to undertake large fundraising activities to keep the group going.

Similarly to FoS11, the Hillsborough Family Support Group are only a small organisation. However, their income has mainly subsisted from the Liverpool football community, the football club, and a number of one off generous donations from high profile people including former Liverpool Football Club manager Rafael Benitez and, recently celebrity Russell Brand.

In complete contrast to these western examples, my visit to China was stark in its differences. The government has clearly outlined the timeframes for recovery and reconstruction. There is a very defined start and end date, very little public consultation and strict guidelines and management of all aspects of recovery.

The Sichuan earthquake is the first large scale emergency in China where the need for psychosocial support was acknowledged by the Chinese authorities. This, like all other aspects of the recovery is closely managed. Almost all of the funding comes from government, with exceptions for organisations such as the International Federation of the Red Cross. As a result, many of the issues regarding funders and public pressure are not comparable.

Exiting services – just time to go, or no funds?
It is difficult to accurately assess the length of time that communities need support to recover. It is obvious that different events will have different impacts on communities, and there are numerous factors which will impact the recovery. These include pre-existing circumstances, employment levels and opportunities, systems of governance and other factors which impact on resilience.

However, in most of the cases I looked at there was very little evidence to indicate that services were coming to / had come to an end because there was no longer a need for them. Instead, many were finishing / had finished because there was no funding to support the continuation of the service.

One of the clearest examples of this for me was the 'Means to Recovery' grant administered by the American Red Cross following Hurricane Katrina. This grant was directed at filling unmet needs by people affected by the event. At the time the grants closed there was a significant waiting list of applicants.

Though the allocated funds for this grant had been expended, the American Red Cross supported these people by offering them other supports. These included case

management, financial planning and budgeting support, information and referrals for legal issues and employment assistance.

Another example is the Municipal Arts Society 'Tribute in Light'. Possibly one of the most iconic modern memorials in the world, the Tribute in Light is currently an annual event. A series of lights are set up on the roof of a parking station in lower Manhattan and they shine up into the air, creating an ethereal representation of the twin towers in light. 'Tribute' has been photographed extensively, and often makes the front page of newspapers all around the world at the time of the anniversary.

All of the comments that I heard and saw, either in interviews, conversation with members of the general public, and in the newspapers around the anniversary indicated that 'Tribute' is of enormous significance and value to the New York community as a sensitive, beautiful anniversary event.

When attending the 'Tribute' ceremony on September 11, the presenter outlined the process that they undertook in terms of funding. In the first year, the MAS raised USD$80,000 to run the tribute at the six month anniversary. Following the enormous success of this, in 2003, they and the Mayors office put together a grant application to cover the production costs (and purchase of the lights) for five years, at a cost of USD$3 million. Over this time, in line with community feedback, they reduced the amount of time the lights shone from one month, to one week, to what it is now – one night from dusk to dawn.

In 2009 and 2010, they managed to continue 'Tribute' through left over funds from the grant, as well as some additional funds raised. At the time of the ninth anniversary, it was unclear as to whether there would be any funding for the 10th year anniversary and beyond, due to operational costs.

Memorials
One of the things that struck me about most of the events I looked at was the consistency in the length of time that permanent memorials took to establish, and the range of them. In most of the events that I looked at, there were multiple memorials, some of them permanent, some temporary, some to specific groups (e.g. fire fighters), and others more general.

To give an example of the diversity of some of the memorials that I visited, in New York, I saw:
- The site of the WTC towers, which is currently under reconstruction, and will include the 'official' memorial and museum
- The New York City Fire museum memorial room
- The MAS 'Tribute in Lights'
- An anniversary flag garden
- First responders monument
- Port Authority memorial
- Various memorial plaques

And on September 11 2010, I attended three events, but to demonstrate the diversity of events, some of the anniversary events that I saw advertised were:
- The official memorial ceremony*
- Various Church Services
- Run to Remember
- 'September concerts' series
- Floating lanterns ceremony

- National day of service events
- Candlelight ceremony
- Candlelight vigil (in Queens to watch the tribute in lights)
- Fire Department service*
- Tribute in lights*

(* indicates anniversary events I attended).

A better understanding of 'common' timelines for official memorials to be erected following the event could be helpful in managing community and 'official' expectation in Australia following large scale events.

EVENT	TYPE OF MEMORIAL	TIMEFRAME
September 11	Large permanent memorial and museum, including world's largest water feature	10 years
London 7/7 bombings	Built structure in Hyde Park	4 years
Hurricane Katrina	Memorial and mausoleum in cemetery	4 years
Columbine shootings	Memorial and water feature	8 years
Hillsborough stadium crush	Memorial stone at Sheffield (a plaque at Anfield stadium in Liverpool was erected before this)	10 years
Sichuan earthquake	Destroyed town secured and remains left as memorial	1 year
Sichuan earthquake	Memorial and earthquake 'experience' centre	3 years

Lessons identified:
- Public education around the length of time and cost of recovery is needed
- Following most large scale events there are public protests about appeal expenditure. There is a misconception that appeal money should be spent quickly
- Many organisations managing appeals bow to public pressure regarding quick expenditure of appeal money rather than focussing on educating donors on the length of time recovery takes and advocating for long term needs
- The pressures on organisations regarding appeal expenditure are stressful and time consuming for organisations
- It is much likely that organisations will receive funding for short term recovery rather than long term recovery following a large scale event
- Due to funding restraints, many community services are restricted (or cease early) despite continuing community needs

- There are often multiple memorials and anniversary events for large scale emergencies. Some of them focus on specific groups, while others are more general
- Memorials often take a long time to develop

6. Preparedness as a part of recovery

One of the clear links in many of the emergencies that I looked at was the 'continuation' of the recovery cycle by implementing preparedness training and resources. This was done with the aim of increasing the resilience of the affected communities.

As referred to in an earlier section regarding community development, Chris Jackson from the IFRC, based in Chengdu, summarised the link so neatly there would be little point trying to put it otherwise. Both recovery and preparedness were part of people's 'real world', their every day reality.

When put in those simple terms, it's easy to see how neatly they fit together, and why one feeds into the other. Chris went further to say that one of the best ways that organisations can support communities and increase their resilience to emergencies is by working with them before 'the big one' hits. It was more helpful to figure out what the 'every day' emergencies are, rather than 'doing press ups and waiting for a big disaster to arrive'.

There were a number of fantastic examples of preparedness projects implemented as part of recovery in the different places I visited. These included the pillowcase (for children) and backpack (for seniors) tools developed by the South East Louisiana Red Cross. These tools were distributed as part of community education sessions to support preparedness.

With the seniors education sessions, Red Cross staff and volunteers followed up with the participants to identify if they had put the information into practice and developed a preparedness kit. They also gave practical support to assist them to implement the preparedness information.

To deliver the education session to school aged children, the Red Cross personnel deliver preparedness sessions to teachers, and provide a 'Masters of Disasters' education tool kit. The teachers then identify how and when the information would be best delivered to their students.

Following Hurricane Katrina, Red Cross personnel were also able to use the education sessions to identify children who were particularly distressed when discussing emergencies as a result of their experiences. They were then able to provide referrals to children's counselling services.

As part of a national pilot program, South East Louisiana Red Cross delivers a business preparedness program called 'Ready Rating'. Participating businesses undertake an online survey, from there Red Cross personnel work with the company to identify and implement measures to help improve the preparedness of their business and employees. Following Hurricane Katrina, and subsequent hurricanes, this program has been popular in New Orleans and surrounding areas.

One of the programs the South East Louisiana Red Cross implemented following Hurricane Katrina was vouchers for free swimming lessons for the adults linked to the children who take part in their regular free swimming lesson program. CEO Kay Wilkins explained the story behind this initiative so well that I have transcribed this part of her interview below. A video of Kay telling the story herself is able to be viewed at http://fellowshipofthebrady.wordpress.com

"Laura was a Red Cross volunteer instructor in water safety. Laura was in Houston [during Hurricane Katrina] when this bus loaded with children [evacuating from New Orleans] was driven in by this 21 year old who had commandeered the bus. Houston Red Cross asked Laura to go on the bus because they figured that since she had taught swimming lessons in New Orleans that she would recognise the kids. It happened that she did. Of course many of the children were separated from their families, and she was able to at least define the neighbourhoods the children were from. One of the children threw herself into Laura's arms, hugged Laura tight and said 'Miss Laura, Miss Laura, I had to swim to get out of there, Miss Laura, I had to swim." And Laura held her and said "You're ok now, we're going to take care of you, you're going to be ok, but wasn't that good that you were able to swim?" And Laura told me the girl started crying uncontrollably and said "But my mother could not."

This story and the lessons learned from Katrina mean that we still offer those free swim lessons in New Orleans, and Laura has gone off to do bigger and greater things, but in honour of that 12 year old, and as a memorial and tribute to her mom, every child who comes to us for swimming lessons gets a certificate to give to an adult in their lives so that no one will ever have to say that their momma couldn't swim out."

In 2010, a few months prior to my arriving in the United Kingdom, there was a shooting incident in the Cumbria area, where a taxi driver shot 12 people. One of the issues identified by the British Red Cross in the communities recovery was that a number of the teenagers who witnessed the shootings felt powerless. The British Red Cross were able to support their recovery was by delivering first aid training to schools in these areas. The aim of this was to help young people feel more empowered should they be faced with emergencies in the future.

In Chengdu, China, I met with Dr Jeya Kulasingam, who is a psychosocial recovery delegate for the IFRC. He had identified a fairly simple technique to ensure that preparedness messaging got into the homes of people who were affected by the Sichuan earthquakes.

When working with children in schools, Dr Jeya and his team used black and white colouring in activities, and the resources that they sent out to teachers were also black and white to be photocopied. He and his team found that when the children spent a lot of time working on the sheets, not only were the children more likely to have understood the preparedness messages, but they were also more likely to take the preparedness sheets home to their parents as a piece of 'art'. The children were then likely to ensure that it was put on a fridge / wall at home, where the family could all see it. This meant that the family members were exposed to constant preparedness messages.

Lessons identified:
- The emergency management cycle is not linear – preparedness is a part of recovery
- There are a number of practical ways that individual and household preparedness can be supported. Many examples have been tested by various organisations, and lessons learned are documented

Conclusions

The summary conclusions of my report are:

1. There is no reason that Australia should not be a world leader in psychosocial recovery following an emergency

2. Our mentality and culture in Emergency Management towards psychosocial recovery needs to be 'if there is an emergency to respond to, there is something to recover from'

My conclusions in further detail are:

1. General
   i.   Psychosocial recovery is a pivotal component of the emergency management cycle

   ii. There is no reason that Australia shouldn't be a world leader in supporting the psychosocial recovery of people affected by emergencies. There are a lot of 'institutional barriers' that some other countries face, including a lack of universal health care or welfare support, limited access to insurance, systematic government corruption and media suppression that affect recovery following an emergency. Australia does not face these issues in recovery.

   iii. Depending on the event, psychosocial recovery be a complex and long term process. It needs a firm commitment of support from government and non-government agencies

   iv. Taking long term recovery into consideration in the response phase can have a profound effect on planning and the support affected people receive. Recovery and response agencies need to form stronger partnerships to ensure this occurs.

2. Affected people
   i.   Using as broad a definition as possible for 'affected people' is helpful

   ii. Having a central place for affected people to register immediately following an emergency is helpful. This information should then be used to proactively offer recovery support to those people

   iii. The needs of affected people will change over time, but not necessarily 'as a group'. People affected by emergencies will need different types of support at different times

3. Capacity
   i.   There is a lack of core recovery capacity in emergency services organisations

   ii. For the emergency management system to advance recovery support, a dedicated permanent recovery capacity is required. Without this, there will be limited ability to learn from previous events and implement progressive developments in recovery support systems

iii. There is a clear difference between recovery services exiting because they have completed their role, compared to services ceasing because funding is no longer available. Sustainable funding models need to be considered from the beginning of recovery

iv. There is a risk of sector knowledge loss if recovery capacity is only used for the 'big' events. By ensuring that recovery is a considered part of the emergency management cycle for every event, recovery practices will be continually evaluated and improved

v. Personnel who have an understanding of the principles of recovery, an awareness of previous events and strong working relationships will find it easier to incorporate identified lessons in their work

vi. To ensure retention of recovery staff, organisations need to demonstrate positive leadership, proactively provide support and ensure security of employment

vii. Short term contracts pose challenges to the recovery sector

viii. Recovery personnel may also be affected personally by events. This should be taken into consideration when developing recovery plans

4. Recovery priorities
i. The goals of a multi agency recovery plan must be clearly articulated and prioritised. Different goals may require different approaches to recovery

ii. Where psychosocial recovery is a priority, a community development approach should be used

iii. Where psychosocial recovery is not a priority in a multi agency recovery plan, every attempt should be made to ensure the other priorities don't exacerbate trauma or interfere with psychosocial recovery

iv. Organisations who hold financial appeals will inevitably receive public pressure regarding speed of expenditure. Donor / public education and advocating for the long term needs of affected communities needs to be incorporated in planning

v. The sector needs to engage in better public education campaigns about the length of time and cost of recovery

5. Sector relationships
i. There is a gap between recovery practice and academic research on recovery. Closing the gap between academics and practitioners would be mutually beneficial

ii. There needs to be closer working relationships between first responders and psychosocial recovery personnel to ensure that recovery commences at the beginning of an event and affected people are offered the best possible support

6. Community engagement
i. Community engagement is important for all agencies working in recovery

ii.   Consultation and engagement processes need to be ongoing throughout the recovery

iii.   There is a clear need to engage with communities affected by emergencies to ensure that any services or resources offered (and the way that they are developed) are meeting their needs. However, there is also an ability for agencies consistently involved in recovery to pre-empt what some of these needs may be. A delicate balance must be struck between 'proactive' and 'adaptive' services, to ensure that community needs are met in a timely way, but are community led.

6. Preparedness is an integral part of recovery

i.   The emergency management cycle is not linear

ii.   Preparedness for emergencies as a part of recovery can increase resilience and empowerment in affected people

Recommendations

1. Core recovery capacity increased and supported
    i. Small core recovery team developed, with a diverse advisory group to guide strategy

    ii. In large scale events, a person / team of people assigned to focus on personnel welfare

    iii. Staff welfare plan developed that can be implemented in times of an emergency and the long term recovery process. Ensure the plan available to all agencies as a template

    iv. Support access for emergency services and health and human services personnel to ongoing recovery workshops and seminars. This will increase the sectors capacity when there is a need to implement recovery services

2. Program elements
    i. Microfinance should be considered in Australia to support individual, household and business recovery. There are a number of examples where this has worked well in the international context, and is especially important in view of the current Australian Tax Office restrictions regarding the expenditure of appeal monies for charitable purposes.

    ii. Corporate business partnerships should be assessed and approached in four different ways
        a. Support businesses by providing specialist recovery advice to support business continuity plans. This will support more resilient economic recovery
        b. Traditional business partnerships for program sponsorship
        c. Capitalising on the expertise of corporate businesses to inform broader recovery practices
        d. Use businesses as a way of accessing large numbers of individuals to support household preparedness before emergencies and recovery support after emergencies

    iii. Identify ways to support recovery organisations to better document and disseminate lessons learned. Look to other sectors to identify successful models of information transfer

    iv. Develop a memorials resource to assist workers who are managing a memorial process in their community following an emergency. Include basic information and document the process of other memorials

    v. Develop a centralised, easy to use, practice based, accessible clearing house of recovery programs that have been tested in previous emergencies

    vi. Undertake research to identify effective public education campaigns about the length of time recovery takes

3. Sector integration

i. Identify models in other sectors that support the close integration of practitioners and academics

ii. Identify existing training for response Australian agency personnel which where psychosocial recovery training could be introduced as a module. An example which may be able to be replicated is where Red Cross supports training for Australian Defence Force personnel in International Humanitarian Law.

iii. Facilitate regular professional development sessions with international colleagues via skype / teleconferencing or in person where possible to continue to build on some of the relationships established

4. Appeals

i. There will be public backlash about any appeal, seemingly regardless of how it is managed. Transparent processes are a must. Following that, clear documentation, with clear case studies from other emergencies and pre-emptive work with the media may go some way to mitigating this. E.g. map out when all the protests happen after emergencies, and try to pre-empt it, have case studies ready about the ongoing need for funding post emergencies, proactively manage media. Having spokespeople ready and briefed to deal with this, and briefing on the ground staff and volunteers will help manage the anxiety and frustration felt by recovery workers.

ii. While most organisations publish reports about how appeal money is being spent, members of the general public (donors) have to know that the report exists to read it. A continuing public information campaign e.g. every few months letting people know where the money has been allocated to and how the decisions are being made could possible help with the public education as to how long recovery takes, especially if this messaging was part of a longer public information campaign about the effects of emergencies on people and communities.

iii. Undertake research about the compulsion by donors to have money spent quickly. This research would assist effective communications strategies by organisations undertaking appeals.

Appendix 1
Index of emergencies reviewed

Name	Geographic location of event	Brief description
September 11 (New York)	New York, Virginia, Pennsylvania, USA	On September 11, 2001 four planes were hijacked by terrorists. Two of the planes were intentionally crashed into the Twin Towers in New York city and one plane was intentionally crashed into the Pentagon, Virginia. The fourth plane, intended for crashing in Washington DC, was overtaken by crew and passengers and crashed in Shanksville, Pennsylvania. Overall, there were 2996 deaths, including the 19 hijackers. Of these deaths, 2753 occurred in New York (including the passengers, hijackers on the two planes and more than 400 first responders).
Hurricane Katrina	Southern states, USA	Hurricane Katrina made landfall in Louisiana on Monday 29 August 2005 (after making landfall in Florida several days earlier, and then passing through the Gulf of Mexico) and affected the states of Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi and Ohio. 1,836 people died, with 135 people still officially missing. Many of the people died from the resultant storm surges from the hurricane. Approx 800,000 people were displaced.
Columbine	Colorado, USA	On April 20, 1999 two students from Columbine High School, Eric Harris and Dylan Klebold shot 12 fellow students, one teacher and then themselves on the school site. Additionally, 24 people were injured.
London bombings	London, UK	On July 7, 2005, four bombs were detonated in a coordinated terrorist attack in London. Three of the bombs were detonated in the underground tube system – at Edgeware Rd, Aldgate and Kings Cross, with a fourth bomb later being detonated on a bus in Tavistock Square. 56 people, including the four bombers were killed. Approximately 700 people were injured.
Hillsborough	Sheffield, UK	On April15, 1989, 96 Liverpool FC fans were killed and a further 766 injured when there was a crush in one of the stands at the Hillsborough Football stadium in Sheffield.

Name	Geographic location of event	Brief description
Cumbria floods	Cumbria region, UK	From November 18 -20, 2009 heavy rains in the Cumbria region of the United Kingdom caused major flooding. 2,239 properties were affected, including 1794 residential properties.
Sichuan earthquake	Sichuan province, China	On May 12, 2008 the Sichuan province of China was struck by an earthquake of a magnitude of 8. There are conflicting reports regarding the impact, but the IFRC reports 87,449 people died, 375,000 people were injured, 18,500 people are still missing and initially approx 15 million people were displaced.

Appendix 2
List of organisations visited

Organisation	Location	Website
911 Memorial + Museum	New York, USA	http://www.911memorial.org
Anfield Stadium	Liverpool, UK	http://www.thisisanfield.com/clubinfo/anfield/
Boulder Hazards Research Centre	Boulder, USA	http://www.colorado.edu/hazards/
Cabinet Office	London, UK	http://www.cabinetoffice.gov.uk/
Colorado State University	Fort Collins, USA	http://www.colostate.edu/
Columbine High School	Denver, USA	
Families of September 11	New York, USA	http://www.familiesofseptember11.org/
Fire Department museum	New York, USA	http://www.nycfiremuseum.org/
Greater London Authority	London, UK	http://www.london.gov.uk/
Hillsborough Family Support Group	Liverpool, UK	http://www.hfsg.net/
Leeds University	Leeds, UK	http://www.leeds.ac.uk/
London Ambulance Service	London, UK	http://www.londonambulance.nhs.uk/
London Transport Museum	London, UK	http://www.ltmuseum.co.uk/
Municipal Arts Society	New York, USA	http://mas.org/
New Orleans University	New Orleans, USA	http://www.uno.edu/
Project Rebirth	New York, USA	http://www.projectrebirth.org/
Red Cross - Britain	London, UK	http://www.redcross.org.uk/
Red Cross - Canada	Ottawa, Canada	http://www.redcross.ca
Red Cross - Greater New York	New York, USA	http://www.nyredcross.org/
Red Cross - Southeast Louisiana	New Orleans, USA	http://www.arcno.org/
Tribute WTC Visitor Centre	New York, USA	http://www.tributewtc.org/index.php
Tulane University	New Orleans, USA	http://tulane.edu/
University College	London, UK	http://www.ucl.ac.uk/
University of Delaware	Delaware, USA	http://www.udel.edu/

Appendix 3
Table of programs and projects for psychosocial recovery

One of the aims of the fellowship was to identify projects that had been implemented following emergencies to support the psychosocial recovery of people affected. Some of the below projects are outlined in the other sections of the report. This table is not exhaustive, but is a quick summary of some of the projects which were of particular interest to me.

Name of program	Description	Why it's impressive	Country	Emergency associated with
Hull floods diary project	Following Hull floods, participants were asked to keep a diary and then share experts at planned intervals as part of research conducted by the University of Lancaster. The process was not only helpful to many participants, but the information that was collected was then used as data to identify experiences that people experienced following an emergency, which then directly influenced UK recovery policy.	Has three purposes which work together – supporting individuals in psychosocial recovery through the diary writing exercise, and coming together to share experiences, validates the experience of individuals, and uses a very practical, sensible way of collecting informal experiences as a means of data collation	UK	Hull floods

Name of program	Description	Why it's impressive	Country	Emergency associated with
Story Corps – story booths	Story Corps is a not for profit organisation that believe that a country's history should include the stories of the everyday people. They provide basic recording booths, with the idea that people invite someone to interview e.g. a friend, family member, colleague. Their interview is recorded. The story is then archived, and the participants get a copy for themselves. It is a free service. Following September 11, first a mobile and then a permanent story booth was set up to record peoples experiences. They then replicated this for Hurricane Katrina. Story Corps will also have a permanent booth set up as part of the September 11 memorial.	There are a number of great elements to this project that I liked. People have a change to tell their story. There is no delineation between who is 'directly' and 'indirectly' impacted, meaning that it can validate experiences. People have the chance to ask someone from their social network more about their experiences, which hopefully is not the last time these people will talk to each other about their topic. It also provides an excellent oral history, and a wide ranging collection of perspectives from diverse backgrounds. There is an excellent opportunity to collate the stories, or elements of them, to use as data. The stories also provide a good tool for public education about the process of recovery and the impact of emergencies.	USA	Story Corps is not generally linked to emergencies. However, this was used following September 11 and Hurricane Katrina
Project rebirth – time lapse filming	Following the September 11 event, Project Rebirth installed a number of time lapse cameras that took photos of different parts of the site being first demolished and then rebuilt	Longitudinal footage of the process of reconstruction. It was streamed through their website also, so people who aren't in New York can see the process of rebuilding	USA	September 11

Name of program	Description	Why it's impressive	Country	Emergency associated with
Project rebirth – documentary	Following September 11, Project Rebirth took the opportunity to commence a longitudinal documentary following people who had been affected in different ways. They were interviewed at intervals, and the footage has been used to make a documentary about their experiences. The volume of the footage is far more than could be used for the documentary, and so project rebirth have partnered with appropriate organisations to use the footage as part of training for emergency services professionals, including psychology and social work students, and first responders such as fire-fighters.	There are lots of great elements to this project, including the longitudinal nature of it, and the non clinical nature of the interviews. The documentary is going to be released as a feature film in time for the 10th anniversary, and will screen at the Sundance Film Festival as well as being aired on television channel 'Showtime' in the USA. Not only will the documentary be a great 'mainstream' public education tool about the long term nature of recovery, but the hours and hours of filming are now the biggest archive of non-clinical, longitudinal footage about peoples experiences following an emergency. Because of the public nature of the documentary, the participants have consented for the footage to be viewed, and can be used for training. One of the reasons that this footage is particularly good for training is that it is a good insight into the effects that first responders and recovery personnel have on affected peoples experience.	USA	September 11

Name of program	Description	Why it's impressive	Country	Emergency associated with
Backpack preparedness – Red Cross, New Orleans	Following September 11, Red Cross identified that many older people were not prepared to evacuate with their medications etc. The produced an evacuation back pack for seniors which contains a checklist of things that need to be taken.	Practical, easy, cheap project to implement. The backpack can be used as a tool to promote further education about preparedness.		
Car pool with a neighbour – multiple agencies	Only limited information on this project available – following Katrina, many organisations, including churches, worked to identify people in their community that would have difficulty in self evacuating, for transport or other reasons. They then appealed to their communities to 'buddy up' with someone who lived near them, so that the person who would struggle to self evacuate could evacuate with them.	Fantastic community building, grass roots initiative. Unfortunately, I only have limited amounts of information on the project, but the concept is very simple, and could be easily adapted.	USA	Hurricane Katrina
Pillowcase preparedness	Pillowcase for children with a checklist of items to be packed for an evacuation. The pillowcase is not so large that a child would not be able to carry it 'sack' style with contents in it, but is big enough for them to take items that are important to them.	Practical, easy, cheap project to implement. The pillowcase can be used as a tool to promote further education about preparedness.	USA	Hurricane Katrina

Name of program	Description	Why it's impressive	Country	Emergency associated with
Ready rating program	Online assessment tool for businesses to improve the preparedness levels of their business and employees. This assessment is then followed up with support to improve the preparedness levels. The program is free, and for organisations to maintain their membership they must improve their rating annually. This program is popular in New Orleans, which is one of the program pilot areas, following their large number of emergencies.	Practical and innovative program that could easily translate to the Australian context, especially after the widespread emergencies of summer 2011.	USA	
First Aid courses – British Red Cross	During the 2009 Cumbria shootings, a number of young people were exposed to the incident, and identified that they did not feel confident in their first aid abilities, and this lack of confidence impacted on them in their recovery. Red Cross ran a number of first aid course available to young people.	Practical, cheap, easy program, has broader relevance than recovery from this event, good general skill for people to have.	UK	Cumbria shootings

Name of program	Description	Why it's impressive	Country	Emergency associated with
Rebuilding projects, including 'Make it Right' and Habitat for Humanity	Following Hurricane Katrina, rebuilding was a major hurdle for many people. New organisations such as the 'Make It Right' Foundation, and existing organisations such as Habitat for Humanity work with people who want to move back to New Orleans, and identify how much financial and 'sweat' investment they can provide to the rebuilding of their property. Provided they are able to, residents are required to participate in the process, and the organisations provide house plan options, materials and volunteers. These are long term projects that are still active.	By working with residents to assess how much they can contribute both financially and with their own labour, it ensures that the organisations are not just handing out houses and the residents are engaged in the process. Brad Pitt is the founder of the 'Make It Right' Foundation. His profile has helped support these projects, and the media focus on his foundation has assisted in public education regarding the ongoing need for support.	USA	Hurricane Katrina
Qiu Qiu the Panda – IFRC	Following the Sichuan earthquake, children were an even bigger focus in the recovery than in other emergencies, owing to the one child policy of China. The IFRC identified that there were a lack of psychosocial programs for children, and also identified the cultural constraints for children who were feeling very emotional. The IFRC developed a project where a stuffed panda (the symbol of Chengdu) was given to children, named Qiu Qiu. A story was told to groups of children, where Qiu Qiu suffered any number of scenarios that these children may have including trauma, parental stress, feeling scared etc. The children then discussed how 'Qiu Qiu' felt following these scenarios.	Simple, cheap and easy to adapt and roll out. Culturally sensitive, but broadly applicable and transferable to other emergencies.	China	Sichuan earthquakes

Name of program	Description	Why it's impressive	Country	Emergency associated with
Preparedness colouring in materials	In China, following the Sichuan earthquakes, one of the main focuses of recovery was on children. As part of recovery, the IFRC developed preparedness materials for schools and other organisations to use. One of the easiest ways they found to ensure the preparedness materials weren't thrown out when they were taken home by the children was simple – make them a black and white photocopy which the children could colour in. That way, the materials were likely to be hung up in the house as 'art' and viewed regularly	Simple, easy, cheap	China	Sichuan earthquakes
Dress for success	This was an existing program that was ramped up in the recovery period following Hurricane Katrina. A program that focused on women retraining and re-entering the workforce – including retraining, interviewing skills and clothes for work	Good existing program that was able to meet an increased need following an emergency. Simple, and able to draw from assistance from the non-emergency services sectors	USA	Hurricane Katrina

Name of program	Description	Why it's impressive	Country	Emergency associated with
Vehicle program	Following Hurricane Katrina, a number of people faced an increased need for transport to get to employment. In some cases they had worked locally but now needed to travel some distance because their place of employment no longer existed, or they had moved, or they had lost their cars. The vehicle program was quite simple – provided that people could demonstrate that they needed transport assistance and could keep up insurance payments, they were eligible for a $5,000 - $10,000 payment to assist them to buy a car. In may cases, the used cars salesmen were aware of the payments and would lower prices to match the payment.	Small grant which meant a lot to people's livelihoods, and supported local economies. There is the possibility of a formal commercial partnership in Australia for a program like this.	USA	Hurricane Katrina
Pot plant + welcome hampers	Following floods in the UK, the British Red Cross were donated a number of pot plants and hampers. They delivered these to people moving back into their homes and used it as an opportunity to check in and see how they were doing	Beautiful, simple, low key and easy to fit into exiting programs	UK	Carlisle / Cumbria floods
Microfinance	Following the Sichuan earthquake, many people affected were required to take out loans to rebuild. The IFRC undertook a microfinance program, in partnership with one of the banks in China. This program has proved to be very successful in supporting people's recovery.	Microfinance can be difficult to establish, but when a program is developed it can be sustainable for a long time. Microfinance is a well documented area of service provision by many international NGOs. It is a good way to provide support	China	Sichuan earthquake

Name of program	Description	Why it's impressive	Country	Emergency associated with
		in addition to grants, and means that a finite sum of money can support a large number of people in the long term.		