

ASSESSMENT OF THE BUSHFIRE RELIEF UNIT

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INTRODUCTION

Following the bushfires in South Australia on Wednesday the 16th February 1983, the State Government developed the unique approach for the provision of assistance to the disaster victims. Three distinct areas were devastated in the fires, these being the Clare Valley, the lower south east and the Adelaide hills. The extent of the need for relief was substantial. 28 lives were lost and 385 homes were destroyed or seriously damaged. 3,200 properties were damaged and 208,400 hectares of land were burnt. 2,960 registrations were recorded by the Red Cross representing 7,271 people. A team was rapidly recruited to act as the only group within the Welfare Service sector who would handle the needs of the bushfire victims. Approximately half came from a social work background and the others were individuals with counselling skills selected on the basis of their appropriateness for the task. The unit was under the direction of an executive officer and support was provided by an additional 9 staff. By concentrating their expertise and knowledge, it was hoped that many of the problems that have occurred after the previous Ash Wednesday bushfires in South Australia in 1980, could be circumvented. This included assisting with the rapid settlement of insurance claims, minimising bureaucratic delays by providing accurate and up to date information, the facilitation of rebuilding and assisting with the psychological well being of those who were bereaved or injured. It was originally hoped that contact would be made with every person who was a bushfire victim in the early days after the fire and to ascertain the needs of the disaster affected population. In the early days after the fire this was a difficult task because many of those affected refused to leave their properties or to register for assistance. A total of approximately 2,000 initial contacts were made.

The team functioned for a period of six months and was responsible for the distribution of all the grants and donations that were given to the bushfire victims. The nature of the grants reflected a balance between attempting to assist those who had suffered immediate hardship as a result of the fire, had been relocated or had experienced property loss and damage. The need for compensation of the bereaved and the disfigured were also taken into account in the provision of grants. A grant of a thousand dollars was also made for the funerals of those killed. A total of 1,717 grants were made for immediate hardship and 1,772 for property damage, 1,236 families receiving both types of grant. When the unit wound up its activities a total of only 50 families were passed on to the Department for Welfare for further assistance.

The number of personnel and resources available to the bushfire relief unit were substantial. However, this may not be the case in disasters where larger populations are affected and many of those who provide welfare services are themselves victims of the disaster.

If welfare services were limited after a major disaster, it would be important to create priorities so that services could be directed to essential areas. A review of the literature failed to identify any systematic audit of disaster welfare services that allowed the drawing of objective conclusions. A number of anecdotal accounts of welfare services in disasters, however, exist. Raphael and Singh on the other hand have attempted to analyse the effectiveness of the provision of psychiatric services in a disaster setting. In assessing the effectiveness of welfare services it seemed that several issues required analysis. In the past, social workers have been seen to have a dual function of providing counselling and assisting with the provision of welfare. There has been a recent move to pursuing the idea of community social work. In the disaster setting it is an important question as to whether the physical needs of the population can or are appropriately distinguishable from their psychological needs. It seemed the bushfire relief unit provided an ideal opportunity to assess some of these issues because the members of the team were aiming to see all of those people who were victims of the disaster. This question could be assessed in two ways. Firstly, by asking the individual bushfire relief workers what they saw as their important roles and secondly to ask them to define the predictors of physical need and psychological risk factors in the victims.

In the circumstances where disaster relief services are insufficient, it is important that high risk groups who need assistance can be defined so that the limited resources available are directed towards those most in need. The crisis intervention model would suggest (Maddison) that in any crisis situation several groups exist. Firstly, there is a group who will be able to weather the crisis and have a good outcome with little or no intervention. Obviously this group does not require assistance. The group that it is important to define as those who would have a bad outcome with no intervention but whose long term well being can be brought up to the level of good outcome group with an appropriate programme of assistance. Finally, there will be a group who will have a bad outcome independent of whether services are provided or not. In other words, the outcome of this group is unable to be changed by the provision of services. This group provides the greatest ethical dilemma to disaster workers and their humanitarian needs should not be forgotten. Disaster research (Kinston and Rosser, Chapman) has indicated that certain groups are at risk of psychological disorder following major disaster. These include children between the ages of 8 and 12, the elderly and those who have an extreme exposure during the impact phase. Although it would seem common sense that those who lose the most are in need of greater assistance after a disaster, this assumption fails to take into account the fact that in such

circumstances some people prefer to maintain their independence. The study into the primary school children in the south east of South Australia identified that 10.9% of those who would have been eligible for relief chose not to request it. Also, in part, people's needs for physical assistance will be determined by their degree of emotional distress following the disaster because this may significantly interfere with their ability to manage their affairs satisfactorily. The careful definition of risk factors for the provision of physical relief is therefore necessary.

Finally, although much descriptive information exists about the nature of psychological problems observed in disaster affected populations, little data exists about how such problems are managed or dealt with. For those designing disaster services, such questions are very important. Many disaster workers have a social work background and although trained in counselling fields do not have specific training in the recognition or diagnosis of psychiatric disorders. It therefore needs to be assessed whether such people are able to distinguish the more prevalent non specific distress among disaster victims from psychiatric morbidity and refer appropriately. There is the obvious potential for professional rivalry to surface between mental health professionals and social workers in the disaster setting as part of the more general convergence phenomena.

AIMS

On the basis of this general background, a number of aims were formulated. These included:-

1. What roles were seen to be important by the bushfire relief workers?
2. How well trained did the members of the team feel they were for these tasks?
3. Which role did the team members believe they performed effectively?
4. Which roles did the team find stressful?
5. What characterised those most in need of practical assistance?
6. What characterised those at risk of emotional disorder?
7. How were those emotional disorders managed by the team?
8. What were the individual stresses involved for the relief workers and how did they deal with this aspect of their work?

METHODOLOGY

A nineteen page questionnaire was developed with Professor Raphael predominantly using visual analogue scales that were divided into ten point scales. A preliminary draft of the questionnaire was discussed with one of the senior bushfire relief unit members to ensure that the items included were both suitable and appropriate.

Three general areas were covered in the questionnaire, these being the roles of the worker, observations made about the victims and the personal effects of the disaster on the relief workers. As well as requesting specific information about areas such as previous disaster work, the number of victims seen, other agencies used etc., the questionnaire included eleven scales one of which was the twelve item version of the General Health Questionnaire.

Once the questionnaires were returned, the members of the team were given a structured interview by Dr Mary Frost. This interview was used to enlarge on some of the areas covered in the questionnaire as well as attempting to collect missing data from the questionnaires. One worker refused to be interviewed and the two co-ordinators of the regional team were also interviewed.

RESULTS

The relief workers were asked to rank each of the fourteen items described on Table 1 on three ten point visual analogue scales. The first one enquired about what they saw as their most important role. The roles were then ranked according to their means. The most important role was being someone for the victim to talk to about the disaster, the second was being able to direct people to the appropriate agencies to deal with their problems and the third equal were providing emotional support and arranging financial relief and aid for victims. These first items indicate the general trend noted for the other items, namely that there is a mixture between practical and psychological tasks. It seems that the relief workers saw their welfare and counselling role as being equally important. This suggests that training and expertise in both of these areas are important prerequisites for selection to such a team.

When looking at the way the workers assessed their training for these various tasks, the ranking was similar to the order obtained when the tasks were ranked according to importance. It seemed that they felt well trained to arrange for the financial relief and aid for the victims and that their counselling skills were generally adequate. This would suggest that the members of the team saw that their training, generally speaking, corresponded to the tasks they perceived as being important.

The workers were then asked to score what they believed was their effectiveness in these various roles. Again they perceived they were very effective in their role acting as a person for the victims to talk to about the disaster, this being ranked

number one. When the general ranking of items was compared to the other scales, there was a higher degree of concordance. Therefore, in summary it seems that the workers felt that they were effective in the areas they perceived to be of a high priority and that their training had adequately prepared them for these functions.

However, when the significance of the ranking is tested using mean and standard deviations, the statistical differences are poor. This suggests that differentiation of the tasks into important and unimportant roles by the workers was not very clear. For example the most important role was ranked with a mean of 9.3 and the ninth most important ranked with a mean of 7.1. It seems that there was the potential danger of the workers not developing an adequate assessment of priorities in their work. This suggests that it would have been important for supervisors to provide a sense of priorities. Similarly, unless the co-ordinators of the team have an idea of these priorities when selecting team members, that they will not match individuals training to the perceived task.

When looking at the range of responses on the individual items there was a considerable scatter. For example, when asking about the importance of providing grief therapy for those who lost property or relatives this was given a value from 0 to 10. Similarly assisting in practical tasks was valued from 0 to 10. This suggests the workers approach their job in very individual ways and raises the question as to whether an adequate job specification existed. Several of the workers felt that they had not been given an adequate brief prior to going into the field.

Finally, the range of scores on the three scales for individual workers were substantial as indicated on the table. This suggests some workers either took an exaggeratedly optimistic view or pessimistic view of their effectiveness or the importance of their various roles. The stressfulness of disaster work means that a variety of strategies can be used by relief workers to protect themselves from the enormity of the task. Such a setting provides a very real possibility that some people will protect themselves from the stress by overestimating their effectiveness. This suggests that continual auditing of relief workers in the field may play an important role. Furthermore, if this does not occur it seems that if the work is left to the individual, the service that they provide to the victims may in fact be quite different. The skills that the individual brings to the work are likely to play a major role in determining their priorities and this needs to be taken into account when selecting such a team.

Difficulty of Tasks

The next question asked the workers to outline the areas they found difficult in their work. Having to deal with bureaucratic slowness and decision making was the most difficult task. Although one of the specific briefs of the team was to minimise

the intrusion of bureaucracy in providing of relief, it was still an important problem. The relief workers found assisting those who had lost relatives was the second most difficult task, suggesting that specific skills and experience in having dealt with bereaved are very important for disaster workers. The third most difficult task was terminating contact with the victims. One of the most complex psychological tasks for a bushfire relief worker is neither to over nor underestimate the needs of the victims. Closely identifying with their situation can make it difficult for the workers to leave people to their own resources. It is important for this reason that such teams be trained in being able to make an accurate assessment of those with whom they can readily relinquish their contact.

Risk Factors

The relief workers were then asked to define who they thought were the high risk groups requiring physical assistance after the disaster. The high risk groups were those who had lost their livelihood and or home. Those who had lost relatives or had a past psychiatric history were also defined as being in need of practical help. When looking at those who were at risk over emotional distress, those with a past psychiatric history were identified as being the most vulnerable followed by those who had lost a relative or their homes. Again there was a fairly close ranking between the predictors of physical need and emotional distress indicating that these two phenomena are closely intertwined. A person's ability to deal with their practical loss and re-establishment of themselves will be largely dependent upon their premorbid coping ability and the meaning of the loss to them. It is interesting to note that social class, being unemployed and previous contact with welfare services were poor predictors, of people's needs. It is notable that the relief teams largely focused on the factors relating to the event as predictors of need. They also tended to rank people's risk generally as being very high. For example, the mean for the first six items on both scales was 8 or above. This suggests that the workers see a large number of people as being at extreme risk in the disaster setting. Again when attempting to statistically validate the ranking as being significant; this was difficult to achieve. This tends to suggest that the relief team perceived the needs of the population both for physical relief and emotional counselling as being extreme. Thus they perhaps tended to exaggerate the vulnerability of the population.

This has several important ramifications. Firstly, it raises the possibility that the relief workers were not able to define who was most likely to benefit from their intervention except according to the magnitude of loss. This seems to take little account of people's premorbid personality and other resources. It is an intriguing indication of how people tend to exaggerate the role that life events play in the onset of psychiatric and physical illness. Secondly, the predictors of emotional distress

defined by the bushfire relief team do not strongly correlate populations, indicating the importance of differentiating non-specific symptoms in disaster affected populations from those who do develop psychiatric illness. Thirdly, the workers may cope with the demands of the job by exaggerating the helplessness of the victims. This suggestion is supported by the presence of a strong negative correlation between the ease of the task and the assessed risk of the victim at a level of $p = .000$. In this way the relief workers protect themselves by seeing people being in need of their assistance. Finally, although some of the workers saw the definition of risk groups as labelling victims and hence stigmatising them, they perceived the vulnerability of the population as greater than that suggested by psychiatric researchers into the disaster. As a result of their training these workers wish to see the fire and the services required in terms of group and social action. One problem that arose out of this approach was the ambiguity it created for workers in acknowledging individual problems which led to a reluctance to accept that some people were suffering from major psychiatric disorders that they did not have the expertise to treat.

CONCLUSIONS

In this preliminary analysis of the data from this study a number of conclusions can be drawn. Firstly, it is important that a detailed job specification be drawn up for disaster relief teams. Most of the disasters likely to be experienced in Australia are predictable. These specifications should therefore be drawn up in advance so that they can be brought quickly into action as the need requires. Secondly, it is important that the criteria for selection be based on matching the priorities of the group with the training required for team members. Thirdly, it is imperative that disaster plans incorporate the central philosophy of the crisis intervention by defining risk groups who are particularly likely to benefit from assistance. In a major catastrophe this would at least allow the workers some chance of ordering their priorities appropriately. Left to their individual devices, the workers may define idiosyncratic risk groups. This points to the importance of continuing supervision and support for workers in the field and to assess whether they are fulfilling the defined priority of the disaster relief plan. It is also equally important to find whether these workers have been able to identify previously undescribed risk groups. Fifthly, to this end it is vital that disaster workers keep at least some records. This would assist with the development of future disaster plans and it is essential that some form of external audit occur once the crisis has passed. Half the team were unable to tell us how many victims they had seen in the course of the six months work. It seems that there is perhaps some need of members of the disaster team to underestimate the ability for people to cope without help. This may have reflected in their difficulty in terminating their contact with the victims. Thus supervision and training in this general area is likely to be important for

future disaster teams. Finally, it is necessary to incorporate psychiatrically trained staff into the team who have regular face to face contact with the workers. A very small number of referrals were received from the team and a number of subsequent patients I have seen felt that some members of the bushfire relief team underestimated the severity of their suffering, wishing not to see it as a psychiatric disorder.

All in all the bushfire relief team felt satisfied with the job they had done and to all accounts seemed to have dealt with the practical and counselling needs of the affected population appropriately. The absence of any major criticism in the media suggests that they worked with thoroughness and diplomacy.

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TABLE 1

ROLES

TASKS	IMPORTANCE	TRAINING	EFFECTIVENESS
	RANK	RANK	RANK
SOMEONE TO TALK TO	1	1=	1
REFERRAL TO AGENCIES	2	4	3
EMOTIONAL SUPPORT	3=	3	5
FINANCIAL AID	3=	1=	2
NEGOTIATING WITH GOVERNMENT	5	5	4
GRIEF THERAPY	6=	6=	8
COMMUNITY ORGANISATIONS	6=	10	6=
RESOURCE FOR OTHER WORKERS	8	8=	6=
INFORMATION RE REACTIONS	9	6=	9
ADVOCATE IN COMMUNITY	10	8=	9
ASSESSMENT OF LOSS	11	13	12
NEGOTIATING WITH PRIVATE CO	12	11	11
LEGAL INFORMATION	13	14	13
PRACTICAL TASKS	14	12	14

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LEGAL INFORMATION	13	14	13
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DIFFICULTY OF TASKS

1. BUREAUCRATIC SLOWNESS AND DECISION MAKING
2. DEALING WITH THE PERSONALLY BEREAVED
3. TERMINATING CONTACT WITH VICTIMS
4. ARGUING VICTIMS CASE WITH AN ANTAGONISTIC BODY
5. DEALING WITH THOSE WHO SHUNNED ASSISTANCE BUT
OBTAINING HELP
6. FACING YOUR PERSONAL FEELINGS ABOUT THE VICTIMS
7. WORKING WITH OTHER GOVERNMENT DEPARTMENTS
8. DEALING WITH DEMANDING VICTIMS
9. APPROACHING VICTIMS ON THE 1ST OCCASION
10. DEALING WITH THOSE WHO LOST PROPERTY
11. COPING WITH DEMANDS OF SUPERIORS
12. WORKING WITH OTHER MEMBERS OF THE TEAM

WELFARE POLICY AND DISASTERS*

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INTRODUCTION

In Australia, disasters annually threaten a cross section of the population. Voluntary and government agencies respond at different levels depending on the magnitude of the impact. The Natural Disasters Organisation and voluntary agencies have responsibility at the national level for the welfare of disaster victims. At State level the response is co-ordinated by the State and Territory Emergency Services and voluntary and government welfare agencies participate under their leadership. An important element in the immediate disaster phase is the informal and spontaneous response by victims, friends, neighbours and strangers from within community.

Four major events in the last two decades have led to a concentrated research effort into the social and psychological effects of disasters in Australia: the Tasmanian Bushfires 1967 (1); the Brisbane Floods 1974 (2); the Darwin Cyclone 1974 (3); and the Ash Wednesday Bushfires in South Australia and Victoria 1983 (4).

Studies on the welfare needs of disaster victims are found in other western countries and include research by the Disaster Research Center and the Natural Hazards Research and Applications Centre in the United States of America and the International Disaster Institute in London.

The Disaster Research Center studied organisational response to disasters but there has been criticism of the application of sociological findings to disaster policy in the United States. White and Haas 1974 suggest that the social scientists had little or no effect on policy.

While the disaster literature has generally focused on the consequences of discrete events little attention has been paid to the ongoing development of policy for disaster welfare services in Australia. This reflects a similar trend in other countries. There are few published studies on disaster welfare services in Britain, the United States of America, Canada, or New Zealand. In surveying over 2,000 studies of disaster 1920-1980 only a few items on welfare were found (5).

* A related paper based on the same data has been accepted for publication in DISASTERS early in 1985.

DEFINITION OF DISASTER

For the purpose of this study a disaster is defined as an event creating overwhelming physical, social and psychological consequences for a group of people and requiring the special mobilisation and organisation of services.

The definition used in this study has the boundary of short terms responses which matches the primary concern of the State and Territory Emergency Services. Disaster welfare services are co-ordinated by the State and Territory Emergency Services with State Disaster Plans. The longer term welfare response which follows the immediate response is continued by existing welfare services without the special structure and administration used in the immediate disaster phase.

Disaster is a word with many meanings and the perception of a disaster varies between agencies, professions and even the victims. Some of the differences can be explained in legislation (Krimgold 1974) which may cover emergency actions, aid giving organisations or the development of some public understanding of an event. Foster (1976) uses 'magnitude' as the basis for a disaster and this is a common basis for many service organisations.

The Red Cross which is an international voluntary agency with a long history of disaster relief defines a "catastrophic situation" in which day to day patterns of life are suddenly disrupted, people are plunged into helplessness and suffering and need protection, food, clothing, shelter, medical care and other necessities of life. (Ward 1975).

Oliver (1974) says that a natural hazard greatly exceeds normal expectations in terms of its magnitude or frequency and causes major hardships with significant material damage to man and his works and possible loss of life.

A definition by police in England (City of London Police 1974) is:

'a serious disruption of life arising with little or no warning, causing or threatening to cause death or injury to numbers of people in excess of those which can be dealt with by the public services operating under normal conditions and requiring the special mobilisation and organisation of those services.'

Similarly a hospital views a disaster as an incident when it is impossible to manage without calling in off-duty staff, clearing wards, mounting reserve equipment and perhaps directing casualties to other hospitals. (City of London Police 1974).

An early definition used by the Australian National Emergency Services College (1975) describes the effects of disasters on the individual and the community as: injury and death, damage to property, disruption of lifestyle, loss of livelihood, and disruption of services.

Social Science definitions focus on social disruption and frequently use a systems format. A definition commonly used by sociologists describes disasters as affecting a community of persons, confronting a large segment of the community with danger or threats, resulting in deaths, injuries, destruction of property and losses and deprivations to the population with direct and indirect consequences affecting a large proportion of the population. (Cisin and Clark 1962)

In studies of the Tasmanian Bushfires and the Brisbane Floods (Chamberlain et al 1981, 1981a, Wettenhall 1975) sociological definitions used in United States literature were adopted as appropriate to Australian disasters. Innes Reid (1979) describes natural disasters in terms of disastrous effects on human settlements. She identifies differential effects on the population in any given community where there are identifiable groups of vulnerable persons (the very young, very old, frail, infirm, handicapped, dependent, confused, psychologically unstable, people who have difficulty coping in normal circumstances), and economic victims.

In a paper presented at an NDO seminar in June 1980, Chamberlain defined disaster in the following terms:

"... natural disasters in Australia (are) more particularly those caused by bushfires, cyclones, drought, hail and flood. However, other non-natural events such as the Tasmanian bridge collapse in 1975 and the Granville train disaster of 1977 may be included for consideration if the dimensions as to death and injury, destruction of property and possessions, loss and bereavement are sufficiently impactful. Personal and material loss, the disruption of familiar patterns of behaviour and of normal social processes occur and require resources at the same time as the more general disruption of community services reduce resource availability." (Chamberlain 1982)

Pertinent to this study she points out that in analysing the welfare experience in disasters both sides of the equation, welfare needs on the one hand and the welfare input on the other, require attention.

The literature study of disasters in western countries provides evidence of the strength and capacity of victims for rescue, and other forms of assistance immediately after a disaster (6).

The importance of the self help response for recovery is underlined in the psychological studies of post disaster effects. Wolfenstein (1957) discussed the concept of vulnerability where the victim feels helpless and vulnerable to further loss following the impact of a disaster. The main psychological symptoms after a disaster arise from depression and anxiety, commonly termed the Disaster Syndrome (Leivesley 1984).

The Emergency Services and other agencies recognise that the facilitation of self help is a key role in Disaster planning and response. Self help is one of the important natural recovery responses which allows victims to overcome feelings of helplessness and vulnerability and to regain control over the environment. The facilitation of self help is therefore a significant part of the welfare role in disasters.

Theoretical issues which have been given attention in the literature (Chamberlain 1980, Short 1976) include alternative conceptualisations of the welfare response to disaster which emanate from rival paradigms: the adaptive and the developmental. The former assumes that disaster-affected persons are victims, requiring services to adapt to changed circumstances. The latter assumes that the crisis can be used to develop new social structures which coincidentally foster personal growth. Some of the dimensions on which the paradigms differ are: central control versus ad hoc and local responses; organisational management versus informality; professionalism versus social networks. The policy implications of the former paradigm are to channel funds for the delivery of services to victims through established organisations; or the latter to use funds to support participation of disaster affected persons in identifying their needs and developing programs.

The welfare response to disasters reflects the principles of the overall welfare system in a society. In general terms, welfare refers to the personal and social circumstances of individuals, groups and communities and has value implications: such as that the personal and social circumstances of all individuals and minority groups are important for the community as a whole, and that the personal and social circumstances of all members of the community should approach equality, or, at least, that there are desirable minimum living conditions which should be guaranteed for all. Such values influence attitudes towards the provision of resources to particular groups in the community.

For example in the absence of the values mentioned above, welfare provisions for the unemployed or aged will at best be grudging or judgmental. Similarly when a disaster generates a group of disadvantaged persons government and perhaps other assistance is likely to be slow to eventuate, inadequate and distributed on the basis of some criterion of merit rather than as a right or on the basis of need.

The short term welfare needs of victims of disasters are a function of relative loss from the impact. This presents the welfare services with a cross-section of the population who are quite different to the normal welfare client group. Immediate needs of victims include psychological, financial and material assistance.

The value position adopted in this study is that resources should be promptly available for disaster affected persons, adequate and fairly distributed.

AIMS

The main aim of this study is to evaluate the policies of disaster welfare services in Australia. It is hypothesised that the dimensions on which these issues differ include central control versus ad hoc and local responses; organisational management versus informality; professionalism versus social networks.

The objective of this analysis is to provide a model for policy decisions by welfare services at Federal, State and voluntary levels.

METHODS

An evaluation model based on five Indicators was used to structure a questionnaire for disaster welfare agencies:

1. Breadth of Disaster Services
2. Growth of Disaster Services
3. Internal Agency Response
4. Goal Achievement
5. Cost Effectiveness

The questionnaire was administered to all State and Territory Emergency Service Organisations for completion and distribution by each central agency to five welfare services.

The Indicators used in this study have been previously developed to evaluate other types of welfare programs (Leivesley 1983, 1984).

The evaluation of programmes has been well established in the United States (7) and in Australia within the last two decades (8). However welfare studies provide difficulties in evaluation research because of the degree to which unexpected outcomes and subjective responses dominate research findings. Studies in the United States have accepted qualitative information (Sheldon and Freeman 1970) for Social Indicators. The issue of goal achievement has also been debated in many different evaluation studies (9). The needs of the recipients of any service is another area of debate in evaluation studies (Bush and Gordon 1978, Senate Standing Committee 1979) and in the present study the indicators concentrate on numbers of victims and the breadth of the welfare services.

INDICATOR 1 BREADTH OF DISASTER SERVICES

Breadth of services identifies the degree to which the welfare services meet the needs of victims. The Questionnaire asked for a list of the planned disaster services and examples of two disasters and services provided by the agency in each incident.

The responses by 21 welfare services are shown in Figures 1 and 2. The welfare services who responded represented all but one of the 5 States and both the Australian Capital Territory and the Northern Territory. The services are divided into three types of organisation: Type 1, which is the State or Territory Emergency Service, Type 2, welfare agencies within the State Governments, and Type 3, the voluntary agencies.

FIGURE 1: PLANNING DISASTER WELFARE SERVICES

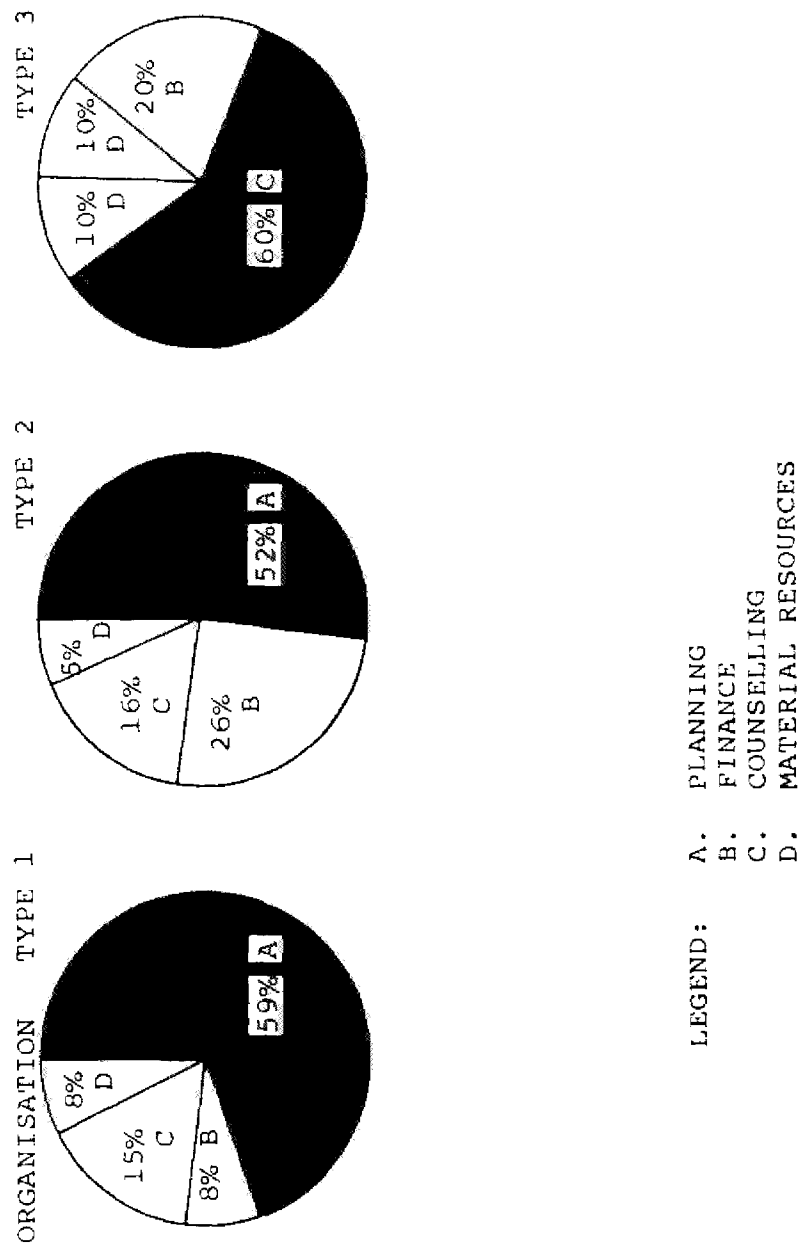


Figure I, Planned Disaster Welfare Services, represents the four services which were commonly reported by all types of welfare agency - A. PLANNING which represents welfare centres, task groups, provision for co-ordination between services, training and manuals; B. FINANCE to assist victims; C. COUNSELLING; D. MATERIAL RESOURCES which refers to resources for the agency response including volunteers and staff.

Figure I shows that the state emergency services welfare component concentrates on planning and the emphasis in the responses was on co-ordination of services and training. The state welfare services (Type 2) also showed an emphasis on planning and included the planning for special needs groups and the preparation of welfare centres for victims. These agencies placed high priority on financial assistance. The voluntary agencies emphasised counselling services for the victims and financial help.

In addition to the services reported in Figure I, the voluntary agencies also reported services for clothing and household goods, temporary feeding, and the registration and tracing of victims.

FIGURE 2
WELFARE RESPONSE TO DISASTERS

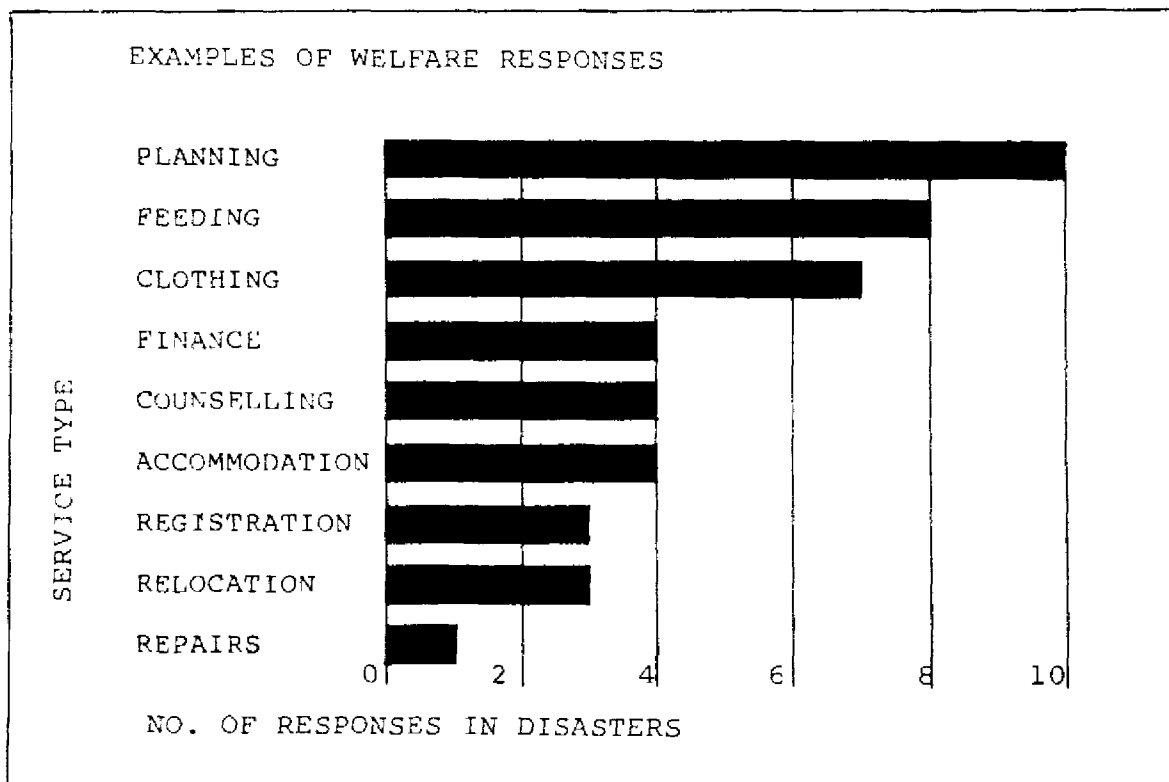


Figure 2 'Welfare Response to Disasters' represents examples of welfare services given by the agencies in disasters throughout Australia 1981-1984. Each agency was asked to report on two disaster examples. Eleven agencies were able to give examples and the analysis represents their responses to a total of twenty one disasters. These responses come from three state emergency services, three state welfare services and five voluntary agencies. The responses show an emphasis on planning which includes co-ordination between services, and provision of welfare centres. Practical services of feeding, and clothing were also important in the disasters. Other services included: counselling; accommodation; registration, tracing and inquiries; relocation; and repairs.

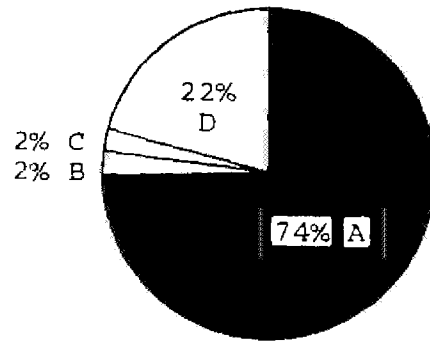
Figures 1 and 2 show that the welfare agencies in Australia are paying attention to co-ordination and interservice liaison. Figure 2 suggests that the practical material assistance to the victims has high priority.

INDICATOR 2 GROWTH OF SERVICES

Growth of disaster welfare services can be analysed historically to show developments in policy including growth in recognition of welfare needs of special groups. In the Questionnaire agencies were asked to describe any new services or increased capacity in their welfare response.

FIGURE 3.

GROWTH IN WELFARE SERVICES



- LEGEND:
- A. PLANNING
 - B. FINANCE
 - C. COUNSELLING
 - D. MATERIAL RESOURCES

Thirteen agencies responded positively to this question (five voluntary agencies, three state emergency services and three state welfare services). Figure 3 'Growth in Welfare Services' shows that planning was the most significant growth area. This covered the development of co-ordination of welfare support, mobile vans and other welfare centre facilities, and recognition of special needs groups including the aged, sick, pregnant women and Aborigines. Communications and training were also developed. There was a move also towards increasing the capacity of communities for self help. Material resources were improved including voluntary and paid staff and physical aids such as emergency trailers.

INDICATOR 3 INTERNAL AGENCY RESPONSE

This Indicator required an internal evaluation of welfare services by members of the agencies. The results are presented in Table I 'Recommendations for Welfare Services'.

TABLE I

RECOMMENDATIONS FOR WELFARE SERVICES

TYPE 1: STATE AND TERRITORY EMERGENCY SERVICES

Advisory committees
Briefing sessions
Central welfare plans linked to all levels
Co-ordination of collection, disbursement of funds, materials
Co-ordination of funds from all levels in Australia
Co-ordination of response within normal institutions' roles
Debriefing sessions
Deployment to cover needs at the site and operations areas
Duplication in volunteers avoided
Employers support for employee volunteers' welfare role
Evaluation
Interagency liaison
Liaison at all service levels
Local response
Logistical support
Monitoring
Outreach programmes
Priority to assessing needs
Registration by computer
School facilities and principals to be involved
Self help response to be expanded
Special group needs
Training at local level increased
Welfare agency capacity for response developed

TYPE 2: STATE GOVERNMENT WELFARE SERVICE

Co-ordination statutory and voluntary agencies
Federal and state co-operation for resources
Federal and state increase in welfare services
Immediate response
Implement Report, Working Party on Counter Disaster Welfare
Reassessment non statutory capability so no overcommitment
Statutory authorities to plan, implement, co-ordinate responses
Welfare involvement in planning
Welfare involvement in training

TYPE 3: VOLUNTARY AGENCY

Co-ordination voluntary plans state welfare personnel
Government funding to voluntary agencies
Government welfare agencies to increase personal services
Liaison all government and voluntary agencies on resources
Public Education
Re-examination of agencies' contributions in disasters
Registration and inquiry system compatible national system

The recommendations are presented under each type of agency. The responses reflect each agency's experience in the disaster field and are showing areas in disaster welfare that could be developed by other agencies, or recommendations for new services.

The state emergency services present a number of suggestions for co-ordination in planning and funding and other planned areas such as logistical support, local training and expanding self help. The government welfare services recommend more co-ordination between the agencies and Federal and State government, and increased welfare involvement in planning and training.

Voluntary agencies focus more on material resource development. Both the voluntary agencies and the state emergency services mention the use of computer assisted registration.

DISCUSSION

The findings of this study relate more to the development of a method of Indicators for welfare policy than actual results. Although five Indicators were tested the responses provided information on three of the Indicators and details of the other two Indicators would not be adequate without further information gathering.

The 21 agencies that replied to the questionnaire were not a random sample and their answers are not representative of all welfare services that are prepared for disasters. However, the information contained in the three graphs and one table shows that there is some national concern for planning of welfare services, that there has been significant growth in some of the agencies' capacity to plan for and respond to disasters, and that there are many recommendations for increased welfare services.

The three Indicators that have been tested in the analysis provide a model for more detailed welfare policy evaluation. This includes evaluation at national levels of the breadth and growth in disaster services and the evaluation of agency response to discrete events. With more detailed examination of the welfare agencies the two remaining Indicators, Goal Achievement and Cost can be added to provide a flexible model for future policy development.

NOTES

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1. TASMANIAN BUSHFIRES: Wettenhall 1969, 1975, Power and Wettenhall 1970, Leivesley 1981.

2. BRISBANE FLOODS: Australian Association of Social Workers 1974, Buchanan 1976, Chamberlain et al 1981, Heatherwick and Quinnell 1974, Indooroopilly Flood Advisory Service 1974, Irish and Falconer 1976, Leivesley 1977, 1981, Price 1978. Queensland Disaster Welfare Committee 1974, 1976, Short 1976.

3. DARWIN CYCLONE: Australian Association of Social Workers 1975, Chamberlain et al 1981a, Darwin Disaster Welfare Council 1976, Degotardi and Grant 1975, Department of Social Security 1975, Gurd et al 1975, Haas et al 1976, Leivesley 1981, Milne 1977, 1977a, National Emergency Services College 1976, Natural Disasters Organisation 1975, Parker 1975, Webber 1976, Western and Milne 1976.

4. ASH WEDNESDAY BUSHFIRES: Bardsley et al 1983.

5. LITERATURE SURVEY OF WELFARE RESPONSE TO DISASTERS: Adams 1970, Birnbaum et al 1973, Bondy 1957, Bunker 1957, Burlison 1977, Cuny and Weesner 1976, Davies 1975, 1976, 1977, De Witt Smith 1957, Heffron 1977, McLuckie 1975, Martin 1974, Meads 1977, Moore 1957, Murphy 1971, Peterson 1957, Prince 1920, Pritchard 1977, Quarantelli and Dynes 1976, Rivers 1978, Ross 1969, Stoddard 1969, Wenger and Parr 1969, Wilkinson 1977.

6. LITERATURE SURVEY OF SELF HELP BY VICTIMS: Austin 1967, Barton 1962, Carr 1932, Douty 1972, Drabek and Quarantelli 1967, Dynes and Quarantelli 1975, Dynes and Wenger 1971, Erikson 1976, Form and Loomis 1956, Fritz and Mathewson 1957, Leivesley 1977, 1977a, 1977b, 1977c, 1978, 1980, Parr 1976, Short 1976, Stallings 1973, Wenger and Parr 1969, Wettenhall 1975, Yutzy 1970, Zurcher 1968.

7. PROGRAMME EVALUATION IN THE UNITED STATES: Abt 1976, Bennet and Lumsdaine 1975, Campbell 1969, Caro 1977, Cook et al 1978, Cowen 1978, Dawes and Corrigan 1974, Glass 1976, Guttentag 1977, Patton 1978, Rossi and Wright 1977, Weiss 1973, Weiss and Rein 1977.

8. PROGRAMME EVALUATION IN AUSTRALIA: Sarri 1980 has commented on Australian Progress in the last two decades.
9. GOAL ACHIEVEMENT EVALUATION: Deutscher 1977, Freeman 1977, Freeman and Sherwood 1977, Kirusek and Sherman 1968, Rossi and Wright 1977.

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