Well-being in Emergency Reunification

Lessons from emergency reunification personnel in the United Kingdom

Tiana Hokins

CONTENT WARNING: *Please note that this report discusses mass fatality events and the stress responses of personnel*

Executive Summary

The United Kingdom has recently experienced a number of mass fatality emergencies. Incidents such as the Grenfell Tower fire and the Manchester Arena bombing highlighted the need for emergency reunification – a service referred to as the Casualty Bureau. The Casualty Bureau has operated over many decades, facilitating the reunification of those injured, deceased or displaced by an emergency, with those whom are seeking knowledge of their safety. A similar emergency reunification system, called *Register.Find.Reunite.* is currently utilised by the Australian Red Cross, police and government to reconnect family and friends in emergencies.

Evidence documenting the mental health and well-being impact on personnel delivering emergency reunification services is currently lacking. The objective of this research project was to explore the range of impacts to well-being for personnel involved with emergency reunification processes. The lessons learnt from this research, will be shared with the Australian emergency services community. It will ultimately be applied in building a robust well-being framework for protecting the health and well-being of those reconnecting family and friends in Victoria during an emergency. Qualitative and quantitative research methodologies were utilised to conduct interviews and survey forty-one key emergency reunification personnel, including mass fatality event impact experts in London, July 2019.

The findings of this research highlight that the vicarious and cumulative impacts of interacting with distraught family members and helping to identify the deceased, negatively impacted almost 57% of personnel. Factors such as high media saturation, likelihood that the person was deceased, and the age of victims, increased the impact to personnel.

Based on these findings, the following recommendations are offered:

The Emergency Management Sector in Victoria

- Emergency management agencies should ensure that relevant staff receive appropriate training in emergency reunification processes
- Clear protocols should be developed where needed as a matter of urgency to ensure that staff are confident in carrying out complex operations with efficiency, quality and uniformity of performance, while reducing miscommunication and failure to comply with regulations
- Sector or control agency should take accountability for well-being in partnership with agencies (e.g. Well-being Officer)
- Trauma Risk Management (TRiM) should be implemented sector-wide
- Specialised support should be made available to the sector following significant emergencies. This support should be provided in collaboration with the Department of Health and Human Services and other relevant agencies
- The sector should focus on a holistic approach to disaster response and emergency management and ensure that the well-being of personnel (including both paid staff and volunteers) is a priority in the recovery phase following mass casualty events

Airports

- Airports should focus on building the capability of personnel likely to be involved in the delivery of emergency reunification services. This process should include airports identifying and documenting which personnel may be most likely to be involved in these processes and ensuring that these staff are appropriately debriefed and consulted regarding well-being following the event
- Resilience-building and experiential learning opportunities should be provided to personnel on a monthly basis
- Standard Operating Procedures should be developed as a priority to ensure appropriate tracking and support is provided to all personnel involved

Victorian Red Cross Emergency Services

- The creation of a dedicated Well-being Team focused on promoting and protecting personnel health and well-being before, during and after emergencies should be a priority
- The design and implementation of a holistic well-being model for both staff and volunteers

- Identify high risk roles and develop an appropriate process for promoting and protecting health and well-being
- Build and implement well-being professional development opportunities (e.g. resilience-building workshops) and a range of peer-support platforms, including dedicated well-being team members to respond to requests for assistance as well as online peer-to-peer support platforms (e.g. a closed Facebook group where personnel can chat in a safe space)
- Introduction of call-grading system to help triage real time well-being check-ins

Australian Red Cross

- Organisational investment into the well-being of Red Cross personnel guided by the British Red Cross Psychosocial team
- Undertake review of high-risk roles and the range of support required to promote and protect health and well-being for these personnel
- Development and implementation of Organisational Well-being Framework
- Implement TRiM or similar to organisation

It is recommended that further study is undertaken to ascertain whether there should be a mechanism for personnel to be able to find out outcomes of their reunification activities and if survivors should be able to meet those whom assisted them. A wider study exploring the impact on personnel well-being involved in reunifying people is also encouraged.

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- Peter Sparks - Disaster Victim Identification United Kingdom

- Philippa Lorimer - First Aid Nursing Yeomanry

- Rachel Kirvan - British Red Cross – Crisis Response Team

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Glossary

Collective Trauma Event:

"A collective trauma event (CTE) is an event, irrespective of the hazard, which results in a blow to the basic tissues of social life that damages the bonds between people and impairs the prevailing sense of community. Such events may impact things we previously took for granted about public locations, routines and values" (Brady, Randrianarisoa, & Richardson, 2018).

Examples of collective trauma events are the Grenfell Tower tragedy, Manchester Attack, Eurydice Dixon homicide and Christchurch mosque attack.

Cumulative Trauma

"Relates to the development of mental illness as a result of continuous exposure to occupational stress" (Clarke & Cooper, 2004, p. 1).

Disaster Victim Identification (DVI):

Internationally accepted term for the processes and procedures for recovering and identifying deceased people and human remains in multiple fatality incidents (College of Policing, 2018).

Emergency Reunification:

Emergency: "A situation of danger or conflict that arises unexpectedly and requires urgent action" (New Shorter Oxford Dictionary, 2013, p. 819).

Reunify: "Unify after a division or separation" (New Shorter Oxford Dictionary, 2013, p. 2562).

Registrations: Registrations are likely to occur at Emergency Relief Centres, online, emergency hotlines, at hospitals and in mortuaries.

Enquiries: Enquiries are generally made through an emergency hotline or online.

Emergency Reunification is used to:

- Reduce trauma to those directly impacted by the emergency and their loved ones
- Reduce convergence on emergency scene, hospitals and emergency phone-lines from people seeking the whereabouts of loved ones
- Expedite the disaster victim identification process by connecting police with next of kin,

allowing the matching of Ante-mortem and Post-mortem data

Many agencies and personnel take part in emergency reunification, including, but not limited to:

- First responders on the scene, transporting victims to hospital and collecting details
- Hospital personnel
- Those cordoning off emergencies – dealing with distressed family members
- Emergency coordinators – coordinating agency response
- Reunification hotline call takers
- Disaster Victim Identification personnel.

Mental Health

The World Health Organisation defines mental health as "a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community". (World Health Organisation - Department of Mental Health and Substance Abuse, Victorian Health Promotion Foundation (VicHealth) and the University of Melbourne, 2004).

Furthermore, as also explained by the Australian Government Department of Health, "Mental health problems are more common and include the mental ill health that can be experienced temporarily as a reaction to the stresses of life.

"Mental health problems are less severe than mental illnesses, but may develop into a mental illness if they are not effectively dealt with" (Australian Government Department of Health, 2007).

Mental Illness

As defined by the Australian Government Department of Health (2007) "A mental illness is a health problem that significantly affects how a person feels, thinks, behaves, and interacts with other people. It is diagnosed according to standardised criteria.
A mental health problem also interferes with how a person thinks, feels, and behaves, but to a lesser extent than a mental illness."

Trauma Risk Management (TRiM)

TRiM is a system created by the British Armed forces to provide early indication of mental illness and ill-being. It aims to reduce the impact and ensure personnel are supported appropriately by their peers and managers. Additionally, it has been found to reduce the stigma around mental health and well-being issues. (Greenberg, Langston, & Jones, 2008).

Vicarious Trauma

"Emotional residue of exposure … from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured" (American Counseling Association).

Well-being

Australian Red Cross Emergency Services Workforce Wellbeing Framework (2019) defines wellbeing as, "a state of being in good physical, mental and social health."

Introduction

The United Kingdom (UK) has been impacted by a number of significant mass casualty and mass fatality events that cause distressed families and friends to seek the whereabouts and safety of the potential victims. Emergency personnel, including staff and volunteers, work around the clock to reconnect the living and

identify the deceased. Often times it is the same small group of people working behind the scenes who are called upon to undertake the difficult and emotional process of emergency reunification.

Emergency reunification occurs when there is an emergency that causes the mass displacement of people or there are a large number of casualties. As seen in Figure 1, emergency reunification is the process of reconnecting those directly impacted by the emergency, with family and loved ones seeking the status and whereabouts of them. This is often facilitated by a system or database. In the UK, this is the police owned Casualty Bureau. People directly or potentially impacted by the emergency, are registered and the public are given a mechanism to enquire, generally a website or call centre.

In Victoria, Australia, an emergency reunification system called "*Register.Find.Reunite.*" is operated by Australian Red Cross on behalf of Victorian Police. Red Cross volunteers respond to thousands of enquiries and registrations from distressed loved ones and those fleeing from emergencies, from the Black Saturday Victorian Bushfires fires in 2009, through to the Bourke Street Mall incident in 2017.

In airports, Red Cross workers and airport staff will also be active in the event of reunifying friends and relatives following an aviation crash.

Existing evidence documenting the health and well-being impact on personnel delivering these emergency reunification processes is currently lacking. The Emergency Services Foundation Scholarship provided a
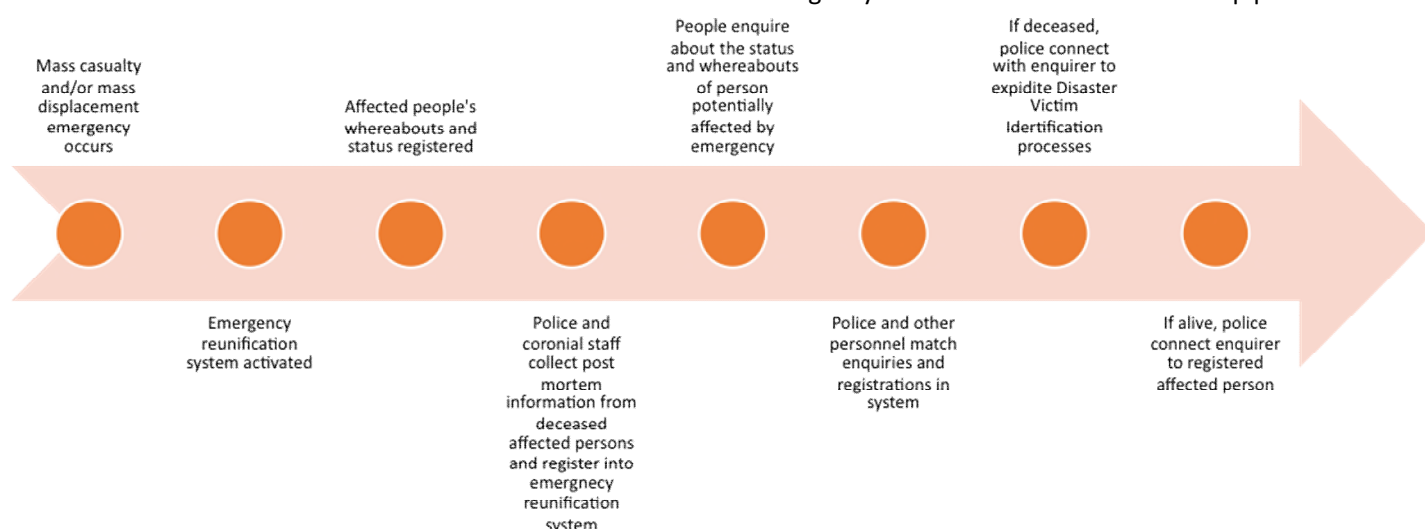

Figure 1: The emergency reunification process explained

welcome opportunity to explore the impacts to well-being of emergency response workers in London, England, and to implement the key lessons learned into current Australian emergency reunification processes.

A mixed-methods research methodology was utilised to conduct qualitative and quantitative arms of this project. For the qualitative arm, a series of interviews were conducted with key reunification agencies including the Casualty Bureau, First Aid Nursing Yeomanry (FANY and Disaster Victim Identification UK (DVI UK) in London. For the quantitative arm, a survey with FANY volunteers involved in reunifying in mass casualty events occurred in July 2019 to collect the information required for this report.

This report focuses on the vicarious and cumulative effects on mental health and mental illness and the corresponding physical effects that impact overall well-being. Additionally, this report discusses each agency and impacts to responder well-being. Key risk factors and lessons learned are identified. Current activities to mitigate well-being impacts are discussed and recommendations for the emergency management sector in Victoria, airports and Australian Red Cross are proposed.

Background

The role of emergency reunification in Victoria

The Australian Red Cross is responsible for the operation of the *Register.Find.Reunite.* system, owned by Victoria Police. This is a national system, previously called the National Registration Inquiry System (NRIS). NRIS came to fruition after the evacuation of Darwin following Cyclone Tracy in 1974. The Victorian Red Cross is home to the Victorian Emergency Enquiry Centre (VEEC), which has state wide and national capabilities for the *Register.Find.Reunite.* service. Significant activations of this service include the Victorian 2009 Bushfires, where Red Cross personnel undertook 21,000 registrations and 22,000 enquiries. These fires took the lives of 173 people (Parliament of Victoria, 2010). *Register.Find.Reunite.* was also used in 2017 when a car was used to injure and kill

pedestrians in the Melbourne Central Business District (CBD) including the Bourke Street Mall, killing six people and injuring 27 more. A small team of trained volunteers is maintained to ensure the capability to reconnect family and friends in Victorian and interstate emergencies. In times where this small team is unable to meet the need, a surge workforce is required.

Victoria Red Cross also works closely with the Melbourne International Airport and other regional airports to plan for and respond to passenger airline crashes or other mass casualty events where reunification is required.

Register.Find.Reunite. is currently undergoing upgrades to increase the capability to operate within mass casualty events, including those with a criminal or violent aspect. These changes are set to be rolled out in 2020. This will increase the functionality and access by other agencies. This may result in an increase in personnel from a myriad of agencies, such as hospitals taking part in emergency reunification.

Unknown impacts and higher likelihood of reunification activities

Victoria has so far escaped several near misses for mass casualty events. With a changing climate and the increased likelihood of emergencies caused by violence, events where reunification may be needed are liable to increase in frequency (Australian Government: Department of Prime Minisiter and Cabinet, 2015) (Braine, 2006). There is no dataset that has a particular focus on the wellbeing impacts on emergency reunification personnel. With the impacts unknown and a sector already in a mental health and well-being crisis, the risks of harming personnel is high.

Increasing likelihood

Australian Red Cross is responding to an increasing number of emergencies. This is directly linked to the increase in frequency and impact of emergencies, including those of both natural and manmade origins. This is shown in Figure 2, with Red Cross increasingly responding fires and collective trauma events. However, as shown in Figure 3, the amount of responding workforce has not significantly risen. In Victoria, it is
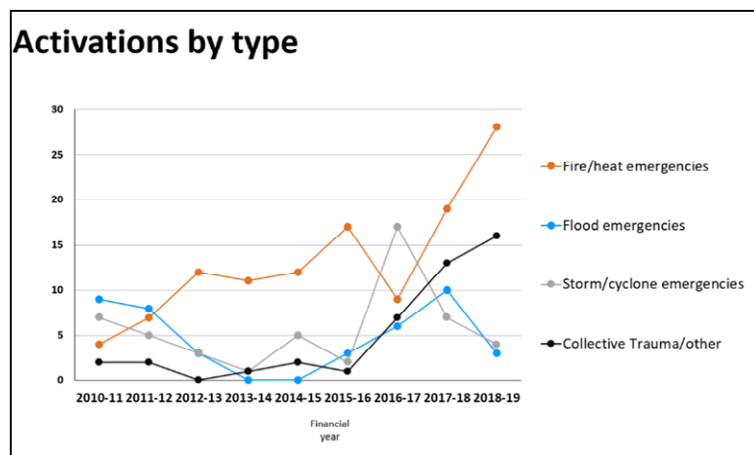
Figure 2: 2010- 2019 Australian Red Cross National Emergency response trends
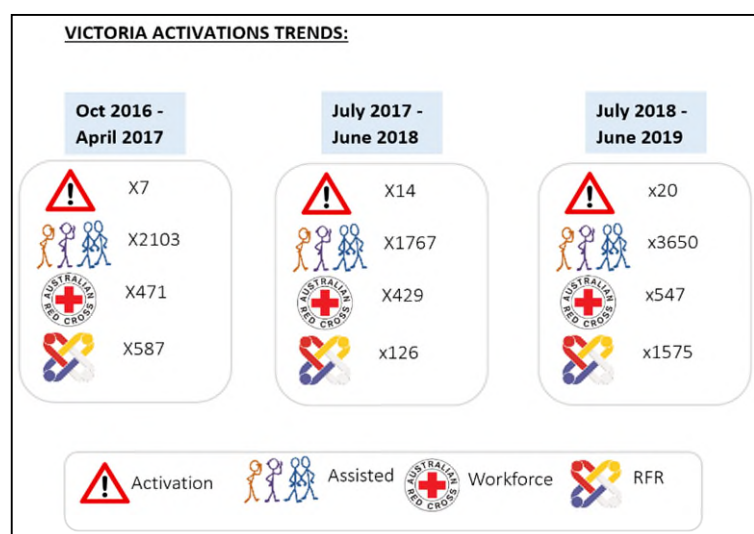

Figure 3: 2016-2019 Victorian Red Emergency Services trends, including: amount of activations, quantity of people assisted, amount of Red Cross personnel utilised and amount of people utilising *Register.Find.Reunite.*

likely to be the same small group of trained volunteers or staff who will respond to these kinds of events.

Sector in crisis

Across the emergency management sector, mental health and well-being issues are a growing concern:

- One in four emergency services personnel suffer from probable PTSD (Beyond Blue, 2018)
- Half experienced a traumatic event that deeply affected them during their work (Beyond Blue, 2018)
- Suicidal thoughts twice as high and more likely to complete suicide (Beyond Blue, 2018)
- One in two and half employees and one in three volunteers are diagnosed with a mental health

condition (normal rates one in five) (Beyond Blue, 2018)
- One in three employees experience high to very high psychological distress (normal rates one in eight) (Beyond Blue, 2018)
- 56% of Victorian Red Cross personnel would like more access to mental health supports (Australian Red Cross, 2019)
- Three in four Red Cross Emergency Services personnel nationally did not feel like their wellbeing issues were actively resolved (Australian Red Cross Emergency Services, 2019)
- 13% of Red Cross Emergency Services personnel nationally have suffered impacts to wellbeing due to their delivery of Red Cross services before, during and after emergencies (Australian Red Cross Emergency Services, 2019).

Anecdotal evidence

Australian Red Cross staff and volunteers recall their reunification activity through emergencies such as the Victorian 2009 Bushfires, 2017 Bourke Street event and the 2011 Eastern Australian floods. Most are 'haunted' by some instances such as talking to a distressed person trapped on roof of their house by flood waters, watching as their herd of cattle floats by. Or talking with concerned loved ones during the Victorian 2009 bushfires, only to see the names and faces of the person they were trying to find, on the front of newspapers the next day. The Bourke Street incident in 2017 saw volunteers leaving Australian Red Cross due to their inability to again face conversations similar to those had when talking to relatives of the deceased. Warning signals have been raised with instances of Red Cross personnel trying to access the *Register.Find.Reunite.* system outside of shift hours, trying to follow up on particularly troubling enquiries. This has been mitigated due to process; however, the question remains as to how best support personnel with these calls and the enduring impact and need for information.

Surge workforce

In a large scale or high impact emergency, a surge workforce is likely to be used. This is likely to be made up of non-emergency service Red Cross personnel and external agency partners, including corporate volunteers.

At an airport emergency, it will take two-six hours for Red Cross personnel to be on site in an emergency. The frontline registration, enquiries and matching will be undertaken by a surge capacity of airline ground staff. A lack of training and experience, as well as lack of well-being supports, increase the risk of well-being to these personnel.

With a surge workforce, it is more difficult to equip personnel effectively and ensure mental health and well-being measures are taken during and after the event.

United Kingdom Emergency Reunification history

The United Kingdom was chosen as a destination for this scholarship, due to the similar operating contexts and their recent experiences with mass casualty reunification events. The Casualty Bureau is very similar in function to *Register.Find.Reunite.*

Significant UK Mass Casualty Events
Over the last 15 years the United Kingdom has utilised the Casualty Bureau for following violent and tragic events. It is noted that the majority of these events occurred between June 2016 and July 2017.

London bombings - 07/07/2005
A terrorist incident where 56 people (including perpetrators) were killed, 700 injured when suicide bombers detonated their devices on 3 underground trains and 1 double decker bus.

Croydon tram derailment - 09/06/2016
A transport incident, where 7 people killed and 62 injured when a tram overturned on a sharp bend in Croydon.

Westminster Bridge attack - 22/03/2017
A terrorist incident where 6 people were killed (including perpetrator) and 49 people injured through a vehicle borne attack on Westminster Bridge, followed by a knife marauding attack by a single individual. Victims included several foreign nationals.

Manchester Arena Bombing - 22/05/2017
A terrorist incident where 23 people were killed (including perpetrator), 112 hospitalised, and approximately 800 people with injuries, when a suicide bomber let off their device at the Ariana Grande concert at Manchester Arena. Many of those killed and injured were children.

London Bridge Attack - 03/06/2017
A terrorist incident where 11 people were killed (including perpetrators) and 48 injured in a vehicle borne attack on London Bridge, followed by a knife marauding attack on the bridge and in the close by Borough Markets. Some foreign nationals involved.

Grenfell Tower Disaster - 14/06/2017
A fire that engulfed a London residential building killed 72 people, injuring a further 70. Many of the victims were children, with many also originating from the same family.

Airport reunification and repatriation activities
Several United Kingdom airports have also been involved in emergency reunification and repatriation activities for events as listed below.

Pan Am Flight 103 Lockerbie Bombing - 21/12/1988
A bomb exploded on the Frankfurt to Detroit via London and New York flight, killing all 259 passengers and crew. Fuselage killed a further 11 residents of the Scottish town of Lockerbie.

Bali Bombing - 12/10/2002
Nightclubs in Bali's tourist nightlife hotspot, Kuta, were bombed. Of the 202 fatalities, there were 28 UK victims. A 209 people were also injured.

Asian Tsunami - 26/12/2004
A tsunami triggered by a 9.1 magnitude earthquake off the coast of Indonesia killed, approximately 230,000 people across the coastlines of 14 countries. 149 British Nationals (or those with close ties to the UK) were among those who perished.

BA 38 Crash landing - 17/01/2008
The Beijing to London flight crashed just short of the runway of London Heathrow Airport. Of the 152 passengers and crew on board there were 47 who were injured.

BA762 Emergency Landing - 24/05/2013
The engine caught fire shortly after take-off of BA762 from London Heathrow Airport en route to Oslo, forcing an emergency landing. There were no injuries or fatalities amongst the 80 passengers and crew.

MH17 missile attack - 17/07/2014

A surface-to-air missile took down the Kuala Lumpur bound flight over the border of Russia and Ukraine. All 298 passengers and crew, including 10 UK citizens were killed.

Sousse Tunisia Mass Beach Shooting - 26/06/2015

A mass shooting on a beach at a tourist resort in Tunisia killed 38 people, including 30 UK citizens. A further 39 were injured as a result of this attack. Additionally, thousands of people staying in the resort and nearby were subsequently repatriated back to the UK.

Aims

This report aims to:

- Identify the impacts to well-being of those working within reunification

- Identify the key well-being lessons learned

- Identify mental health and well-being measures currently in place

- Identify key recommendations for Victorian Emergency Management sector, Australian Red Cross, Victorian Red Cross Emergency Services and airports on protecting the wellbeing of our reunification workers

Scope

The scope of this research tour was to initially connect with whoever worked in emergency reunification, including call takers and first responders in mass fatality events in the United Kingdom. However, as interviews and meetings progressed, it became heavily skewed towards those behind the scenes in reunification efforts. This report will focus on call takers, those undertaking matching duties, coordination teams and disaster victim identification workers. There will be some mention of frontline responders, however, it is encouraged that this is researched further.

It was also anticipated in the initial proposal for this scholarship that interviewees would include Scotland Yard. This however was deemed unnecessary due to their limited involvement in emergency reunification processes.

Methodology

Face-to-face interviews

Fifteen people were engaged in ten face-to-face interviews in the United Kingdom over an eight-day period in July 2019. Key personnel from organisations delivering emergency reunification activities in mass fatality events, including airports were engaged in this process. Important background information was also garnered from those who work closely with these agencies and study the impacts to personnel in mass casualty events affecting the UK were also interviewed using this method.

The majority interviews were organised before the research tour, with some coordinated in country. All interviews were recorded and transcribed. Examples and cross-cutting themes were examined and formulated using the qualitative data generated.

Online survey

An online survey was disseminated to FANY personnel to complete via email. Twenty-six respondents completed this online form, investigating experiences, impacts and wellbeing supports. Survey respondents, answered multiple choice questions and were prompted to enter text into free form text boxes. Statistics were drawn from the quantitative dataset. Answers shared in a qualitative format were analysed for trends and stories of the impacts felt through the undertaking of reunification activities.

Agencies and their roles

British Red Cross

British Red Cross has a long history of supporting communities and individuals before, during and after emergencies. Although not directly involved in the reunification processes, they are placed in the same environment, talking with the same families and affected people. The people on scene and behind the scenes are paid employees and volunteers.

Casualty Bureau

The Casualty Bureau operates in each police territorial region. The primary role of the Casualty Bureau is to take calls and enquiries from those directly affected by the emergency and their concerned families and loved ones. The system is strikingly similar to the *Register.Find.Reuinite.* system, when comparing data

flow from police at the scene, phone calls and online enquiries. These enquiries are triaged, with information utilised by police to ascertain whom might be directly affected and to help identify the deceased. The Casualty Bureau work very closely with DVI UK and Family Liaison Officers within police forces. A small contingent of paid civilian staff coordinate and maintain this system in each police region. Calls and other roles are undertaken by a surge of volunteers including FANY, police and DVI UK volunteers.

Disaster Action

Disaster Action supports survivors and those bereaved by UK and international disasters. Members Jelena Watkins (psychotherapist) and Dr Anne Eyre (sociologist) specialise in psychosocial impacts of disasters. They also train and work with first responders and emergency reunification personnel to build resilience and support them through their recovery journeys.

Disaster Victim Identification UK (DVI UK)

Disaster Victim Identification UK's primary role is to recover and identify bodies from mass fatality scenes within the UK or affecting UK citizens internationally. Through a myriad of investigative and scientific techniques, they ascertain the identity of the victim. This is a small contingent of civilian and police staff, backed with a small group of trained professional volunteers for scale.

First Aid Nurse Yeomanry (FANY)

FANY is a female only volunteer quasi-military outfit established in 1907 and has held many interesting roles over its long history. Its volunteers attend military basic training, are security vetted and are signatories to the Official Secrets Act. They currently undertake a myriad of roles, including taking calls and matching tasks for the Casualty Bureau, administrative tasks for the coroner and other offices of government as well as role playing at military and police exercises. See **ANNEXURE 1** for well-being tips from FANY volunteers.

Gatwick Airport

Gatwick Airport has 42 million passengers through every year. On top of their day to day airport role, staff can opt to be a part of a skilled group of responders in an emergency. When reunifying, they will be joined by the likes of Gatwick Police, Border Force and airport chaplains to help provide support and connect survivors with loved ones.

London Heathrow Airport

78 million people traverse through London Heathrow Airport per year. Staff from varying roles within the airport come together with agencies such Border Force, Travel Care and the chaplaincy, to reunify people in the event of emergency.

Findings

Impacts to well-being

A significant proportion of personnel involved in reunification activities had some impact to their mental health and well-being.

Across Disaster Victim Identification UK, the Casualty Bureau and First Aid Nursing Yeomanry (FANY) there has reportedly been several cases of Post-Traumatic Stress Disorder (PTSD), complex PTSD and other mental health and well-being impacts following reunification activities.

The small number of engaged and able workforce were required to respond time and time again to these types of emergencies. This, coupled with the distressing information they interact with, are risk factors for cumulative and vicarious trauma. In fact, more than 88% of personnel have responded to multiple significant events. Negative impacts were found within 57% of survey respondents. Some of these were of short duration such as:

- Difficulty sleeping
- Feeling anxious/restless/hyper
- Muscle tension
- Feeling on guard/unsafe
- Guilt/shame
- Difficulty problem solving/concentrating

Others have had ongoing or significant impacts (11%) such as:

- Still being "haunted" by calls / unable to forget particular calls
- Noticeable behavioural changes
- General feeling of sadness
- Existential questioning and significant life changes – change of career etc
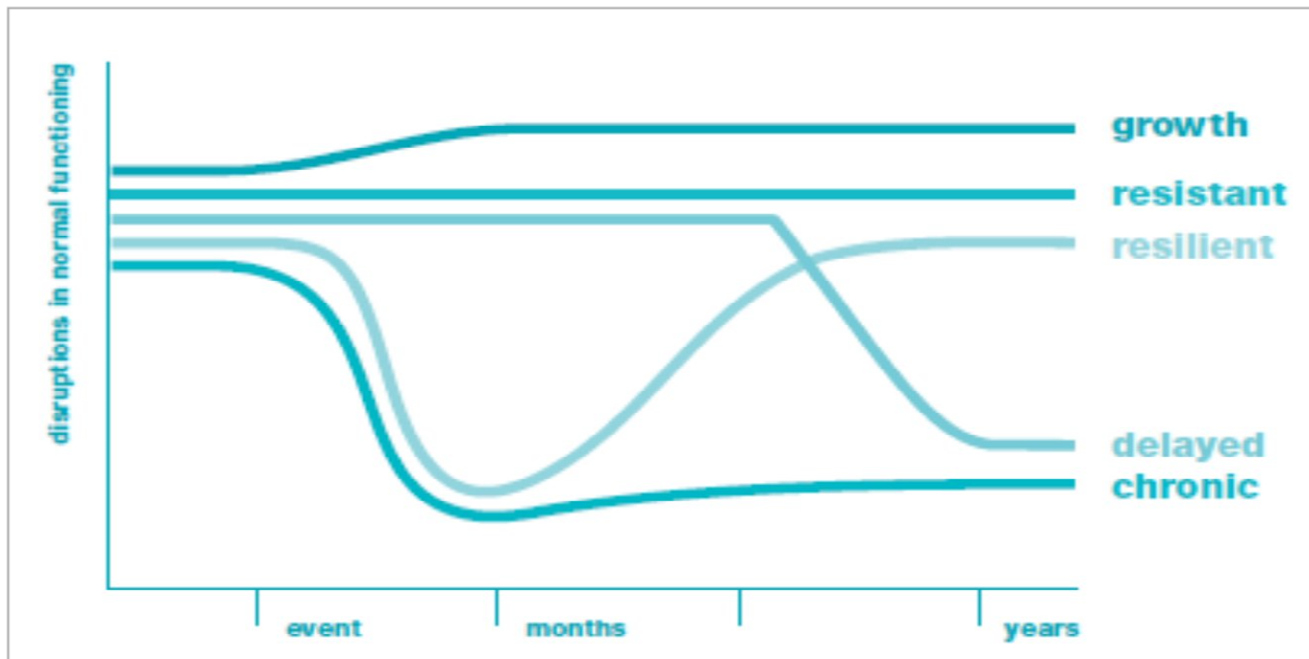- Flashbacks

Figure 4: The recovery journey showing disruption in normal function over time in those impacted by emergencies (Australian Centre for Post Traumatic Mental Health, 2017).

Most of the respondents were able to return to a sense of normalcy relatively quickly. With only one respondent estimating it took them up to 6 months. Anecdotal evidence provided, also highlights the plight of those airline staff working in the Pan Am Lockerbie bombing. A staff member worked for four days dealing with distraught family members. He was fine, until approximately 12 months later when he collapsed in the street whilst Christmas shopping with his family, suffering a panic attack linked to his emergency reunification activity a year earlier. As airport personnel are more likely to disperse quickly to their substantive roles, it is often difficult to track and therefore reduce impacts to wellbeing.

When survey respondents were asked which emergency was the most difficult, the majority highlighted the Manchester Attack and Grenfell Tower as the most difficult activations that have faced so far. One response was simply, "all of them".

Jelena Watkins is an esteemed Trauma Psychotherapist who has consulted on the September 11th terrorist attacks, the 2004 Boxing Day Tsunami, the Paris terrorist attacks and most recently the Manchester bombing and Grenfell Tower tragedies. Jelena described first responders impacts to well-being as mirroring the accepted disruptions to normal functioning in recovery

for those classed as the 'victims' of emergencies as seen in Figure 4.

The majority of respondents felt that the well-being resources available to them were somewhat adequate to preventing well-being or psychological injuries.

Positive impacts to well-being
Interviewees and respondents alike held a great sense of purpose and pride in the role they played in these incidents. They felt that the work they did was important, and although 'small', contributed greatly to families and friends being reunited or getting some closure. They felt a sense of pride to work and volunteer within their organisations when they were most needed.

Risk Factors

Cross over of roles
Some Casualty Bureau call takers are also Disaster Victim Identification staff and police officers. FANY volunteers can also be deployed to handle the graphic information that passes through the coroner's office, when providing administrative support. De-personalising information and activities is often seen used as a coping mechanism by those undertaking reunification activities. When this choice of coping mechanism is taken away through re-

personalisation, the impacts to the personnel can be considerable. An example of re-personalisation is taking a call from a distressed loved one about 'X' as a Casualty Bureau call handler, followed by handling 'X''s remains when collecting post mortem information for the coroner. The Casualty Bureau and DVI UK actively enforce that call takers do not undertake matching duties and then visit the scene or undertake DVI duties to reduce tangible links and personalisation of victims.

Emergency Managers/Coordinators

Whilst individuals undertaking reunification activities are quarantined to their roles, those coordinating their agency response are not afforded this. Coordinators and emergency managers have a need to know the whole situation to be able to effectively coordinate the response. These roles are often undertaken by a select few and their substantive role is generally entrenched in emergency management. Paid emergency managers and coordinators are often obliged to respond to the emergency, whether they are mentally fit or not. Emergency Coordinators are exposed to many aspects and details of emergencies, heightening the risk of vicarious trauma injury. As emergency managers /coordinators jurisdiction is often the whole country or region, they are more likely to be required to respond than front line responders who cover a smaller geographic area. This increased and frequent exposure can become cumulative in nature, detrimentally impacting the emergency manager. Managing organisational risk and personnel adds pressure, which may increase impacts to well-being recovery. This often sees them play a key escalation support to those delivering frontline services. Coordinators are also expected to have high resilience levels due to the common nature of their work.

Administrative roles

Although administrative duties can seem mundane, often persons undertaking these roles are key conduits and collators of details and stories. FANY volunteers found that administrative duties undertaken in the Coroner's Office and matching for the Casualty Bureau exposed them to many details and stories of those affected. This included processing photos and reports of the deceased for the coroner. British Red Cross has found that those dealing with repeated written accounts of traumatic events have had significant impacts to those undertaking the duties, and has contributed to staff burnout. Another study subject reported having

flashbacks and PTSD symptoms when coming across lists of names, as it reminds them of the lists of names of the deceased they collated across these incidents.

When it doesn't go smoothly

When people have a negative experience in their shift, whether it is complete system failure, or a personal clash, it can impact the well-being of personnel. The Manchester Arena bombing saw 'catastrophic failure' due to a problem with the technical infrastructure by the service provider Vodafone. The Kerslake Inquiry (2018) into the emergency response indicated that it took eight hours for the Casualty Bureau to be fully operational. The failure meant that only 20 call takers were active during the first eight hours due to the technical difficulties. The Casualty Bureau remained active for a further four weeks, with 260 call takers at its peak. The Kerslake Inquiry (2018) documents the distress this caused to those seeking their missing loved ones. Interviewees indicated that this also added considerable distress to emergency reunification call-takers and coordinators. This was due to the many factors including the heightened distress of those enquiring once they were finally able to get through to the call centre, and knowing that countless calls were going unanswered.

Experience levels

British Red Cross, through responses to surveys monitoring the mental health and well-being of their personnel following events such as the Grenfell Tower tragedy, found that the highest risk volunteer roles for front line services were:

- New and or/younger volunteers who hadn't been deployed before
- More experienced volunteers who with many years of experience responding, were exposed to multiple traumatic events.

Collective Trauma elements

When the incident has collective trauma elements, those working within it are often faced with the same emotions of the grieving public. These responders have to maintain a level of professionalism, which could adversely impact their well-being if their emotions are not processed appropriately and in a timely manner. Respondents and interviewees alike stated that some of the most difficult incidents came when there was a sense of injustice, violence, or preventability.

Media Saturation

In the days following a significant mass casualty event, media tends to be dominated by evocative images and the stories of those affected. As stated by Dr Anne Eyre, this takes away the choice and control to be able to switch off after responding to the event. Indeed, 44% of survey respondents indicated that they found it difficult to switch off following their shifts. However, 60% also indicated that they actively searched media for outcomes of the calls that they took. Footage is also often raw and instantaneous. There have been incidents of people calling the Casualty Bureau, after seeing their family member laying still on the ground in footage being aired and asking if the call taker knows if their loved one is ok. News outlets have also revealed identities of those deceased before the official disaster victim identification processes are finalised. This has meant call takers have found out the outcome in close to real time, after speaking with their concerned loved ones.

Likelihood of victims

Grenfell was described as difficult for most and for many reasons. Due to this occurring within a residential tower, with most survivors known, the likelihood of the people being enquired about, were highly likely to be deceased. The Casualty Bureau, has a triaging system in which the call taker grades the likelihood that the person is involved, injured or deceased. These calls are particularly traumatising for call handlers. Survey respondents, and agencies identified that undertaking these reunification processes and dealing the distressed family members can leave those delivering these services with unfounded feelings of guilt and shame. This is often, "did I say the right thing", or "could I have moved that process through quicker?"

A survey respondent describes, "The calls that have stayed with me are the ones where it is obvious the person was dead. The caller and I both knew during the calls that the missing person was dead. Sometimes it is obvious before is announced on the news."

Demographics of those affected

Both Manchester and Grenfell ranked highly as the most difficult deployment for call handlers. This was because of the age and multiple family member fatalities. In Manchester, there were many children who were killed, injured or bore witness to this attack. Grenfell was ranked the most difficult due to many instances of multiple family members killed, including children. Also, due to the language difficulties, it made it difficult to offer support and collect accurate information. This hampered Disaster Victim Identification efforts when, it took days for the matching unit to realise that 70 calls were related to the same family due to difficulty communicating and inaccurate information provided.

Proximity to the event

Many survey respondents felt that having a physical or emotional connection to the scenes of the event was somewhat disruptive to their well-being. Some lived near Grenfell or frequented the Borough Markets, which has changed the way they viewed and experienced them. One survey respondent mentions catching the train from their local station with a view of the burnt Grenfell tower and knowing the exact location on each floor where people were found dead. Another describes Westminster as their most difficult activation, as their husband was in proximity to the incident at the time.

Airport surge workforce

In the event of an aviation or other significant mass casualty event at an airport, it is the staff who are nearby who are likely to form part of the response. These personnel are wrenched from their regular roles such as airline ground support staff and administrative officers with varying levels of knowledge and experience in emergencies, are thrown into catastrophic and stressful situation. This could see them comforting someone who has just seen their loved one's plane crash, or completing a registration form with shocked and dishevelled passengers who have disembarked a burning plane. Personnel are quickly and widely dispersed back to their substantive roles. The mental health and well-being resources available to them is varied and dependant on the amount of support provided by their employer.

Agency Well-being Activities

Since the 2005 London Bombings there was a lull in significant emergencies requiring emergency reunification in London. However, 2017 brought a quick succession of significant emergency mass casualty events. There has been significant learnings and investment during and after the 2017 events into well-being. The following are the well-being activities now undertaken by the UK agencies.

Agency	People	Systems	Governance	Processes	Resources
British Red Cross	Psychosocial Team – providing internal supports to Red Cross people across the organisation. This team are also active providing support to personnel during an emergency	Employee Assistance Program	CALMER framework – dealing with those in distress – further workshops around this include dealing with aggressive behaviours and impact of working with traumatised people	Monthly 1:1 session with practitioners for those in high risk roles	Partner and family support document – that goes home with responders to help their family and loved ones support them
			Psychosocial Support Model for those delivering services to vulnerable and distressed populations (Richardson, 2019)	Incident briefings	Email template – for post deployment emails
			Supporting colleagues exposed to Intense Events Procedure (Davidson, 2016)	On call support practitioners providing 1:1 support to personnel during emergencies	
			Development of Peer Support Model	Hot debriefs (referred to as defusing)	
				Monthly offer of clinical supervision a/o reflective practice (in groups or one to ones)	
				Surveys at Day 0, 1 month, 6 months and 12 months from Volunteers practitioners and provided signposting information for referrals or phone calls from practitioners	

Agency	People	Systems	Governance	Processes	Resources
Casualty Bureau	National Call Taker training	Access to Employee Assistance Program	Mental Health and Wellbeing Framework	Monthly 1:1 check-ins key members	
	Occupational Health	WhatsApp		Access to Occupational Health – 3 sessions of counselling	
	TRiM Trained Personnel	TRiM		1:1 debriefs after difficult calls or IG1, IG2 calls (graded call systems)	
	Personnel are appropriately trained and exercised frequently	Occupational Health		Group operation hot-debriefs every shift	
				Personal written personal debrief forms (after every shift)	
				Whatsapp shift group created to create a peer support network	
				Manager notified of deployment with list of potential well-being Red Flags	
				High risk roles – monthly check-ins	
				Check in phone calls after deployments	

Agency	People	Systems	Governance	Processes	Resources
				Anniversaries and inquests are acknowledged with signposting messaging	
				TRiM implemented post deployment	
				Risk assessments before each person undertakes each shift	
Disaster Victim Identification UK	Access to Police Cadre (chaplain)	Access to EAP	Mental Health and Wellbeing Framework	Monthly 1:1 check-ins key high risk members	Partner and family support document – that goes home with responders to help their family and loved ones support them
	Wellbeing Officer - to oversee internal and external agency wellbeing	TRiM		Access to Occupational Health – 3 free sessions of in-house counselling	
	Personnel are appropriately trained and exercised frequently	WhatsApp		Pre deployment checks/ risk assessment (every shift)	
		Occupational Health		Written personal debrief forms (after every shift)	
				Manager notified of deployment with list of potential wellbeing Red Flags	
				Group operation hot-debriefs every shift	
				Use of TRiM post deployment	
				Deploy Wellbeing officer	

				Check in phone calls after deployments	
Agency	People	Systems	Governance	Processes	Resources
First Aid Nursing Yeomanry

* It is noted that the FANY did not have any access to EAP or free counselling due to their unique organisation model and affiliation with these emergencies | National Call Taker training | | | Risk assessments (pre shift) Casualty Bureau | |
	Access to FANY Cadre (chaplain)			Written personal debrief forms (after every shift)	
				Group operation hot-debriefs every shift	
				1:1 debriefs after difficult calls or IG1, IG2 calls	
				Check in phone calls after deployments with Cadre	
				Informal morning teas etc for call takers	
				Trained TRiM practitioners	
				Trained Mental Health First Aid for peer support	
Agency	People	Systems	Governance	Processes	Resources
London Gatwick Airport	Personnel have compulsory training every 6 weeks	E-learning Platform	Post response wellbeing policies	Briefings	
	E-learning for managers to be aware of signs of trauma in staff	Access to EAP		Hot debriefs	
	Chaplains	Occupational Health		Post response wellbeing processes	
Agency	People	Systems	Governance	Processes	Resources
London Heathrow Airport	Monthly training and exercises (with focus on resilience building)	Occupational Health		Hot debriefs	
	Chaplaincy			Operational debriefs	
	TRiM trained practitioners			Informal wellbeing checks	
				Wellbeing checks by external agencies	
				Peer support programs	

Other findings

Should people be able to find out the outcome?

With the intense media coverage surrounding mass-casualty and mass-fatality events, many responding personnel are curious as to the outcome of some of their most harrowing calls. Anecdotally, is was suggested that personnel generally find out who is deceased via media and social media coverage. This is often actively sought after, or stumbled across by chance. Survey responses indicated that 60% of respondents actively sought information about affected people and fatalities.

Interestingly, 19% indicated that it might be beneficial and bring a sense of closure, if they were officially notified of outcomes of calls, if the subject was deceased. However, a survey member acknowledged that their well-being was significantly impacted when they found out the subject of one particularly traumatic call had passed away in the incident. Other anecdotal evidence indicates that emergency responders are accidently or purposely connected with affected persons and their families after the event. Connections are sometimes intentionally sought, with requests from affected people, their families or the responders themselves. Whilst many interviewees and respondents agreed that there should be some capability to find out the outcome, they also acknowledged the high risks to privacy, well-being and professionalism.

Well-being Cultures

Since the intense activation period of 2017 all agencies have significantly updated their well-being frameworks. All agencies identified that the creation of health and well-being 'cultures' is crucial to ensuring the well-being of their personnel. A well-being culture is a long term, holistic and proactive approach to mental health and well-being. This permeates language, systems and processes and should also be guided by clear governance. Providing the environment for well-being cultures includes frameworks, investment and resourcing of well-being and other health supports (ie Occupational Health or Psychologists).

Key Recommendations

The Emergency Management Sector in Victoria

- Emergency management agencies should ensure that relevant staff receive appropriate training in emergency reunification processes
- Clear protocols should be developed where needed as a matter of urgency to ensure that staff are confident in carrying out complex operations with efficiency, quality and uniformity of performance, while reducing miscommunication and failure to comply with regulations
- Sector or control agency should take accountability for well-being in partnership with agencies (e.g. Well-being Officer)
- Trauma Risk Management (TRiM) should be implemented sector-wide
- Specialised support should be made available to the sector following significant emergencies. This support should be provided in collaboration with the Department of Health and Human Services and other relevant agencies
- The sector should focus on a holistic approach to disaster response and emergency management and ensure that well-being of personnel (including both paid staff and volunteers) is a priority in the recovery phase following mass casualty events

Airports

- Airports should focus on building the capability of personnel likely to be involved in the delivery of emergency reunification services. This process should include airports identifying and documenting which personnel may be most likely to be involved in these processes and ensuring that these staff are appropriately debriefed and consulted regarding well-being following the event
- Resilience-building and experiential learning opportunities should be provided to personnel on a monthly basis
- Standard Operating Procedures should be developed as a priority to ensure appropriate tracking and support is provided to all personnel involved

Victorian Red Cross Emergency Services

- The creation of a dedicated Well-being Team focused on promoting and protecting personnel health and well-being before, during and after emergencies should be a priority
- The design and implementation of a holistic well-being model for both staff and volunteers
- Identify high risk roles and develop an appropriate process for promoting and protecting health and well-being
- Build and implement well-being professional development opportunities (e.g. resilience-building workshops) and a range of peer-support platforms, including dedicated well-being team members to respond to requests for assistance as well as online peer-to-peer support platforms (e.g. a closed Facebook group where personnel can chat in a safe space)
- Introduction of call-grading system to help triage real time well-being check-ins

Australian Red Cross

- Organisational investment into the well-being of Red Cross personnel guided by the British Red Cross Psychosocial team
- Undertake review of high-risk roles and the range of support required to promote and protect health and well-being for these personnel
- Development and implementation of Organisational Well-being Framework
- Implement TRiM or similar to organisation

It is recommended that further study is undertaken to ascertain whether there should be a mechanism for personnel to be able to find out outcomes of their reunification activities and if survivors should be able to meet those they assisted. A wider study exploring the impact on personnel well-being involved in reunifying people is also encouraged.

Conclusion

In some of the most traumatic and significant mass fatality events in the UK, personnel responded time and time again to connect distressed friends and relatives with those injured, deceased or otherwise impacted. The elements of trauma risk including collective trauma, personalisation, system failure and the inability to switch off, transpired into a myriad of mental health and well-being impacts on personnel. However, it was also found those undertaking these duties also found incredible purpose and pride in their part of reunifying loved ones. During the multitude of tragic events in 2017, the UK agencies interviewed in this Emergency Services Foundation Scholarship study tour, boosted investment in the wellbeing of their personnel by providing good governance and easy access to supports, systems and processes. With the increasing likelihood of the need to activate *Register.Find.Reunite.* here in Australia, it is strongly recommended that all recommendations proposed in this report are implemented to reduce the mental health and well-being impacts to our people.

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ANNEXURE 1

Bonus wellbeing tips from the FANY volunteers

- Being part of a WhatsApp group with your fellow call handlers so that you can communicate with each other post shift.
- Going for a coffee with other members of the shift directly afterwards helped. Also, simply knowing the FANYs is a great support network and full of friends. It helps to be able to talk in confidence with others if needed.
- Being encouraged to go get a cup of tea or a snack with fellow members when coming off shift rather than going straight home or to work. We also have WhatsApp groups for each shift and people can use these afterwards to talk about how they are coping. This has worked very well in the past and allowed people to open up.
- Going for a walk.

- Not bottling it up. Make sure you are talking/listening to others who were there to relieve any tension or anxieties.
- Breaks are important. Recognise that people deal with the stress in different ways. Large group debriefings would work for some people, but for me I find it better to process myself first, and then have a follow up discussion. I found the immediate post exercise briefings too detailed - I think 15-30mins should be compulsory, but then optional if people want to stay and talk in more detail. It is also important to recognise that sometimes the circumstances highlight the good aspects of others; I was very touched by how many people called in to offer help/support/accommodation/clothing etc after Grenfell. They contributed in what was heart-warming in the same way the incident itself was heartbreaking.
- Take breaks when needed, away from call room. Chat afterwards to share experiences.
- Informal debriefs with colleagues who have experienced similar shifts and also with friends who work in the emergency services. I personally found it useful to visit the areas, which I did on both occasions following a shift, as it gave me time to process my emotions before jumping back in to 'real life'.
- For me it helped completing shifts with my friends within the FANY as we were able to go to the pub after and have a drink and support each other talking through the kind of calls we had taken. This was very valuable to me.
- Compulsory breaks during shifts even when you can see the high call volume waiting. Take time after shift to informally debrief with team mates e.g. go for a cuppa to chill out and prepare to re-enter the "real world". Peer to peer support both in person and via WhatsApp. Pre-deployment preparation for selves & significant others about possible normal reactions to potentially traumatising events. Gathering together once the incident is over to reflect and start to move forward.
- Personally, spending time with loved ones and carrying on as 'normal'. Yes, time to reflect was important for me, but it did not affect my ability to work or care for my family. I also feel it important to take a break - but again I felt that we are trained to support at times of crisis, so I didn't want to take a break when I knew people were trying to call in.
- Being self-aware of your own situation; stress of work life balance, not able to always respond due to commitments and responsibilities.
- Spending time with loved ones and friends, especially those you have been of shift with, to be able to talk freely and have a mutual understanding.
- Ensuring your mental health is good that day so that you're able to perform role.
- Not allowing anyone to go home alone immediately at the end of a shift without time to share any concerns.
- Practice yoga and mindfulness.