

**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 MELBOURNE
MONDAY, 2 JULY 2012**

SESSION ONE

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 9.02 am

KUEFFER, MR PETER

**Clinical Director/Psychologist, Victoria State Emergency Service,
examined:**

HEDGER, MR NEIL

**Chairperson, Victoria Emergency Service Association,
examined:**

JOHNSON, MR WILLIAM

**Vice Chair, Victoria Emergency Services Association,
examined:**

The CHAIRMAN: This committee is inquiring into the recognition and adequacy of the responses by state government agencies to the experience of trauma by workers or volunteers arising from disasters. I think you have met everybody, so I will skip that bit. The Community Development and Justice Standing Committee is a committee of the Legislative Assembly of the Parliament of Western Australia. While this is an informal meeting, I believe you have been advised that we are looking to take an audio recording of the proceedings and to take notes. I want to ensure that you are comfortable with this arrangement. While the committee may look to use information it receives today as part of its deliberations for its final report, you will not be directly quoted in our report without us seeking your prior permission and I rule that a recording of this meeting be published. Before we proceed to the questions we have for you today, have you completed the "Details of Witness" form?

The Witnesses: Yes.

The CHAIRMAN: Do you have any questions in relation to appearing at today's briefing?

The Witnesses: No.

The CHAIRMAN: Before we start, do you want to make any opening statements or ask any questions?

The Witnesses: No.

The CHAIRMAN: Okay, we will fly straight into it. Can you tell us how VESA operates and anything that might make it different from the SES in WA?

Mr Hedger: Not having a great knowledge of Western Australian stuff, although we do talk occasionally and are in the process of setting up an Australia-wide national state emergency service association, we are there for the support of all SES volunteers in Victoria. It is mainly to do with policy procedures.

The CHAIRMAN: What sort of support do you provide?

Mr Hedger: Mainly third-person type stuff. We go in and check the things out there, such as grievances. Any time there are issues to take to the service, they bring them to us and we take them to the service. We have a meeting with the service about every six weeks when we sit down with the SES executive and discuss all the issues.

Ms M.M. QUIRK: How many personnel are in the SES? How many volunteers?

Mr Hedger: There are 5,500.

Mr Johnson: From what I understand, we are slightly different from Western Australia because the fire services are all combined there; is that correct?

Ms M.M. QUIRK: No.

The Chairman: We have the Fire and Emergency Services Authority, which is now being melded into a department. There is a piece of legislation before our Parliament at the moment.

Ms M.M. QUIRK: William is talking about the voluntary associations. There are about four of them; it is a mess.

Mr Johnson: Okay. I thought there was only one. In regards to us, we are similar in that we have what is called a VESA state board, with a chair and vice chair. We have seven regions and a state board director for each region. In the central region, which is the Melbourne area—we call it central—we have central west, east and south. The next step down is each region forms a council with a president, vice president, secretary and, if needed, a treasurer. The next step from that is you come down to the units, and every two years each unit elects a unit delegate. We usually have a maximum of two. The delegates then become part of the regional council. We are completely separate from Vic SES—the Victoria State Emergency Service. Our next step from the councils would be that each of the seven regions has a regional director and the next step down is a unit controller. If you have any problems or interaction or communication, it usually goes through the unit controller direct to the regional manager and the regional manager goes to the Vic SES, and if they do not get any satisfaction or nothing seems to be happening, that is when VESA comes in. They come back to the units and we get involved with them after that.

The CHAIRMAN: When the units attend a traumatic situation, what support is there for the volunteers?

Mr Johnson: There are two sections. One is Peter's area and the other is chaplains. We have a chaplain in each region.

Ms M.M. QUIRK: Peter, how long have you been on deck for?

Mr Kueffer: For 11 years.

Ms M.M. QUIRK: Was there a catalyst that initiated the fact that you were needed?

Mr Kueffer: No, the role and function of the organisation preceded me. The SES has had a peer support program since 1991. It was one of the first peer programs in Australia and there has always been a role for clinical director for that. There was a vacancy and I came on board and I have been in this role now for 11 years.

Ms M.M. QUIRK: Have you seen any change in the philosophy, and could you outline that?

Mr Kueffer: When I first came to the organisation, the function of this group was not very well defined. It was seen as a little bit soft and fluffy and nobody quite knew what to do with it. Also, the peers were not very well trained. I think we have got to a stage now where it is accepted in the organisation that there is an occupational health and safety risk to our volunteers by nature of what they do, and that is on a regular basis, not just when major disasters occur. Vic SES does most of the road crash rescues in country Victoria. Melbourne metro is the metropolitan fire brigade and we have a few country fire authority brigades that are qualified for rescue, but most of the RCR stuff is done by Vic SES. We have critical incidents on a weekly basis. Not only do they go there to try to rescue the living, but if there are dead people, or should people die during the rescue, the SES volunteers assist the police in extricating the bodies and picking up body parts and other things like that. It is a big ask for volunteers and the potential for damage is recognised under legislation. It is no longer a soft and fluffy program. We have an early intervention and crisis intervention program that is embedded in the organisation, supported from the top and very well supported throughout the state now. I will just keep talking unless you want me to stop!

Ms M.M. QUIRK: You said that it was embedded in legislation. What do you mean by that?

Mr Kueffer: I am no expert on occupational health and safety legislation, but there is a clause now, I believe, that an organisation is responsible for the psychological health as well as the physical health of its members.

[9.10 am]

Mr I.M. BRITZA: One of the things that we have been really concerned about—first of all, Neil, I want to say thank you because I know you have come a really long way. It is important for us because I will tell you what we want to find out: there are a lot of things in the middle of rescue and emergency services that we could zero in on but what we are concerned about primarily is front-line services who are dealing with fatal trauma on a regular basis, as well as primarily in the middle of a disaster, and what is being done for them after these things occur. You are talking about it being regular, and I accept that because I feel that that is the case, but we have found that in many cases, departments have said—there are many ways of saying this—get back on the horse and just get back out there; go and have a drink, or whatever. There has been no program to debrief or to support. That is what we want to home in on. Of course we want to talk about Black Saturday, but in amongst this, what has been the program shift to take care of those who have been dealing with, primarily the fatal issues, and what is being done to support them and their families?

Mr Kueffer: There are two functions, I suppose. First of all, we have it as policy that if an SES unit attends what we call a “critical incident”, which is a very broad definition, but usually it is a fatality and variations of that, the unit controller or the officer in charge must contact the peer support duty officer. We have a whole system—an on-call system—that is manned by our volunteer peers 24/7. There is an obligation on them to contact peer support. They do not necessarily have to have an intervention, but they need to contact peer support. Ideally, after a critical incident we involve our volunteer peers in an intervention of some sort, and to be most effective that has to be done within about 24 hours. Once it starts to get beyond that, it gets beyond volunteer peers—the para-professionals. So we try to have a very early intervention process and we use the critical incident stress management model, which we have used for a long time. Not all organisations use that now because of the debriefing debate and so on, but it works for us very, very well. Our people are also skilled in psychological first aid and one-on-one and group sessions and so on. There is that primary intervention. Not only does that mitigate the impact of the trauma and help people return to normal functioning, but also it helps identify those people who might be having problems further down the track and it provides a link.

The CHAIRMAN: Peter, before you go on, can you tell us about the training for the peer support? You have 5,000 volunteers; how many are peer support?

Mr Kueffer: At the moment I reckon we have around 45 but our ideal number is 60. You mentioned the chaplains. We are not using them in crisis response at the moment but we are trying to build up our chaplaincy service. They certainly have a role in protracted incidents. We train our peers twice a year. We get everybody together over two weekends and the training is either to introduce new methodologies or skills maintenance in the current methodologies. We are also structured on a regional basis as far as peer support goes. There is a manager of each region, who is a volunteer as well, and they are expected to look after their people and help them with training.

Ms M.M. QUIRK: Do you know what the cost of that is?

Mr Kueffer: I can tell you what the annual cost of our program is. It is approximately \$240 000 a year, and that includes salaries for myself and a 0.4 FTE who works with me.

Ms M.M. QUIRK: Do the volunteers have access to an employment assistance program or something outside of —

Mr Kueffer: No.

Ms M.M. QUIRK: So it is the peer support and the oversight that you and your colleagues do?

Mr Kueffer: Yes, but my colleague and I cannot treat, so if we identify a volunteer with a mental health disorder and we need to accommodate that as well as normal stress, which is not a mental health disorder but which is often ignored, that is managed under the WorkCover system, so it becomes a WorkCover claim and costs are covered by the insurer.

Ms M.M. QUIRK: Even though, strictly speaking, they are employees?

Mr Kueffer: Yes, we treat our volunteers as employees.

The CHAIRMAN: Is there any resistance to making a claim?

Mr Kueffer: No, it is supported by the organisation. We do not get in the way of that. It is a way of dealing with a problem.

The CHAIRMAN: Because they are volunteers, is it not seen as —

Mr Kueffer: No, in my experience the resistance we have had—we have had members who will start to present with post-traumatic stress disorder five or eight years after a particular incident. By our early intervention we are trying to break the cycle of the stress build-up but it is not uncommon for that to happen. In situations when there is a delayed onset of symptoms, which can be extremely disruptive at that stage, from time to time the insurer has sought a second opinion before going ahead, but nothing has been blocked.

Mr I.M. BRITZA: Are you expecting some response eventually from Black Saturday?

Mr Kueffer: It is already there. When you talk about Black Saturday, yes, we had people presenting with post-traumatic stress disorder and clinical depression in the months after Black Saturday, but we are continuing to get the odd person pop up.

Mr I.M. BRITZA: Coming back to the peer support, it is interesting which department you speak to actually likes it or is ambivalent towards it. Is there any place in your organisation for retirees, those who have come out of retirement and assisted the organisation?

Mr Kueffer: No, we have not used them. In fact, we follow a philosophy that no matter how well accepted peers are in an organisation, there is still a bit of resistance to this area. There is an emergency services mentality, so it is critical that our peers, when they go in to provide support, are instantly credible, and their credibility with units is based on their current operational status. They have 30 seconds to really win it.

Look, there is something I would like to add. I spoke about the crisis response but particularly over the last few years I have done quite a bit of work on and off in the US on training and resilience. It is very fashionable now—everybody is an expert on resilience—but that was not the case when I started looking into it. All the evidence is showing that what we do with pre-incident education—that is when our peers go out to SES units every two years and run critical incident stress awareness sessions and show them how to look after themselves—that actually builds people's resilience. The preventative approach is the other part of what we do rather than provide a response once a critical incident has happened.

Mr I.M. BRITZA: There has been publicity around this—it is a sad case—but we came over here this year for a one-day seminar dealing with women, and found out that domestic violence would rise in the middle of a disaster. It was a bit of a shock when you did not know anything about that. Guys are putting their lives on the line and saving people and then coming home and being a mess. That is why we wanted to know how much planning you had done towards that.

Mr Kueffer: Are you talking about Black Saturday?

Mr I.M. BRITZA: Yes.

Mr Kueffer: I can talk a little about Black Saturday. If I can go back in time a little bit, when we got the Commonwealth Games in 2006, we did some pre-planning and it was pretty close to 9/11 then and everybody was thinking about terrorists. We thought, “If we get a major event, how do we support our members and how does peer support work?” I mentioned that our peers are operational members of units. If we had a major emergency, it is highly likely that our peers would be operational as SES rescuers and therefore could not be used. We also looked at other emergency services and we have a number of methodological differences between the emergency services in Victoria in terms of how we provide our support. Notwithstanding that, they would also be busy, so we formed an association with the peer support and chaplaincy function of the NSW SES because the way they trained and their methodologies were very similar to ours. We now have a memorandum of understanding with them.

Since 2006 we have trained together on a regular basis. My counterpart comes to our training and I go to their training, and so on, so that when Black Saturday hit us, we were able to sustain a peer response over the five weeks of that emergency—it did not really finish until 3 March—and we had three teams of peers and chaplains from New South Wales coming in to help our people. That was very, very effective. If I can go a step further, subsequently we had a training weekend in 2010 in Albury where we had Queensland, New South Wales and Victorian SES peers and chaplains and one guy from Canberra. We worked on a disaster scenario and on how we would work together, and we got to know each other. At the beginning of the following year Queensland had the floods and cyclone Yasi, so teams from Victoria and New South Wales went to Queensland and they worked really well together. My counterpart from New South Wales relieved the manager in Queensland because he needed a break. We have a good little system going, I think.

[9.20 am]

Ms M.M. QUIRK: You mentioned that you have 45 peer support officers, but ideally you would want 60. What is the reason for the deficit and how did you identify that?

Mr Kueffer: You get attrition. There is a use-by date, and with some people there is a high risk to their peers for actual mental health disorders as well; we need to supervise it. We went through a process of reaccrediting our peers last year, because like any group of people a lot of our management time is spent on a small group of people and it was not working, so we went through the process and our numbers reduced a bit. We are always recruiting on an annual basis, where we put the word out to units, talk to unit controllers and then we go through a pretty rigorous selection process. That is how we got the number we have at the moment. We do not have an even geographical spread, so it makes it difficult, but we have never failed to respond to a request for assistance from a unit.

Ms M.M. QUIRK: Bill, you were having a bit of a laugh when I asked that question and I wondered why. Was there any reason?

Mr Hedger: No; it is all right.

Ms M.M. QUIRK: Are you sure? [inaudible]

Mr Kueffer: You can talk in front of me.

Mr Hedger: No, I think they do a fantastic job.

Ms M.M. QUIRK: You said there are 5,500 volunteers in your association. Can you give us a bit of a ballpark figure about the age of those volunteers, their profile and gender?

Mr Hedger: The volunteers probably range from mid-seventies right down. We do take them in at 16, but they are not operational until they are 18. We have a lot of trouble with the younger ones. Sometimes they will come in for a couple of years, then they will go away, get married and then later in life, in their thirties, they come back because they have had this little bit of training and they

have an understanding. It is all about working with your community and being involved with your community.

Ms M.M. QUIRK: What age would the majority be?

Mr Hedger: Late thirties—early forties.

Ms M.M. QUIRK: That is good. And predominantly male?

Mr Hedger: No.

Mr Johnson: Not now—10 years ago, yes.

Ms M.M. QUIRK: What is the breakdown?

Mr Hedger: I could not give you an exact figure at this date.

Mr Johnson: At least a third. It used to be the old-boys' club and unit controller and management were all males—deputy controllers, controllers.

Ms M.M. QUIRK: The natural order of things!

Mr Johnson: You have some very switched-on young ladies coming through now.

Ms M.M. QUIRK: Do you think that that change in gender has had a bit of an impact in terms of the sort of work you do?

Mr Kueffer: It is not so much a change in gender, it is a change in demographic I think, particularly with younger, more open-minded people coming in.

Mr Johnson: When you are talking about the long term—I can give you the live experience and what happened to me; but in general terms the unit controller and the management team, the SES unit controller because he is part of their management group, is looking after the volunteers. As Peter said, the peer group comes around every two years and updates and everything. If you have an issue or a crisis in the unit, most units—I am not aware of every unit—have peers in their own unit. To my knowledge, unless it has changed, they cannot deal with people within their own unit. If they volunteer as an individual for any issue or any critical event, they pretty well go straight to the duty peer and bypass the unit. Would that be correct?

Mr Kueffer: Yes, there is a 1800 number anybody can contact.

Mr Johnson: In the longer term, the unit in its general day-to-day business after the period of what Peter talks about—in the long term as time goes by—would not be conscious of that person and their physical and mental state because of two things—most of them are not trained anyway. I like the idea—when you were talking about retired psychologists and all that—if there could somehow be a specialised position in units. What happened to me, I was at Healesville, which is out in the hills, the Dandenongs; I was a unit controller there. Two ambulance officers were killed going up to a rescue, a car crash, and they went over the side. One was a Knoxfield SES volunteer and the other chap was CFA, I think—I am not sure; and they lived around Healesville. The deputy controller went to it. We went through the whole process [inaudible] and the funerals and everything. Then I think it would be about six or nine months later, he got employment at Alexandra, which was the top end of what we call the Black Spur as you leave the mountains and he would pass that place when he came home every day from his work commitments. I think it was three months he was doing this, and it hit him—like Peter was saying—and he just fell apart. But it took that long. From talking to him in general terms, you cannot gauge the change mentally in him and he just fell apart. I dare say he has been out of it since then; we do not know what happens with the PSI because it is confidential and he cannot say, so he sort of went out of it. It was just the impact of it.

Mr I.M. BRITZA: Is it compulsory for someone to turn to somebody after a critical incident?

Mr Hedger: It is not compulsory.

Mr Johnson: It is up to the individual.

Mr Hedger: The unit controller, if you are at an incident, usually notifies peer support that it is going on and they organise somebody to come in.

Mr Johnson: What happens is the peer group, they defuse it as well—the major ones.

Mr Kueffer: It is defusing.

Mr Kueffer: Not necessarily; that is one of the group processes we have got. But our policy does state that the officer in charge must contact the peer support duty officer if we get one of a number of types of incidents.

Ms M.M. QUIRK: You talked about resilience training. Is that different from mental first aid?

Mr Kueffer: Yes.

Ms M.M. QUIRK: What are the components of this training? I am sorry that you have to dumb it down for us.

Mr Kueffer: I will say again that it was in 2008 I started looking—actually, when my predecessor, the person who started this program at SES, were talking, she said, “Wouldn’t it be great if we could somehow immunise people against critical incident stress?” She said I should apply for a scholarship or something, so I did some literature research and I found hardiness and some stuff on resilience, but nothing in Australia. I got a scholarship. I went to the United States. I went to look at a whole range of agencies like the New York police department, New Jersey state police and the New York fire department to see what they were doing.

Ms M.M. QUIRK: Yes, the usual suspects.

Mr Kueffer: The usual stuff, but also a couple of academics; and one in particular who had developed a critical incident stress management methodology. He was doing ground-breaking work on resilience. He demonstrated that in a six-hour training program you could build people’s perception of their ability to handle stress. It is not rocket science. Subsequent to that he has developed a really interesting training program on resilient leadership; he said that is the way to change organisations, like we did with train the trainer and that. It is all about increasing people’s ability to either withstand stress or to recover from it very, very quickly. It has implications for the way people are led and the pre-incident training they get before they go out.

Ms M.M. QUIRK: For example, legitimising a range of emotions and therefore if you contact them you can see whether that is within the normal range. Is that the sort of thing you mean?

Mr Kueffer: That is part of it. It is understanding that it is normal in about 60 per cent of emergencies to have some sort of reaction after a critical incident on a diminishing scale for six weeks. After six weeks, you are starting to get problems and that gets in the range of a mental health disorder.

Ms M.M. QUIRK: There is a bit of a live issue here at the moment that comes up generally in this area, and that is fatigue management. You might want to address what you do in that regard in critical incidents.

Mr Kueffer: I am just aware of it and we have policies, but how they are implemented I am not sure.

Mr Johnson: In general terms it is what we call “operation response”; they are the people out in the field. Their working day should be eight hours. Basically, operation support back at the ICCs and all the various units are allowed 12 hours. When we were dealing with the fires, we become involved with the CFA and managing their staging areas. Our volunteers go in, and when the CFA strike teams come in—it is a bit complicated in one area. It does not always work and they can be out there 16 hours. It is the administration side that does not flow all the time. We all know as soon as there is an emergency we are going to have chaos and then it is trying to regulate the chaos as best we can with a defined system.

[9.30 am]

Ms M.M. QUIRK: Obviously a lot of your units are based regionally and they are the first responders; they are on the spot. We have found in the course of this inquiry that quite often the first responders are also victims. Are there any special mechanisms you have on how they are treated?

Mr Kueffer: I can comment on that with reference to Black Saturday. In particular, we had two SES units that were primary victims: one was the Kinglake SES unit and the other one was the Marysville SES unit. On the edges we had Alexandra and also Healesville to some extent. All our methodologies are designed to support secondary victims of trauma. Our volunteers are actually secondary victims, but these people were primary victims, so they required very, very special treatment, and very special and unique support in their role. One of the big issues was they were not functioning too well. They had lost friends, family, pets and houses. The Kinglake unit lost its SES shed; it is a wonder they did not lose some members from what they did that night. All they had left, some of them, was their SES identity, their orange overalls and their role in helping the community. But, at the same time, they were not very functional. There is a delicate balance between allowing them to maintain some sort of operational role and looking after them as well.

The CHAIRMAN: Before we go on, what was the name of the academic you spoke of on resilience?

Mr Kueffer: Dr George Everly. If anybody wants to go to the web, it is University of Maryland's Resiliency Sciences Institute.

The CHAIRMAN: Do you do a resilience training course for your volunteers?

Mr Kueffer: I have started. I have done a bit for our people and also for New South Wales SES, and the New South Wales Rural Fire Service has requested that as well. There is more we can do on that.

The CHAIRMAN: You said that your chaplaincy service does not respond like peer support; they respond during incidents.

Mr Kueffer: Let me go back a little, if I can. Talking about "during incidents", we avoid doing much peer work during an incident. It is not indicated that is going to be very effective as it can get in the way. During incidents, and particularly the black Saturday five weeks, it was high visibility and support where we could. It is afterwards that we do our main work. The chaplains do not have a role of critical incident stress response in our organisation because they do not generally have an operational background in SES. However, they do have a role in, say, protracted incidents, providing support and a whole range of functions related to the welfare and wellbeing of our volunteers—spiritual crises in general; it does not have to be a crisis of religion and it can just be having your sense of meaning about the world challenged. They need to be able to deal with that, and they also provide support to families, do a range of blessings, funerals, marriages, namings and things like that.

The CHAIRMAN: How many chaplains have you got now?

Mr Kueffer: At the moment we have eight. It is a bit of a shifting feast right now. We try to get two per region.

The CHAIRMAN: So you are trying for 14?

Mr Kueffer: Yes, around about. It is not easy because we do not pay them; it is a voluntary role. We have a couple who are currently working as ministers of religion, which makes it a little difficult. We have a number who are retired, but again we have to be careful about what demands we make on people at that age, sometimes.

The CHAIRMAN: So they would all be a bit older?

Mr Kueffer: Yes.

Mr Johnson: We were talking with Peter the other day when we were in town, among the businesses. From my understanding—Peter will explain more—in America, and I know for Europe, they do not seem to have the volunteer system that we have in emergency services. I know in Victoria you have the CFA, which is the Country Fire Authority, which has paid staff—like the SES, we have some paid staff; the MFB, the Melbourne Fire Brigade, have fully paid people. There are different systems going on, but the people Peter was talking to the other day do not have volunteers.

Mr Kueffer: They volunteer, but they get paid.

Mr Johnson: I do not know how you look at that as a system.

Mr Kueffer: We are quite unique here.

Mr Johnson: We have DSE, the Department of Sustainability and Environment, which bring in volunteers—they do the national parks.

Mr Kueffer: They get paid too.

Mr Johnson: They get paid doubly as volunteers over the fire season as seasonal firefighters, yes.

Mr I.M. BRITZA: You are physically a fair way from the city. What is your role when there is a disaster or an incident, being physically so far away?

Mr Hedger: That has no bearing on it because, as William explained before, we have a director in each region. It does not necessarily fall back on me. I am a director of my region and I look after my region if anything happens in my region. We have the directors in each other region who look after things in that respect.

Mr I.M. BRITZA: Do they report back to you?

Mr Hedger: Yes, they report back to me, and they come to our meetings and stuff. If there is further need then we activate and we go in and help where we can.

Mr I.M. BRITZA: What is your relationship with the fire brigade or the CFA?

Mr Hedger: It is extremely good. We currently are running a partnership with them, the VFBV, which is the Volunteer Fire Brigades Victoria. We have been working with them on the white paper that is currently before government. Then there are a couple of other issues on which we have also worked with them to do with scholarships and stuff like that, where they are providing some places for SES personnel to go on some of these scholarships.

Ms M.M. QUIRK: What is the white paper about?

Mr Johnson: It is secret at the moment.

Ms M.M. QUIRK: Is it emergency management Victoria or is it more specific than that?

Mr Johnson: It is the government of Victoria putting it all together through the minister for emergency services. In the past, it started off as a green paper. The government has been fantastic, because we have been going recently to all these forums and now we are doing the network for all. They are bringing together all the emergency services. That seems to be the new look at things. When the white paper comes out, listening to the people belonging to the government at different levels, they said there are no leaks. It has been fairly quiet. Usually, like budgets, you get —

Ms M.M. QUIRK: No, but it is just that it is not related specifically to this area; it is a general thing.

Mr Hedger: All hazards—emergency services.

Mr Johnson: That is where they are moving.

Ms M.M. QUIRK: That is a thing from the Royal Commission.

Mr Johnson: That is it. As you were talking about, we are really starting to form partnerships with CFA and St John's and Life Saving Victoria and the coastguards. We are all starting to come a little bit closer, where it used to be us and them.

Mr Hedger: There used to be barriers between each one.

Ms M.M. QUIRK: Peter, if money and resources were not an issue, what would be the one thing that you would do to minimise or mitigate critical incident stress?

Mr Kueffer: I would like to continue basically what we are doing but do it better. I think if we could ramp up the pre-incident training with some more trained people and the whole logistics to support our operation. It would be really good if we had from office equipment to vehicles to everything—that would be great.

It would also, I think, be good if we could pay psychologists as well or mental health professionals. As I said, we deal with issues under the WorkCover system, but with a population of 5 500, we get members with problems that are not specifically operationally related, but they come to us. It is a matter of trying to find a GP and a mental health professional who is going to work under the Medicare system that is not going to cost our people anything, that is a little tough. If we had the funding to provide the mental health support, that would be really good.

Ms M.M. QUIRK: Following Black Saturday, particularly those units, what sort of issues did you see arising?

Mr Kueffer: A number of people with post-traumatic stress disorder—serious, potentially suicidal people. One of the issues we have got in Kinglake at the moment, this community is still bleeding. We are into year three, and they had a spate of suicides about a month ago—five people in the community. They all know each other. It was post-traumatic stress disorder, the main one; depression.

Ms M.M. QUIRK: Some jurisdictions for their career people have an annual medical physical check-up, but they also have some indicators there to look as if there is some mental health issues arising. Your volunteers would not get a medical check-up regularly.

[9.40 am]

Mr Kueffer: No. I will just mention also, one of the gentlemen mentioned we do have permanent staff. Most of them do not have an operational role. I do not know how many do. But really, if it is an operational role, they are out there managing in some form. They have access to an employee assistance provider. We do not cover the paid staff.

The CHAIRMAN: Do you do any psychological testing?

Mr Kueffer: No. I will qualify that; if I suspect that somebody has an issue with post-traumatic stress disorder, I will run a short test just to give me a little bit of support before I write to a doctor about it. That is all. We do not do any screening.

Ms M.M. QUIRK: So this rash of suicides that you had recently, would it then be your practice then to go out and visit other members of the group?

Mr Kueffer: First of all, they are not our suicides; they are not within the service. These are community groups.

Ms M.M. QUIRK: Oh, they are not. There were just some community members.

Mr Kueffer: Issues relating to suicide come up from time to time anyway, but these recent suicides were not from our service, but they certainly impacted on our unit members, because they all know each other.

Mr I.M. BRITZA: Can you give us a time line again of that?

Mr Kueffer: Three years after.

Mr I.M. BRITZA: The five—what period?

Mr Kueffer: Okay; if you look at Black Saturday, February 2009, two months ago we had five suicides in Kinglake.

Mr I.M. BRITZA: In two weeks?

Mr Kueffer: Yes, it is a very short period.

The CHAIRMAN: Is somebody doing some research on what that is related to?

Mr Kueffer: There is a psychologist called Dr Rob Gordon, who on and off works for the Department of Human Services here. He has done a lot of work with these communities. Now I am not quite sure what he is doing, but I would suggest he is involved in some way.

Ms M.M. QUIRK: I think there is some work being done through the bushfire CRC.

Mr Kueffer: Probably too; yes.

Mr T.G. STEPHENS: The stuff that Everly did—resilience training; is that part of building resilience in communities?

Mr Kueffer: It can be used for that, yes. It is all very new. When I did the training with him in 2010, there were only 19 trainers that he trained up from across the world, and I am lucky to be one of those. I have done a few since then. Since that time, we have got—I do not know if “plethora” is the word—but we have so many people who are talking about resilience now.

Mr T.G. STEPHENS: Do you think that work is applicable for that suicide contagion?

Mr Kueffer: I think it could be; yes. I think the important part about it is that training addresses groups. It is not an individual support process. It addresses groups in the community or workgroups in emergency services.

Mr T.G. STEPHENS: It is the only scalable way of doing things.

The CHAIRMAN: We actually have Dr Gordon coming in for a session.

Mr Kueffer: Which will be very useful.

The CHAIRMAN: Gentlemen, do you have any comments, anything that you would like to add that we probably have not asked, that are important?

Mr Johnson: In recent times, SES is very keen on retention of volunteers. It is starting to grow, and it is excellent. While we do our recruitment drives, we still have quite a few volunteers leaving, but we do not know why they are leaving in a lot of cases; they just disappear and we do not know the reasons why. Obviously some are family; maybe because they moved locations around Victoria; maybe to do with employment. But you just do not know, in our case, any reactions from the past that may have happened.

Ms M.M. QUIRK: Do you think it would be helpful to have exit interviews?

Mr Johnson: We are trying to start that now. That has just come in—which SES is trying to. What we have to do now is educate the unit management teams to actually, while the people come in and say they are leaving, that is fine. But chasing some of the volunteers—and it is a fair amount. They just disappear, and they will not come back to contact you or anything.

Mr T.G. STEPHENS: It could be protective behaviour on the part of —

Mr Johnson: Who knows? I am not qualified to say.

Mr Hedger: It is unfortunate, not so much in the city but more in the rural areas, your training is a lot more in-depth, because you are trained with road rescue, whereas they do not have road rescue. That alone is a very, very important component we do. Suddenly, I think a lot of these people are finding that it is taking too much time, because you have to go outside your normal two hours of training per week to try to fit all this in, to bring everybody up to speed. I know in our community

we have only got nine members in our unit. To try to get everybody up to speed, you need to do the odd Saturday or Sunday or a weekend—a lot of training in that regard. That alone creates problems. They have got to spend too much time, and it takes up too much time away from their family.

Ms M.M. QUIRK: Peter, at any one time, out of the 5 500, how many would you guesstimate would be suffering under some form of critical incident stress ?

Mr Kueffer: Are you talking about actual mental health treatment or critical incident stress?

Ms M.M. QUIRK: Just the incidence of it.

Mr Kueffer: I find it hard to grab that figure out of the air, but I would say it is significant. We work on the basis that every time somebody goes out to a critical incident, there is a potential for most members to be impacted to some extent, and most of them get better. Seeing we have two or three critical incidents a week, quite a few.

Ms M.M. QUIRK: Some of your SES managers are career emergency services personnel presumably, up the rung, if there was a big emergency.

Mr Hedger: Yes, that is where the staff step in. From each regional, they step in to manage the ICCs and stuff like that.

Ms M.M. QUIRK: Do you think they are trained enough?

Mr Hedger: No. Because it is totally different—suddenly on the ground to learn something on paper and then put it into action. You have got to have that experience out there where you have actually physically gone out there and done a lot of issues. We are finding that particular problem is happening with the service at the moment, where they bring in all these directors into the service who have got absolutely no idea what a volunteers position is out in the community and then telling us, “No, you don’t do that.” But you cannot leave an 80-year-old in a house with half a roof off. You have to step in there and help.

The CHAIRMAN: Is there some organisational stress that causes some of your members to leave?

Mr Johnson: And the staff members. We are not privy to turnover, but there are quite a lot in recent years. Peter might confirm this. There is a lot of young people coming in who have no dealings with volunteers. They have taken positions interstate. The turnover is, I think, reasonably a lot. Because they are chasing other employment as well. In emergency services in general, it can be a stepping stone. We have got some quite young brilliant people join SES and then they move into the bigger picture. Other government agencies—they start moving around. In recent times, especially after the fires and the floods, they have started to be more involved with multi-agencies and having state command centres and all this stuff, which we never used to 10 years ago. We were just a small, if you like, organisation doing our own thing. This is what they do. They pick people who have got a potential, and they start moving them around, all the emergency service agencies. Yes, we see new faces coming and going.

The CHAIRMAN: Gentlemen, I am just very conscious of the time and we need to finish up. Are there any specific lessons that you have learnt out of Black Saturday that you could impart to us fairly quickly?

Mr Kueffer: Just from my point of view, what we ran is impossible to create during the emergency—our systems where we used interstate support. We have got others systems in place. They were pre-planned and rehearsed. We had those in place before it happened.

The CHAIRMAN: But the emergency was a lot worse than you had rehearsed for.

Mr Kueffer: Yes, but we managed okay. We managed because we had those relationships in place and we had done the training.

Ms M.M. QUIRK: The network is already there. What you are saying is, if you are in a situation where you did not have that and you had to pick up the phone, you would not have been able to do it.

Mr Kueffer: It would have made it very, very hard; yes.

[9.50 am]

Mr Johnson: The other two—when you are talking about the fires, we were not the lead agency as SES; we were support agencies. Shortly after, along came all the floods. We were the lead agency then. The impact was a lot heavier on SES for the floods of course. The CFA and all the other people who came were support agencies. In that short period of time, we went from one extreme to the other, but we did learn a lot, I would suggest, from the fires—the structures and how to put things in place.

Ms M.M. QUIRK: In a way, I gather there was a little bit of resentment that the extent of the floods here was underestimated because they were compared with Queensland. There was a bit of resentment there, I suppose, that you were not getting the level of attention or acknowledgement.

Mr Johnson: Lives were not lost. We have been discussing this lately. From the media—you see it now in Colorado in America; you see all the horrific things. The more ready for a flood, the local people, the local community usually know what is happening—in about three days, it is going to be so far and all that. When a fire happens, of course, it is quick. Especially where we were, up in the hills or in Marysville, up in the mountains, it just went straight up in no time, in a few hours.

Mr Kueffer: We had a third of the state under water. It was a huge emergency. A third of the state flooded.

The CHAIRMAN: I thank you very much for coming in this morning. Again, we very much appreciate the effort you have made to help us acquire the information for our inquiry. We will send you a draft of the transcript for you to make any changes if required. Again, thanks very much. Thanks for your early rise.

Ms M.M. QUIRK: Keep up the good work!

Hearing concluded at 9.51 am
