

## **Australian Emergency Manual: Disaster Recovery Emergency Management Australia, 1996**

(accessed via ReliefWeb Humanitarian Library, [www.reliefweb.int](http://www.reliefweb.int))

Extracts and summaries of points relevant to Thailand, and "translated" to the Thai social-cultural context

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This 166-page document is a collaboration by the Australian government, non-governmental organisations, and experts from various fields. The manual is intended to provide a comprehensive guide on disaster recovery in all levels.

It is written based on the disaster management concept of PREVENTION, PREPAREDNESS, RESPONSE, and RECOVERY. That is, the recovery process should not be done in isolation with the other phases of disaster management.

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Disaster recovery is the coordinated process of supporting disaster-affected communities in reconstruction of the physical infrastructure and restoration of emotional, social, economic and physical well-being.

The physical and social aspects are critical to effective recovery. Recovery is more than the replacement of what was destroyed and the rehabilitation of individuals. It is a complex social process and is best achieved when the affected community exercises a high degree of self-determination. Recovery is a developmental, rather than a remedial process, so the manner in which the physical and social aspects of the process are undertaken will have a critical impact. Activities which are conducted without consultation and recognition of needs and priorities will disrupt and hinder the process.

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### **PURPOSE OF DISASTER RECOVERY**

The purpose of providing disaster recovery services is to assist the disaster affected community towards management of its own recovery. It is a recognition that where a community experiences a significant disaster there is a need to supplement the personal, family and community structures which have been disrupted by the disaster.

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Disaster recovery is most effective when:

- a. management arrangements recognise that recovery from disaster is a complex, dynamic and protracted process;
  - b. agreed plans and management arrangements are well understood by the community and all disaster management agencies;
  - c. recovery agencies are properly integrated into disaster management arrangements;
  - d. community service and reconstruction agencies have input to key decision making;
  - e. conducted with the active participation of the affected community;
  - f. recovery managers are involved from initial briefings onwards;
  - g. recovery services are provided in a timely, fair, equitable and flexible manner; and
  - h. supported by training programs and exercises.
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## Principles of disaster recovery

- a. Recovery from disaster is an enabling and supportive process which allows individuals, families and communities to attain a proper level of functioning through the provision of information, specialist services and resources.
- b. Effective recovery from disaster requires the establishment of planning and management arrangements which are accepted and understood by recovery agencies, combat agencies and the community.

- c. Recovery management arrangements are most effective when they recognise the complex, dynamic and protracted nature of recovery processes and the changing needs of affected individuals, families and groups within the community over time.
  - d. The management of disaster recovery is best approached from a community development perspective and is most effective when conducted at the local level with the active participation of the affected community and a maximum reliance on local capacities and expertise.
  - e. Recovery management is most effective when human service agencies play a major role in all levels of key decision making which may influence the well being and recovery of the affected community.
  - f. Recovery from disaster is best achieved where the recovery process begins from the moment of disaster impact.
  - g. Recovery planning and management arrangements are most effective where they are supported by training programs and exercises which ensure that recovery agencies and personnel are properly prepared for their role.
  - h. Recovery from disaster is most effective where recovery management arrangements provide a comprehensive and integrated framework for managing all potential emergencies and disasters and where assistance measures are provided in a timely, fair, equitable manner and are sufficiently flexible to respond to a diversity of community needs.
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## **DISASTER RECOVERY CONCEPTS**

Underpinning the recovery management principles outlined in the preceding section are a number of concepts which provide the basis for effective recovery management within Australia. They are:

- a. community involvement;
- b. management at the local level;
- c. affected area/community approach;
- d. differing effects/needs for different communities/individuals;
- e. empowering individuals and communities;
- f. minimum intervention;

- g. recognition of resourcefulness;
  - h. planned/timely withdrawal;
  - i. accountability, flexibility, adaptability and responsiveness;
  - j. integration of services; and
  - k. coordination.
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#### **a. COMMUNITY INVOLVEMENT**

Experience shows that the recovery process is most effective when individuals and communities actively participate in the management of their own recovery.

The involvement of the affected community in the recovery management process creates and supports community infrastructures and provides the resources necessary for successful recovery. However, recognising that community capacity to sustain an effective recovery process will vary, government and the wider community should complement and supplement local recovery initiatives where appropriate.

One of the most effective means of involving the community is through community recovery committees. These committees comprise representatives of government, private and voluntary agencies, and other representative members of an affected community.

Community recovery committees provide a mechanism through which information, resources and services may be coordinated in support of an affected community, priorities established and information regarding the progress of an affected community made available. These committees also provide a useful source of information and advice for the affected community and recovery agencies. The advantages of community recovery committees include:

- a. reinforcement of local and community orientation of the recovery process;
- b. recognition of the common interests of members of the affected community;
- c. ensuring the equitable application of resources and services;
- d. establishing a mechanism for the identification and prioritisation of community needs;
- e. overall monitoring of the recovery process; and

f. providing a means for identifying needs which cannot be met from within the community and which require resource support from province/national level.

Depending upon the scale and geography of a disaster one or more community recovery committees may be activated. Where an event impacts upon a number of communities it may be appropriate to activate local recovery committees for each of the affected areas. Sub-committees may also be required to meet the needs of special needs groups if a large-scale disaster takes place in a large urban area. In instances such as these a central community recovery committee may also be necessary to provide an overall forum for advice, coordination and consultation.

#### **b. MANAGEMENT AT THE LOCAL LEVEL**

Management of disaster recovery services should be devolved as much as possible to the local level. Experience has shown that when recovery programs and assistance measures are imposed upon a community they are less effective than those which are managed at the local level.

Resource support will often be required from province/national level. However by maintaining participation at a local level, community input and a capacity for disaster-affected persons to participate in the management of their own recovery will be maintained. In this way provincial and national recovery strategies, services and resources supplement and complement local initiatives rather than replacing local endeavour. The local authority may require additional management support following a major disaster. This should be provided through the responsible person, agency or committee at provincial or national level.

#### **c. AFFECTED AREA/COMMUNITY APPROACH**

Recognising that disasters rarely occur within the confines of a single local government area, management of the recovery process is generally undertaken on the basis of an identifiable affected area.

The affected area is the entire geographic area affected in any significant way by the event. It is distinguished by the losses which have resulted and by the common interests of the people involved. It

may be contained within a single municipality or administrative region, or may cross municipal, district or provincial boundaries.

#### **d. DIFFERING EFFECTS/NEEDS FOR DIFFERENT COMMUNITIES/INDIVIDUALS**

The capacity of individuals, families and communities to restore losses and reestablish normal living patterns following disasters will vary depending upon their own capacity, the specific circumstances of the disaster and its effect upon them.

Consequently, assistance measures must be adapted to meet most appropriately the needs of those affected. This will require sensitivity, together with extensive consultation with affected people and communities.

#### **e. EMPOWERING INDIVIDUALS AND COMMUNITIES**

Throughout the recovery process it is essential that disaster-affected persons and communities participate in the management of their own recovery. The capacity of many individuals, families and communities to recover is likely to be diminished by the physical and emotional impact of a disaster. While assistance from outside may be required to overcome these difficulties, it is important that such assistance does not overwhelm those affected and detract from their participation in the management of their own recovery.

Emphasis should be given to supporting and maintaining the identity, dignity and autonomy of those affected by the event. Support services and assistance measures should be well advertised on a repetitive basis, and easily accessible, but allow people to make their own decisions.

Recovery should be seen as a developmental process which should seek to develop the community rather than just return it to the previous level. This is one of the potentially positive aspects of a well-managed recovery process. Community infrastructure and functioning may in fact be improved following a disaster, rather than just reinstated to previous levels.

#### **f. MINIMUM INTERVENTION**

The recovery management approach should be one of minimum intervention. However, recovery services and information should always be readily available within disaster-affected communities and be responsive to the range of needs evident.

External recovery services and resources are provided as a support to an affected community, to be used if the needs following the event are beyond the capacity of existing services and resources. Wherever possible additional resources should be under local management through the network of existing service providers.

#### **g. RECOGNITION OF RESOURCEFULNESS**

In successfully managing disaster recovery recognition needs to be given to the level of resourcefulness evident within an affected community. As with other aspects of needs assessment, the capacity of individuals and communities to participate in the management of their own recovery and the level of need for support services will only become clear as the recovery process unfolds.

#### **h. PLANNED/TIMELY WITHDRAWAL**

One of the most critical aspects of the recovery management process is that of the withdrawal of outside services. If this aspect of the process is not managed successfully the positive effect of all previous efforts may be undone. A planned withdrawal ensures community involvement, ensuring a void will not be left. This is an area in which community recovery committees have a crucial role to play.

#### **i. ACCOUNTABILITY, FLEXIBILITY, ADAPTABILITY AND RESPONSIVENESS**

These represent four key aspects of recovery management. As with any area of public administration accountability is an important issue. However, the most critical element of recovery management is the speed with which events may unfold and it is in this context that managers and staff working in recovery

management will need to be flexible, adaptable and responsive in a potentially ever-changing environment. The need for these skills is further accentuated by the public, media and political scrutiny inherent in large-scale disasters.

#### **j. INTEGRATION OF SERVICES**

While response and recovery activities may be separate, they are not sequential activities, but should commence and initially occur as parallel activities. Consequently it is essential that there be an integration of all services. This is particularly important when there is an overlap between response and recovery activities, such as when an agency has responsibilities in both areas, or where response and recovery agencies both require access to limited resources. Many of these issues can be resolved through the planning process, while those which are not will be more easily negotiated during the operational process if effective liaison arrangements and networks are in place prior to an event taking place.

There is also a need for an effective integration of recovery services. This is the basis for a coordinated approach to recovery management. Again the establishment of networks and management arrangements during the planning process will ensure that any difficulties which arise throughout the recovery process will be resolved as easily as possible.

#### **k. COORDINATION**

The provision of recovery services is most effective when coordinated by a single agency. This agency should be represented by an identifiable coordinator who has the responsibility for the full breadth of recovery activities. To ensure community input into all aspects of the recovery process, human service agencies must have a significant role in all decision making processes.

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## Physical effects of disasters



One or more of the following may be affected by a disaster:

- Essential services eg. water supply, transportation, hospitals, sewerage
  - Residential areas eg. homes and household contents
  - Commercial facilities eg. banks, petrol stations, shops
  - Community facilities eg. schools, community centres, temples
  - Entertainment/recreational facilities eg. sports clubs, restaurants, cultural venues
  - Environment eg. pollution, loss of flora and fauna
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Psycho-social effects of disasters

## **MYTHS AND REALITIES OF DISASTERS**

### **a.** *People Panic*

People behave quite rationally and responsibly except where there is a threat to life and no escape, no information, or no leadership.

### **b.** *People cannot look after themselves*

People generally care for each other, helping those in need where possible.

### **b.** *Too much information is bad.*

People respond appropriately to sound information from a reliable source. They may try to check it with those they consider credible before acting.

### **d.** *Children are too young to be affected.*

After the immediate responses children may hold back needs until after the crisis. Children often require special attention and counselling.

*e. If people don't suffer stress if they are not affected.*

Few people suffer psychiatric problems, but everyone is affected and suffers stress in varying degrees.

*f. Communities never recover from disaster.*

Communities may undergo trauma and permanent change may result but they can recover. This can be a positive development if improvement desired by the community is recognised and facilitated in the post-disaster period.

*g. Emergency workers are not affected.*

Emergency workers are also victims of disaster-related stress in varying degrees.

In addition to the realities outlined above it should also be noted that disaster 'victims' are normal persons, usually capable of functioning effectively, but who have been subjected to severe stress, and some of their reactions to the stress may show as emotional strain. This is usually transitory - it is to be expected and does not imply mental illness. Most often people affected by disasters need concrete help such as information about available services, how to get insurance benefits or loans, assistance with completion of applications to government agencies, health care, baby sitting, transportation, etc. Often the most important help for the emotional distress may be simply listening, providing a ready ear, and indicating interest and concern.

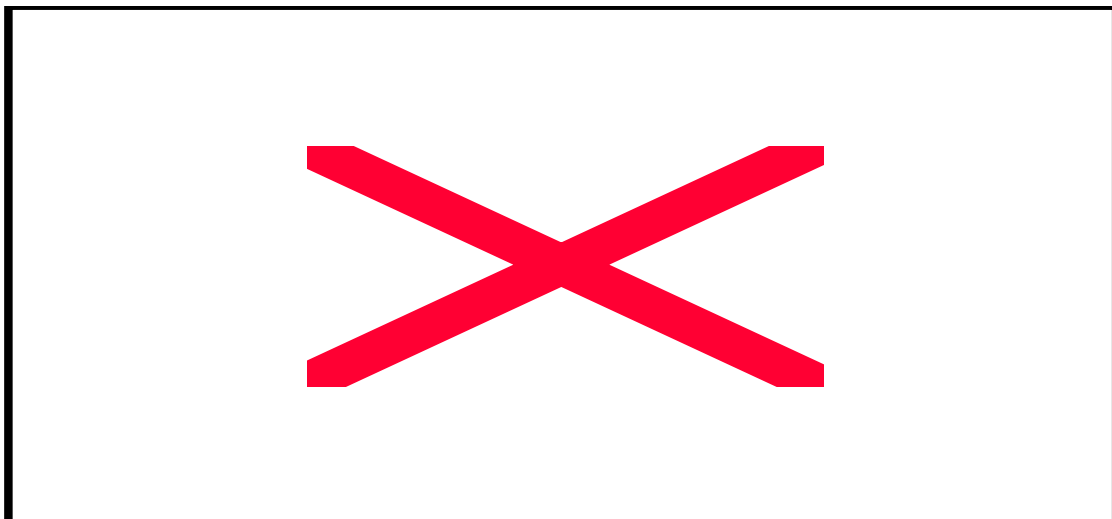
For the most part people perform quite capably considering the amount of stress endured. However, frustration may accumulate, especially as people affected by disaster encounter misinformation, red tape and bureaucratic tangles while seeking governmental help. Feelings of anger and helplessness may result.

People undergoing great stress and pressure often tend to feel isolated and alone. Their ability to cope may be limited. An interest in their concerns helps restore their sense of identity and forestalls much

more severe subsequent emotional distress. Where workers expect healthy responses, pathological responses are much less likely to occur.

Many people find it difficult to accept assistance from beyond their normal networks and may reject help because of a sense of pride and altruism, believing that there are people with greater need in the community. Consequently tact and sensitivity are required in bringing assistance into the community.

## **THE PSYCHOSOCIAL PHASES**



It is important to note that while these reactions are talked about as 'phases' this does not mean that they will occur for all people at the same time or in a sequential manner. In fact, as the figure conveys, the various reactions will be felt at different times by different sections and members within the community. The length of time of each of these 'phases' will also vary and is not predictable.

## **HEROIC**

The reactions described within the 'heroic' phase will usually occur at impact and in the early stages immediately following the event. A sense of altruism is likely to be experienced as those involved at the disaster site become involved in a range of activities aimed at saving lives and material possessions.

### **HONEYMOON**

Strong bonds are likely to be formed by those members of the community who have experienced a dangerous event together. This sense of shared survival, together with the anticipation of help engendered through the promises and offers of assistance made through political, media and broader community interest in the event, are often referred to as a 'honeymoon' phase.

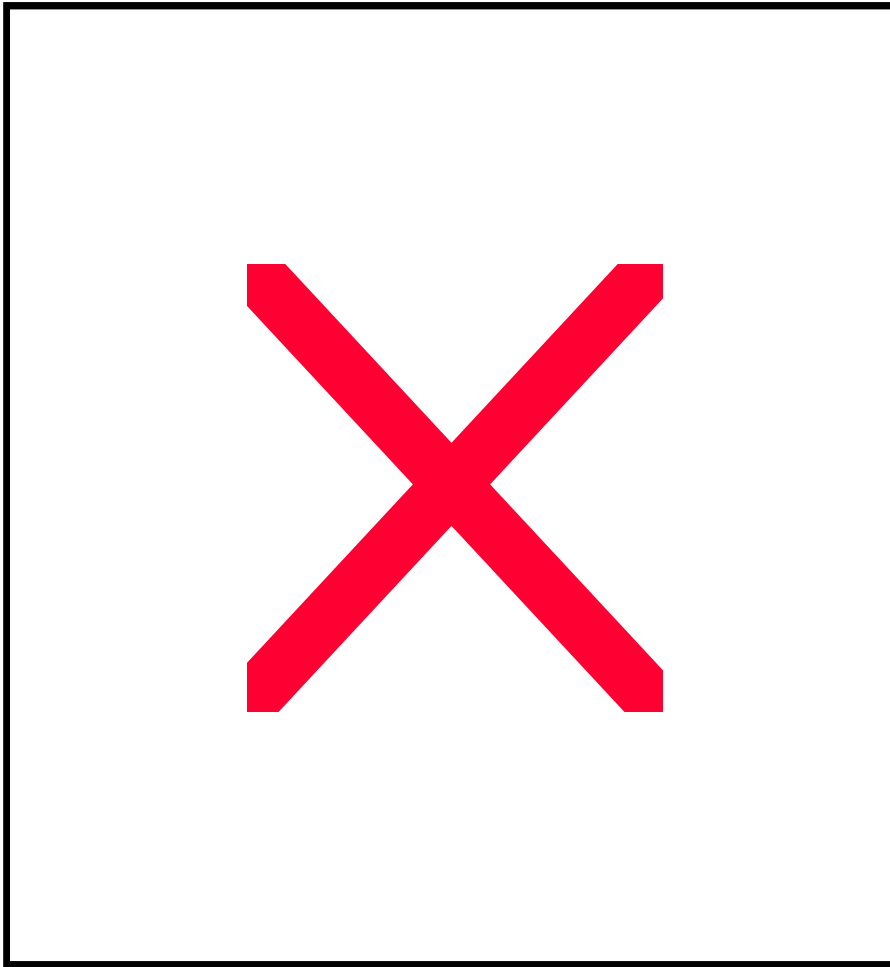
### **DISILLUSIONMENT**

As the recovery process progresses much of the initial euphoria at surviving and the anticipation of assistance diminishes. This often leads to a sense of 'disillusionment,' with feelings of anger, frustration and disappointment evident. Diminished support from the broader community, together with a realisation of the enormity of tasks such as rebuilding and refinancing of homes, add to this sense of disillusionment.

### **RECONSTRUCTION**

The 'reconstruction' phase sees a realisation that the ultimate responsibility for recovery lies with individuals and within the affected community. During this period the range of community restoration, physical reconstruction and community programs reaffirm the belief of those affected by disasters in themselves and in their community.

## **NORMAL STAGES OF THE RESPONSE AND RECOVERY CYCLE FOR A TRAUMATIC INCIDENT**



## **COMMON FEELINGS AND EFFECTS OF DISASTER EXPERIENCE**

The effects of disaster are very real. Strong feelings may arise when the disaster experience is talked about. Increased worry may interfere with day-to-day living and the experience may leave people affected by a disaster shaken and worried about the future. 'Getting back to normal' can be difficult after an experience of this kind. Everyone's reactions to disaster will not be the same, however, detailed below are some of the common feelings.

### **a. Shock**

- Disbelief at what has happened.
- Numbness - the disaster may seem unreal, like a dream.
- No understanding of what has happened.

**b. Fears**

- Of damage to self, or death.
- Of a similar disaster happening again.
- Awareness of personal vulnerability.
- Panicky feelings.
- Other apparently unrelated fears.

**c. Anger**

- At 'who caused it' or 'allowed it to happen'.
- Outrage at what has happened.
- At the injustice and senselessness of it all.
- Generalised anger and irritability.
- 'Why me?'

**d. Helplessness**

- Crises show us how powerless we are at times, as well as our strengths.

**e. Sadness**

- About human destruction and losses of every kind.
- For loss of the belief that our world is safe and predictable.

**f. Shame**

- For having been exposed as helpless, emotional and needing others.
- For not having reacted as one would have wished.

**g. Guilt**

- That some have not lost as much as others.

**EFFECTS ON BEHAVIOUR**

The effects of disaster on behaviour can be expressed in many ways:

**a. Tension**

- More easily startled, general nervousness (physical or mental).

**b. Sleep Disturbances**

- Unable to sleep, thoughts that keep the person awake.
- Reliving the disaster.

**c. Dreams and Nightmares**

- Of the disaster or other frightening events.

**d. Memories and Feelings**

- Interfere with concentration, daily life.
- Flashbacks.
- Attempts to shut them out which lead to deadening of feelings and thoughts.

**e. Irritability**

- Frequent swings in mood.

**f. Depression**

- About the event, past events or loss of personal effects.
- Guilt about how you behaved.

**g. Social Withdrawal**

- A need to be alone.

**h. Physical Sensations**

- Tiredness, palpitations, tremors, breathing difficulties, headaches, tense muscles, aches and pains, loss of appetite, loss of sexual interest, nausea, diarrhoea, or constipation and many other symptoms.

**h. Delayed Effects**

- Any of these may occur after months or years of adjustment.

These physical and emotional symptoms are normal. They develop in people facing stress, threat or loss, and are responses which help the person cope. They can be unpleasant and distressing.

## **FAMILY AND SOCIAL RELATIONSHIPS**

New groups and friendships may be formed following a disaster. However strains in relationships may also appear. As well as the good feelings of giving and receiving there may be conflict, anger and jealousy. Individuals may feel that too little or the wrong things are offered, or that they are unable to give as much of themselves as is expected by others. Changes may occur in the way families, friends and the community relate to and need each other.

## **CHILDREN'S REACTIONS**

Some of the changes that can be seen in infants and children under stress are:

- a. sleep problems, nightmares;
- b. changes of dressing, eating and toilet habits;
- c. irritability, uncooperative, listless, bored;
- d. clinging to family or familiar things, needing objects for security;
- e. unable to cope with change or ordinary problems;
- f. reverting to habits of behaviour previously grown out of;
- g. changes in relationships with parents, either more demanding, possessive, or becoming withdrawn, uncommunicative, rejecting;
- h. relationships with brothers, sisters and peers become more difficult with conflict, competition, aggression or withdrawal;
- i. pre-occupation with the trauma, wanting to talk about it, playing it out, wanting to see where it happened;
- j. excessive concern for others, holding back their need to protect adults;



- k. reduced school performance, concentration or ability to play constructively;
- l. over-active behaviour, restlessness, dissatisfaction;
- m. small ailments or injuries used to get comfort and security;
- n. transitions such as from pre-school to school may be more difficult; and
- o. exaggerated reactions to small crises may express their distress over the incident which they don't yet understand.

## **IMMEDIATE, MEDIUM AND LONG-TERM EFFECTS**

### **A. IMMEDIATE EFFECTS**

Some reactions may occur immediately after the crisis has passed, and continue for some time, including the following:

- a. Spouses/parents may feel fear about their partner's/child's safety while away from home.
- b. Children may develop nightmares, fears or think a fresh crisis will occur to them or the family member involved.
- c. Family members may be angry because of the fear and distress they were put through - these feelings may be directed at the involved member, at each other, or at people outside the family.
- d. Family members may lose trust and confidence in themselves and other people. The world may no longer feel safe, their own welfare may seem uncertain and everything may seem difficult to manage.
- e. Children express their insecurity by naughtiness, bed-wetting, changes in eating and sleeping habits, grizzling, or in reverting to behaviour they have previously grown out of.
- f. Emotional turbulence, anger, guilt, upset, sadness, unpredictable or unreasonable reactions may occur in any family member.

### **B. MEDIUM-TERM EFFECTS**

Some families cope well with the crisis and immediate aftermath. These later changes, including those below, may not obviously be related to the crisis. It may be some weeks or months before these effects are felt:

- a. Routine and work patterns, ambition or motivation in the affected member may change; work efficiency and concentration may be reduced.
- b. Spouses/parents may be short-tempered, irritable or intolerant, leading to friction in relationships.
- c. Young children can be clingy, attention seeking or disobedient.
- d. Teenagers may become more rebellious or demanding.
- e. Child or adult family members may be overly concerned to help, try not to do anything wrong, and postpone their own needs to support the affected member.
- f. Family members' feelings for each other may change by becoming more detached, uninvolved or preoccupied with personal problems.
- g. Spouses may experience changes in their sexual relationship.
- h. Children and teenagers' school performance and concentration may be lowered; they may lose former interests.
- i. Family members may lose interest in leisure, recreation or sport.
- j. Teenagers may turn outside the family for emotional support.
- k. Immediate responses may persist or appear for the first time.

### **C. LONG-TERM EFFECTS**

Sometimes effects, for example those below, become evident months or even years after the event:

- a. The event may come back for family members in another crisis, although it was dealt with at the time.
- b. Family members, including children, need to go over the events again when they grow into new stages of maturity and understanding.
- c. People may find future crises harder to handle, particularly when similar feelings are aroused even if for different reasons.

d. Family members may cover up or cope with difficult feelings until all the fuss is over, and things have returned to normal.

e. Any of the immediate or medium-term effects may occur as delayed reactions, or become habits.

f. Problems often appear in the form of everyday frustration, and by retracing the way they developed the connection to the crisis becomes clear. It is wise to assume that a major change or problem in family members in the next few years has some relationship to the crisis.

These problems are all normal reactions to an abnormal event that has touched the lives of the whole family. It is important not to blame others for their behaviour. It is part of a changed pattern of family life arising from the crisis. Try to understand how members affect each other.

## **ADJUSTING TO THE EXPERIENCE**

The following checklist provides disaster-affected persons with a number of suggestions for coping with the disaster experience:

a. **Acceptance** Recognise your own reaction and acknowledge that you have been through a highly stressful experience. Excessive denial or lack of acceptance of your feelings may delay the recovery process.

b. **Support** Seek out other people's physical and emotional support. Talk about your feelings to other people who will understand. Sharing with others who have had a similar experience helps.

c. **Going Over Events** As you allow the memories of the disaster more into your mind, there is a need to think about it, and to talk about it. Facing the reality bit by bit, rather than avoiding reminders of it, will help you come to terms with what has happened.

d. **Expressing Feelings** It is important not to bottle up feelings, but to express them. Talking with others about our experience and feelings are natural healing methods and help us to accept what has happened.

e. **Taking Care of Yourself** During a period of stress, we are more prone to accidents and physical illness. It is important that people affected by disasters look after themselves by:

(1) driving more carefully;

- (2) having sufficient sleep;
- (3) maintaining a good diet; and
- (4) taking opportunities for relaxation.

f. **The Positive Side** After a disaster people can become wiser and stronger. At a community level, bonds between people can be strengthened by sharing an intense experience together. Your experience of this event may help you cope better with the everyday stresses of life. It can also be a turning point where you re-evaluate the value of life and appreciate the little things often overlooked. Try to identify the positive aspects for yourself or for those who are close to you.

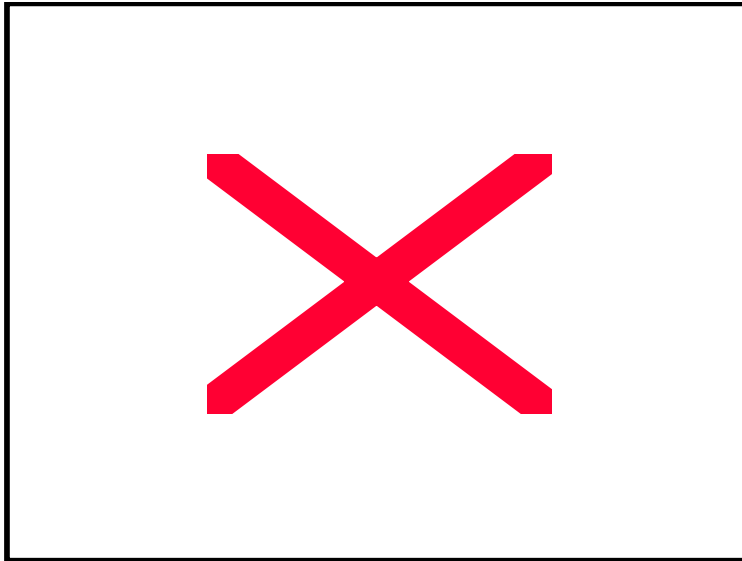
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## **COMMUNITY RESPONSE TO DISASTER**

### **1. PRE-DISASTER STATE**

The normal community consists of units (comprising for example individuals, families, interest groups, neighbourhoods) linked in a complex latticework by social bonds. Some sub-groups are more closely linked than others. The particular structure gives the community its character and forms the networks and support systems. A group of families may form a support network by living in close proximity. This cluster may be connected to a regional centre and informal links exist with other families that also use the centre but are geographically more distant. Some families form close bonds with others in different localities with similar interests and participate in their networks.

In Figure 1, the community is represented as a structure of elements linked by bonds which are the basis for communication, influence, community history and tradition. It suggests the intricacy and complexity of a community structure. The position of elements and sub-groups is specific and can be mapped in terms of degree of social proximity and the strength of the attachments. These relationships are the basis for support networks and identity. Each community is differentiated in its own way providing a unique fingerprint of the community.



**Figure 1 Schematic Representation of Community Bonds Forming a Structure of Sub-Systems**

## **2. DISASTER WARNING**

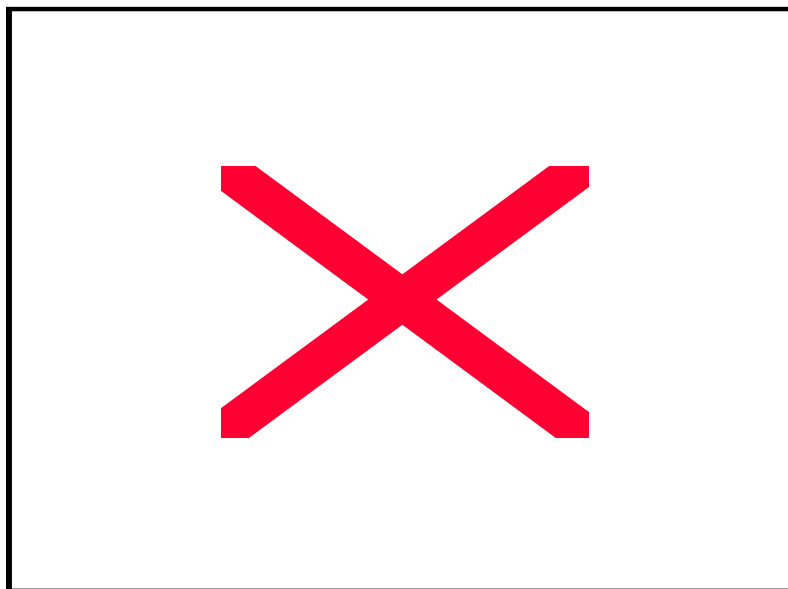
When a warning is received, the existing bonds form the communication pathways that are activated. Research shows people tend to seek confirmation of the warning and guidance about what to do from those they are familiar with in preference to those with the expertise. Thus they will often find out what neighbours are planning or ring relatives away from the affected community rather than taking action on the official messages alone. At the same time, preparedness procedures are activated and informal plans made to care for old, vulnerable or immobile residents, based on local knowledge. The activation of the existing structure during the warning and preparatory stage confirms it and demonstrates the community capacities.

## **3. DISASTER IMPACT - DEBONDING**

When the impact occurs, there is a moment when the structure is suspended in favour of survival-oriented activity. Since normal community bonds and structures are not formed to meet acute survival needs, they are replaced by others devoted to survival. People relate to those near them, in need or able to help. Previous normal social relationships, such as not talking to those you do not know or who come from the wrong side of the tracks, are temporarily dissolved, as are normal power and influence relations in favour of person-to-person support and assistance. The previous structure is seen as irrelevant or even a liability.

This moment of debonding indicates that the community structure as it existed prior to the disaster has been temporarily abandoned. The bonds formed for nondisaster purposes no longer provide for people's needs and are suspended or replaced by new survival bonds. Although this is described as a moment in time and part of a sequence, it is actually never fully brought into being and certainly not for the whole community at a particular time. However, a debonding stage enables subsequent community processes to be understood. Some people debond more fully than others, and some rebond more rapidly than others. However, the significance of debonding is the disruption of community structure as it existed before the disaster, if on a temporary basis.

Figure 2 illustrates the impact of a disaster on community structure, having a wide ranging effect, like a blunt instrument, wiping away the existing bonds and rupturing the lattice of interrelated sub-groups, debonding the elements and setting them adrift to avoid the disaster as best they can.



**Figure 2 Debonding of Community Structures on Impact of an Area Disaster**

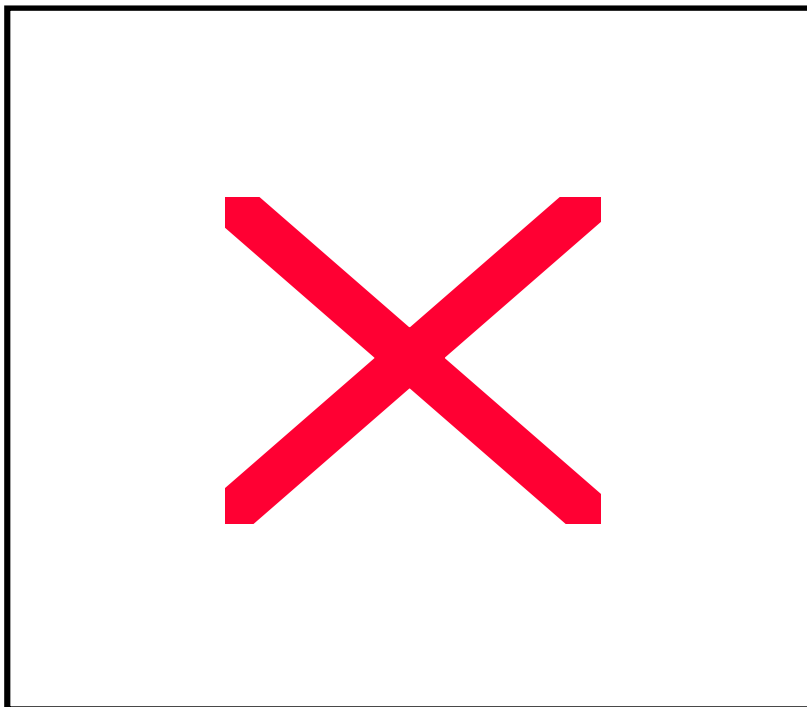
#### **4. IMMEDIATE AFTERMATH - REBONDING AND FUSION**

People require bonds and relationships that are organised systematically. The loss of these is highly threatening. Therefore debonding is immediately countered by a powerful tendency to establish a new network. This is a process of rebonding. It may last a few minutes, hours, or days. In some situations debonding may last longer than others, and rebonding may occur in one point, while debonding persists

elsewhere. However, it is always countered by the need to rebond. A complex process of setting aside, breaking and reforming the several types of bonds occurs.

In rebonding, the resultant structure is not the normal one, since survival issues are still paramount. People bond in an intense, though somewhat indiscriminate manner. In the immediate aftermath, the atmosphere is of intense comradeship and high morale. This is referred to as the 'honeymoon' or 'high' because of the altruism and cooperation, indicating the closeness and uniformity of the bonding. Members of the community form intense relationships that do not acknowledge differences, but are conditioned by the needs of the situation. They are bound together strongly into a survival-oriented, unified group, organised along simple communication lines based on the disaster response system. Since this lacks the intricate system of bonds and communication structures in the pre-disaster community and the distance between clusters and sub-groups is lost, it can be described as a 'state of fusion'. This means the community members form an artificial, intensely-bonded group organised for one purpose. They become an undifferentiated unit.

Figure 3 shows the community in a state of fusion following an area disaster that has had a widespread impact. The bonds are all close and draw the community units closely together to form a cluster rather than the differentiated lattice of the pre-disaster community in Figure 1.



**Figure 3 Community Rebonding Following an Area Disaster Creating a State of Fusion**

In the state of fusion, differences between the three types of social bonds described above are obscured. Members identify with each other because they share the same experience, they feel strong emotional attachments because of the threats they have undergone together, and rapidly build up a shared disaster culture of stories, incidents, symbols and memories. The fusion has a variety of effects, some beneficial for the recovery process, and some not. The fused community is cohesive and acts with unanimity and altruism-it expresses determination and makes heroic efforts.

It combines the efforts of many people without disputes and disagreements. In the fusion people often concentrate on helping others and ignore their own misfortune. The community seems to predominate at the expense of individual needs. Some less constructive consequences of the fusion begin to follow as the loss of interpersonal distance becomes more evident. People may feel they lose privacy and respect from the recovery system. They may initially commit themselves deeply to the recovery task without regard to their own needs and then feel obligated and unable to take time or privacy to attend to their own personal and family life. The fusion also sets up personal and community expectations that prove impossible to meet and leads to tensions and conflicts later in the recovery. Closeness also means anyone not present at the point of fusion is felt to be alien and not 'one of us'. It is expected they cannot understand what it has been like, or will lack genuine concern for the community. Incoming recovery workers may have difficulty gaining acceptance if they are not present when the fusion occurs. A similar attitude can develop between sub-groups of directly-affected people and other, less-affected parts of the community. The fused community or those parts in fusion are also likely to overvalue their own capacities and not clearly identify their need for outside help, or they may even reject help at the expense of exhausting their own resources.

## **5. BREAKDOWN OF THE FUSION - DIFFERENTIATION AND CLEAVAGE PLANES**

The fusion is an unstable, expedient measure to cope with external threat. It cannot provide for longer-term needs and the community must re-establish a more complex and intricate structure when the emergency is over. To achieve this the fusion must be disrupted. But it is formed and maintained by intense emotion which is a force for its survival. A tension then exists between the self-protective instincts of the community to band together to survive a threat and the need for a well-organised and structured apparatus to carry out the recovery process, and between community and personal needs.



The fusion is attacked by three distinct forces which are each attempting to develop a differentiated structure, but for different purposes. The first and most obvious is the need to shift from a survival-oriented to a recovery system with a variety of integrated short and longer term services. This system has not existed before, because the disaster is a new event in the history of the community, and it involves agencies and personnel new to it and must relate to organisations outside it. It has to be formed out of the existing fused community and imposes rapid change on it to meet the requirements for its functioning.

The second force is the pre-disaster community structure which is not designed to meet disaster demands. It was a highly-organised system consisting of local government, local services and agencies, and local branches of national services, as well as individual community members. It must undergo rapid change to adapt to the new requirements, but also re-establish itself and take stock of how the disaster has affected its ability to carry out the task.

It must emerge from the cooperative mass of the fusion and establish formal links of communication and procedures. This can be seen as meaningless bureaucratic activity compared to the emotional high of the fusion.

The third force operating against the fusion is the emotional reaction of community members. The unity conferred by everyone having been through the same events is a basis for comradeship, but the differences separating members from each other soon reappear. It becomes evident that the sense of unity no longer applies, and conflict occurs. In a bushfire, those who have lost houses have very different needs from those who did not, yet they also are affected, sometimes severely. It may be difficult for these groups to understand each other when decisions have to be made. The intensity of the emotion initially bound up in the collective sharing of the fusion takes on a more personal meaning as the consequences of the disaster sink in. Anger begins to emerge and there is often a search for someone to blame.

These three forces struggle simultaneously in the same space with the same material - the community members and resources - in order to achieve their objectives. The fusion can break up constructively by establishing a recovery system which integrates the forces.

However the re-emergence of the pre-existing local system may not always be constructive. It carries its own tensions and historical conflicts that may use the uncertainty of the recovery period to gain advantages, and power struggles may occur. But the local system must ensure the recovery programme

is appropriate to the community and takes account of historical and other factors, or else it will make mistakes and impede the recovery process.

When tensions develop and differences appear between people, the unity of the fusion is disrupted. But the forces that bring this about are felt as negative emotions placing increased distance between people, such as hostility, hate, envy, rivalry and distrust. These emotions appear soon after the fusion and continue throughout the recovery period as different issues arise.

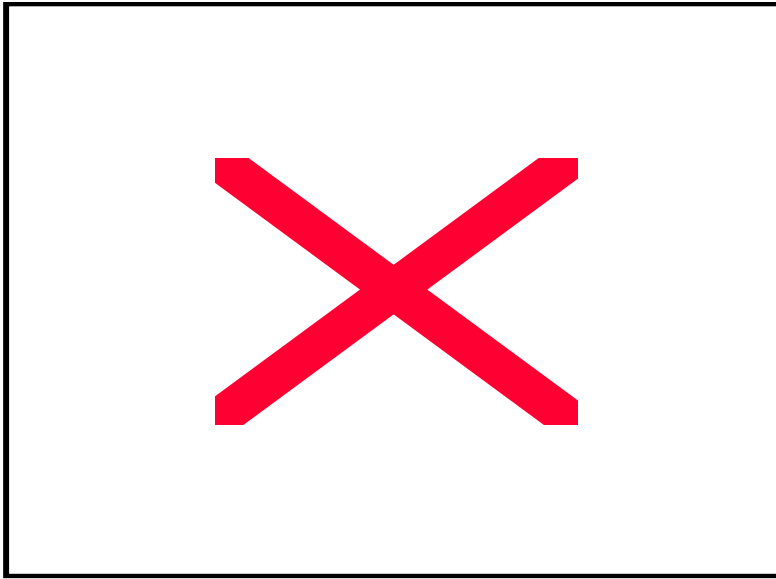
Disappointment and cynicism are felt as the idealistic, altruistic atmosphere is lost. People have said the fusion represented a high point in their lives; "why couldn't such cooperation always exist" "now you can see how much good there really is in human nature;" its loss for some people can lead to life-long bitterness. If these events are not managed constructively, they can do enormous harm to the community, and members' post-disaster reactions are aggravated.

In the hyper-sensitive state of the fusion anything representing differences between people or groups can create misunderstanding and ill feeling. For instance, in a bushfire affected community those who lost their houses excited envy among some of those who did not, and snide comments were passed about the size of the new houses compared to the old ones. However, the new house was often unwelcome to its owners and they asked friends not to visit until paint was chipped and it began to feel lived in, instead of like a hotel. To have an unwanted new house and then hear the comments created intense ill feeling.

Such differences can be thought of as cleavage planes in the community where emotions cause splits and separations in what was a cohesive unit. Cleavage planes in cutting gems denote a plane in the structure where it will break clearly if hit with sufficient force. In the social structure, cleavage planes are the contact boundaries between groups with different interests, attitudes, background or experience.

Normally, the bonds holding the community together prevent cleavages from occurring. However, after disaster the community is particularly vulnerable to such splits. Experience indicates any issue differentiating members or sub-groups constitutes a cleavage plane and can split the community if conflict occurs.

Figure 4 illustrates the community in fusion in an area disaster being split up by the issues that form cleavage planes represented by the arrows. As indicated, these issues include loss, experiences, compensation, locality, etc.



**Figure 4 Differentiation of the Community in Fusion Along Cleavage Planes in an Area Disaster**

## **6. STRUCTURAL CONFLICT - SHEAR STRESS**

In addition to cleavage planes in the personal experiences of people, a complex interaction also exists at the organisational level. While the pre-disaster community structure re-establishes itself, new structures emerge based on the disaster needs. Recovery cannot return to the pre-disaster state. The community can never be the same again. The effective strategy is to develop a new vision of the future accepting the disaster as a fact of history, review development and integrate the re-establishment of what was lost (insofar as this is possible) and new initiatives into a single enterprise bringing together all members of the community.

But there are several inherent stresses in this situation. The natural tendency to hang on to the past is expressed by those whose circumstances were favourable before the disaster. Others see recovery as an opportunity to achieve long cherished goals or rectify inequalities. The re-emerging old structure comes in conflict with the developing new structure. These tensions can be described as 'shear stress'.

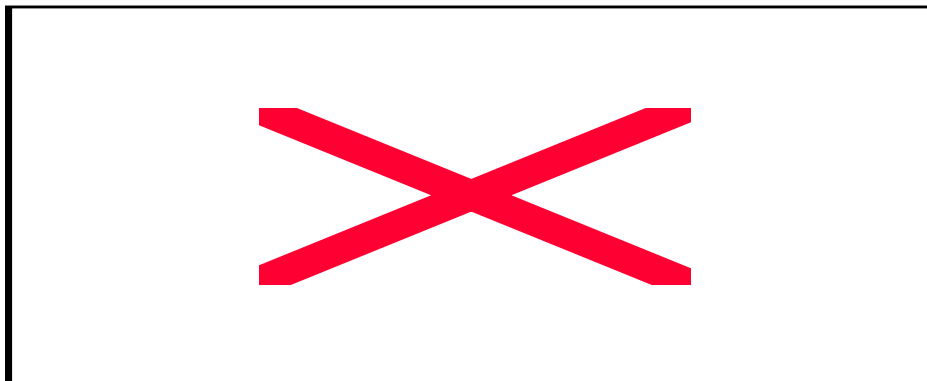
Where the structures do not harmonise, they can be imagined as grinding over each other in the same way metal is subject to shear stress when two surfaces are twisted in opposite directions. Shear stress occurs at the interface of impacted and non-impacted structures where they do not integrate. This points to the need for care in ensuring the recovery process is carefully integrated.

## 7. A MODEL OF DISASTER IMPACT - THE DISASTER PROCESS

The broader community processes set in train by a disaster are not confined to the incident itself. It initiates a rolling series of impacts as repercussions are felt in different parts of the system. They continue to occur over time as the community goes through debonding, fusion, and differentiation. Other factors add to the disruption. Physical or climatic changes provide a dramatic increase in stress levels. Political events may seem like a callous rejection by government. The death of a local child in a car accident soon after a disaster seems the start of a series of tragedies.

The effect of a disaster is initiated by the event itself but the subsequent changes are an integral part of the process and must be anticipated by the recovery process. However, they may not be recognised or may be ignored by the recovery system. Community members may not realise that they are experiencing disaster consequences and, in their despondency, simply submit to them as cruel fate.

A broader conception of a disaster is that it is as a series of impacts, with the physical environment as the first, followed by others with compounding problems. This model of the disaster process is represented in Figure 5, as a graph of community functioning shown falling at impact and as it rises in the subsequent recovery period is met by a series of other disaster-related repercussions, which impede recovery and reduce community functioning in each case.



**Figure 5 The Disaster Repercussion Process with Multiple Impacts Reducing Community Functioning**

In each disaster the issues that cause such problems are different and may be hard to anticipate. An active recovery management network is necessary to identify and respond to them. If not done, the sense

of abandonment and helplessness so destructive to recovery are intensified. The community process also provides a framework for understanding personal reactions of individuals.

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## Recovery planning

Recovery plans will generally set out to develop and formalise arrangements for the effective management of the recovery process. This may include details of inter-agency coordination and specify responsibilities for the overall management of the recovery process, as well as identifying resources and defining responsibility for the range of specific services to be provided.

Recovery planning is required at all levels. This allows for the management of recovery to be undertaken and resourced at the most appropriate level, depending on the scale of the event and provides for support from the next higher level to be properly coordinated where necessary.

All agencies which have a role to play in the recovery process must be involved in the planning process. Through this involvement working relationships and networks are established and developed and representatives of the various agencies gain an understanding of the range of tasks which make up the recovery process.

In addition to contributing to the development of overall recovery plans, individual recovery agencies require their own plans to manage those recovery services which they provide or administer. These plans should take account of the overall recovery plan and the programs, goals and methods of all other relevant agencies.

## Regular review

It is critical that recovery management arrangements be reviewed on a regular basis, particularly after the occurrence of major events. This will ensure the currency of the arrangements as well as enhancing inter-agency arrangements.

To ensure an effective interface between response and recovery, response agencies should have some involvement in the recovery planning process and recovery agencies should be familiar with response plans.

A recovery plan should also undertake an educative function, raising awareness about the importance of the recovery process and providing some insights into how an effective recovery process is managed.

Specific objectives to be embodied in recovery plans should include:

- a. the activation of mechanisms which ensure community participation in the recovery process;
- b. the identification of responsibilities and tasks of key agencies;
- c. the identification of appropriate recovery measures;
- d. the setting out of appropriate resourcing arrangements; and
- e. the outlining of recovery management structures and management processes.

Recovery plans should:

- a. set out to develop and formalise arrangements for the effective management of the recovery process;
- b. facilitate the recovery of affected individuals, communities and infrastructure as quickly and practicably as possible;
- c. describe the organisational networks and structures appropriate to recovery from a range of different types and scale of events;
- d. involve all agencies with a role to play in the recovery process, including response agencies;
- e. only be detailed for specific functions, such as contact and resource listings;
- f. be developed by all agencies responsible for providing specific recovery services;
- g. be based on normal management strategies (agency recovery roles should preferably require only minor deviations from their normal functions);
- h. be reviewed on a regular basis;
- i. ensure community participation in the recovery process;
- j. identify responsibilities and tasks of key agencies;
- k. set out appropriate resourcing arrangements;
- l. outline recovery management structures and management processes; and

m. be as simple as possible.

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The recovery manager

The recovery manager manages the recovery process on behalf of the nominated lead recovery agency.

It is essential that this person be given the necessary authority to effectively carry out this role.

The basic issues confronting the disaster recovery manager will include the following:

- a. What is the purpose of the recovery process?
- b. What services are required?
- c. How should those services be provided?
- d. Who is best equipped to provide the necessary services?
- e. How and when should recovery services be withdrawn?

#### **MANAGER'S ROLE**

- a. Ensure that appropriate strategies are put in place.
- b. Facilitate the acquisition and appropriate application of material, staff and financial resources necessary to ensure an effective response.
- c. Contribute to the resolution of community and political problems which emerge during the recovery process.
- d. Ensure the maximum community involvement in the recovery process.
- e. Ensure that both immediate and long-term individual and community needs are met in the recovery process.
- f. During non-disaster periods increase disaster recovery awareness and promote as much planning as is feasible.

## **MANAGEMENT TASKS**

- a. Organise and manage the resources, staff and systems necessary for the immediate and longer-term recovery.
- b. Advocate on behalf of the affected community with government departments, voluntary agencies, local government, the wider community, businesses and other organisations involved in the recovery process.
- c. Liaise, consult and, where necessary, coordinate or direct voluntary agencies, community groups, local government and government departments in order to achieve the most effective and appropriate recovery.
- d. Provide information to the government, bureaucracy, community and media.
- e. Mediate where conflicts occur during the relief and recovery process.
- f. Develop a close and positive working relationship with the key individuals and groups in the affected community.
- g. Be partially distanced from the immediacy of the event and consider the overall recovery process in establishing priorities and anticipating future requirements.

## **KNOWLEDGE BASE**

The disaster recovery manager will have to understand and fully appreciate the importance of:

- a. the local disaster management arrangements;
- b. involving the affected community in all aspects of the recovery process;
- c. getting reliable information out to affected persons, politicians and government departments as a matter of priority and maintaining an information flow once established;
- d. meeting the physical as well as the personal support needs of affected individuals and communities;
- e. debriefing and supporting recovery workers;
- f. the limits of their decision making powers and any other constraints under which they may be operating;
- g. who the decision makers are within other organisations; and



h. having recovery plans and systems in place before a disaster.

### **KEY OBJECTIVE**

The key objective for recovery operations is to provide necessary recovery measures and programs to affected individuals, families and communities at appropriate times, so that recovery takes place as quickly and effectively as possible.

An early response is essential to successful recovery management. Close liaison with the relevant combating agencies and the affected local government is essential. Effective and regular liaison between the range of disaster management agencies at the planning stage will increase the likelihood of early notification at the time of a disaster. The aim should be for the recovery manager to be included in initial briefings. In some instances self-activation may be appropriate. However, advice of such action needs to be conveyed to the appropriate disaster management agencies.

### **MANAGEMENT TASKS**

There are a number of key management tasks which may need to be undertaken in meeting the key objective. These are as follows:

- a. Impact Assessment.
- b. Resource Management.
- c. Information Management.
- d. Withdrawal of Services.

Where possible these activities should be undertaken in accordance with local arrangements and plans. Other issues to be addressed from a recovery management perspective include the allocation of tasks, setting of priorities and ongoing monitoring of the recovery process. These actions may be undertaken in the context of a rapidly-changing event which requires that management strategies be flexible and adaptable while still meeting the usual accountability requirements.

### **OPERATIONAL CHECKLIST**

Detailed below is a checklist of the key issues which will need to be addressed throughout the recovery process. The list is by no means exhaustive and depending upon the nature and location of the disaster and the affected community a range of other issues may also emerge:

- a. Liaise with relevant response agencies regarding location, size, type and potential impact of event.
- b. Contact and alert key staff.
- c. Determine likely human effects.
- d. Contact other relevant response and recovery agencies.
- e. Activate and brief relevant agency staff.
- f. Activate appropriate inter-agency liaison mechanisms.
- g. Locate liaison officer at emergency operations centre (if appropriate).
- h. Determine immediate short-term needs (ie. accommodation, financial assistance and personal support).
- i. Manage offers of assistance, including volunteers, material aid and donated money.
- j. Assess impact of the disaster through information/data from local government, geographic data and relevant response agencies.
- k. Meet with other recovery agencies to determine strategies.
- l. Report to organisational hierarchy on likely costs/impact of involvement in recovery activities.
- m. Organise briefing and debriefing process for staff.
- n. Activate outreach program to meet immediate needs and determine ongoing needs. Issues to be considered should include the need for specialist counselling, material aid, accommodation, financial assistance and social, recreational and domestic facilities.
- o. Establish 'One Stop Shop' recovery centre to provide affected community with access to all recovery services.
- p. Manage restoration of essential infrastructure/utilities.
- q. Manage public appeal process.
- r. Brief media on recovery program.
- s. Assess reports gathered through outreach program to assess community needs.

- t. Identify special needs groups or individuals.
  - u. Meet with other recovery agencies to consider full assessment of impact of the disaster, determining the best means of involving the affected community and determine action required from specific agencies.
  - v. Activate community recovery committees, ensuring active participation of members of the affected community.
  - w. Develop community information process, including consideration of public meetings and newsletters.
  - x. Monitor staffing arrangements.
  - y. Review resources and services on an ongoing basis.
  - z. Determine longer-term recovery measures.
  - aa. Provide newsletters to the affected community and information to the media as required.
  - ab. Continue to monitor agency activities and reduce/withdraw services when appropriate.
  - ac. Debrief recovery agencies.
  - ad. Recognise agency/staff input.
- 

## **INFORMATION MANAGEMENT**

### **INTRODUCTION**

Information management is a key function of the disaster recovery manager. Much of the success of the recovery process is dependent upon how well information is managed.

Information management is not only concerned with disseminating information, but also with gathering information from authorities and disaster management agencies as well as from the affected community. Provision of information in disaster recovery not only provides the affected community with information about the availability of recovery services and plans, but also is the basis for important social processes such as bonding between individuals, groups and communities. It engenders a sense of belonging and

caring and provides a sense of control and predictability of events. The effective management of information following a disaster can be used to promote and hasten community recovery.

## **RECOVERY INFORMATION MANAGEMENT - DEFINITION**

Recovery information management develops timely, effective communication channels to gather, process and disseminate information relevant to the recovery of the affected community.

## **INFORMATION MANAGEMENT PRINCIPLES**

The principles of effective recovery information management rely heavily on the premise that an affected community has a right to all information relevant to its recovery. The capacity of the community to participate in its own recovery is directly dependent upon communication of information.

- a. Information is the right of an affected community.
- b. Information enhances the capacity of an affected community to manage its own recovery.
- c. Information should be timely, factual and disseminated through a range of communication channels.
- d. Information should be repeated frequently in the early stages following a disaster.
- e. Information needs change during the course of the recovery.
- f. Information should aid recovery as well as inform.
- g. Information credibility is enhanced through delivery by a known, credible person or organisation.
- h. Information is the basis for effective decision making.
- i. Information management involves gathering, processing and disseminating information.
- j. Information is needed by disaster workers, managers and authorities, as well as by the affected community.

## **COMMUNICATION**

a. Management - The management task is to identify what needs to be communicated, to whom and when, and to develop information gathering, processing and dissemination channels. The information which needs to be communicated in the recovery process is dependent upon the characteristics of the

disaster in terms of type, location, severity and effects on the community. To be specific about all possible items of information to be communicated is impractical and much of the information communicated is reactive to expressed needs. However, a list of representative information needs is included under the heading 'Practical Issues' at the end of this chapter.

b. Categories - It is, however, possible to detail the broad categories of information which need to be communicated in the recovery process, namely:

- (1) what has happened in the community;
- (2) what recovery is likely to involve;
- (3) what plans are in place for the well-being of the community;
- (4) what services and resources are available for recovery of the community; and
- (5) information which will assist the community to effect recovery.

## **INFORMATION NEEDS**

In considering information gathering, processing and dissemination channels it is necessary to take account of who needs information and whose role it is to provide information. It is relatively easy to identify two broad groups who need information: the affected community; and those working towards recovery of the community.

The individuals, groups and organisations included in those groups are innumerable; however, special mention needs to be made of the information needs of elected representatives and the media.

The means of communicating information to the affected community, recovery workers, elected representatives and the media differ vastly. It also should be kept clearly in mind that all four groups are disseminators of information as well as receivers.

## **THE COMMUNITY**

The affected community following disaster comprises various individuals, groups and organisations with differing needs. There are those directly affected by the disaster in terms of injury, death, loss of possessions and accommodation, those evacuated, those emotionally affected, or those financially affected through loss of employment or livelihood. There will be groups with other special needs such as

physical or intellectual disability, language, age or lack of personal or family support. Groups which may be directly affected by the disaster may comprise particular geographical areas, particular communities such as universities.

There are also those individuals, groups and organisations which suffer the secondary effects of disaster whose information needs may be as great as those directly affected. In particular, there are friends, relatives and neighbours of those directly affected whether they be affected as individuals or as part of a group or organisation.

Information which is gathered and disseminated, which does not take account of these many factors, is likely to miss the needs, or be interpreted as uncaring or overlooking the needs of those affected. It is unlikely to be seen as helpful or credible.

Those working towards recovery of the community also have the need for current, accurate information about the environment in which they are working. These information needs exist across the range of recovery workers whether they be involved in clean-up, rehabilitation, medicine, environmental health, physical restoration or community recovery.

An important principle to be considered is that people will not tolerate being without the information they need. In the absence of accurate, trustworthy information they will actively seek it out through their own resources, and if they cannot obtain information will fill the gap with rumour and speculation. The informal community information systems should be recognised and catered for so that they do not confuse the situation and distort what is made available. These channels are a vital means of communicating with the community and often people who do not trust or have access to official channels will rely on them for what they need. Rumours and speculation should be actively managed and understood as an important indicator of the community's need for information.

## **ELECTED REPRESENTATIVES**

Elected representatives can play an important part in assisting the recovery of the community. In fact it is their duty as community representatives to do so. However, their success is directly related to the quality of information and advice with which they are provided to enable good decision making and credible dissemination. The information needs of elected representatives cover all aspects of recovery. Well-informed elected representatives can assure the success of public meetings and media briefings.

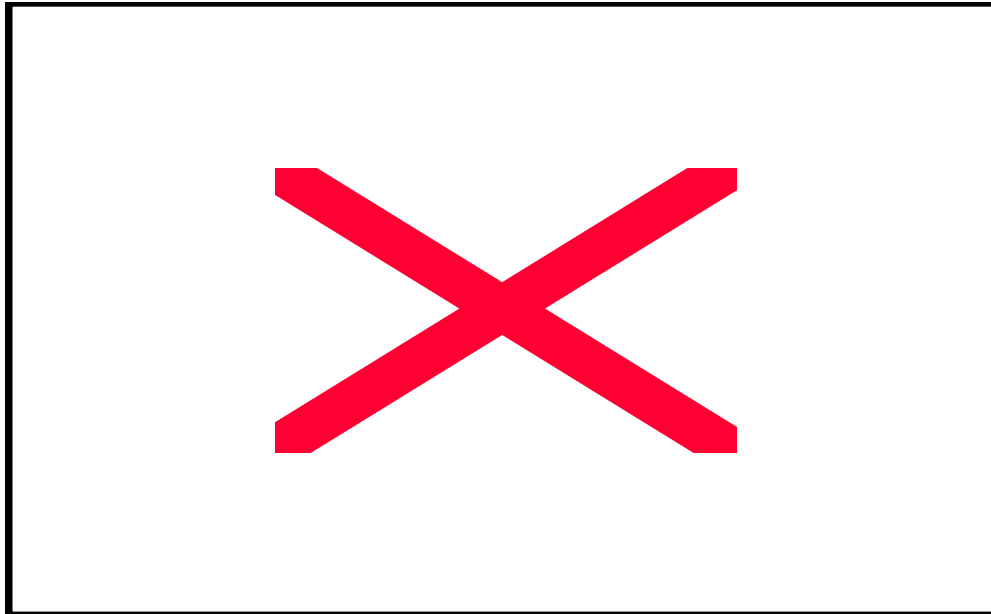
They can also engender confidence in the recovery processes and in the ability of the community to overcome the effects of the disaster.

## **MEDIA**

News and spectacular events are the business of the media, so it must be expected that there will be considerable media interest in any disaster. It is important that the media is provided with full, accurate information in time to meet their deadlines. Reporters will meet those deadlines with whatever information they have at the time. If they have not been provided with full information, the gaps may give a distorted view of recovery efforts. The media outlets, television, radio and print are an excellent means of disseminating information to the affected community and the wider public. Consideration is given later in this chapter to the role of media liaison officers and the needs of the different types of media.

## **COMMUNICATION CHANNELS**

There are five major communication channels to be considered. They are: gathering of information; processing, evaluating and integrating information; disseminating the information; feedback to the source so its relevance can be evaluated leading to further gathering. Finally, this takes place in an established and developed communication context. The information process is a circular one and can be represented in the diagram below.



a. **Gathering** - The information required depends on the nature of the disaster and varies as time passes and the repercussions become manifest in the different areas of community life. It should be gathered from outside and within the community. Information which provides resources to people in terms of the availability of services and knowledge about how to cope with problems engendered by the disaster is probably gathered from outside the community. Information identifying community needs, day-to-day problems and the community's own services and resources has to be gathered from within it.

A network needs to be created which provides access to information from without and for official and informal information from within. Since the information needs arising from the disaster are different from those which may have existed before, the community's current information systems need to be augmented and changed to serve the new purposes. One early task of recovery management is to establish a communication system which provides for input to and feedback from the community. This may mean convening existing networks and developing new ones to regularly report on their observations of the community needs.

b. **Processing** - Timeliness of information, the amount that can be absorbed, and the meaning it has within the existing recovery process need to be considered. Once information is obtained, it needs to be integrated with community culture, education level, ethnic or other value systems, language, social traditions and local customs, to ensure that the message delivered is the one intended to be received. Incoming information from the community needs to be analysed and interpreted for the requirements which may not be expressed clearly or accurately. This processing occurs within the recovery



management system and the network of local providers for planning, delivering services and obtaining resources from outside the community. However, community members may also need to process and integrate the information they receive before it can be of any use to them. They need to discuss and evaluate it, ask questions and make their own individual response to it. This happens within family and informal social support networks, but these may not be able to fully perform these tasks and always risk distorting it with rumours and uninformed or emotive opinions. It is then important to establish opportunities for people to process important or disturbing information through other means. These may include community meetings, discussions with existing networks such as school, childcare, elderly citizens, newsletters, etc. People can then integrate their needs and understanding with what has been provided to them.

c. **Dissemination** - Once information has been processed, it needs to be conveyed along relevant and trustworthy communication systems so that it is received by those who need it and can be accepted by them. To be accepted, it needs to be couched in the appropriate language and presented in an acceptable form. Consideration needs to be given about whether it should be written, verbal, mass media, pictorial, anecdotal, factual. Official recovery information should be seen to be given by trustworthy spokespersons. Risk information may need to be given by those with independent expertise in the area. The systems which can be used are varied and may need to validate and support each other to ensure dissemination is successful. Media releases, interviews, public announcements, newsletters, meetings, information and drop-in centres, notice boards, visits and telephone contacts all have a role to play.

d. **Feedback** - Information is best conveyed as part of a two-way communication process. People receive and integrate information best if they can interact with it and provide feedback about it to the source. Feedback needs to be built in as part of any communication system and information release. A wide range of systems may be employed to do this. They include information flows from community to recovery manager, from recovery manager to community, and between the disaster-affected community and the wider community. Official or informal communication, such as news coverage of the progress of the recovery process, can all be harnessed in the service of the communication process.

e. **Context** - What is communicated is always more than the intended message. The timing, format, style and content all convey additional messages about attitudes, recognition of needs and other factors. The lack of a message or information, or the failure to inform that there is no information at a particular time, can be a message that itself carries an unintended meaning. Communication always occurs within a pre-

existing context and this provides the framework for the interpretation of any information which is conveyed, or lack of information.

## **RELEASE AUTHORITY AND CREDIBILITY**

The question of authority to release information is paramount, as is the credibility of the release. For instance, a release on meteorological matters not verified and attributed to experts in that field will not be credible, and if not authorised may result in restriction of the disaster recovery manager's ability to disseminate information.

It is important that the disaster recovery manager has a clear understanding of whose role it is to release what information and the timing of that release. Often, media releases are the preserve of elected representatives and ministers, although, once released, information can be disseminated in newsletters and the like. Also, disaster managers, whether they be police or disaster management organisation officers, may have an embargo on the release of information until its publication or broadcast.

In any case, it is imperative for disaster recovery managers to be aware of information they are able to disseminate, the authority required and the expiration of any embargo.

## **MEANS OF COMMUNICATION**

As has been stated, information must be timely, accurate, targeted and credible. Consideration must also be given to the fact that information carries implicit characteristics of emotional tone, attitude, values and priorities in each of the means of communication described below.

a. **Newsletters** - These are an excellent means of providing a wide range of information to disaster-affected communities. Topics often range from eligibility conditions for disaster relief assistance, to how to restore water-damaged furniture or photographs, to messages of encouragement from civic and community leaders. Newsletters are often used in the early days following disaster when affected persons often do not have access to other information media. They are seen as an informal, friendly and caring means of communication. Leaflets or brochures serve much the same purpose but are usually specific to the one issue. Another advantage of newsletters, leaflets and brochures is that they can be retained by disaster-affected persons for future reference.

b. **Radio** - Newscasts, community service announcements and phone-in programs are particularly useful means of disseminating information in disaster-affected communities. Radio is very effective, as announcements can usually be broadcast at short notice and phone-in programs are inter-active. As well, radio broadcasts can be listened to while people are engaged in other activities.

c. **Newspapers** - These provide a hard-copy, retainable information means as well as the potential for feature articles and paid advertising. By purchasing advertising space, the advertiser controls the text of the message.

c. **Television** - This graphically brings the pictures of the disaster to the people. Television time is short, so short that precise statements are needed to convey messages. Stations also carry community service announcements and may feature disaster issues in current affairs programs.

e. **Public Meetings** - These are an excellent means of communicating recovery information to and from a disaster-affected community. They can serve varying purposes at different stages of the recovery process. When well-planned and actively managed, they can be most useful in providing information, gathering concerns, dispelling rumour and correcting misconceptions. It is emphasised however, that there is a need for planning and clarity regarding the purpose of the meeting. Public meetings that are not well planned and with vague objectives, have a high potential to get out of hand and degenerate into a forum of scapegoating, blame-laying and complaint. The objectives of public meetings will be dependent upon the stage of recovery which the community has reached at the time the meeting is to be held. These objectives however, should always include raising or maintaining the profile of the recovery effort and assisting the community towards recovery. In planning public meetings, account must be taken of:

(1) the patronage under which the meeting is to be held (eg local authority, emergency management organisation, disaster recovery agency);

(2) the objectives of the meeting, the agenda to be addressed, the process of conducting the meeting, the speakers (including local identities) and their subject matter;

(3) the process for expressions of concern or complaint by attendees;

(4) advertisement of the venue, time, purpose, patronage, speakers and complaint process;

(5) strategies to deal with and follow-up expressions of concern or complaint and further meetings/arrangements; and

(6) management issues such as:

- (a) a strong, independent but fair and non-defensive chair;
- (b) representatives from a range of disaster disciplines to correct misinformation;
- (c) a pre-determined finishing time;
- (d) a neutral venue;
- (e) addressing the psycho-social issues as well as physical aspects of recovery;
- (f) availability of personnel to address issues after the meeting; and

Regardless of the success or otherwise of the meeting, every effort should be made to conclude the meeting on a note of optimism for the early and successful recovery of the community.

## **INFORMATION CENTRES**

Information centres provide an easily accessible one-stop centre for disaster affected persons to gather information about the whole range of services established to assist recovery.

Information centres are often operated by local authorities or community agencies. The range of information available may cover the whole spectrum of services available to the community. It is, however, impossible for an information centre to be able to satisfy every possible inquiry and, therefore, it is important for centres to have the capacity to obtain information which is not normally immediately available. It is also essential for information centres to be accessible by telephone. Information centres are often established at or near evacuation centres, disaster relief centres or in local government offices or conveniently located one-stop shops.

The integrity of information centres is dependent upon the accuracy and usefulness of the information they provide. Centre management must therefore be vigilant in ensuring the currency of the information provided.

## **LOCAL PARTICIPATION**

As with all recovery services, local participation in information management is essential. Local knowledge not only affects how information is provided but also adds credibility to the message. Local

residents have a wealth of knowledge about the physical and cultural aspects of their community which cannot be gained by any other means.

## **PRACTICAL ISSUES**

Efficient management of information following a disaster can contribute significantly to the success of the recovery process. However, management of information in the disaster setting can be a difficult task. Detailed below are a range of helpful:

- a. Keep the information management principles to the forefront of the mind of all information workers.
- b. Information must be factual and accurate - verify material wherever possible.
- c. Delivery by a known or easily-identifiable person or organisation enhances credibility of information.
- d. Information disseminated must aim to enhance recovery.
- e. In the early stages following a disaster, information needs to be repeated to be comprehended and retained.
- f. Information needs to be disseminated through a number of different channels or media to reach the target population.
- g. To reduce the likelihood of confusion, it is essential that information from the range of organisations involved in the recovery process is coordinated.
- h. Information leaflets are best suited for significant, single-issue messages.
- i. Newsletters are best suited for multiple-issue information dissemination.
- j. Leaflets, newsletters and newspapers have the advantage of providing retainable hard copy.
- k. Newspapers provide the opportunity for information dissemination by way of news, features and paid advertisement.
- l. Paid advertisements provide the advertisers with full control over the text.
- m. Radio is often the quickest and most easily-accessible means of mass dissemination of information. Phone-in programs offer an excellent means of communicating and processing information.
- n. As well as news, television offers current affairs programs and community service announcements as means of disseminating information.

- o. Information centres gather as well as disseminate information.
  - p. Information needs to be packaged to the needs of the receiver.
  - q. Information changes constantly - include updated information for staff in briefings.
  - r. Information centres must have the capacity to ascertain the information sought.
  - s. Enquirers must be able to access information centres by telephone.
  - t. Only disseminate information within the competency level of the staff communicating the information.
  - u. Know the referral process for other services and what they offer to whom.
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## **PERSONAL SUPPORT SERVICES**

Disaster-affected individuals and communities have particular needs which require the provision of specialised services. Individually, people will require information about both the cause and effects of the disaster, the availability and accessibility of services, and a capacity to regain control.

Service delivery may range from availability of personnel at evacuation centres, to coordinated visitation programs and organisation of community activities. It is critical that personal support services be provided for individuals and communities throughout the recovery process, and be developed and managed in consultation with the affected community.

### **a. Service Provision**

Personal support services are most often provided on a one-to-one basis and comprise the full range of immediate needs following the provision of shelter, food and clothing. The range of services which may be provided at evacuation, welfare and recovery centres include:

- (1) information - what's happened, services available, what plans are in place;
- (2) practical advice;
- (3) comfort and reception;
- (4) referral to other agencies;
- (5) reassurance and security;

- (6) material aid;
- (7) child care;
- (8) care of the elderly;
- (9) transport;
- (10) advocacy, legal aid, insurance;
- (11) clean-up;
- (14) meetings/forums;
- (15) interpreters and translated information;
- (16) organising funerals;
- (17) medication and medical care;
- (18) practical assistance; and

**b. Outreach/Visitation Programs**

An effective means of delivering many personal support services is outreach or visitation programs. These programs usually comprise home visits by representatives of the recovery program to offer support and information and concurrently make an assessment of people's current circumstances.

Home visits also provide an opportunity for people to talk about the disaster and be reassured that their experience is likely to have been shared by other members of the affected community. Although the majority of these visits will be undertaken within or close to the disaster-affected area it is essential that people affected by the disaster who have left the area also be included in this process. These may include evacuees who have lodged with relatives or injured people transferred to hospital.

Management staff must ensure that close liaison and coordination is maintained with all staff from all the various agencies undertaking home visits. Their contact is important for support, assessment of claims and specific needs or for other forms of material/financial assistance.

Intrusion into people's lives must be minimised or additional stresses will be caused. This is done by coordinated and planned visits that limit the number of times people have to tell their story.

Conjoint visits by small groups of community services department staff and mental health workers, teamed with staff from other agencies (ie agricultural, commercial association, insurance or other financial visitors) should be considered. Crossreferral and sharing of information creates efficiency provided it is with the concurrence of the people concerned and meets usual professional practice standards.

In managing an outreach or visitation program account should be taken of the following:

- (1) a clear understanding of the objectives of the program;
- (2) adequate briefing;
- (3) home visits should be undertaken by workers in teams of at least two;
- (4) visits should only be undertaken during daylight hours;
- (5) liaison should be undertaken with Police to determine residences that should not be visited;
- (6) workers should be debriefed at the end of each shift; and
- (7) training and supervision should be provided by workers experienced in disaster recovery activities.

Visits generally occur immediately after the disaster and may be repeated as a part of the ongoing recovery process as required. They may also be conducted towards the end of the recovery process as a means of advising the community that external services are being withdrawn and to provide information regarding the availability of ongoing services within the community.

### **c. Personnel**

The personnel required to deliver personal support services are provided by a wide range of government and non-government agencies. They comprise both employed and trained volunteer personnel who have the capacity and personal skills to support and listen to people in distress. These personnel do not provide counselling or psychological services but should be able to recognise people with these needs and refer them to the appropriate service providers.

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## **COMMUNITY SERVICES**



Assistance and resources must be provided to create and support community infrastructures and to enable successful recovery. This process of support is often referred to as 'community re-development.' Depending on capacity to recover, local community initiatives may also need to be supported by government and the wider community.

Community re-development programs are generally funded and managed by the relevant provincial community service department. This is undertaken by disaster recovery officers and/or community development officers whose task it is to work directly with an affected community in identifying and addressing specific needs following a disaster. In addressing community needs certain tasks may be undertaken as part of the management of a community redevelopment process.

These tasks are: identification of community needs; initiating and servicing key committees and working groups; assisting in accessing information and resources; and assessing and monitoring the overall recovery process.

There are a number of specific activities which may be part of a community redevelopment process. These are addressed under the following headings: Community Information, Public Forums, Community Activities and Cultural and Spiritual Factors.

#### **a. Community Information**

In addition to the individual information regarding services available after a disaster there is a need for a broader range of information regarding community activities. The dissemination of such information is an important part of the re-development of any community.

#### **b. Public Forums**

Various forms of public forum provide an important part of the recovery process. Public meetings may be held soon after a disaster has taken place, as a means of communicating information to an affected community regarding such things as the extent of the damage caused by the disaster and the services available through the range of recovery agencies.

Representation of the various recovery agencies at a public meeting also gives the affected community an opportunity to identify those agencies providing services and to clarify important issues. Further public meetings may be held throughout the recovery process as the need arises.

Public meetings also provide the opportunity for members of an affected community to meet together and for rumours, which are inevitable in the early part of the recovery process, to be dispelled. However, given the volatility which may be evident immediately following a disaster it is critical that public meetings be carefully timed and managed by a facilitator skilful in dealing with any problems which may arise.

Public forums may also be organised to provide practical advice and discussion on a range of issues, from personal needs to housing and rebuilding issues. The need for these forums is best identified by workers who have a direct understanding of emerging needs within a community. Community recovery committees also provide a disaster-affected community with a mechanism to contribute to the management of the recovery process. These committees provide an important forum, ensuring local participation in the management of the recovery process.

#### **c. Community Activities**

The amount of time spent on recovery activities such as re-building and repair to houses and properties may undermine the equally important recovery issues of family and community interaction. To overcome this problem the organisation of activities such as community, cultural and sporting events has proven very effective.

#### **d. Cultural and Spiritual Factors**

Cultural and spiritual symbols provide an essential dimension to the recovery process. They provide a framework for meaning and evaluation of the disaster experience. These need to be managed as an integral part of recovery activities. The community will present its own symbols and rituals, probably beginning in the immediate aftermath. If these are recognised, supported and coordinated as part of the recovery process which is owned by the community they will provide the focus for cultural and spiritual activities.

These activities will assist in the long-term integration of the disaster into the history of the community. Often these activities can be conducted on anniversaries or other significant community occasions.

## **PSYCHOLOGICAL SERVICES**

Following a disaster, there are a variety of reactions which exceed people's capacity to adapt, and which result in various degrees of psychological difficulties. These problems are potentially serious and for some people may sometimes lead to very long-term destructive consequences. For a greater number, they result in the degradation of the quality of life and relationships.

### **a. Common Psychological Responses**

While most people are likely to suffer only passing responses there are a number of reactions which require varying degrees of professional assistance. In each case some form of professional assistance is likely to be required, however this may vary in its intensity:

(1) Stress Responses - The demands of reconstruction or adaptations to a grossly changed environment create continuing stress. Where an event has led to the destruction of assumptions about personal safety or trust, the need to constantly maintain watch for personal protection of self or loved ones creates a new set of demands which are not easily met for some time. These situations lead to a state of stress which reduces the capacity to cope with other ongoing demands. Stress can be acute and severe, temporarily overwhelming the person's capacity to manage their responsibilities, or leading to a state of emotional distress. Stress can also be cumulative or chronic and cause the gradual loss of enjoyment and distancing of close relationships. If persistent, it usually leads to health problems which may become serious if not treated.

(2) Crises - A disaster itself is a crisis which is outside the normal experience and coping skills of people, and it may lead to a temporary loss of the ability to solve the on-going problems of daily life. During the recovery period, there are also many different situations which may present people with problems which they are unable to manage whether for emotional reasons or reasons of their own personal circumstances. Such a crisis usually means that the person is not able to adequately re-establish a normal state without some assistance.

(3) Critical Incident Stress - 'Critical incident stress,' is a term used to describe the difficulties encountered by emergency workers exposed to highly stressful or unusual events. It is now often used to describe the various reactions which denote that a worker or other person has been presented with an internal experience which is likely to lead to symptoms of stress or may take

some time to resolve. In many cases of disaster, workers are exposed to extended periods of stressful work and large amounts of human suffering. This is likely to cause critical incident stress. Affected people may suffer from the exposure to the sufferings of others and to risks which they may be familiar with, but which nevertheless cause them considerable distress. In this case, they too can be seen as suffering from critical incident stress.

(4) Traumatic Stress - Trauma occurs when a person suffers an extreme event which threatens their life or welfare, or those of their loved ones, and has the effect of damaging their ability to come to terms with it. Usually it leads to severe symptoms of traumatic stress which are not resolved without professional interventions. Often there are severe consequences for the whole of a person's life. Although comparatively few people are likely to suffer from trauma in a natural disaster, in other emergencies, such as sieges or large-scale transport accidents, the rate may be much higher.

#### **b. Psychological Support Services**

(1) Psychological Support - Listening to a distressed person, offering empathy and understanding, enables them not to feel alone and helps to place their personal experience in a context which helps them come to terms with it. However, the support person is required to make a sensitive and appropriate contact, to retain an objective and non-judgemental approach and to refrain from giving advice or commenting on their emotions. Support is gained from acceptance and the opportunity to express oneself in as full a way as necessary. Often this is not in accordance with normal conversations where people tend to pass judgement on what they hear, compare it with their own experience or evaluate it. In particular, it is inappropriate to expect an untrained person to listen to painful or distressing experiences while still retaining an objective and supportive attitude. Psychological support is provided by trained human services workers.

(2) Crisis Counselling - Counselling provides a relationship in which the affected person's disaster experience is able to be examined in detail together with other issues in their life in order to assist them to understand the effects it has had and the meaning they have given them. It can then provide them with an alternative set of understandings. This may also extend to other aspects of the recovery process, such as the impact of change, and stress on relationships, personal identity and values. Counselling is a structured relationship which is provided by

someone trained to understand the nature of the difficulties the person is presenting and who can anticipate the needs and the methods necessary to assist them. Most crisis counselling is focussed on some specific aspects of the crisis situation and seeks to provide immediate remedies.

(3) Longer-Term Counselling - Complex personal and family problems tend to emerge during the difficult recovery period. Emotional problems which may have been adequately managed in normal circumstances may become major difficulties in the context of the disaster stresses. These often require more extensive counselling or other forms of psychological treatment provided by experienced clinicians.

(4) Defusing, Debriefing and Worker Support - These are specific techniques developed to assist recovery workers who have been affected by their experiences and have developed critical incident stress. Debriefing is a structured method of ensuring the details of the experience are reviewed, together with the reactions and thoughts they have caused. It is conducted by people with counselling or other clinical skills who have had specific training in the technique. Most emergency services and other agencies involved in response and/or recovery work are likely to have already developed debriefing services. However, some agencies may not and may require assistance to deliver these services. It is important to offer debriefing to groups of workers in services and workplaces who have performed their responsibilities during the disaster. Examples include hospitals, nursing homes and community service agencies. Existing and organised community groups such as neighbourhood centres and support groups are also likely to benefit from structured group sessions to review their experience and gain information. In general, workers need to feel supported by their managers and to have ready access to supervision and consultation and to have their personal needs arising from the work sensitively managed. People affected by a disaster, caused by known and expected hazards, are likely to benefit from debriefing. Experience suggests that debriefing is not necessarily the best response to people who have not had any expectation of the trauma they have suffered and are in a traumatised, distressed or disorganised state, although it can often be of assistance in a modified form as part of a network of other services.

(5) Traumatic Stress Treatment - Post-traumatic stress is a complex and potentially severe and disabling condition. It needs to be carefully assessed and treated by a clinician trained in the

field. Usually traumatic stress becomes compounded with pre-existing problems and forms a complex set of difficulties.

(6) Assessment and Evaluation - Many reactions to aspects of the disaster are similar in the initial stages, whether they include symptoms of traumatic stress, critical incident stress or crisis response. However, the differences which define these conditions need to be assessed so that affected people are able to be identified and referred to the relevant services to have their needs met at the appropriate time. The assessment function needs to be made with the assistance of experienced mental health or similarly trained staff, although this may be based on the observations and information provided by other human service workers or trained volunteers. However, the assessment may need to be done at different stages since problems may develop or manifest at all stages of the recovery process.

### **c. Personnel**

The personnel required to provide these psychological services cover a range of backgrounds, training and experience. Those providing immediate psychological support, with the aim of reducing psychological problems, may be human service workers specifically trained to provide this (psychological first aid) function. These workers need to be selected for their capacity and personal skills to support and listen to people in distress and by their experience in disasters. They need to be supervised by an experienced clinician, preferably with previous disaster management experience.

(1) Human Services Workers - Nurses, clergy, social workers, are trained in interpersonal helping and counselling. Human services workers are commonly employed in community health centres or other health settings, . They could also be employed in non-government agencies as caseworkers or community development workers. They are qualified to provide crisis counselling for individuals, families or groups in order to facilitate the recovery process. They may need briefing to adapt their skills to the disaster context and access to supervision by a clinically-trained counsellor. The distinction between this and the above category is the possession of a human services/social science qualification or equivalent, or commensurate experience in the human services field.

(2) Clinically-Trained Counsellors - Clinical psychologists, psychiatrists, or other professionals with specialist clinical training such as social workers, psychiatric nurses or psychotherapists,

are needed to provide longer-term counselling and clinical treatment. Intervention of this nature can only safely be provided by such qualified individuals. They may also need briefing to adapt skills to the specifics of the disaster context and access to clinical supervision. Additionally, clinicians can provide a valuable consultancy service to other personnel providing personal support and psychological services.

(3) Debriefers - They may be drawn from human services workers or clinicians provided they have had appropriate training in the technique. Whenever possible, personnel providing psychological services should work as small, multidisciplinary teams, under the direction of a suitably-qualified and experienced team leader. The team leader is responsible for allocation of work/duties across the team in recognition of team members knowledge and skills. The team leader can provide clinical supervision for team members, or could arrange for this to be provided by another practitioner. Ideally local workers should be used wherever possible, so that pre-existing working relationships, credibility, and knowledge of the affected community can be maximised, but care needs to be taken not to overload them or detract from their normal responsibilities.

#### **d. Psychological Time-Frame**

##### **(1) Immediate Post-Impact**

At this stage, the critical issue is to provide assistance to people affected by the incident as immediately as is humanly possible. For this to occur, there needs to be effective planning and consultation with emergency service authorities, so that understanding and acceptance of the need for psychological intervention is ensured.

From what is currently understood of the recovery process, immediate intervention is likely to ameliorate the psychological difficulties that some people experience, especially traumatic stress reactions, or mitigate the debilitating effects of these.

The aim of this immediate intervention is to minimise the disruption to the experience of trust, predicability, continuity, and safety which are caused by the emergency. This is not achieved by 'counselling' as such but by specialised psychological support, comfort, empathic listening and information as discussed above. This is needed as soon as people have been received at the assembly point/evacuation centre/recovery centre. Human services workers need to be available

for assessment of people who are in apparent need of more intensive psychological assistance. Formal training and experience are necessary in order to make this initial assessment.

Firm arrangements for follow-up support or counselling, as needed, must be made at this point to ensure continuity of care and information. Such follow-up can be on a group, individual or family basis. It is essential that practical issues relating to follow-up are addressed (eg transport, child care). Clinical counsellors at this stage are most effectively utilised as consultants to human services workers in the area of assessment, or in devising strategies/activities to most helpfully and supportively use the time that evacuated people must remain in the centre before they can go home or elsewhere. Clinical treatment is not likely to be of great demand at this stage unless the event has been highly traumatic. Flexibility and creativity in service provision are important to ensure that the response is tailored to the needs of the particular situation. Hence venue or locale could be quite different from what is anticipated, although the principles of providing psychological services remain the same. It is also likely that many or most people affected may have made their own arrangements to leave the affected area and may not have contacted the evacuation/recovery centre.

It is important to begin the process of making contact with them at the earliest possible time to shorten the period between the impact of the disaster and their incorporation into a recovery program.

## (2) Ensuing Few Days/First Two Weeks

At this stage there are two aspects of the services to be established. Services need to be proactive, reaching out to the people affected by the incident who have not come forward. It also needs to respond to those (few) who initiate/ask for help, or take up the offer of referral from a disaster worker, volunteer or professional.

As previously discussed under the heading of 'Personal Support', the most effective outreach services usually comprise home visits (wherever home currently is) by representatives of the recovery program to offer support, information, counselling and concurrently make an assessment of peoples' current circumstances.



It is important to maintain close liaison with recovery program coordinators who may also be coordinating home visits for support, assessment for claims, or for other forms of material/financial assistance in order to minimise intrusion into peoples lives.

The concept of outreach to people at this point is important, as people rarely seek out assistance in managing distressing feelings, thoughts or concerns in the early stages. However, resolution of psychological difficulties is much easier with early intervention. Additionally, people do not undergo significant mental or emotional pain unnecessarily. The development of a group identity among affected people via the outreach and recovery system greatly reduces the sense of isolation which exaggerates the impact of the difficulties.

Psychological services also need to be provided at the identified disaster recovery centre(s), or any other convenient venues identified as appropriate for the particular incident. There also may be groups of people for whom separate venues may be needed because of cultural, health, age or other factors. Information about where psychological services are available needs to be well disseminated. It may be necessary to relocate services at a future point in the recovery process because of changing needs.

The only effective recovery facilities are those which are well-used, and this is likely to be determined by subjective, emotional and cultural factors which need to be respected and incorporated into planning.

Services that need to be provided include assessment, crisis intervention, individual, couple and family counselling/ therapy, group therapy, services for and advice on children, defusing and debriefing. Clinical therapy can only be provided by clinically trained counsellors. Supportive counselling, problem solving and educational input can be provided by human services trained workers.

Psychological services also contribute to coordination of existing community services.

Psychological services established to respond to the disaster or incident need to be integrated with the existing community support and health services. Effective working relationships need to be encouraged, duplication minimised, and clear and timely cross-referrals facilitated.

Ethical principles such as confidentiality continue to apply, with the added consideration of the need to be proactive in providing information to the affected community, so that people are in a position to make decisions about what services they wish to use. Workers need to adapt normal

ethical practices to the disaster context with consideration for the social, cultural and political characteristics of the people they are serving. It may be necessary to change some practices, but this should only be done as part of a consideration of the special characteristics of disaster situations which can raise difficult decisions in the area of interpersonal helping.

This emphasises the necessity for professional supervision for human services workers/counsellors in making these decisions. Workers involved in any facet of psychological services need continuing support and debriefing in their task to enable them to be effective and ensure they do not suffer from the experience. Continual reiteration of tragic stories can cumulatively become an emotional burden if helpers are not able to process what they are hearing, make sense of other's disaster experiences and how it is different for the workers themselves. Even experienced clinicians may feel the impact of this material more deeply in a disaster context since they are outside their accustomed professional context.

This can also be intensified for helpers working in their own affected community and for workers who have sustained losses themselves. The issues for workers need to be carefully and sensitively addressed, in ensuring their continued mental health. The psychological needs of rescue and response workers are also important and are dealt with by their own organisations. Support workers/counsellors who subsequently develop difficulties as a result of their work, or because of their own issues/losses, must be relieved of disaster recovery responsibility and provided with the appropriate assistance. It may be more appropriate for them to return to their usual duties when they are ready to do so. Disaster clients should also be transferred into worker's normal caseloads as soon as possible.

Stresses for counsellors can result from close encounter with death, sharing the anguish of victims and families, and role ambiguity or conflict. Hence the importance of ongoing supervision and clear statements of duties/expectations. Additional stress results from workers being expected to carry responsibility for some or all of their regular workload, which is not feasible under any circumstances.

As with any other facet of recovery operations an effective management structure is required. Issues to be considered include rosters, relief, workload allocation, resources, industrial/working conditions, etc. As much of this as possible needs to be negotiated during the planning process, so that valuable time is not lost in getting teams operational and adequately resourced.

### (3) Medium-Term (1 - 6 months)

In the medium term the services discussed above need to continue, but be adapted to the changing circumstances. It is likely that outreach will be replaced by programs of support and information which will ensure that the psychological issues which become prominent from time-to-time in the changing circumstances of the recovery process are commented upon and understood. For example, growing exhaustion, loneliness and emotional and relationship stress need to be seen as community-wide problems to reduce the personalisation which occurs to people who lack a knowledge of what others are experiencing. Trained mental health or other human service workers can assist recovery workers to analyse and interpret their observations in the community and use these for planning group or community interventions which can address them within a community mental health context.

Assessment needs to continue since the issues which are likely to cause difficulty change with time. Often people who have been severely affected by the emergency are able to use their coping skills to buffer themselves from the stress effects. However, they can only do this for a limited period and as other demands come into play during the medium term, these adjustments may break down. Many delayed stress effects are likely to emerge in the medium term.

Additional stresses and crises emerge throughout the medium term to aggravate the difficulties. As people's circumstances change, people take stock of their situation, and stresses of adjustment increase, coping and adaptations fail, and the need for counselling and psychological treatment increases. Experience indicates that the greatest clinical demands are usually during the medium term. The success of the services at this stage depends to a great degree on the adequacy of early outreach and information services which need to prepare affected people to understand these responses and know what services to use.

Team leaders and workers will continue to be challenged to respond flexibly and sensitively to the unique needs of a particular disaster and the community involved. Matching services to contexts to meet people's needs calls for a creative approach to service delivery. Examples have included group sessions in hostels, schools, mobile services and debriefings for key executives. Worker support and debriefing continues throughout this period.

### (4) Long-Term (6 - 18 months+)

Disaster specific counselling and clinical services continue and gradually reduce as people's concerns focus more around longstanding issues that have been aroused or reactivated by the disaster experience or subsequent crises (eg previous unresolved losses or trauma). At this stage, it is more appropriate for them to be referred to existing (generic, mainstream) psychological and support services which have been augmented, than for disaster-specific services to be perpetuated. The process of gradual withdrawal needs to be carefully planned and provide for an adequate post-anniversary period.

Worker support and debriefing continues as required during this period.

#### **e. Research and Evaluation**

A final issue that involves psychological service personnel, though is not direct service provision, is research and evaluation. Research projects could be formulated and commence in the early stages following a disaster and continue throughout the recovery period. It is important to add to the body of knowledge in the area of disaster recovery, and ethically-sound research needs to be supported.

Improved practice should follow from what is learned in each situation. Personnel may be directly or tangentially involved in projects, or may be constructively consulted on proposals and the likely effects of implementing such proposals. A part of this research can be evaluation of the services offered, both in terms of the effect on clients and their subsequent adjustment and the overall planning and delivery.

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## **REDEVELOPMENT/PLANNING**

### **INTRODUCTION**

The aim of this part of the Chapter is to provide an overview of the key issues to be considered in the planning and redevelopment of the physical environment of a community following a disaster. Topics to be addressed include: post-disaster needs; sense of place and preservation of visual and historical links with the past; the capacity for disaster-affected communities to cope with change and redevelopment; involvement of the community in the redevelopment process; and the opportunity for disaster-affected areas to be improved rather than just restored through the redevelopment process. While a number of the

decisions concerning rebuilding of elements of a disaster-affected area will be made on an ad hoc basis, it is essential that long-term planning is undertaken and the recovery process be used as an opportunity to redevelop the built and natural environment in a positive manner.

### **SENSE OF PLACE AND IDENTITY**

Human beings require and develop a sense of place and being which is, in part, engendered by the physical landscape, including the natural environment of rural areas or the built environment of the urban landscape. Redevelopment of this sense of place is an important aspect of both the physical and psychological recovery of individuals and an affected community.

### **HISTORIC PRESERVATION AND SYMBOLISM**

Following a disaster the preservation and restoration of historic buildings and significant features or landmarks within a community may be important as symbols of the past and the 'pre-disaster' landscape and community. In so doing, not only are physical objects preserved and restored, but so too are aspects of community history at a time when many other links with the past, both on an individual and community basis, have been damaged or destroyed.

The maintenance of historical features can be achieved in many ways, while still using the recovery process as an opportunity to upgrade infrastructure and other elements of the built environment. In particular, creative re-use of buildings may preserve their historic significance while meeting the repair/reconstruction requirements brought about by the disaster and future community needs and function. The maintenance or re-use of significant features may also provide the disaster-affected community with a sense of continuity at a time of significant instability.

### **DISASTERS ACCENTUATE PRE-EXISTING CONDITIONS**

Disasters will typically accentuate many of the positive and negative factors evident within a community prior to the event taking place. This is also true of reconstruction/redevelopment issues, with disasters often accentuating a range of other economic, political and social issues. The resolution of these issues following a disaster is likely to be a highly-politicised process involving not only the range of agencies existing before the event but also specific interest groups which may evolve as a result of the disaster.

## **COMMUNITY INVOLVEMENT**

Community involvement in the decision-making process following a disaster is essential. One of the key principles of disaster recovery is that individuals and communities be resourced and supported in the management of their own recovery. While community consultation may be an integral part of any planning process, the need for community involvement in redevelopment following disasters is an important means of contributing to the overall empowerment of individuals and communities to manage their own recovery.

Imposing a highly-centralised approach to redevelopment and reconstruction, at the expense of community involvement, is inappropriate and would accentuate further the dependence already engendered by the impact of the disaster.

Processes of community involvement will vary and depend on the nature of the task, the type and impact of the disaster and the affected community. Some of the most effective means of consultation in disaster recovery situations include public meetings, community representation on committees, and the inclusion of representatives from community organisations in decision-making processes. In each case it is essential that information mechanisms be developed to report to the broader community and that delegates are representative of the community at large. It is also essential that the affected community is provided adequate opportunities to debate and review major issues.

## **IMPROVEMENT NOT RESTORATION**

One of the positive aspects of the disaster recovery process is the potential for individuals and communities to improve on their situation before the event, rather than merely restoring things to the way they had been previously. In fact, the impact of the disaster will usually mean that a return to the status quo prior to the disaster is not possible; the quality of the recovery process will determine whether affected individuals progress or regress. Nevertheless, in the redevelopment process there is likely to be a strong tension between elements of the community which see the disaster as an opportunity for renewal and those which want to see an affected area restored exactly as it was before the disaster occurred. It is in this context that the devastation wrought by disasters provides a unique opportunity for a community to examine a range of issues such as traffic problems and inadequate infrastructure. In

addition, there may be opportunities for modernisation of public facilities, beautification of the landscape and built environment, and even stimulation of the local economy.

## **PRACTICAL CONSIDERATIONS**

Following a disaster the affected community will have needs ranging from housing and reconstruction of public facilities through to restoration of business and community activities. A critical issue is the speed which will be required for the restoration of the community. While the opportunities for improvement and community involvement discussed previously will be significant, these will be tempered with the requirement for early restoration and redevelopment.

Disasters which impact heavily upon houses, buildings and the various infrastructure elements are likely to create a significant demand on both resources (ie building materials) and workers (ie building contractors).

With a shortage of adequate labour and materials likely, it may be necessary to implement strategies which monitor prices and quality of work to ensure that people affected by disasters are receiving fair and equitable treatment and are not being exploited or inconvenienced by unnecessary delays.

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### **Material Donations**

Disasters often attract donations of material goods, typically clothing and furniture. This may be in the response to an appeal by the authorities or be motivated by a community wishing to assist those in need.

Material donations tend to have a negative effect on the recovery of a disaster-affected community. The personnel resources devoted to accepting, storing, transporting and distributing material aid may be best directed to other recovery needs. The time taken to manage material aid may preclude usefulness to disaster-affected persons and the donations received may be of little use if of the wrong size, colour or style. The provision of material assistance also reduces the capacity of individuals to manage their own recovery and reinforces their dependence on charity, undermining their self-esteem and dignity.

For these reasons all donations should be monetary. To achieve this it is necessary in the early stages of the disaster for a prominent, credible member of the committee to publicly announce that only monetary donations are required.

Even then, material donations will still be received. It is suggested in these circumstances that such goods be directed to the charitable organisation with expertise in the management of the material of that kind. Where there is a need for material goods to be provided, because of the special circumstances of the disaster, the preferred position is for charitable organisations with expertise in the area to provide material goods to order in exchange for the proceeds of a material aid appeal.

### **Acknowledging Gifts**

People and businesses take great pride in seeing their names associated with a publicly acceptable and worthwhile cause. It is therefore essential to publicly acknowledge donations received in the media. This practice can encourage more donations and is a form of accountability.

Such acknowledgements can be either in the form of an advertisement in daily newspapers, over the radio, on television or in public addresses. Local community newspapers can be used for the same purpose.