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**Emergency Services Foundation
Scholarship**

Organisational responses to long term psychological impacts of disaster on individuals and groups

Final Report

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EXECUTIVE SUMMARY

In February 2009 Australia experienced the biggest natural disaster in its history when bushfires which began on 7th February killed 173 people and left thousands homeless.

As the lead response agency, some 20,000 CFA members responded to the disaster. This led to significant exposure to critical incidents for many members. A considerable number of members were personally impacted by the disaster, losing family and friends as well as their homes and belongings.

In response to the February 2009 bushfires CFA developed and implemented a comprehensive *Welfare Support and Recovery Plan*[1]. The Plan provided interventions designed to cater for the support needs of CFA members impacted by the disaster.

At the beginning of 2011, CFA commissioned a literature review. The literature review was undertaken to review existing relevant research to ascertain the long term psychological impacts of disaster exposure on emergency service workers. The review was designed to research the effects on individuals as well as the organisations who responded to the disaster.

The literature review was effective in providing quantitative and qualitative data about disasters and their effects on emergency service workers. In order to further explore the themes identified in the literature review, I applied for the Emergency Services Foundation Scholarship.

The objectives of the scholarship were to investigate the welfare issues, both short and long term that were experienced by emergency service organisations involved in the response to disaster and identify, analyse and evaluate possible treatments and strategies used to counter the welfare impacts of major disaster events.

The literature review made a range of predictions in relation to individual and organisational impacts for CFA and likely long term consequences of and responses to traumatic exposure. A further objective of the scholarship was to test the reliability of these predictions.

Generally the predictions made about the likely welfare issues, both long and short term, were considered to be accurate.

The treatments and strategies adopted by other organisations involved in disaster response can be categorised as follows:

Prior to disaster or deployment

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[1]Seach, A., Hartman, J. & Clements, T. (2009). Country Fire Authority 2009-11 Member Welfare Support and Recovery Plan

For emergency service workers involved in disaster, strategies can be implemented prior to the disaster (or their deployment) which will support their wellbeing during the disaster. In particular, providing members with time prior to the predicted onset of the disaster or prior to deployment to "get their own house in order" will set the scene for their emotional wellbeing during the disaster.

During and immediately after the disaster

All of the agencies involved in the response to Hurricane Katrina indicated that taking steps to keep emergency service workers and their families together had a significant positive impact during and immediately after the disaster.

All agencies (to varying degrees and using different terminology) implemented a stepped care model of support. Each recognised the critical role played by family and peer support (social support), and these social supports were supplemented by clinical services as necessary.

All agencies recognised the need to capitalise on the value of existing networks and "natural" support systems.

The effectiveness of the various welfare service interventions was evaluated. Most agencies provide a similar range of welfare services to their members. As a result of the analysis and evaluation of various services, I have been able to identify the key organisational factors which must be present to ensure that member welfare services are effective both in day to day response and also in response to disaster. These factors are:

- Organisational leadership that values psychological safety, health and wellbeing. Psychological safety and wellbeing of members is a critical consideration of all business decisions;
- A culture which values psychological safety and supports the use of services, acknowledging that from time to time, support is required and this is not a measure of the individual's worth;
- Services are trusted and seen as genuinely there to support members and are not seen as a tool used by management to control members.
- Credibility and integrity of service providers. In particular, members of internal support services must be viewed as credible and trustworthy members of the organisation;
- Service providers are flexible and creative in their response to the needs of the member; and
- Communication and coordination is maximised between service providers so that when a person makes the decision to access support they are provided with appropriately coordinated service.

Long Term Responses

When the response of the organisation to the disaster is heavily criticised, it usually results in significant changes to the way the organisation is managed and structured. As a result, people within the organisation may often experience a sense of alienation not only from their team, but from the organisation itself.

In this context then, the Human Resources function in response to disaster becomes critical in the longer term. Once the immediate welfare and wellbeing needs of members are met following the disaster, the role of the HR function must become one of facilitating the rebuilding of teams, or "rebonding" workgroups.

Psychological Safety and Preparation

Organisations varied in the extent to which they link technical training to member welfare outcomes. The California Department of Forestry and Fire Protection (CAL FIRE), has used learning from major incidents to develop an integrated approach to psychological wellbeing.

As part of this approach, CAL FIRE has developed leadership training programs which include building the skills of leaders, managers and supervisors to monitor the wellbeing of their teams. Importantly, this responsibility is clearly articulated as an accountability for managers and supervisors. The training includes building skills for recognising psychological risks and hazards, as well as assessing the risks to individuals.

As the likely frequency of disaster increases, emergency services workers will be more frequently exposed to potentially traumatic events. More can and should be done to prevent exposure and prepare people to manage themselves and others when exposure is unavoidable.

This means developing a culture in which psychological safety is treated in the same way as physical safety – identify the hazard, assess the risks and take steps to eliminate or control the risk. In fire service terms, it means focussing on prevention and preparedness, not just response and recovery.

Finally, the scholarship sought to inform the CFA Member Wellbeing Strategy, including systems and practical support requirements, to address long term impacts on CFA's capability and capacity to deliver its services.

As a result of the information gathered through the Scholarship and other sources, CFA has incorporated psychological safety and wellbeing into its Safety, Wellbeing and Environment Strategy.

The objectives of the Safety, Wellbeing and Environment (SWE) strategy are:

1. build committed and accountable SW&E leadership;
2. establish and maintain effective control systems for SW&E risks;
3. minimise the impact of our activities on the environment; and
4. improve the wellbeing and resilience of our people

The Strategy is supported by a Member Wellbeing Action Plan which articulates the range of initiatives which will be developed and implemented to support member wellbeing under the four "pillars" of prevention, preparation, response and recovery.

INTRODUCTION

"We're not sure who wrote it", she had said, pressing a wad of papers into my hand "but someone decided to pull together some stories from Katrina. It might be helpful for you".

The document had been put together by someone who had worked for the South East Louisiana Red Cross after Katrina and in it sat some very personal narratives of the experiences of those workers.

Now, ten months after my visit to New Orleans, sitting in my office in Melbourne on a wintery day, I finally start to read the untitled and seemingly innocuous document.

Half an hour later, as the South East Louisiana Chapter Red Cross workers describe their terror, their loss, their frustration and their anger, I notice that I'm shaking. It's not cold. It's the adrenalin.

I don't know why I'm surprised. Over the last 3 years I've read enough and seen enough of the evidence surrounding disaster to know that it doesn't matter what the nature of it is, the issues are the same.

I had been procrastinating for months. Delaying, tinkering around the edges and generally stuffing around. I had done so much research. I had piles of papers on resilience, post traumatic growth, the factors required for successful peer support programs in high risk industries, the post disaster prevalence of post-traumatic stress disorder, depression and anxiety, drug and alcohol use, partner conflict and secondary trauma.

Secondary trauma. The technical term they use to describe the burn-out that happens to the people who support those directly impacted, resulting in avoidance, fatigue and lack of productivity. I'd watched this happen to other people and had recognised it for what it was. But I hadn't seen it in myself. I'd somewhat arrogantly assumed that I could walk through the mess that had been created without getting any of it on me.

Now, reading the document that described the experiences of the New Orleans Red Cross Workers, I was back at the State Control Centre.

Its 5am on the 8th February 2009. I don't remember much about yesterday or last night. I've lost track of who I sent out and were I sent them. It's OK, I've written it down somewhere.

All I remember is the phone calls coming in. Firefighters begging me to send someone for them to talk to. The bodies. The devastation.

In some cases I could meet their request. In others, I had to decline as it was too dangerous to send someone to where they were or it wasn't possible to get people through road blocks. Sometimes they understood and sometimes they abused me. In others they simply told me the things they wanted to say.

I'd finished up at about half past one this morning, when the phone had finally quietened.

Then at 3.30am the phone rang. It was the State Duty Officer. "Get in here" he said.

Before I could leave home the calls started again.

At 4.30 I met with the State Duty Officer. "There's been about 80 people killed. You better start putting together a welfare plan."

"Yeah thanks. I hadn't thought of that" is what I wanted to say but didn't.

Now, at 5am, I'm standing in the kitchen of the State Control Centre, watching the news. "I'm not equipped for this", is what I thought.

Those who know anything about "Black Saturday" will tell you that it started long before the 7th February and it hasn't ended yet. Drought had stricken much of the state of Victoria for ten long years before February 2009. And then in the first week of February - a week of extreme fire danger. Every day the temperature climbed higher and the humidity dropped lower. Afterwards, the Royal Commission.

Reading the stories from Hurricane Katrina, I recognise our own story. When nature creates circumstances that are completely overwhelming, nobody cares that the state cannot possibly be equipped to respond to it. Not if we also want a health system or a transport system or an education system.

Somebody has to be blamed. Somebody has to be found wanting, lest the truly chaotic and teetering on the edge of the abyss reality of our daily lives be exposed.

The Louisiana Red Cross workers described being abused and attacked for failing to provide the same level of service they had provided previously. The adrenalin I was feeling reading the Katrina stories was anger.

Anger over the lynch mob mentality that had been endured by people I knew had dedicated their lives to public safety and had done the best they could.

Anger over the shock-jock radio announcers who were seemingly unaware of the irony when one minute they ranted and railed against the "nanny state", and then in the very next breath called for the head of whomever it was that hadn't protected us.

Anger at the people who claimed they hadn't been warned, yet acknowledged that yes, they had seen the news reports in the days leading up to the 7th February.

Anger about the impact of the Royal Commission on our people. In the long run, nobody would suggest that the Bushfires Royal Commission was not needed, but it would be disingenuous to fail to acknowledge that the process had done as much damage to our collective psyche as the fires themselves.

And now I realise that the only way for the procrastination to end is to acknowledge that I did not walk through the mess without getting any of it on me, and to acknowledge the toll that the last years had taken.

But now for the official story.

In February 2009 Australia experienced the biggest natural disaster in its history when bushfires which began on 7th February killed 173 people and left thousands homeless.

As the lead response agency, some 20,000 CFA members responded to the disaster. This led to significant exposure to critical incidents for many members. A considerable number of members were personally impacted by the disaster, losing family and friends as well as their homes and belongings.

In response to the February 2009 bushfires CFA developed and implemented a comprehensive *Welfare Support and Recovery Plan*[2]. The Plan provided for interventions designed to cater for the support needs of CFA members impacted by the disaster. The Plan was designed to supplement the existing Critical Incident Support Management (CISM) services already in place that support the welfare requirements of members.

Events typically experienced by CFA members were primarily loss of family, friends, colleagues, property or livelihood, or exposure to critical incidents. Other potentially traumatic events such as involvement in court processes, the Bushfires Royal Commission and giving evidence at committal hearings or trials of those accused of starting the fires have also created ongoing risk to member's psychological and emotional wellbeing, as every time another court case comes around, they are required to once again revisit these traumatic events.

It was anticipated that over time most members would return to normal functioning however it was acknowledged that for some members, the traumatic impact would be significant and ongoing.

By 2010 it became evident that things were not even beginning to return to normal. Presentation rates of mental health difficulties were still high, conflict

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[2]Seach, A., Hartman, J. & Clements, T. (2009). Country Fire Authority 2009-11 Member Welfare Support and Recovery Plan

was high and morale was low. The problems and difficulties were not limited to those directly involved in the response.

The psyche of the organisation itself had somehow changed. Prior to 2009, CFA enjoyed an overwhelmingly positive reputation. Post Black Saturday, we couldn't get anything right. The impact of this on local brigades was significant. Members who had been considered leaders of their communities were now openly and in some cases viciously criticised by the people they had tried to protect.

At the beginning of 2011, CFA commissioned a literature review. The literature review was undertaken to review existing relevant research and ascertain the long term psychological impacts of disaster exposure on emergency service workers. The paper was designed to research the effects on individuals as well as the organisations who responded to the disaster.

The literature review was effective in providing quantitative and qualitative data about disasters and their effects on emergency service workers.

The literature review[3] found that rates of mental health and related difficulties (eg substance misuse or partner conflict) are likely to remain substantially elevated for 3-5+ years post disaster.

A very small number of exposed members may experience (possibly fluctuating) psychological difficulty for a much longer period.

Over the long term, elevated rates of absenteeism or presenteeism are likely to be experienced, including extended duration of absences due to psychological morbidity.

The review indicated that long term functioning within roles may be impacted eg: disputes and workplace conflict/complaints.

There is a small long term negative impact, affecting quality of work and productivity amongst support staff/members interacting with directly affected members.

This secondary traumatisation is likely to result in increased incidents of workplace conflict. Rates may remain up to 20% higher than pre-fire levels.

Given regular interaction with directly exposed, the effects on indirectly exposed members will continue for some time.

Organisational planning and resource allocation for the next two to three years will need to consider:
- o Elevated welfare service use

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[3] Villis,S. (2011). A literature review of the psycho-social impacts on volunteer emergency workers following response to large-scale community disaster: Prevalence and predictors of short and long-term outcomes.

- Increased psychological compensation seeking
- Small decrements in exposed and indirectly exposed members productivity and interpersonal functioning
- Additional associated administrative costs
- Additional cultural costs – morale, satisfaction and compliance.

The literature review identified vulnerabilities also. These included gender, age (<25), single status and previous disaster involvement.

Pre-existing vulnerabilities for volunteers were identified and included long work hours, high responsibility roles (business owners, managers, community leaders) and being permanently "on call".

Event related vulnerabilities were identified:
- Work factors – sleep deprivation, extended work hours, violent threats or lack of communication with co-workers
- Personal factors – displacement of family members, personal property loss and capacity to communicate with family members
- Injury – including relatively minor skin and respiratory conditions – strongly/consistently related to the development of depression and PTSD
- Perceived low social support from peers and colleagues, low satisfaction with communication amongst team members.
- Interpretation of event and one's reaction as catastrophic, perceived dangerousness, excessive loss or self-blame
- Extreme disaster exposure – actual personal threat, loss of loved ones, destruction of personal property.

Critically the research identified resilience features, which are:

- Minimum Operational Skills Training (and related activities), especially including:
  - Practical competence in a range of practical activities that are typical of disaster roles
  - Practical problem-solving, procedural, **behavioural and psychological** training
- Incident command system
- Long term connection to the organisation and structured practices
- Extensive and trusted welfare services

Three key themes emerged from the literature review. These were the:
1. Critical importance of member welfare services in post disaster recovery;
2. In the longer term, the role of the Human Resource function; and
3. Importance of technical training and resilience.

SCHOLARSHIP OBJECTIVES

The objectives of the scholarship were to:

1. Investigate the welfare issues, both short and long term that were experienced by emergency services organisations involved in the response to Hurricane Katrina, Hurricane Rita and fires in California;
2. Research and observe where possible the treatments and strategies used to counter the welfare impacts of major disaster events;
3. Analyse and evaluate findings with a view to their application in the Victorian emergency services context.
4. Predict individual and organisational impacts for CFA and likely long term consequences of and responses to traumatic exposure;
5. Inform the CFA Member Wellbeing Strategy, including systems and practical support requirements, to address long term impacts on CFA's capability and capacity to deliver its services; and
6. Share learning with other emergency service organisations.

In identifying relevant agencies in the United States to interview, I wanted to get a range of perspectives on the long term impact of disaster on emergency services workers and to understand their views on the three key themes which came out of our research.

I had hoped to find agencies that had all the answers. I'd hoped to find high-spec welfare and wellbeing services, programs that had addressed the "human resource" impacts of disaster and integrated training programs to support psychological resilience.

While no single agency had all of the answers, every person I spoke to generously and honestly spoke of their experiences and struggles. They shared their data, their programs and their gut feelings.

In the end, I didn't quite get what I'd hoped for. In some respects I ended up with more questions than answers, but there was comfort in the knowledge that the questions and challenges we struggle with are I suspect, universal to fire fighting agencies if not emergency services generally.

In those questions, I got something much more valuable than a neatly packaged set of options.

I got some very specific ideas, confirmation that we are on the right track, both in response to disaster but also in our day to day operations.

Most importantly, in talking to the various agencies about concepts around psychological resilience, I got ideas that helped me to formulate the business case for our member wellbeing strategy.

As a result of the scholarship, the business case for our strategy became clear, and in some respects, deceptively simple. It was this – why do we not treat psychological safety in the same way we treat physical safety? That is,

why don't we have a culture in which psychological safety is treated in the same way as physical safety – identify the hazard, assess the risks and take steps to eliminate or control the risk. Why do we seem to assume that emergency services work is inherently traumatic and that trauma cannot be controlled?

In fire service terms, it means focussing on prevention and preparedness, not just response and recovery.

THE AGENCIES

The literature review identified several organisations whose perspectives and experiences were considered relevant for further exploration.

While some organisations were identified on the basis of their similar experience of disaster and its aftermath (e.g: New Orleans Fire Department) others were identified for broader input based on their span of control (Office of Homeland Security) or the structure and size of their organisation (California Department of Forestry and Fire Protection), or their volunteer workforce (Louisiana Red Cross).

The agencies and organisations can be broadly categorised into three groups:

Local Response Agencies

The purpose for conducting research with the local response agencies was to seek an understanding of their organisation and how their involvement with a disaster (such as Hurricane Katrina) has impacted on their people and consequently the organisation over time.

Interviews with representatives from these organisations focused on how the experience has influenced its members, the organisation's culture, structure and services with particular reference to the themes identified in the literature review.

The organisations identified as relevant were:

- New Orleans Fire Department
- South East Louisiana Red Cross

State and Federal Response Agencies

While local response agencies share an experience which is similar to that experienced by CFA, there are some significant differences between these organisations and CFA with respect to their size, span or control and experience in terms of day to day business.

For this reason, it was considered relevant to seek the perspective of a second group of response agencies whose size, span of control and day to day business is more similar to that of CFA than the local response agencies identified above.

Interviews with representatives from these organisations focused on how their involvement in a disaster or other major incident (such as long duration wildfires) has influenced its members, the organisation's culture, structure and services with particular reference to the themes identified in the literature review.

The organisations identified as relevant were:
- California Department of Forestry and Fire Protection
- Louisiana Governor's Office of Homeland Security

Stakeholder Organisations

Finally, the perspective of stakeholder organisations was considered relevant to the exploration of the themes identified.

Interviews with representatives of these organisations sought to identify their observations in relation to how local, state and federal agencies have been affected by and responded to disaster.

The interviews sought to identify the role played by the stakeholder organisation in the agency response to the disaster or major incident, e.g. partnering with the agency to encourage use of support services.

The organisations identified as relevant were:
- National Volunteer Fire Council
- National Fallen Fire Fighters Foundation

Profile information on each of the agencies interviewed is provided at Attachment One.

IMMEDIATE RESPONSES TO DISASTER

PROVISION OF WELFARE SERVICES

In the immediate aftermath of a disaster, even emergency service workers, who are used to dealing with events that most of us would consider traumatic, are exposed to a range of events which are outside the scope of their normal routine or training. Lack of communication, infrastructure and information flow creates a level of chaos that is outside their experience. In this context, the specific welfare services provided by an organisation play a critical role in managing the needs of members during and immediately after the disaster. While it is absolutely important that these services are in place, it should be noted that this is just one element of managing the welfare needs of members in the aftermath of disaster.

The quantitative and predictive data outlined in the introduction to this paper included data collected as a result of Hurricane Katrina ("Katrina"). During my meetings with the agencies involved in the response to Katrina, I discussed with them the outcomes of the literature review and in particular the prevalence rates and predictors of psychosocial impacts of disaster on emergency service workers.

Each agency representative indicated that the findings of our literature review were consistent with their experience since the disaster.

Despite significant differences in national culture, organisational structure and health care systems there is remarkable consistency between the agencies with respect to the provision of welfare support services.

The following provides a qualitative rather than quantitative outline of the experiences of emergency service responders.

Hurricane Katrina

New Orleans Fire Department

Prior to Hurricane Katrina, the New Orleans Fire Department (NOFD) provided "Peer to Peer" services to its members in response to a critical incident or stressful event.

Peers provided initial debriefing following a critical incident and referred on to the EAP provider United Health Group if there was a requirement for further support. The EAP provided 24 hour free confidential support.

Any longer term support needs were covered by the employee's health insurance.

Services were supported by a Standard Operating Procedure (SOP) and promoted at orientation and initial training. The services were also promoted and reinforced regularly through team briefings and correspondence from the Chief.

Forty eight hours prior to Katrina making landfall, the staff were given time and instructed to get their personal affairs in order. Many firefighters and other staff evacuated their families to other cities and in some cases other states. They were not to know that these alternative living arrangements would in some cases remain in place for 2 years after Katrina.

Many people will be familiar with the stories of what happened after Katrina and the perceived failings of state and federal agencies to respond adequately to the disaster. Despite criticism of the state and federal responses, the NOFD generally did not experience the level of criticism aimed at other agencies such as the Federal Emergency Management Agency (FEMA). It is likely therefore, that NOFD staff were somewhat inoculated against the long term impact of these criticisms on organisational functioning.

Notwithstanding NOFDs separation from the criticism, the impact of Hurricane Katrina was significant. The NOFD were designated by the Department of Homeland Security as the agency responsible for controlling who and what came into and went out of the city after the hurricane struck.

All staff of NOFD were safe, however the biggest identified stressor was lack of contact with their families. Staff members were cut off from communicating with their families for an average of 20 days following the disaster.

The NOFD recognised the immediate stress this lack of contact and communication would place on both the firefighters and their families. They therefore took two steps to address the issue:
- Provided satellite phones to allow some contact;
- Set up a website for families to keep track of their NOFD family member.

Many firefighters (and families) eventually were housed on cruise ships in the harbour. While this might sound glamorous, consider for a minute living for months in a small cabin with your whole family, on the same ship as all of your workmates, and spending every day working in a city decimated by floodwaters. No so glamorous after all.

Despite the cramped conditions and lack of privacy, Chief Terry Hardy discussed how this close proximity worked in their favour. According to Chief Hardy, the proximity created a sense of community, trust and team work which may not have been present had the staff and their families been scattered around the city or further afield.

The leadership of NOFD quickly recognised that they did not have the internal resources to manage the psychological welfare needs of the staff, and therefore formed a coalition with the Louisiana State University (LSU) Mental

Health team and the Centre for Disease Control (CDC) to survey the operational staff about their mental health status and needs.

Of the 690 staff, 296 completed and returned the survey to LSU. The survey results (in January 2006) found that 8.4% of responders met the criteria for Post-Traumatic Stress Disorder (PTSD) and 24.8% met the criteria for depression. Staff also reported elevated rates of substance abuse and partner conflict.

Throughout my interview with Chief Hardy, a consistent theme emerged. Chief Hardy felt that trust was critical to how staff and management worked together following Katrina.

As part of their coalition approach, they developed multidisciplinary teams to support staff. This was well received and people responded well to the multidisciplinary approach. The survey results (nearly 50% of staff responded to the survey) provides evidence of the trust that Chief Hardy spoke about.

In particular, Chief Hardy noted that the peer to peer services offered by the NOFD were critical to the psychological recovery of members and their families on a number of levels.

First and most obviously, the services provided the first line response needed by so many in the aftermath of the disaster. Crucially, peer to peer services were also able to link people with greater needs into the appropriate service within the coalition.

But of far greater importance to recovery was the fact that the services existed in the first place (prior to the disaster) and that the service was trusted by members of NOFD.

Prior to Katrina, a level of trust existed amongst staff at the NOFD that the peer to peer and associated services were a genuine demonstration of management's care for its staff. Critically, the services were not viewed by members as being a tool of management control. Put simply, staff overall believed that the service was there to support them, not to control them.

According to Chief Hardy, this general view was probably one of the most important factors in the role played by the services in recovery. When the need came, staff knew they could rely on the peer to peer and associated services to do the right thing by them.

This experience was consistent with our own experience in the aftermath of the February 2009 fires. Our Peer Support and Chaplaincy Programs enjoyed a positive reputation amongst members. Members of the Programs were viewed as "one of us".

South East Louisiana Red Cross

Meanwhile at the South East Louisiana Red Cross (Red Cross), the enormity of the situation was impacting on both staff and volunteers.

Like NOFD, Red Cross had encouraged staff and volunteers to get their personal affairs in order prior to Katrina making landfall.

Once the hurricane hit, staff and volunteers put their work for Red Cross ahead of their own needs. Many staff and volunteers worked for extensive periods of time during the aftermath of Katrina without knowing whether their own families were alive, without any awareness of whether their own homes had survived the disaster. Their commitment was unquestionable.

Red Cross members experienced tremendous difficulties in providing services to the people of New Orleans. Communications were non-existent and supplies and infrastructure were inaccessible.

Some told of making decisions on the run and literally throwing away the rule book (in this case, the procedures manual). While on reflection, many would reconcile their actions as being the best decisions they could make in the circumstances, in other cases these decisions would cause ongoing anxiety.

Like many CFA members who experienced abuse and attack in the aftermath of Black Saturday for failing to protect communities, Red Cross workers staffing evacuation shelters were abused and criticised for failing to provide shelter services the way they had done in the past. Recipients of the services seemed not to understand that the enormity of the situation made comparisons to previous experiences redundant.

 About 12 months before Katrina, the state had conducted a simulation - "Hurricane Pam", an exercise in which a category 5 hurricane had hit New Orleans. In a Time Magazine article in the aftermath of Katrina, Brian Wolshon, an engineer with the Louisiana State University team who helped design evacuation plans with the state police and transportation officials, commented that one of the problems with Pam, was that no-one wanted to believe it was possible[4].

It is no secret that all agencies, including Red Cross, were heavily criticised for their failure to anticipate and plan for the scale of the response required to Katrina. It is noted here not as an indication of support for the criticism, rather it is noted for its similarity in terms of its aftermath to that experienced by CFA. The impact on the morale and psychological wellbeing of those on the ground is significant and should not be underestimated when considering the long term organisational response to disaster.

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[4] Ripley, A. (2005). How did this happen? *Time Magazine*, September 4 2005

In the wake of Katrina, editorials and enquiries criticised FEMA, the state and the Red Cross[5]. On an intellectual level, it is usually the case that members are able to understand the function of such enquiries and support their intent. They may even agree with criticisms made in relation to specific operational decisions made during the disaster. However, on an emotional level, it is very difficult for members to separate themselves from criticism of the organisation, and I suspect CFA's experience was similar to the experience of Red Cross.

In an emergency service, personal loyalty and a sense of identity associated with an organisation is intense. At CFA, both staff and volunteers intrinsically identify CFA as a core component of their identity. They make decisions on behalf of CFA every day and are seen in their local communities as being CFA. They don't just follow orders from Headquarters, so to expect them on an emotional level, to somehow divorce themselves from CFA (and "management") is not realistic. The impact of post-event reviews on functioning of individuals and teams will be explored later in this paper in reviewing the Human Resource function post disaster.

Bill Salmeron (Head of Emergency Planning) reflected on the experience of Katrina[6] and felt that one of the significant challenges faced by the organisation was meeting the needs of clients while also taking care of its own people post Katrina. CFA experienced similar challenges post Black Saturday, when CFA members were perceived to have received greater support than other members of their local community. For an organisation whose mission is to support people affected by disaster, this is a difficult balance to achieve. Ensuring adequate support to staff and volunteers without clients feeling that they are the second priority is difficult.

Red Cross provides an external contracted EAP service to its staff but crucially also takes advantage of the professional skills and qualifications of its volunteers by using those services to provide support to members as well as clients during a disaster. These volunteer members utilise their professional skills and qualifications through their work with Red Cross post disaster and both agency clients and staff are able to utilise the support.

In this respect, Red Cross provides an internal service similar to our Peer Support Network although its structure is somewhat different. Utilising the Disaster Service Human Resources (DSHR) framework, members are registered for their qualification, availability and fitness to perform disaster response roles of varying size and scale.

The DSHR framework includes a "mental health cell" and all persons operating within the cell must hold mental health qualifications. Red Cross workers operating within the mental health cell provide support to both clients of Red Cross and colleagues in need of support during operational activities.

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[5] Ripley, A. (2005). How did this happen? *Time Magazine*, September 4 2005
[6] B. Salmeron (personal communication, 28 October 2011)

Unlike CFA, all Red Cross workers participate in psychological first aid (PFA) training and are able to provide a PFA response as required. According to Bill Salmeron, while all undertake the training, often the function is performed "passively" internally.

Like NOFD, many Red Cross workers lost family, friends and property as a result of Katrina but continued to perform their roles despite seemingly insurmountable challenges. Like our own experience, this commitment to the cause by individual workers seemed to be lost in the media clamour to allocate blame for system failings.

Despite the challenges of balancing the needs of their members and meeting the needs of the community during the disaster, Bill Salmeron spoke with obvious admiration about the leadership role performed by CEO Kay Wilkins in the days and weeks after the disaster.

Red Cross staff and volunteers lived together in cramped and difficult conditions in a hotel in the city in the wake of Katrina. Like NOFD, locating Red Cross people together created a much needed sense of connection, community and team work.

In discussing her role with me[7], Kay spoke about the importance of clear communication with her team, noting that every day she met with the team over breakfast to discuss what she called "the state of the Red Cross". Every day, Kay gave her team an update on what was happening locally, and at the state and federal levels. She spoke honestly with them about what she knew and told them when she didn't know the answer to one of their questions.

She spoke about the need to acknowledge when things were not going well. She spoke about providing an environment in which team members could express their emotions. She allowed them to cry and importantly, sought every day during these briefings to find something to laugh about.

As part of their daily meeting, the team developed a routine of discussing "what's on the rumour mill today?" This provided Kay with the opportunity to dispel any mistruths and gave her the chance to gauge the wellbeing of her team members and to take specific action to support them.

She described her role as being "the squeaky wheel" with Headquarters, doggedly and unswervingly representing to the powers that be the needs of her team, and getting where possible, what they needed to do their jobs.

Leadership and communication were consistent themes that Kay touched on when discussing her role in supporting her team during the disaster. She spoke of the cocoon of the hotel, where people were safe and felt protected, where their emotional wellbeing was valued and supported. Her role was to provide for them the environment in which they were validated and their emotions ventilated in a positive way.

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[7] K. Wilkins (personal communication, 28th October 2011)

Prior to Katrina, SELA experienced a turnover rate of nearly 90%. After Katrina, turnover dropped to 30%. In an environment of such destruction and dislocation, this statistic is remarkable and is perhaps evidence of the level of engagement and support felt by staff members.

In the longer term post Katrina, SELA undertook a Resiliency Project. The Project ran for 3 months and was managed by a behavioural psychologist. The project will be explored further later in this paper in reviewing the Human Resource function post disaster.

Governor's Office of Homeland Security Emergency Planning (GOHSEP)

As a result of a fortuitous contact with the Governor's Office of Homeland Security, I was able to spend the day with several agency representatives who had coordinated and delivered services to both emergency service workers and community members in the aftermath of Hurricane Katrina.

Jerry Monier (Section Chief – Planning) and Amy Dawson (Human Services Planner/Branch Manager) of the Governor's Office of Homeland Security Emergency Planning pulled together the following key personnel - Cassandra Wilson and Danita Le Blanc, from the State of Louisiana Office of Behavioral Health, So'Nia Gilkey from Tulane University, and Barry Chauvin from Options for Independence.

The Governor's Office of Homeland Security (the Office) is responsible for the delivery of a range of services to the State of Louisiana as well as the coordination of other services. The Office is responsible for over 400 different services, including Sheriffs and Police Departments.

During an emergency, the Office is responsible for the implementation of the State's emergency management structure. The Office coordinates services within the state, and coordinates with other states and the Federal Emergency Management Agency (FEMA).

The Office of Behavioural Health is responsible for programs that ensure care and support to improve the quality of life for people with mental illness and addictive disorders[8].

Options for Independence is a not-for-profit social service agency with the goal of "building better communities, one person at a time"[9]. Their role is to support people living with disability to receive home and community based services so as to avoid the need for institutionalised care.

Each of these service organisations performed a support role in response to Katrina, working in partnerships under the direction of the Office.

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[8] http://new.dhhl.louisiana.gov/index.cfm/subhome/10
[9] http://www.optionsforindependence.com/About us.

During our discussion, each agency representative reflected on their experience during Katrina and in particular their dealings with emergency service workers involved in the response.

As representatives of multidisciplinary teams, those present at the meeting outlined the range of services provided by their teams. They were focussed predominately on psychosocial support rather than medical interventions. Consistent with the practices recommended in the Australian setting[10], psychological first aid was the primary tool used after the emergency.

Several themes arose from the discussion.

Barry Chauvin[11] spoke about the coordination of front line support to both community members and emergency service workers.

The approach used by Options for Independence was psychological first aid delivered by peers. Although not called a peer support program, the work performed was consistent with the philosophy of peer support.

In dealing with emergency service workers (and in particular fire fighters) culture became immediately apparent as a differential feature amongst emergency services. The culture within emergency services varies. Police have their own culture and firefighters have their own culture. In providing support, Barry quickly recognised that he needed firefighters to support firefighters, and police to support police. It was not the case that all emergency service workers were the same.

In identifying firefighters to provide support, Options for Independence targeted well respected retirees who were locally based. In particular, they noticed that even within the relatively localised affected areas, there were cultural and geographic barriers between different services and between local communities.

It was important that the helpers understood the communities in which they were operating, including dealing with indigenous communities. In some cases, Options for Independence would hire the indigenous "chief" to be the cultural broker between helpers and the community, which included emergency service workers.

Once recruited, the helpers were trained by Options for Independence in partnership with Louisiana State University, teaching them how to have facilitative conversations with firefighters at risk.

As part of a stepped care model of support, recruits performed an "eyes and ears" role, by performing a drop-in service where they gradually built up

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[10] Australian Psychological Society & Red Cross Australia. Psychological First Aid. An Australian Guide.
[11] B. Chauvin (personal communication, 26th October 2011)

credibility and rapport with the firefighters. In some cases, this took months to achieve.

The helpers would target shift changes. Eventually, the drop-ins became expected, to the point where it was noticed if they did not occur.

Once credibility was built, the helpers would be given opportunities to address crews at roll call. They quickly developed short, sharp processes for addressing the crews and their needs during these small windows of opportunity by delivering psychosocial education. Their ongoing contact with individual firefighters meant that they were able to identify themes and issues and build these into the short psychosocial education sessions.

The day to day work of emergency service responders means that any education delivered on shift has to be brief and to the point. One of the critical messages that needed to be delivered to firefighters in the aftermath of Katrina was to acknowledge that in order to manage the psychological impact of what they were dealing with, firefighters needed to be able to separate themselves from the experiences they were dealing with. Acknowledging this need was particularly powerful for responders who felt that they were becoming insensitive to the needs of others.

The credibility of the helpers was crucial to their acceptance within the fire houses and as a consequence of this credibility they were able to perform the difficult task of having delicate conversations with firefighters about their recovery.

Options for Independence workers also identified the importance of flexibility in responding to the needs of their clients. In applying the principles of psychological first aid, the helpers needed to be flexible to the critical needs of the client. Further, they needed to be creative in the provision of that support.

The first critical step in psychological first aid is to ensure the safety and comfort of the person requiring support. When caring for individuals in the aftermath of disaster or indeed any traumatic event, this means recognising and responding to their basic survival needs before higher order psychological issues can be dealt with. For example, when a person is not able to locate their family, this is their priority, and any assistance offered to them may be considered irrelevant or a waste of time if it is not focussed on meeting their critical need of locating their family. When a helper does not recognise that these needs take precedence or is unable to facilitate these needs being met, their intervention can become unhelpful.

Helpers who are unable to assess and prioritise needs and then provide flexible problem solving support will simply be seen as getting in the way. As Barry noted when he relayed a story about feedback he received from a client who said, "all your people do is talk!" this capacity to assess a situation and respond flexibly and creatively is a critical component of the credibility of helpers.

CFA peers are trained in psychological first aid and choose from a "menu" of options to support members' needs. They are required to develop strong skills in situational awareness, assessing the needs of the individual and developing strong facilitative problem solving skills and networks of support that can be accessed to assist the client in working through their difficulties in order to reconnect with their own coping resources and hence restore a sense of control and competence.

In the context of a disaster, the importance of an integrated multidisciplinary approach becomes even more critical. When normal networks of services become overwhelmed and new disaster response programs are announced, coordination of services and up to date communication with people in the field is crucial. Options for Independence found that keeping information about services up to date so that workers in the field could provide accurate and timely information to clients was very important both in relation to the take-up of those services and their satisfaction levels relating to the support provided by the helper.

In a disaster, ensuring that coordination of and communication between service providers is optimal will have a significant influence on recovery. When an individual finally makes the decision to seek support, they need to be able to do so without being required to negotiate their way through bureaucracy, and the various services need to be coordinated in their delivery and communication.

Each of the agency representatives spoke about the need to capitalise on and utilise existing local resources as much as possible during the response phase. In particular, they highlighted the importance of local church groups as being critical "hubs" in the response and recovery process.

In the American south and particularly in rural locations, religion and the church is an important cultural factor. The agency representatives spoke about the fact that in times of crisis, people rely on the mechanisms they would usually rely on for support. So for individuals who would normally seek refuge and support through their local pastor, this was also where they sought refuge post Katrina.

In her article "The Real World: Leadership Lessons from Disaster Relief and Terrorist Networks"[12] Margaret Wheatley is critical of organisations attempts to "bureacratise" disaster. Wheatley criticises the mechanistic approach to disaster response, contrasting the response of agencies (citing one example of a person attempting to contact the Red Cross for 13 days without success in the wake of Katrina) with the spontaneous coming together of individuals to meet the needs of their communities.

Wheatley suggests that this is evidence of a broken system. However, it is difficult to reconcile the need to utilise spontaneous or natural resources against the psychological risk to individuals that is created when an individual

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[12] http://margaretwheatley.com/articles/therealworld.html

is exposed to events for which they are unprepared or trained. Our literature review indicates that individuals who experience events during disaster which are atypical of roles for which they are trained causes them to be at greater risk of developing symptoms of PTSD, depression and anxiety than those who were trained to perform these roles during disaster[13]. While the advantages of spontaneous networks of support during disaster are obvious, the residual damage potentially done to individuals using this approach is significant risk. Organisations responsible for disaster response and recovery walk a fine line between meeting immediate needs of the community and managing the longer term impact of this on the individuals within the organisation who perform these roles.

While it is common practice in Australia for emergency services to manage the physical risks associated with emergency service response, these same principles are not applied to psychological risk. Use of spontaneous service providers or helpers has the potential to place the psychological safety of those providing the service and those receiving it even further down the list of priorities. This issue will be explored further later in this paper in reviewing the link between technical training and resilience.

For the agencies, the utilisation of spontaneous networks was a double edged sword in the sense that on the one hand they needed to recognise the validity of this response and recognise that partnership with local churches and other groups would provide a link to communities at need, and on the other, trying to negotiate with these networks to ensure that appropriate, evidence based approaches were used.

This was an experience shared by the emergency services involved in the response to Black Saturday. Well-meaning but essentially unqualified helpers showed up at staging areas and brigades in the days and weeks afterwards. In some cases, their intervention was helpful, but in other cases it was damaging and members often incorrectly assumed that these people were members of the peer support network. This had a damaging impact on the reputation of CFA's welfare services.

Over the longer term, Options for Independence identified the need to form their multidisciplinary teams into the following structure:
1. Crisis response
2. Resource Coordination
3. Case managers

In cases where psychological first aid had occurred and was not sufficient to facilitate recovery, Skills for Psychological Recovery (SPR) was implemented. SPR is an evidence informed skills training model to help individuals (children,

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[13] Villis, S. (2011). A literature review of the psycho-social impacts on volunteer emergency workers following response to large-scale community disaster: Prevalence and predictors of short and long-term outcomes.

adolescents and adults) and families in the weeks and months after disaster and trauma[14].

Case workers and others trained in SPR facilitated support in the following ways:
1. Gathering information and prioritising assistance;
2. Building problem solving skills
3. Promoting positive activities
4. Managing anxiety, grief and loss
5. Promoting helpful thinking and
6. Rebuilding healthy social connections

In the months following the disaster Tulane University was involved in follow up research with impacted community members as well as disaster responders as part of the Louisiana Spirit program.

The research found that the people involved in the provision of support were very good at looking after others, but not so skilled in looking after themselves[15].

For emergency service workers, helping others is a common way of coping[16]. However, each agency representative commented on the risks associated helpers becoming over-involved with those to whom they were providing support. Over time, this became a significant issue for each of the organisations involved. First responders need to feel useful. In circumstances whether they feel overwhelmed and therefore unable to fix the problem, the emotional wellbeing of first responders is impacted.

A critical factor in dealing with the long-term, cumulative impact of Katrina on the emergency service responders and other helpers was to ensure that families were involved in psychosocial education, that they had an understanding of the work their family member was performing and information about SPR. By engaging with family members, the agencies found that in many cases it was easier to identify problems or difficulties and for family members to initiate conversations about how the individual was coping with their role.

Engagement of family members in support to emergency service workers is consistent with the generally agreed view that most people will not require clinical intervention if their social support network is appropriate and functioning. In the aftermath of Katrina, each of the agency representatives confirmed that their experience supported this notion and took active steps to engage family and to skill them in identifying difficulties and take appropriate steps to at least encourage the use of services.

However, this notion of the importance of family support networks is one which is insufficiently acknowledged in many organisations. While most

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[14] Australian Centre for Posttraumatic Mental Health . Skills for psychological recovery.
[15] S. Gilkey, personal communication, 26 October 2011
[16] S. Gilkey, personal communication, 26 October 2011

emergency service organisations acknowledge the importance of social support, they do so primarily through peer support programs. Engagement with and up-skilling of family members generally does not occur. This is indicative of the relatively closed culture that exists within many emergency services.

Historically, emergency services work could be viewed as "secret men's business". Understandably, their experiences were not easily shared with their families, and this, combined with their paramilitary style training has mean that a bond exists within a crew which is inscrutable and somewhat alien to the individual's family and any friends not involved with emergency service. This has meant that in times of crisis, the family culture that exists within the emergency service organisation takes the place of the individual's actual family, placing the individual and their family at greater risk of dysfunction and dislocation when things go wrong or become overwhelming for the individual.

A most effective stepped care model should therefore also include the family members of emergency service workers and provide them with skills and knowledge to support their emergency service worker in times of need. Inclusion of families in support to emergency service workers has the additional benefit of ensuring that families can identify and intervene early to address the needs of the worker, as well as breaking down the broader barriers created by a closed culture within emergency services.

Another strong theme which emerged from the discussion with the agency representatives was the need to acknowledge and plan for the cumulative impact of incidents which occur after the disaster. Coincidentally, on the 28th October 2011, around the time of my visit, ABC News (America) reported that President Obama had declared a record breaking 89 disasters up so far in 2011[17] and this led to significant discussion amongst the agency representatives.

The agency representatives spoke about the cumulative effect that multiple events had on responders. Many experienced what was described as a "tipping point".

Less than one month after Hurricane Katrina devastated the Gulf Coast Region, Hurricane Rita hit in the Gulf of Mexico. According to the National Climate Data Center (USA)[18] this marked the first time that two category 5 hurricanes had occurred in the same season. The agency representatives commented that while the Louisiana Spirit Program was able to pull resources together quite quickly following Rita, the same people were involved and this led to obvious problems for those individuals. One of the agency representatives summed up the problem neatly by saying "You prepare for this or that, you don't prepare for this and that…"

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[17] http://abcnews.go.com/blogs/politics/2011/10
[18] http://www.ncdc.noaa.gov/special -reports/rita.html

However, they also commented on the longer term cumulative impact of disaster. Hurricane Gustav formed on 25th August 2008. Although most destructive in Haiti and Cuba, it eventually hit Louisiana on 1st September 2008. Over 100 deaths in the U.S. and the Caribbean, mostly in Haiti, were attributed to Hurricane Gustav[19]. The Agencies experienced levels of anxiety amongst both emergency services workers and clients which significantly impacted on the capacity of individuals to respond appropriately to the impending hurricane. "I can't do this again" was a common refrain.

This has obvious implications not only for how emergency services plan and utilise their core services, but also on how support workers such as peers are utilised and managed leading up to, during and after an event. When natural disasters hit, there is no way of knowing when the next one will be, and so Agencies need to take this into consideration.

Sharing resources is one effective way of managing the long term cumulative impact, and most emergency services tend to do this well. By sharing the load the impact of the work on individuals is lessened over time.

Clearly, however this is not sufficient on its own. As indicated above, Tulane University researchers found that emergency service workers tend to be good at looking after others, but not so good at looking after themselves. This tendency has the potential to become a critical weakness when multiple events occur and simply sharing the workload around will not address it. Engaging and up-skilling family to monitor and intervene early to address issues will help in that it forms a part of a much more sophisticated stepped care approach.

However, there is a baseline element missing. By focussing solely on improving response and recovery services, we simply pile more and more on after an event has occurred, without taking any steps to prepare people to manage themselves through disaster or in fact any of the day to day small scale disasters that emergency service workers respond to.

Line of Duty Death

I have discussed above the closed culture of emergency services. Often this culture is described as a family culture. When a line of duty death (LODD) occurs within an emergency service, this is considered a disaster in the same way a death within a family would be a disaster for that family.

In 2011, 81[20] fire fighters died in the line of duty in the United States.

Although CFA was relatively lucky in that no fire fighters died as a result of operational accidents on Black Saturday, how services respond to this type of trauma is critical in both disaster and day to day activities.

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[19] http://www.ncdc.noaa.gov.stotc/tropical-cyclones/2008/8
[20] www.usfa.fema.gov. Year to Date (provisional) summary statistics.

National Fallen Firefighters Foundation (The Foundation)

The Foundation was created by the United States Congress in 1992. The most significant event in the organisation's history was the terrorist attack on the World Trade Centre in New York on the 11th September 2001. At that time a "mom and pop operation"[21], the Foundation was transformed by the event in which 343[22] fire fighters were killed in the line of duty.

Contacted by the FEMA Director on 12th September, Chief Ronald Sarniaki and a couple of colleagues spent the following 16 weeks in Manhattan setting up and coordinating support services to the bereaved family members and colleagues of the fallen fire fighters.

Since that time, the Foundation has provided support and services to all of the major Fire Departments in the United States.

When requested, the Foundation provides support services to survivors of LODDs by providing support to the family and colleagues of the deceased.

The Foundation was established through the US Congress and is responsible for the establishment and ongoing support of a survivors network. Made up of appropriately trained family members of deceased fire fighters, the survivors network provides a peer support type service to newly bereaved families and colleagues.

The survivors network is made up of around 300 members. Members are assessed for suitability and provided with training in the provision of psychosocial support to the newly bereaved family and colleagues of a deceased fire fighter.

When a firefighter is killed in the line of duty and the Foundation is invited in, it matches the newly bereaved with members of the survivors network and the network member provides a listening ear as well as practical advice and support to the bereaved family.

"The Survivors Network matches survivors with similar experiences and circumstances, to help provide comfort and help with the healing of their tragic loss," said Chief Ronald Siarnicki, Executive Director of the National Fallen Firefighters Foundation. *"Because they have also travelled the long and difficult path, they have a unique understanding of what the new families are feeling[23]."*

The Foundation has been a key driving force in the establishment of a national framework and standards for response to LODD:

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[21] R. Sarniacki, (personal communication, 17 October, 2011)
[22] www.nowpublic.com
[23] www.firehero.org.

- Taking Care of Our Own – the program provides assistance to Fire Departments in preparing to manage a LODD. It includes presentations from survivors and Fire Chiefs about how to appropriately manage a LODD. It has led to the establishment (driven and coordinated by the Foundation) of a national framework and resource guide for handling LODDs.
- Local Assistance State Teams – recognising that everything that happens in the aftermath of the fatality will influence how a family, a fire department and a community will recover from the loss, the Foundation has coordinated with the Department of Justice to provide training to support the establishment of state and regional Local Assistance State Teams (LAST). The primary objective of the LAST is to provide assistance and comfort to the family and department following a LODD.

In addition to the provision of direct psychosocial support to bereaved, the Foundation provides extensive resources for those affected by a LODD, including:

The Scholarship

The Foundation offers financial assistance for post-secondary education and training to spouses, life partners, children and stepchildren of firefighters honoured at the National Fallen Firefighters Memorial. Children and stepchildren must be under age 30 and have been under age 22 at the time of the firefighter's death.

In addition to providing these scholarships, the Foundation provides information and links to other benefits and scholarship programs available at state level.

The Hal Bruno Camp

The Foundation has set up a camp in partnership with Comfort Zone Camps, for children of fallen firefighters. This bereavement camp is for children between the ages of 7 and 17 whose parent or step-parent died in the line of duty and provides a unique opportunity for children of fallen firefighters to make new friends, try different activities and explore new possibilities in a supportive and understanding environment.

The Memorial Service

2011 marked the 30th National Fallen Firefighter Memorial Weekend.

An annual event to recognise the sacrifice made by firefighters who have died in the line of duty, the weekend provides an opportunity for family members and colleagues to come together to recognise their loss.

The Foundation sponsors the event and provides financial support to participants attending the event.

Annual Survivors Conference

The Foundation recognises that many survivors need an opportunity to express themselves and begin their own healing process, separate from the National Fallen Firefighters Memorial Weekend.

The conference also allows survivors to relax, have fun, and share their thoughts and feelings freely with others who understand the experience of loss.

Training Opportunities

The Foundation has developed a range of training and education services for the family members of fallen firefighters.

In addition to assisting the bereaved in accessing applicable benefits, the Foundation runs skills building training for bereaved families. These programs support family members by providing practical training on matters such as home maintenance.

Library of Support Resources

The Foundation publishes a range of resources through its library to support survivors through the short and long term implications of grief and loss.

Other Agencies

California Department of Forestry and Fire Protection (CAL FIRE)

My purpose in meeting with CALFIRE was to be able to draw comparisons between CFA and an organisation of similar size and structure. The state of Victoria and the state of California are very similar in terms of climate, variability of terrain, fire environment, and the size and complexity of organisations are similar. Victoria and California are known as the two most bushfire prone territories in the world. Like CALFIRE, major campaign fires are our everyday business.

CAL FIRE's support services are similar in structure to those provided by CFA in that they provide a stepped care model of support to members.

However, their programs differ in several ways. First, they have a program mission statement, which is:

"The mission of the CAL FIRE Employee Support Services Program is to provide an organized and concise system of support to CAL FIRE employees and their family members. The support may be necessary due to personal crisis or stresses that occur while fulfilling the Department's mission. The

Employee Support Services Program is an important component of the Department's Occupational Safety and Health Programs"[24].

The second major difference between the programs is that in addition to the provision of CISM, chaplaincy and EAP services, CAL FIRE offers a Substance Abuse Assistance Program (SAAP).

The SAAP is a peer support system and operates in a similar fashion to a general peer support program, but focusses on substance abuse. Given the reported increased prevalence of substance misuse amongst emergency service workers post disaster, specific drug and alcohol safety and rehabilitation services is an area potentially requiring greater education and support in emergency services in Australia.

Probably the most significant difference between CALFIRE and CFA is not the services themselves but the focus that CALFIRE has placed on the accountability of their leaders in managing the psychological welfare of their team members.

At CAL FIRE, it is acknowledged that managing people and addressing performance issues can be the most stressful part of the job. While this acknowledgement in itself can play a part in facilitating accountability, they back this up with practical initiatives to support the manager in acting on that accountability. For example, CAL FIRE produces a supervisor's handbook which provides guidelines on how to use the Employee Support Services Programs to help resolve problems, maintain productivity and contribute to a positive workplace.[25]

The handbook outlines:
- the services available including suggested referral pathways and procedures and checklists for implementing referral;
- tools and resources for managers and supervisors including information on common indicators of personal problems, processes for documenting problems and initiating sensitive conversations about observed problems;
- The boundaries and confidentiality issues around referral and the limitations of the programs.

At CALFIRE, I was able to meet with Director Ken Pimlott, Chief Occupational Safety and Health Jana Wolf, Assistant Chief Employee Support Services Jay Donnelly and Assistant Chief Employee Support Services Steve McLean. Through the course of the day we discussed major incidents, campaign fires, disaster and day to day business. It was evident from the discussion that the factors which are critical to member welfare in the aftermath of disaster are just as important in the context of the day to day management of member welfare.

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[24] CAL FIRE. Employee support services policy 1862 (handed to me on 2nd November 2011).
[25] CAL FIRE. (2004). The State of California employee assistance program supervisors handbook (handed to me on 2nd November 2011).

The fact that the Director of CAL FIRE prioritised a meeting with me demonstrates leadership in relation to member welfare in action. Director Pimlott's commitment to and support for Employee Support Services was clearly evident during the interview. His detailed knowledge of the subject matter is impressive.

By way of example, Director Pimlott described his own observations of the services in action, and in particular the peer support network when they were involved in the organisational response to a LODD[26]. He was with the crew after the LODD and saw the peer support team at work. He hypothesised that if the peer support network had not been in place and operating to support the crew and the family of the deceased, it was almost certain in his view that CAL FIRE would have lost people. That event was in itself justification for the programs and the organisation's support for it.

Crucially, Director Pimlott understands his position of influence over the culture of the organisation and in particular, his capacity to influence beliefs about psychological wellbeing. To that end, he takes opportunities to discuss wellbeing when he visits fire houses and other workplaces. He uses his position of authority to promote consistent messages both in face to face dealings with teams at CAL FIRE and also through his monthly newsletter to CAL FIRE staff and volunteers.

Culture again was a pervasive theme to the discussion. CAL FIRE promotes the concept of a culture of leadership at every level in the organisation, or an organisation made up of leaders. A culture of leadership at every level has significant positive implications for how individuals within the organisation view taking responsibility for their own wellbeing, and being prepared to have difficult conversations with work colleagues who are exhibiting performance and behavioural problems which may stem from mental health difficulties. A leadership at every level culture creates a level of organisational maturity which allows for open and honest communication, acceptance of difference and a value placed on the contribution of each member. The influence that this atmosphere has on psychological wellbeing should not be underestimated.

Assistant Chiefs Donnelly and McLean, who manage and run the Employee Support Services, discussed the day to day management of the services. At CAL FIRE, the peer support network is made up of around 250 members. The peer support network is similar to CFA's program, except that at CAL FIRE, they use the Mitchell Model. However, peers do not implement the model in a linear fashion. Rather, it is used as a menu of options which peers can choose from depending on the needs of the member or members requiring support. In this respect it is not dissimilar to the principles of psychological first aid, in that the aim of the peer support intervention is to provide initial stabilising support, reconnecting the member with their own coping capacity and social support, and referral to other services if necessary.

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[26] K. Pimlott (personal communication, 2nd November 2011)

Again, the credibility and flexibility of service providers is critical to the take-up and therefore effectiveness of the service. Both A/Chief Donnelly and A/Chief McLean noted that peer support is the lynchpin of the service. Credible and respected peers are the only people who can get inside the closed culture of emergency services and through them, members are more willing to accept support from outsiders such as counsellors and psychologists if needed. Director Pimlott reflected on the fact that peers are seen in the organisation as leaders. In a culture of leadership at every level, their influence and status is considerable and therefore the influence of members of the peer support team on attitudes to welfare services is absolute.

Although my purpose in meeting with CAL FIRE was initially to discuss what might be called the bread and butter activities of campaign fires and daily response, we also discussed some major events and how these have impacted the organisation and member welfare. CAL FIRE staff were deployed in the aftermath of September 11, and at the time, the organisation faced challenges in relation to follow up with members once they had returned from their deployment. Structured and planned follow-up, regardless of the entry point used, must occur with members, in both the disaster and day to day context. As a result of experiences such as September 11, CAL FIRE has implemented structured follow up processes to ensure that long term recovery needs have been identified and met.

The Employee Support Services recognises the role played by family members of emergency service workers in managing their welfare. Through the peer support network, CAL FIRE support family members and engages with them to educate family members about the role of emergency service workers and how, as family members, they can monitor the wellbeing of the emergency service worker and provide support as necessary.

National Volunteer Fire Council (NVFC)

I met with NVFC in order to get a stakeholder perspective on what member welfare services organisations should provide to its members in the context of disaster and also in day to day operations.

The NVFC was established by the US Congress to advocate for and be the peak representative body for volunteer fire fighters across the United States.

The NVFC sees its role as advocating for the value of volunteerism and giving back to the community. The NVFC exists to making sure that volunteers are protected and advocated for at the national, state and local level. In particular, the NVFC focusses its energy on initiatives which make volunteering more accessible, training of volunteers and benefits to volunteers.

As part of their advocacy function the NVFC seeks to influence the federal government at the policy and legislative levels. In coalition with other representative groups such as the National Fallen Fire Fighters Foundation, they influence Congress by suggesting and developing legislation to support volunteer fire fighters.

Volunteer fire fighters are not obliged to join the NVFC. Despite this, the NVFC has approximately 20,000 members.

The NVFC also delivers their services to the American fire services in that they work with fire services to improve the way those services work with their volunteer workforces. Utilising outcomes of member surveys for example, the NVFC advises fire services on issues such as training content and modes of delivery to support volunteers and utilise volunteer time more efficiently.

Although predominately performing an advocacy function, part of the long term vision of the NVFC is to become a training organisation for volunteer fire fighters.

As part of their commitment to volunteer training delivered flexibly and efficiently to volunteers, the NVFC has recently released an on-line behavioural health program. In addition to allowing flexible access, the on-line version will maximise participant anonymity and privacy.

This three-hour course empowers participants to be advocates for behavioural health and wellness within their department. Issues covered include recognizing the stressors of the job in oneself and others, resources available to first responders and families, and finding the plan that works for individual fire departments[27].

CEO Heather Schaffer commented that the range of welfare and wellbeing support provided by fire services to their volunteers is variable. A fire service should offer counselling services available 24 hour face to face. Long term support should be available to volunteers if required.

Heather felt that leadership in the fire service is key to whether psychological health and wellbeing is valued and promoted. If it is promoted and valued by the leadership, it will be valued and utilised by fire fighters.

Open communication is also critical to whether the organisation's culture places a value on psychological wellbeing and use of welfare services. If a member feels that their leaders value their psychological wellbeing and the services provided, they can go to the chief and talk about it, and they will be more disposed towards managing their own health and utilising the services when necessary.

Barriers to accessing services should also be addressed. Funding of services is sometimes a critical barrier with most people relying on private health

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[27] www.nvfc.com

insurance to fund counselling support. Organisations that provide counselling services to volunteers will do better at attracting and retaining a volunteer workforce if they provide these services to their members.

Another barrier to use of service is the attitude that it is a weakness to be affected by the work that emergency service workers perform. Here, leaders play a critical role in normalising and acknowledging the personal cost of performing the role.

Like many of the other people interviewed Heather indicated that services are most effective when they capitalise on local contacts – people that are known and trusted are more likely to be utilised by a member in need. Natural networks are a powerful tool for getting members to engage with support services when needed.

Teaching leaders, managers and supervisors how to identify early signs of difficulty and how to have delicate or difficult conversations is crucial to how effective the services will be. If managers and supervisors do not have the skills to identify and refer to the service, the value of the service is impacted because they will not be utilised to their full extent. As a consequence, there is an opportunity cost to the organisation.

MEDIUM AND LONG TERM RESPONSES TO DISASTER

The Human Resource function role in response to disaster

The dislocation that happens to a community during a natural disaster has well recognised implications for the bonds that usually hold that community or social network together.

During disaster, people are dislocated – they are moved into temporary accommodation, usually some distance from their homes. The day to day routine of living is completely upended. People they normally socialise with are often moved to other locations and normal systems of living and socialising are disrupted. Norms, values and customs that were once shared are disrupted.

In the immediate aftermath of disaster, it is not uncommon for new social groups to form in a community, based on the shared experience of the disaster[28]. This "rebonding" is temporary and often based solely on the shared experience of the disaster. It is unsustainable in the longer term.

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[28] CFA (2009) Country Fire Authority 2009 - 11 Member Welfare Support and Recovery Plan – Training Programs.

These same effects can be felt within organisations following disaster. Normal work routines are disrupted and sometimes even work locations and roles change in the immediate aftermath. In the emergency service context, the intensity of the experience creates intense relationships between individuals who shared those experiences.

Depending on the role of the organisation and the size of the disaster, these effects are not only short term.

In CFA's experience, the longer term outcomes of the disaster and in particular the Royal Commission have resulted in massive change within the organisation.

When the response of an organisation to a disaster is heavily criticised, it may result in significant changes to the way the organisation is managed and structured. As a result, people within the organisation may experience a sense of alienation not only from their team, but from the organisation itself.

In this context then, the Human Resources function in response to disaster becomes critical in the longer term. Once the immediate welfare and wellbeing needs of members are addressed following the disaster, the role of the HR function must become one of facilitating the rebuilding of teams, or "rebonding" workgroups.

Red Cross

As part of their longer term response to the impact and implications of Hurricane Katrina, Red Cross embarked on the 2007 Resiliency Project to help the organisation and its members regain a shared sense of identity and belonging in the work they performed as individuals and as part of Red Cross.

The project was delivered to achieve short, medium and long term objectives.

The short term objective of the project was to collect and review individuals perspectives on the organisation. An unavoidable component of this phase of the project was to consider the organisational impacts that Hurricane Katrina had had on the organisation and its members.

The medium term goal of the project was cultural. Utilising an instrument called the Organizational and Team Culture Indicator (OTCI)[29]. The OTCI is based on the theory that people behave in ways that are largely consistent with twelve sets of values or "archetypes".

Some archetypes are complementary while others clash. The extent to which individuals vary in their archetype and the extent to which individual archetypes are supportive of the organisation's core business will impact significantly on the culture and effectiveness of the organisation in achieving

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[29] SELA (2007). 2007 SELA Resiliency Project.(Handed to me on 28th November 2011)

its mission and vision and also on the sense of wellbeing of individual team members.

The twelve archetypes identified by the OTCI are the:

Innocent	Hero	Everyperson	Caregiver
Explorer	Revolutionary	Lover	Creator
Sage	Magician	Jester	Ruler

By measuring individual team members archetypes and mapping these across the organisation, Red Cross provided a framework within which team members could identify and understand how they and others operated within the organisation and how these archetypal values and behaviours impacted on effectiveness.

Critically, the framework provided team members with a shared language and meaning around the organisational culture, and this in turn, provided the forum for the identification of a preferred culture.

I asked members of Red Cross to describe how the organisation had changed long term post Hurricane Katrina and as a result of the 2007 Resiliency Project, members identified that the culture and structure of the organisation had become more flexible and realistic.

People within the organisation had been encouraged to, and had become more holistic and less transactional in their approach to their role and the focus had shifted from being task focussed to being more outcome focussed. There was a greater and more meaningful sense of team and ownership taken for the achievement of outcomes rather than narrow task completion.

Resilience of both individuals within the organisation and the organisation itself had become a critical feature of the culture. Resilience had become a key value of the organisation and active steps had been taken to become more resilient.

Coupled with a greater focus on resilience was a focus on and support for personal preparedness and acceptance that personal preparedness is a shared responsibility between the individual and the organisation. Team members took more seriously the need to prepare themselves for disaster and Red Cross has become better at supporting and facilitating personal preparation.

Finally, the organisation has become better at managing expectations. In their partnerships with communities, Red Cross has become better at setting and communicating reasonable expectations, personal preparedness and resourcefulness. This directly impacts on the wellbeing of Red Cross members during and after disaster, as members of the community have more reasonable expectations of what can be done for them.

It is not possible to draw any causal links between the Resiliency Project interventions Red Cross undertook and their long term cultural and individual outcomes. It would be possible to compare and contrast the outcomes achieved by Red Cross against another organisation which had experienced a disaster on a similar scale but had not implemented any long term interventions. Unfortunately this is outside the scope of this paper. Despite the theoretical limitations, it is possible to draw some intuitive conclusions.

In my view, it is likely that the Resiliency Project facilitated or supported the long term positive outcomes identified above. The process undertaken allowed team members to review and reflect on the experience, to take stock and, in a constructive way, integrate the experience of Katrina into their personal history and their shared organisational history. By taking a "warts and all" look at Katrina, the organisation and its members were able to plan for the future in a more open, constructive and less defensive way. This allowed for rebonding to occur between team members and between individuals and the organisation.

The Foundation

While their core business remains the provision of support to the bereaved, the Foundation has begun to expand its mandate and influence by advising and supporting fire departments to reduce the number of Line of Duty Deaths (LODD) in fire services across the country.

According to Chief Siarnicki, culture is key. The link between member welfare and wellbeing is a function of the organisation's culture. Put simply, if an organisation values and rewards risk taking, firefighters will die in the line of duty.

It is for this reason that the organisation is attempting to influence culture around risk taking through the "Everyone Goes Home" program. The program is designed to contribute to the reduction in LODDs.

As part of "Everyone Goes Home" the Foundation has identified 16 firefighter life safety initiatives[30].

In support of the initiative, the following training programs have been developed and a delivered to Fire Departments through the Foundation
- Courage to be safe – this course is a provocative and moving program, run by members of the Foundation's survivors network and designed to change the culture of accepting that the loss of a firefighter is normal.
- Leadership, Accountability, Culture, Knowledge (LACK) – This program examines the impact of leadership, accountability, culture and knowledge within the context of fire service culture and the root causes of firefighter fatality.

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[30] www.everyonegoeshome.org

By working with fire services to influence their culture around risk taking, the Foundation hopes to reduce the frequency of LODD and this in turn, will minimise the psychological impact of this type of trauma on fire fighting agencies.

The Foundation has also established the Chief to Chief Network in response to feedback from Fire Chiefs who expressed a sense of isolation following a LODD; that they had no-one to turn to for advice and support. The confidential network shares information on incident follow-up and investigation, how to support family members and colleagues, dealing with the media and understanding one's own feelings of grief and loss. This service provides practical support to leaders in the long term management of the impact of LODDs.

NVFC

From a stakeholder perspective, the NVFC saw the human resource function as being responsible for ensuring member's psychological preparation and education, and advocating for the need to provide these skills to members.

According to CEO Heather Schafer[31], organisational interventions that make most difference in the longer term post disaster are around leadership and culture. A leadership culture that encourages discussion about mental health issues and is seen to be supportive of members who experience difficulties will have the greatest impact on the longer term recovery of the organisation.

In the long term context, the NVFC identified the need to address the impact of the disaster on the morale of team members. It takes a long time for individuals and the organisation to recover from adverse events and morale is often a casualty.

The human resource function must develop specific strategies to acknowledge and manage the long term effects of the disaster on the morale of members.

The relationship between technical training and member welfare.

When a person is acquiring a complex set of skills and attempting to integrate those skills with background information, theory and procedures, their performance is hampered by the need to consciously utilise extensive cognitive resources to synthesise all facets of the task at hand.

For example, when a person first starts to learn to drive, they need to concentrate fully on all elements of the task. They need to learn how to

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[31] H. Schafer (personal communication, 20th October 2011)

physically control the vehicle while remembering and implementing road rules, forward planning and anticipating the actions of other drivers.

This takes an enormous amount of their cognitive resources. When something unexpected happens, such as a near miss, this has a significant emotional impact on the learner driver.

As a person becomes more proficient at driving, the various activities involved within the task begin to occur more naturally and automatically. The more proficient driver does not need to consciously attempt to remember the road rules while manoeuvring the vehicle through an intersection (for example). The more overlearned the task becomes the more automatic it is and the less cognitive resources are required to perform the function.

Further, when an unexpected or threatening event occurs, the driver has more cognitive resources available to deal with it, and a near miss will rarely elicit a shock reaction in the driver unless the incident is serious.

CFA's literature review has indicated that, like in the example provided above, there is a strong relationship between technical competence and psychological resilience for emergency service workers involved in disaster or traumatic events[32].

I was therefore interested to explore with each of the services whether they had implemented principles in their technical training which drew on or enhanced the link between technical competence and wellbeing.

As indicated above, Tulane University conducted research post Hurricane Katrina and this research included the emergency service responders. The research found that whatever self-help practices and resources a person has prior to exposure to a disaster will be what they use during the disaster. When cognitive resources are stretched, a person will revert to their base level of skill. If that base level of skill is not high enough their performance will be below that required and their response will be affected.

It is unreasonable to expect people to learn or take on new skills or practices during or after disaster. For this reason, if self-help skills and practices are to be used by an emergency service worker during and after a disaster, they must be learned as part of basic training and reinforced at every opportunity.

CAL FIRE

At CAL FIRE, learning from major incidents has resulted in an integrated approach to psychological wellbeing.

As part of this approach, CAL FIRE has developed leadership training programs which include building the skills of leaders, managers and

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[32] Villis,S. (2011). A literature review of the psycho-social impacts on volunteer emergency workers following response to large-scale community disaster: Prevalence and predictors of short and long-term outcomes.

supervisors to monitor the wellbeing of their teams. Importantly, this responsibility is clearly articulated as an accountability for managers and supervisors. The training includes building skills for recognising psychological risks and hazards, as well as assessing the risks to individuals. For example, they have identified that first year seasonal workers are at higher risk of psychological harm than more experienced workers. This is consistent with the findings of our literature review discussed above which indicates that people who are inexperienced or exposed to events which are not typical of the events for which they are trained will be at greater risk of harm. By training managers and supervisors to identify these risks and making them accountable for managing the risk, CAL FIRE has taken significant steps towards preventing unnecessary exposure.

As part of the integrated approach to psychological wellbeing, CAL FIRE delivers technical and theoretical training which is scenario based. The scenario based training is used to build psychological resilience by simulating real life events or "under pressure decision making"[33]. The scenario training builds and tests the members capacity to think on their feet and incorporates progressively more challenging scenarios to ensure that the member develops a complex array of skills and knowledge and is able to implement them appropriately.

The integrated approach has also recognised the link between psychological wellbeing and the ethics, values and behaviours of the organisation. As part of his role with CAL FIRE, Assistant Chief Donnelly teaches ethical decision making and building leadership culture at every level in the organisation. Taking responsibility for outcomes and for one's own wellbeing and those who report to you is a key component of the ethical decision making training and makes an explicit link between the organisation's culture and wellbeing outcomes.

In the longer term, CAL FIRE's goal is to develop annual training programs delivered on station dealing with:
- The stress of the job
- Cumulative stress
- Critical Incident stress management

NOFD

While NOFD have not identified specific resilience training as part of their basic training, they offered a different but equally valid perspective on building psychological resilience within their workforce.

Specifically, NOFD is moving away from Standard Operating Procedures (SOPs) and is working on translating SOPs into guidelines. Based on a centralised command model, rigid adherence to SOPs is both inefficient and

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[33] J. Donnelly (personal communication, 2 November, 2011)

ineffective.[34] Use of SOPs is consistent with a command and control philosophy. Their use can result in poor outcomes because they tend to create a rigid and prescriptive approach to dealing with an incident, and this is often inconsistent with the particular circumstances in which workers are required to apply them. At worst, adherence to an SOP can result in people being placed in danger.

As noted earlier, Red Cross workers spoke about "throwing away the rule book" in the wake of Katrina. In some cases the decision to throw away the rule book created anxiety for those workers. Ultimately, they made decisions on the basis of the circumstances they were confronted with. In reality, the decisions made were based on the most complete and up to date information available to those workers at the time the decision was required. But operating outside the rules, even when the rules don't apply, can be emotionally damaging for individuals.

Making decisions on the ground based on trying to achieve an outcome (or in an emergency service context the organisation's mission) is consistent with the principles of mission command. Mission command is an approach used by some military organisations and is based on the principle that the exercise of local initiative within a framework of command intent is both effective and efficient[35]. Use of guidelines rather than SOPs is consistent with mission command. Using mission command and providing people with guidelines in which to operate rather than rigid rules can provide significant freedom for individuals to make decisions and take appropriate action on the ground.

In this sense, use of mission command is theoretically consistent with the identified link between operational competency and psychological wellbeing. It can have positive implications for the psychological wellbeing of workers. However, the appropriateness of using mission command is dependent on a number of factors, including the resource constraints of the organisation[36] and importantly, whether the organisation's culture supports or undermines the principles of mission command (for example, is there a culture of blame when things go wrong?).

Another critical factor in the effectiveness of mission command is the level of theoretical and operational competency of members of the organisation. Providing people with freedom of decision making will only result in positive outcomes (both for the mission and the psychological wellbeing of the individual) if those making the decisions are competent to operate fully within the span of control they are given. Put simply, mission command is not a "silver bullet" with respect to psychological safety and emotional wellbeing. It will only be positive if everyone is skilled enough to make it work.

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[34] Stewart, K. (2010). The Evolution of Command Approach (Paper 192). The British Army Review, Vol 137, p 22-29.

[35] Stewart, K. (2010). The Evolution of Command Approach (Paper 192). The British Army Review, Vol 137, p 22-29.

[36] Stewart, K. (2010). The Evolution of Command Approach (Paper 192). The British Army Review, Vol 137, p 22-29.

In addition to the use of guidelines rather than SOPs, NOFD is implementing a range of training initiatives to support psychological safety and wellbeing. As part of new recruit orientation, members are provided with information on the services provided by NOFD. Crucially however, they are also capitalising on the close bond which develops between members of new recruit groups (in all emergency services) by teaching them about the ways in which being a fire fighter can impact on the recruits psychologically, and encouraging a kind of social contract, in which they all monitor each other and are prepared to have a conversation they are concerned about anyone's wellbeing.

At the supervisor level, NOFD is providing training targeted at the management level. The training provides guidance on fulfilling supervisor's obligations in relation to actively monitoring the wellbeing of team members and providing skills and processes in how to engage in discussion with team members to manage emotional or psychological difficulties early.

OUTCOMES

Short and Long Term Welfare Issues

Overall, the agencies confirmed that the short and long term welfare issues identified by CFA's literature review have been experienced by other organisations impacted by disaster.

Our literature review found that rates of mental health difficulties amongst exposed members are likely to remain substantially elevated for at least three to five years post disaster. In particular, the review found that reported symptoms consistent with Post Traumatic Stress Disorder, depression, generalised anxiety disorder and suicide ideation would be elevated in comparison to the general population and also in comparison to the general prevalence of these disorders in emergency service organisation.

While over the much longer term, the review indicated that presentation rates would decline, a very small number of exposed members may experience (possibly fluctuating) psychological difficulty for a much longer period.

Further, the review found that related difficulties (eg substance misuse or partner conflict) would also be elevated for at least three to five years post disaster.

The graph below outlines service usage rates in CFA by calendar year since 2008. The data supports the prediction that mental health and associated difficulties would be elevated and as a consequence, service usage rates continue to be elevated as compared to pre-disaster rates in 2008.
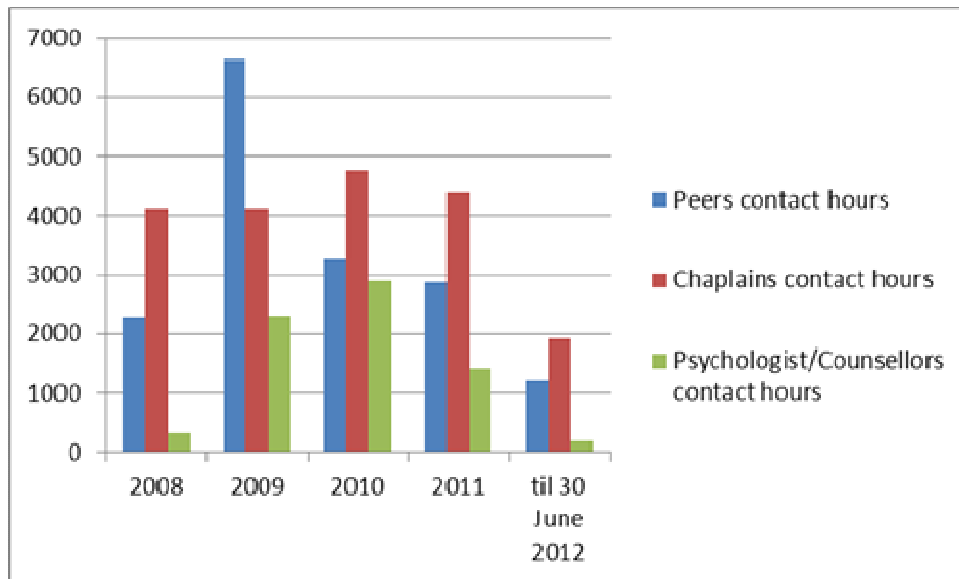
Graph 1- The graph shows service usage rates within CFA by calendar year

With the exception of New Orleans Fire Department, whose members participated in specific research on the impact of Hurricane Katrina, other agencies were not in a position to confirm the predictions based on any specific research data. However, every person I spoke to confirmed that their "gut feel" was that the predictions made in relation to mental health and related difficulties felt right in their experience.

The obvious implication of this finding is that over the short and long term, the welfare issues confronted by individuals within the organisation will be challenging for them both personally and professionally. The impact of mental health disturbance on relationships and family life, satisfaction with home life and working life are all significantly impacted.

The literature review indicated that over the long term, elevated rates of absenteeism are likely to be experienced, including extended duration of absences due to psychological morbidity. Interestingly, this has not occurred to any significant degree within CFA and was not noted by any other the other agencies as being a significant issue either. It is not possible to specifically identify the cause of this variance from the literature review. However, it should be noted that the literature review included disasters in other industries, for example, an oil rig fire in the Netherlands. It is perhaps a function of emergency services culture that absenteeism is not a feature of individual members response, despite the significantly elevated rates of mental health difficulties. As discussed above, for emergency service workers, helping others is a common way of coping. Perhaps rather than absenteeism, emergency services involved in disaster response can expect to see presenteeism. If this is the case, then it is likely that long term functioning within roles may be impacted and disputes and workplace conflict will be elevated for some time.

Coupled with difficulties functioning within roles, the review indicated that there would be a small long term negative impact, affecting quality of work

and productivity amongst support staff/members interacting with directly affected members. Given regular interaction with directly exposed, the effects on indirectly exposed members will continue for some time. Anecdotally this has been confirmed, particularly by the agency representatives from GOHSEP, who discussed their interpretation of the Tulane University follow up research conducted after Hurricane Katrina.

Predict individual and organisational impacts for CFA and likely long term consequences of and responses to traumatic exposure

For most people within CFA, the long term mental health outlook is positive. In the long term, members may fall into one of three categories:
1. Those who were exposed to potentially traumatic events but who were able to maintain or regain mental health despite adversity[37];
2. Those who experience mental health difficulties consistent with diagnostic criteria for PTSD, depression and generalised anxiety disorders; and
3. Those who experience post traumatic growth[38].

Organisational planning and resource allocation for the next two to three years will need to consider:
- Elevated welfare service use
- Increased psychological compensation seeking
- Small decrements in exposed and indirectly exposed members productivity and interpersonal functioning
- Additional associated administrative costs
- Additional cultural costs including morale, satisfaction and compliance with organisational obligations.

Treatments and Strategies

The various treatments and strategies implemented by organisations have been discussed at length previously in this paper and therefore are summarised below.

Prior to disaster or deployment

In the fire services, we usually don't receive specific advance notice of an impending disaster. However, we rightfully invest significant resources in warning the public of predicted weather conditions which will place the community at risk of fire. We urge the public to make a fire plan, prepare their properties and make decisions early about whether their plan will be to

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[37] Herrman, H., Stewart, D. E, Diaz-Granados, N., Berger E. L, Jackson, B., and Yuen, T. (2011). What is Resilience? La Revue Canadienne De Psychiatrie, Vol 56, No 5, May 2011, 258-266

[38] Levine, S. Z., Laufer, A., Stein, E., Hamama-Raz, Y., and Solomon, Z. (2009). Examining the Relationship Between Resilience and Posttraumatic Growth. *Journal of Traumatic Stress*, Vol. 22, No. 4, August 2009, pp 282-286

evacuate or stay and defend. If they choose to stay and defend, we urge them to ensure that they are properly prepared to do so.

For emergency service workers involved in disaster, strategies can be implemented prior to the disaster (or their deployment) which will support their wellbeing during the disaster.

Red Cross and NOFD provided their members with time prior to the predicted onset of Hurricane Katrina to "get their own house in order".

During and immediately after the disaster

All of the agencies involved in the response to Hurricane Katrina indicated that taking steps to keep emergency service workers and their families together had a significant positive impact during and immediately after the disaster.

In cases where it was not possible to keep family members together, NOFD identified that family contact was a priority and therefore implemented communication systems (satellite phones) to allow workers and their families to communicate.

To support direct communication, NOFD set up a website for family members to access so that they could be kept abreast of their emergency service worker's status in relation to work activity and location.

Red Cross trains all its workers in the principles of psychological first aid. This allowed for all members to be able to respond immediately to either a client or a colleague experiencing emotional or psychological difficulties.

All agencies (to varying degrees and using different terminology) implemented a stepped care model of support. Each recognised the critical role played by family and peer support (social support), and these social supports were supplemented by clinical services as necessary.

All agencies recognised the need to capitalise on the value of existing networks and "natural" support systems.

In the Longer Term

In the longer term post-disaster, the organisations involved in this scholarship have developed and implemented a range of treatments to deal with both the ongoing practical implications of the disaster, but also the impact on morale and the organisational psyche.

The Foundation has developed specific resources to provide practical support to leaders to help them meet their obligations around welfare following LODDs. In addition, the Foundation has implemented a Chief's network, for Chief Officers who have experienced a LODD. The purpose of the network is to provide, in effect, a very specific peer support network.

Red Cross implemented the 2007 Resiliency Project to aid and support the organisation's recovery from Hurricane Katrina. The project included specific team building and morale objectives, and critically, allowed a narrative process to acknowledge the event and its impact on members.

Analysis and Evaluation

While there has been a variety of treatments and strategies used by organisations to manage the welfare and wellbeing of their members, the interventions which can be categorised as "welfare services" were very similar in nature.

Over the period of interviews, several themes emerged around the organisational factors which influence the effectiveness of these services. These are:

- Culture

Welfare services are effective when the organisation's culture supports the use of services and acknowledges that from time to time, support may be required.

Welfare services will be most effective when the culture rejects the idea that a person requiring emotional support is weak and recognises that use of the services not a reflection on the individual's worth as a member.

When and organisation's culture values psychological safety and wellbeing, and members take responsibility for looking after themselves and each other, services will be utilised in a timely and appropriate way.

- Leadership

When organisational leadership is effective, member welfare is managed effectively. Leadership in this context relates to senior management and decision makers at all levels in the organisation acknowledging the importance of psychological health, safety and wellbeing.

When leaders in the organisation understand the link between psychological and physical health, and when leaders take steps to prevent or minimise psychological harm, services will be most effectively and efficiently utilised.

- Trust

Welfare services are most effective when there is trust between members of the organisation and management; where there is an acceptance that management genuinely cares and that welfare services are an example of their care, not a tool to be used to manipulate or control members.

Absolute confidentiality and privacy are crucial to the trust that members have in the services.

- Flexibility

Services need to be flexible to meet a range of needs in a range of circumstances. When a member has taken the step to initiate contact with a provider, they need to be able to easily access service and not be presented with bureaucracy or barriers to access.

- Coordination and communication

When a member accesses support through welfare services, the various elements of the service must be coordinated (within the bounds of privacy and confidentiality) to ensure that the member receives "seamless" support.

When a major incident occurs, the providers of welfare services must be fully coordinated and up to date with the changing circumstances of the event so that the services they refer members to are current.

- Credibility and integrity

The providers of welfare services must have credibility in the organisation. This relates particularly to peers – they must be seen as being trustworthy, and having a high level of technical knowledge. They must be well connected and confident in what they do.

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Another consistent theme which emerged from the interviews was the concept of a stepped care model of support. Although all services described a stepped care model, there was some variability between the services as to what "stepped care" meant within their organisation.

An effective stepped care model should include not only social support supplemented by clinical services, but processes and interventions which successfully differentiate between trauma and cumulative stress and responds accordingly[39]. In practice, this means that members of peer support networks (and chaplaincy services providers where used) should be trained not only to use psychological first aid, but to be also able to provide specific strategies in response to trauma reactions.

As part of this differentiation, providing the Skills for Psychological Recovery (SPR) program, either through the existing peer support network or through another service provider (for example) is critical to long term recovery of those who experience persistent mental health diffculties post exposure to a trauma or disaster.

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[39] Australian Centre for Posttraumatic Mental Health (2012). ACPMH review of CFA member wellbeing strategy

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As natural disasters become more frequent, emergency service workers will be exposed to large scale trauma more frequently. While it is absolutely critical that organisations continue to fund and support response services, in the context of increasingly frequent large scale trauma, the casualty list from future disasters will not only be those injured or killed, but the workers whose lives are irreparably damaged by what they have dealt with.

It is clear then, that prevention of exposure, where possible, will be critical to the welfare and wellbeing of emergency service workers in the future. Professor Mark Cremer, an expert in post-traumatic mental heath said *"….Prevention is the holy grail. Can we prevent the development of these problems, especially in people we know will be exposed such as emergency services and military personnel? I suspect we will never prevent it completely but we can minimise it by good preparation, early recognition and effective management of problems when they arise"[40].*

I am suggesting is that there is no reason why we can't take the same in principle approach to psychological safety that we take to physical safety.

Fifty years ago, fire fighters were regularly injured and killed on duty, but as occupational health and safety laws have developed and been progressively tightened up, emergency service organisations have taken steps to identify hazards and eliminate them where possible. Where it is not possible to eliminate a hazard, we develop procedures for minimising the risk.

There is absolutely no reason why we cannot take the same approach to psychological hazards. Many fire fighters intuitively know when they attend on-scene, that there are things they can do to protect themselves and each other. In some brigades for example, it is common practice that new or young recruits are shielded from having to get too close to a particularly nasty motor vehicle accident. This is psychological hazard identification and elimination in practice.

While there is limited evidence to support the efficacy of preparation skills, it is likely that there are preparation practices which fire fighters and other emergency service workers could be trained in to use during and immediately after exposure to a traumatic event.[41]   For example, members of the Australian Defence Force (ADF) are trained in progressive muscle relaxation and deep breathing to help them manage their reactions during life threatening incidents.[42]

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[40] Radio National broadcast. 12 May 2012. Professor Mark Cremer
[41] Dr R. Cash (personal communication, 13 December 2012)
[42] Australian Defence Force (2011). Capability through mental fitness. 2011 Asustralian Defence Force Mental Health and Wellbeing Strategy

Such an approach also requires the development of prevention and preparation skill development at all levels in the organisation. If psychological safety is a shared responsibility, then management and supervisors should also develop role specific competencies around psychological safety, hazard identification and eliminating or minimising risk.

Further, specific competency development should be supported by communication, marketing of services, education, informal training, and messaging about psychological health and safety, looking after yourself and others and how to access support.

CAL FIRE provides a good example of an integrated approach.

Development of Member Welfare Strategy

The information gathered as part of this scholarship has been utilised by CFA, along with other research to formulate the psychological safety and wellbeing components of CFA's Safety, Wellbeing and Environment (SWE) Strategy, which has recently been approved by the CFA Board.

The wellbeing component of the strategy can be conceptualised as follows:
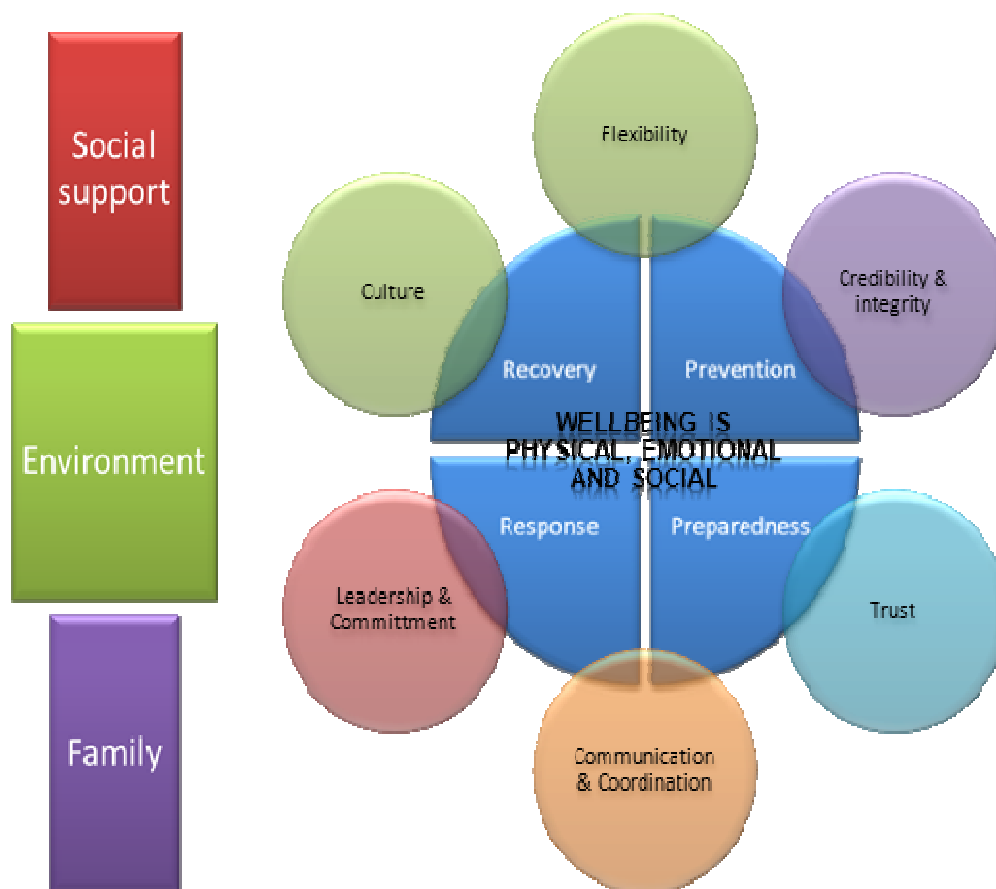
In this model, member wellbeing outcomes are a function of preventative measures, preparation, response and recovery services.

The factors which must be present to support good member wellbeing outcomes are leadership and commitment, a supportive culture, trust, good communication and services which are flexible and coordinated. The service providers must be credible and trusted.

Good member wellbeing outcomes are fostered by family and social support and an environment which values member wellbeing.

The objectives of the Safety, Wellbeing (SWE) and Environment strategy are:

5. build committed and accountable SW&E leadership;
6. establish and maintain effective control systems for SW&E risks;
7. minimise the impact of our activities on the environment; and
8. improve the wellbeing and resilience of our people

The Strategy is supported by a Member Wellbeing Action Plan which articulates the range of initiatives which will be developed and implemented to support member wellbeing under the four "pillars" of prevention, preparation, response and recovery.

CONCLUSION

At CFA, our mission is to protect lives and property. We achieve our mission through a business model of prevention, preparedness, response and recovery. We work with communities to build awareness and educate people on how to prevent fire and other emergencies and the preparations they should undertake[43]. We have a strong physical safety culture, which is built into our approach to operational activities. Why don't we apply these same principles to psychological safety?

While we can't prevent disaster, we can take steps to prevent or minimise exposure to traumatic events for individuals, and we can certainly do more to help them become better at helping themselves.

Specific welfare services are only one element that needs to be managed during and after a disaster. Member welfare issues and concerns include much more than just the role they perform. In a disaster, emergency services workers are affected just like the rest of the community – they need to be in contact with their families and friends and their social networks.

The human resource function plays a critical role in the long term organisational recovery from the disaster through the provision of services

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[43] http:cfa.vic.gov.au/about/our-mission

and programs that support morale and re-engagement. Once the immediate welfare and wellbeing needs of members are met following the disaster, the role of the HR function must become one of facilitating the rebuilding of teams, or "rebonding" workgroups.

But the human resource function is also critical prior to a disaster. The Human Resources team within an organisation is often described as the culture carriers or the guardians of the culture. The role of Human Resources is therefore critical in facilitating an environment and a culture in which psychological safety is treated with the same importance and physical safety.

The technical training of members should include psychological hazard management (just like physical hazard management) and people should be provided with the skills necessary to manage their own psychological wellbeing as well as that of any crew member for whom they are operationally responsible.

It is only when all of these elements are valued and in place that an organisation and its members can achieve recovery after disaster.

ACKNOWLEDGEMENTS

ATTACHMENT ONE

NATIONAL VOLUNTEER FIRE COUNCIL (NVFC)

The National Volunteer Fire Council (NVFC) is the leading non-profit membership association representing the interests of the volunteer fire, EMS, and rescue services in the United States. The NVFC serves as the voice of the volunteer in the national arena and provides invaluable tools, resources, programs, and advocacy for first responders across the nation.

The mission of the NVFC is to *"provide a unified voice for volunteer Fire/EMS organizations. This mission is accomplished by:*

- *Representing the interests of the volunteer Fire/EMS organizations at the U.S. Congress and federal agencies*
- *Promoting the interests of the state and local organizations at the national level*
- *Promoting and providing education and training for the volunteer Fire/EMS organizations*
- *Providing representation on national standards setting committees and projects*
- *Gathering information from and disseminating information to the volunteer Fire/EMS organizations."[44]*

Founded in 1976, The NVFC focuses on:

- Funding
- Training
- Education
- Identifying and filling gaps in resources and tools to support volunteer firefighters.

At the time of interview (20th October 2011) the organisation employed a staff of 12 people, incorporating major programs, finance and administration, and government relations.

NEW ORLEANS FIRE DEPARTMENT (NOFD)

The New Orleans Fire Department is charged with responding to alarms of fire, performing suppression functions, and assuring complete extinguishment. The priorities of the NOFD are life safety, incident stabilization and property preservation.

The NOFD's mission is:

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[44] www.nvfc.org

"The New Orleans Fire Department will respond to all emergency situations in the City of New Orleans to protect and save life and property. Further, the Department will strive to reduce the incidence of fire and the loss of life and injuries to civilians and fire personnel."[45]

At the time of interview (27th October 2011), NOFD employed a staff of 762.5 Full time equivalent (FTE) staff. Of this:

- 684 were employed in operational roles and
- 78.5 (FTE) were employed in administrative and support roles.

GOVERNORS OFFICE OF HOMELAND SECURITY AND EMERGENCY PREPAREDNESS (GOHSEP)

The mission of GOHSEP is *"To lead and support Louisiana and its citizens in the preparation for, response to and recovery from all emergencies and disasters"*[46].

At the time of interview (26th October 2011) GOHSEP was responsible for the operation of over 400 services to the people of Louisiana, including 64 Sheriffs and 350 Police Departments as well as overall responsibility for the coordination of the emergency management structure.

RED CROSS LOUISIANA (SELA)

The American Red Cross of Southeast Louisiana provides relief to victims of disasters and helps people in their community prevent, prepare for, and respond to disasters and other life-threatening emergencies[47].

The chapter was chartered in 1916 and serves more than 1.2 million people throughout Orleans, Jefferson, Plaquemines, St. Charles, St. John, Assumption, Lafourche, Terrebonne, St. Mary, St. Tammany, Tangipahoa and Washington parishes.

At the time of interview, (28th October 2011) SELA employed 32 people and engaged the services of over 1,000 volunteers

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[45] www.nola.gov/government/nofd
[46] www.gohsep.la.gov
[47] www.arcno.org

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CALFIRE (DEPARTMENT OF FORESTRY AND FIRE PROTECTION)

CAL FIRE is responsible for the fire protection and stewardship of over 31 million acres of California's privately-owned wildlands. In addition, the Department provides varied emergency services in 36 of the State's 58 counties via contracts with local governments.

CAL FIRE's mission *"emphasizes the management and protection of California's natural resources; a goal that is accomplished through ongoing assessment and study of the State's natural resources and an extensive CAL FIRE Resource Management Program[48]."*

At the time of interview (2nd November 2011), CAL FIRE employed around 5,000 permanent personnel and 3100 seasonal fire fighters. CAL FIRE also utilises the services of approximately 12,000 volunteers.

NATIONAL FALLEN FIRE FIGHTERS FOUNDATION (NFFF)

Congress created the National Fallen Firefighters Foundation to lead a nationwide effort to honor America's fallen firefighters. Since 1992, the non-profit Foundation has developed and expanded programs that fulfill that mandate.

The NFFF's mission is to *"honor and remember America's fallen fire heroes and to provide resources to assist their survivors in rebuilding their lives".[49]*

The Foundation is funded by donations and at the time of interview (17th October 2011) the NFFF employed a staff of 14 FTE incorporating programs, management, administration and finance.

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[48] www.fire.ca.gov
[49] www.firehero.org