COMMUNITY DEVELOPMENT AND JUSTICE STANDING COMMITTEE

INQUIRY INTO THE RECOGNITION AND ADEQUACY OF THE RESPONSES BY STATE GOVERNMENT AGENCIES TO EXPERIENCE OF TRAUMA BY WORKERS AND VOLUNTEERS ARISING FROM DISASTERS

TRANSCRIPT OF EVIDENCE
TAKEN AT SYDNEY, NEW SOUTH WALES
THURSDAY, 17 NOVEMBER 2011

SESSION TWO

Members

Mr A.P. O'Gorman (Chairman)
Mr A.P. Jacob (Deputy Chairman)
Ms M.M. Quirk
Mr I.M. Britza
Mr T.G. Stephens

Hearing commenced at 10.36 am

GRAHAM, MS WENDY
Director, Disaster Welfare Services,
NSW Ministry for Police and Emergency Services, examined:

MAMMONE, MRS GINA MARIE
Manager, Critical Incident and Counselling Services,
NSW State Emergency Service, examined:

SCOTT, MR PAUL JOHN LAUCHLAN
Manager, Counselling and Support Unit,
NSW Rural Fire Service, examined:

CHAIR: Thanks very much for coming to see us this morning. We are the Community Development and Justice Standing Committee of the Western Australian Parliament. We are conducting an inquiry at the moment into what agencies are doing for both their career people and their volunteers, post event, in terms of their mental health, and how those agencies are supporting that. You have met the committee. I will read you an opening statement, and before we finish I will read you a closing statement that tells you exactly what we do from thereon.

The Community Development and Justice Standing Committee is a committee of the Legislative Assembly of the Western Australian Parliament. This hearing is a formal procedure of the Parliament and therefore commands the same respect given to the proceedings in the house itself. Even though the committee is not asking witnesses to provide evidence on oath or affirmation, it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. This is a public hearing and Hansard will be making a transcript of the proceedings for the public record. If you refer to any documents during your evidence, it will assist Hansard if you could provide the full title for the record. Before we proceed to the questions we have for you today, I need to ask you a number of questions and I ask that you answer them verbally so we can get it recorded. Have you completed a "Details of Witness" form?

The Witnesses: Yes.

CHAIR: Do you understand the notes at the bottom of the form about giving evidence to a parliamentary committee?

The Witnesses: Yes.

CHAIR: Did you receive and read the information for witnesses briefing sheet provided with the "Details of Witness" form today.

Mr Scott: I am not certain.

CHAIR: While you are having a quick read, I will continue on. Do you have any questions in relation to being a witness at today's hearing?

The Witnesses: No.

CHAIR: Before I start, is there any opening statement you would like to make or would you just like us to throw questions at you?

The Witnesses: Questions.

CHAIR: Could you describe to the committee what you agency's plans and responses are to address the trauma experienced by staff and volunteers during and after a natural disaster or a critical incident?

Mr Scott: The New South Wales Rural Fire Service is made up of 1,000 paid staff, which includes the administrative staff, and 70,000 volunteers. I think that is important to state initially because it is quite a logistical issue in relation to the provision of mental health care for a voluntary agency in comparison to a career-paid agency. Therefore, we are largely reliant on a number of factors. The general care provision in terms of mental health and wellbeing in our agency is predicated upon a number of services; one is that we have a general EAP, which is for paid staff and their immediate family, and that would be considered to be quite typical of any EAP that a government agency would have; that is, that they —

Ms M.M. QUIRK: For the purposes of Hansard, what is an EAP?

Mr Scott: EAP is an Employee Assistance Program, which provides general counselling and psychological care and support. Initially, three sessions are free with an additional three follow-up sessions, and then negotiated beyond that should it be required. It is only available for the employed staff and their immediate family—those that live under their roof. We have a member assistance program, which is an information and referral service for the volunteers. So any volunteer in the agency or, again, their immediate family, can make contact with my department, indicate whatever their circumstance may be and then look at seeking some information or advice or general provision about what might be available. As I said, it is not a direct provision of service which will be similar to the employee assistance program, but the member assistance program will help establish and provide an immediate care provision and look at what is available in their local area for them to pursue.

We have an organisational stress management program which looks at trying to inform and educate and create awareness around typical mental health strategies—depression, suicide information awareness and prevention; a whole host of very general mitigating of general stress et cetera—those sorts of things; and we roll those out as required throughout the agency. We also have the critical incident program, which is specifically looking at trauma response. It is a peer-driven program. What we mean by peers is that they are made up of members of the service, firefighting and administrative backgrounds, that have been selected and specifically trained in a peer support program initiative which has its main emphasis on crisis and early intervention with the view of being integrated should there be requirement for additional mental health care beyond the capacity of a peer support program. That would then link into more clinical assessment and clinical treatment options also involving the ability to engage with a workers' compensation claim approach. It should be also noted that in addition to my portfolio, which I have just outlined, we also have quite an extensive chaplaincy and family support program.

We have two senior chaplains, a husband and wife team—Salvation Army officers—who are permanently appointed to the service. The chaplaincy and family support program has some 50-odd chaplains and family support workers, which are district based as well. The majority of these chaplains are also trained in early crisis intervention strategy, but also operate other than what we might call the match, hatch and dispatch; that is, the marrying of our people and the celebrating of birth and then, should we require, to have funeral services, and of course any other type of more formal services that a chaplain may be involved in—ceremonial, or those sorts of things. Other than that, they are very acutely involved across the agency in the lives of our members—visitations, available for information awareness sessions and being called out. I am mindful that this committee is specifically looking at the notion of trauma, and traumatic experience among those things. We have what we regard as being an integrated situation, so we have the counselling and support unit which involves the specialisation of peer support–driven and clinical-driven intervention strategies,

but it is completely linked with our chaplaincy and family support program. For example, if we were to have what we would regard as being the most significant of our situations, i.e., a line of duty death, both services are completely rolled up, and what would happen initially is that, although my portfolio would be tending to look at the operational staff initially on the day, that is within the first 24 hours, chaplaincy and family support may do that as well, but their main issue would be to maybe attend the hospital to deal with the family in the first instance, and then normally at the 48-hour mark we would sort of swap and I would be introduced to the family. In the event that that ongoing support and any clinical need that they may have tends to need to be rolled out, and our experience of that is somewhere post-event, three to five years, so that is the initiative that we would apply.

CHAIR: Can we hear the State Emergency Service point of view?

Mrs Mammone: Yes. Similar to the New South Wales Rural Fire Service, I manage three programs in SES, which are the employee assistance program, the chaplaincy program and the critical incident support program. Similar to what Paul has said, we have a fully integrated program across those three, where in times of trauma and disaster we would actually access the three services. I have a peer support team of around about 45 volunteer peers who are SES members, operational and from various backgrounds in SES. We have around 23 regional chaplains who are located in our regions throughout New South Wales; and the employee assistance program I have something like 35 counsellor psychologists across New South Wales, which we access for our staff of 250 in SES. Our volunteer numbers are 10,000.

So, very similar to what Paul has described, our system has been working since 2003 and I have been quite involved in those services since that time. One of the major issues we have had in New South Wales is supporting our SES agencies across Victoria and in Queensland during the disasters of the Victorian bushfires of 2009 and this year in the floods and cyclone Yasi in Queensland, where we were deployed in the capacity of peers and chaplains into those states to support our colleagues in those services for the same sort of service, providing that immediate psychological care for members in disasters and for referral within both states. My colleague in Queensland also took some leave during that period, so I was able to support his role. So we integrated and trained together for the last five years, where we are working together and understanding that the very scope of the disasters would be that we would need to support each other during those weeks. I am obviously a full-time employee and I have a full-time paid senior chaplain, and all our other personnel in peer support and chaplaincy are volunteers.

Ms Graham: The Ministry of Police and Emergency Services is a ministry so, as such, it does not have staff who provide direct response services in an emergency; however, one of the functions of the ministry is the statewide coordination of disaster welfare services. What that entails is the establishment of evacuation centres and staff working in recovery centres as well. Those functions are carried out by staff from the Department of Family and Community Services. In terms of their support that they are provided that is most generally accessed through the standard agencies' employer assistance program. We have at times, when there has been a need, made sure that there has been a good link and it has been a facilitated referral to that program as required for staff. The staff working in disaster welfare services, it is not a direct-response role in the same way as it is with the combat agencies, but it is certainly is working with disaster-affected communities. The other aspect of that program is that it is supported by a number of non-government agencies, which also provide services within that context. Each of those agencies has responsibility for and has its own programs for employer assistance and peer support within each agency. They do vary; it is agency specific around the way that they run those programs.

CHAIR: Have you noticed differences or changes—you have been running since 2003? I am not sure for how long you —

Mr Scott: It is 1994 for the Rural Fire Service.

CHAIR: — over that time about people actually accessing the services? Are people more likely to access them now than they were previously?

Mrs Mammone: I would say yes. I have been there since 1990 actually, and in this program since 2003, and the introduction of the services by which we provide pre-incident education awareness around the sorts of critical incident support for what is available and what sort of services are available, but also some of the reactions that people might experience during those incidents; we have found that is very well accepted in emergency services because it has a peer focus. You have members who have had the same experience as other members when they have been involved in incidents, but with a focus on post-traumatic growth as well and much more around the resilience of emergency service personnel, I have noted more access to that. Similarly, to our employee assistance program, we have an onsite model of support, where we have counsellors and psychologists actually coming into our buildings and our headquarters from time to time. The very introduction of that has actually meant that people are more likely to speak to that person if they see them in the building, rather than just offsite; but we have both of those services. So I have certainly noticed an increase in access and we are part and parcel of normal protocol operational response, where we are notified of incidents and any support that might be required to the personnel involved.

Mr Scott: My experience would be over the last 15 years, and there has been a greater acceptance of the program. I would suggest that that has been predicated upon a relationship element and trying to demystify mental health concern. So, where in the past it has been a taboo matter or a stigma approach, we have really done a lot of work in trying to reduce that element and, to elaborate on Gina's comments, looking at it from a resistance, resilience and recovery methodology. If you come into the agency as a brand-new person, then you get some information about what services are available and as you do your basics and begin to progress, we begin to look at it from a realistic perspective that the nature of the work may do this. We try not to bombard them with statistics, but we are trying to, I guess, validate the notion that it is okay to put your hand up and seek that level of assistance required.

If I think, going back to the early days, people really did not want to know who the peers were or the critical incident team or the mental health people, and yet the chaplain was fully blazoned in purple and had "chaplain" written all over them and they were quite acceptable, but the sort of mental health component and peer support component was not—whereas now, we are equally branded. What we have noticed now is that we are looked for, and if you are not there, even though something may not have happened, if it is a large scale or declaration of emergency, it is now as though it has been an acceptable part from an operational perspective, as Gina has mentioned, to say, "You know what? From an incident management team perspective, we want you there from the outset—maybe not completely on scene, but in terms of being notified and to monitor what is happening in relation to the circumstance."

So there is greater acceptance. But it really built on healthy establishment of relationships, which has been built upon an ownership from the CEO down. So it is embedded within our standard operating procedures and what we would call our service standards; so it is a legitimacy of that.

CHAIR: Do you do follow-up post-event and have you noticed with staff attending major events a higher incidence of marriage breakdown or any of those sort of other things that might happen?

Mrs Mammone: One of the things that I am aware of, especially with my colleagues in the SES in Queensland, is that there has been a significant increase in some of the stress factors. But we also know it is a bit like "what was, becomes more"—where if they were already suffering some form of stress, what can happen in post-disaster is that it can actually exacerbate that sort of response. I still find with our SES members, even those who I sent down to the Victorian bushfires, we had no vicarious trauma issues associated with any of our teams that went into those areas, and they are more likely to access support because we have a presence throughout the units throughout the year; they can share their information and stories of things they have been involved with, and then we

actually do follow-up around some of that sort of thing. The chaplain, as Paul mentioned, is part of the reason with regular visits to the units, especially some of the remote areas. But I have not noticed anything.

[10.55 am]

CHAIR: What about your staff of volunteers who are also victims but still turn out to critical events? I mean, if there is a bushfire and your house is gone, you are still out there in a fire engine, or in a road crash that the SES has attended. Have you noticed anything different about those people? Do they just keep doing their jobs?

Mr Scott: That is difficult to answer. It is a general question. What I would like to say is this: we have been keeping statistics in relation to usage of each of those programs for about the last 10 years and there has really not been that much of a dramatic shift, increase or change in any of those programs. Specifically, about emergency service personnel, with family issues, breakdown of relationships, marriages et cetera, the literature would suggest that that has always been a high incidence in that. Certainly, our experience would suggest no different to that. But whether there has been a change over the last decade or not, I am sadly unable to comment because we just do not have the resources to keep that level of record keeping.

In relation to the specific question about follow-up, that is one of the most difficult areas of my program that I am challenged with, largely because we have such a large agency. If we were to adopt the methodology, for example, that the Australian Defence Force was to do, I think we would be looking at millions and millions and millions of dollars of funding required. If I think about it in terms also of a paid career personnel agency, such as Fire and Rescue New South Wales or New South Wales Police, again, the amount of money required for that would be considerable. We do not have a workforce that is easily captured, such as a career paid workforce like police or fire brigade.

So what do we do? We spend an inordinate amount of time trying to legitimise the provision of a program amongst people and trying to make it as useful and acceptable and legitimate to our population. So, in terms of follow-up, for example, I think the New South Wales Rural Fire Service deployed somewhere in the vicinity of 3,500 personnel to the February 2009 fires in Victoria. That would be a logistical nightmare to be able to follow-up individually, so we do it from a global perspective; that is, we do briefings, operational debriefings, after-action reviews. We get hit in terms of any acute crisis that has taken place that will come through the management system, and as a result of that make a relevant response through either peer support chaplaincy or a more clinical response, if it was required, predicated upon some assessment there of need.

So about the follow-up element, as I said, we do it more generally and globally. That would be after the event we would make contact with the district teams and zones and say, "Can you please put out messages to your people that these are the sorts of things available", and send information in relation to articles that may be relevant for our population, and those sorts of things. And then over a, say, three to six-month period through chaplaincy and family support and our peer program attempt to make contact at relevant district gatherings; so it might be the leadership teams, captains meetings, group officers meetings—those sorts of things—about that. And also, for example, a letter or some sort of written email communication that goes out to our people from the CEO specifically mentioning program offers that are available to them. If we are dealing with somebody, say, from that situation, we do have follow-up, so it is not a single intervention strategy that we employ; we consider that to be actually a negligent element.

What we mean by follow-up would be that if we are dealing with a person either in a one-to-one setting—either on the phone or face to face—or a group initiative, we will tend to follow up those people at the two to four-week mark and again at a two to three-month mark in the hope that we will try to gauge whether or not that person is stabilised still, returning to normal recovery or is now

a little bit more problematic and may be moving to either acute distress or post-traumatic reactions and therefore requiring more clinical stuff; and if that is the case, we make that provision available.

CHAIR: You have all mentioned your policies; are they actually documented? Is it possible to get hold of copies of those?

The Witnesses: Yes.

CHAIR: We will give you an email address.

Mr T.G. STEPHENS: Checking some stuff on the web, Gina, in reference to your strategic development inventory, is that something that you are —

Mrs Mammone: The strength deployment inventory?

Mr T.G. STEPHENS: Can you tell me how critical that has been for —

Mrs Mammone: Yes, we have been using the strength deployment, which is a relationship awareness tool to actually prepare teams in understanding themselves when things are going well and when things are in conflict; and that can be for any form of relationship—so, working relationships with teams, understanding conflict, but also preparing teams which we utilised when we were preparing our teams to go into Victoria. That was more around understanding ourselves and our motivations and experiences and what happens when we are faced with difficult situations potentially, which we were going into with the Victorian bushfires. We have actually been utilising that with developing the relationships of teams working together, especially in our staff. We have been going through a fair bit of cultural change in SES for the last few years, and that has actually helped our personnel to understand each other in a language, I guess, that takes a lot of the emotion out of conflict.

Mr T.G. STEPHENS: Is that about securing healthy organisational structure, in part to pursue the processing of the impact of trauma on your personnel?

Mrs Mammone: Not specifically, though it does have some relevance in that because if you understand where you are or your motivations and where you work from when things are going well for you and when you are faced with a conflict situation, you may be more likely to pick up the signs and symptoms earlier. So, similar to the training we do around understanding critical incidents and the reactions that cope with that, just in understanding the way in which we as human beings respond to challenging situations, dealing with different sorts of people under conflict or we are not, just our different communication styles and personal skills, we have noticed that has actually helped teams in understanding and taking out that emotion. We use a red-blue-green type of descriptor and it gives you a bit more of an understanding of how people are motivated and their likely responses when they are communicating with each other.

Mr T.G. STEPHENS: Is that something that your brother-sister organisations —

Mrs Mammone: I do understand that the Police have used it in previous education as one of their tools and I think the military have in the past. It is one of the things that we have engaged through our employee assistance program and we have also now got a number of facilitators; but it is through Personal Strengths Australia, which is the copyright organisation that provides the actual inventory based on psychological tools. We have certainly used that in the last few years in opening up communication, mainly with our staff, and it is actually slowly flowing over to the volunteers.

CHAIR: Do you do assessments on your policies to see if there are ways of improving on your policies? Do you look at other organisations? Do you have any research to say what you are doing is actually working?

Mrs Mammone: In the last 12 months we did a project on resilience, where we have been doing some research on understanding the role of pre-incident education in preparing personnel. That

project has just been completed and we are just waiting for the final documentation from the university around that. Would you like to comment on that?

Mr Scott: Agency specific we have not as such, but what we have relied upon is interagency cooperation, whereby there have been some things done; for example, Fire and Rescue New South Wales and/or SES or more broadly that the recent consensus research that was done from a Delphi perspective, looking at peer support programs initially. So we try and keep abreast of what is happening in relation to the way in which we offer provisions and review our employee assistance program provisions as well in order that we are not left and that we are trying to benchmark across agencies.

So one of the things that we have done in New South Wales is to bring together the people at Gina and my level, and the senior chaplain's level from each of the combat agencies, so police, ambulance service, St John's Ambulance, Fire and Rescue, Rural Fire Service, State Emergency Service and Corrective Services, and we meet twice a year and have been doing that now for nearly four or five years in order that each of us would actually look at what is happening in each of the other programs, identify the differences, the reasons we have that discussion and why and to share information and policy about that. So that is one attempt that we have made in New South Wales to try to benchmark those program initiatives.

CHAIR: Wendy, from the ministry point of view, I assume that the ministry overviews the whole lot. Is there any sort of policy decisions that have been taken at that level about the mental health of your —

Ms Graham: No, there is not, because that really is driven from each of the agencies within themselves. While we would work closely and liaise with those agencies, we would not drive those policies.

CHAIR: So there is no commonality between the different agencies?

Ms Graham: There may be commonality between those agencies. There has not been any formalised piece of work to identify what they may be.

Mr T.G. STEPHENS: Should there be?

Ms Graham: I think that there are already the structures in place that Paul has talked about that are sufficient means of those communications happening within those agencies.

Mr T.G. STEPHENS: So the concept of a national policy around this area to try to position frameworks that work for all —

Mr Scott: If I am permitted to answer, I think the difficulty with that from an emergency service perspective is that there is considerable difference among agencies. So what we have tried to look at is what is best practice research, not just from an Australian perspective but world perspective; so things like where the Australian post-traumatic stress centre looks at putting out things for acute stress disorder and PTSD, and whether each of our agencies is coping with and dealing with that in the provision of services.

I have said before, for example, it is very difficult in New South Wales to say the way in which Police, for example, would deal with coping with traumatic incidents is just simply beyond the capacity of an agency such as the Rural Fire Service, and dare I say the State Emergency Service, for a number of reasons. They have the capacity to do a little bit of benchmarking—same as fire and rescue, I think—in the way in which paid career personnel come into the agency. We do not. If we were to try to benchmark people like that, that would be a huge financial impost for an agency such as the Rural Fire Service.

And I am not trying to be dismissive in that; I am trying to be realistic. What we have tried to look at is those best practice initiatives. One of the things that was just presented at the Crisis Intervention and Management Australasia conference in Melbourne just in the last couple of days

was this project looking at peer support, because a lot of our programs are predicated on part of that being a provision. There has been insufficient evidence to try to determine evidence-based analysis because it is very difficult to do that among those sorts of programs. So they have taken a research methodology which is consensus-driven through the Delphi project and it has come up with what they believe is key areas of consensus for standardisation; so that is now just done. We would look at that information and apply that to each of the agencies and say that is another area of benchmarking where we can argue whether we comply or we do not comply, because it may be regarded as a best practice initiative. That is the methodology that we have taken more so.

Mr T.G. STEPHENS: Is critical incident debriefing a tool that is deployed by yourselves currently?

Mr Scott: By our two agencies, yes.

Mr T.G. STEPHENS: It is currently deployed?

Mr Scott: Correct.

Mr T.G. STEPHENS: Is that supported by your understanding of current best practice?

Mr Scott: From my position, absolutely.

Mrs Mammone: Absolutely, the same.

Ms M.M. QUIRK: Is that more of an operational-type briefing or does it go into —

Mr Scott: No. What we would call an operational briefing is very different from what we would call them now—psychological debrief, critical incident debrief, a powerful event support group; those sorts of things. That methodology we still apply. We have reviewed and are very mindful of the debate that has taken place worldwide, and we are still considering that for the culture of an agency such as a fire service or a state emergency service, which often operate in groups, that part of the support function and part of the recovery function is groups as well. That is not to say that we do not do individual stuff; in fact, probably the majority of stuff we do is individual, but we make those assessments and where they are appropriate we apply we believe is appropriate methodology and assessment in order to deploy a range of tactics which does include critical incident debriefing.

Ms M.M. QUIRK: What is the optimal time that is done about an incident?

Mr Scott: If it is an immediate small group support, which is not a full debrief, some of the literature says it is best to be done within eight to 12 hours. Our contextuality in this state is that we allow that within the first 24. And then from the second day through to about three to four weeks, we would apply what would be typically regarded as a critical incident debrief. If it was beyond that, we would then look at the complicated factors of those sorts of things and we would normally apply a very senior person, clinically trained, in order to deal with that because of the necessity.

CHAIR: You have a very high number of volunteers—up to 70,000, and you are 10,000. Do you have any idea of what your attrition rate is after major events? How many, kind of, go, "I'm not doing this any more" and just walk away?

Mr Scott: Actually, no. But I am thinking that the Rural Fire Service agency has been looking at the numbers of its personnel and trend analysis about that, so there may be an opportunity or a possibility to look at that. But, again, we would not specifically know the reasons why. Anecdotal observation would suggest that our attrition rate would be probably low to reasonable, I would suggest, only because volunteer agencies tend to attract interesting people—lovely, beautiful, interesting people—and they tend to want to stay, sadly sometimes even despite whether it is a good thing for them. That has been part of our emphasis to try to help people to understand, "Do you know what? You've really put a heavy toll in at the moment, maybe it is having some impact. What about we do something? What about we have a rest and then come back?" So it is taking that longer-term view as well.

[11.13 am]

Ms M.M. QUIRK: Speaking of the term "interesting people" —

Mr Scott: Yes.

Ms M.M. QUIRK: — do you have a program in terms of psychological testing when you—

Mr Scott: No.

Ms M.M. QUIRK: Do you have any programs to identify, say, firefighter arson or what have you within the service?

Mr Scott: No. It has been considered and looked at, and I am of the belief that AFAC—the Australasian Fire Authorities Council—has been looking at those sorts of things. We do have a relationship between the New South Wales Rural Fire Service and Police both in terms of the fire investigation initiative, and they have been looking at those possibilities, but it is my understanding that the evidence is still somewhat questionable about the effectiveness of such an approach. What we tend to do is to try to look at—as soon as there is any level of suspicion, it is report, report, report, and the service takes a very serious view in relation to doing that, and, of late, that has resulted in investigation, arrest and conviction.

CHAIR: Members, any other questions?

Mr T.G. STEPHENS: No, thank you.

Mr Scott: Can I make just one further comment that may help in clarification based around that notion of the debrief element? I have indicated to you that we are very mindful that there has been a world debate in relation to that, and what we are concerned about is that the evidence, we believe, that has suggested the disuse of that because of supposed concerns raised is that the methodologies that were applied and the hosts they were performed upon are completely different to what we actually do. There is evidence—research—that has indicated that what we do for the populations we serve is worthwhile, and so we are still mindful that everything that we do we want to do in order not to cause any further distress or harm for somebody, and so we are very mindful that the approach we take is about that. But I think the difficulty is that a lot of the negative comment was based around single-session debriefs, without any—

Ms M.M. QUIRK: With individuals rather than teams?

Mr Scott: Individuals. Even if they were team approached—the literature is very narrow on that—what happened was that it was not predicated upon an organisational perspective, whereby our organisations understand that before you even, theoretically, get to a critical incident or a traumatic incident, you are mindful about resistance, resilience and then recovery, if it is required, and so we do a bit of that sort of stuff. But then what happens is that there is information awareness programs, and then, if it is required, we do not come in and do a single session or a single debrief and leave you; there is follow-up methodology, and it is integrated within an organisational framework. The suggestion would be, even in the research, that that is the way to go, which is not commented on in relation to the literature, in my opinion. I just wanted to say that.

CHAIR: Who are the people who do these debriefs? If you are out there in far north New South Wales and you attend a fire where there has been a tragedy, and they are a volunteer brigade, who are the people who come and do the debrief and work through it and all those sorts of things?

Mr Scott: Yes; excellent question. For our peer support program, you will be surprised that for an agency that has 70,000 people, I only really have about 40-odd [peer supporters]; I am putting another 10 on now and another 10 next year. But I have flexibility to move them around, and the team I have, from the peer perspective, is actually quite available. We have no difficulty in making quite adequate responses within 24 to 48 hours. If it was something more urgent than that, then

logistics in terms of—they are spread right through New South Wales—chaplaincy and family support.

Our senior peers, who we have trained in programs and courses to run these sorts of groups, are supported with a range of clinicians, so psychologists, counsellors, and social workers. But those people are specifically crisis orientated; we have taken the view to separate our reliance upon the clinical provision and oversight of our trauma and peer support program from our EAP provision, because EAP is great. I have control over who has the contract, but I do not have control over who the individual practitioners are. I want people who are culturally relevant from the emergency service perspective, and who are crisis-orientated, not somebody who is a great family counsellor coming to deal with somebody who has had to deal with a horrific operational experience. We have that flexibility built in and we rely upon those, and over the 10 years I have been running the program—even well before that—I am not aware of an incident or request that we have had to make where we have not been able to make an appropriate response to that person within 48 to 72 hours.

CHAIR: Is there an acceptance in those far-flung groups that somebody comes down from Sydney or wherever?

Mr Scott: It is not necessarily from Sydney. It might be that I will move my person in Albury to Deniliquin, or I will move my person from Lismore to Moree, or the person from Cobar to Moree in that sense. It is quite a flexible situation; it is like that. Where we have gained more acceptance about that is rolling out these people in the pre-incident awareness programs at varying stages and levels of our organisation, when it is healthy, nice times—so training experiences, regional exercises, that sort of stuff.

CHAIR: So they are volunteers, so they may already know that person?

Mr Scott: Volunteers and paid clinicians, yes.

Mr T.G. STEPHENS: Wendy, in reference to the connection between the personnel involved in responding to emergencies and the communities they are serving, in securing recovery are there any key strategies that need to be deployed to secure the psychological health of communities that have gone through trauma or disasters, so that the whole setting is therapeutic both for the service personnel and for the communities of which they are part? Is there any key—

Ms Graham: That question would best be directed to our health services that provide the overall mental health strategies in an event. I guess what I would say, though, is that each significant event is assessed on its particular circumstances and situation, and that certainly for each of those events there would be, at that coordinating level—whether that is at a regional level or also at a state level when there has been a significant event—an assessment done of the needs of that particular community in terms of strategies for going forward. That would cover things from the individual impacts on particular individuals in terms of their own homes, to the whole of the community—for example, where the crop of that community has been destroyed and then there are flow-on effects in terms of income and longer term effects for that community. Each of those events would be considered within its particular context, would be considered amongst the range of agencies with expertise in those various areas, and a strategy put together to deal with the particular needs of that community.

Mr Scott: I just want to confer with my colleague: Would it be appropriate to talk about the disaster recovery chaplaincy network as part of the strategy with health?

Ms Graham: Yes. We also have an arrangement with a disaster recovery chaplaincy network, which is led by the Uniting Church. The basis that we did that on was really to provide a structured and formal strategy for chaplains within evacuation centres, recovery centres and communities. It very much came out of the experience of working in recovery. As we know, a lot of non-government agencies wish to participate and help after events have happened, and this was a way of

making sure we were able to do that in a formalised way and that the people had been trained. It was also a way of being able to say to the wider community that this structure is in place to respond to this need, and so that is another element of the disaster welfare support services that are provided.

CHAIR: I am conscious of the time; you have to get back and do your jobs, and we have some other people coming. Before I read the closing statement, have you any particular closing comments you would like to make before I talk you out?

Mr Scott: I would like to say that best models are ones that are integrated and form a continuum of care. We have spoken about peer support and we have spoken about employee assistance programs; it is a range of those. I just want to make very clear that peer support programs are best utilised when they have effective, functioning mental health involvement, both in terms of selection, training, monitoring, supervision, and aftercare for those teams, as well as the provision of service to whoever you are providing it to.

It would be my experience also that you need to have a healthy integration, so that when it moves from being crisis and early psychological care provision to something that requires more clinical assessment and then ongoing, you really do need to have that nice fit within the workers' compensation situation. In our agency they are two separate things, and why we do that is that even when workers' compensation at some point might need to decline certain things, the chaplaincy family support, peer support, and counselling and support unit of the agency can still work with the person, which is a nice moral response and ethical response, we believe. But you need to have that effective relationship because ongoing care outside of the crisis and emergency service needs to be well established. I think that is important.

CHAIR: Thank you all very much for coming in this morning and speaking to us. I am going to read you a closing statement that lets you know what happens from here on in with our processes. Again, thanks for your evidence before the committee this morning. A transcript of the hearing will be forwarded to you for correction of minor errors. Any such corrections must be made and the transcript returned within 10 days from the date of the letter attached to the transcript. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added via these corrections, and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, could you please include a supplementary submission for the committee's consideration when you return your corrected transcript of evidence. Again, thank you very much for coming in this morning.

Hearing concluded at 11.26 am

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