Community relationship to authorities in disaster recovery.

The asbestos problem has the same fundamental characteristics as a natural disaster although it is human caused. It involves loss of dwelling and disruption of life outside the individual's control and affected people have no say over many aspects of the situation. In such circumstances the relationship to government and regulating authorities is profoundly changed. Under normal circumstances, community members have limited contact with regulating agencies and usually around one issue at a time. Many regulations are taken for granted, so when a house is purchased, the building regulations governing its construction do not have to be considered, but when a new house is built, the regulations are encountered in all their complexity and detail. The same occurs with regulations and laws governing other areas of life affected by the event.

The recovery authority (in this case the Taskforce) is perceived as the mediator between the community and these bodies of regulations. Since most people do not concern themselves with the structure and jurisdictions of various levels and types of government, they do not clearly understand the limitations of responsibility or authority of the recovery agency. Hence they are likely to attribute responsibility to it for much more than it can control.

Influences on community relations with the recovery agency

When community members have to relinquish one house and find or build another, they encounter a number of issues which influence their relationship to the recovery agency.

1. They encounter all relevant regulations and laws as a body, and although they were designed to safeguard community rights and quality of life, they feel as though they are designed to frustrate them, since what is most vivid in their experience are the regulations which prevent them doing what they want.

2. This leads to the impaired sense of autonomy and independence. These are core values of liberal democracy and taken for granted in normal life. However after the disaster, it seems suddenly they encounter restrictions over what was previously an unquestioned right such as access to their own property. They are exposed to many dimensions of regulations which they may have never had to consider before.

3. The boundary between authority and responsibility becomes blurred, so the recovery agency has to implement government policies and regulations which they do not create.

4. The regulations and their frustrations become the focus of their emotions (anger, grief, pessimism, cynicism and hope) since there is no tangible object related to the cause of the disaster to focus on.

5. The recovery agency therefore becomes the representative of the damaging event and becomes the object of the emotions about it.
6. The relationship of community members to the recovery agency is highly emotional and therefore takes on a symbolic quality and many of the actions of the agency are viewed in a symbolic way. They are symbolic of what the community members are concerned about – whether their needs are recognised, they are respected supported and valued.

7. The recovery agency therefore has a capacity to provide a sense that community members are valued and supported or devalued and ignored and everything in between.

8. The effect of stress and heightened arousal from threat, causes selective attention toward threat-related information and to ignore reassuring information. Hence actions of the recovery agency which symbolise being devalued and not supported register more strongly than those which symbolise the care and support.

9. Another effect of stress is to impair strategic planning, analysis of issues and decision-making so that stressed community members tend to see issues in a simplistic and concrete manner and fail to understand complexity and longer term implications which undermines their trust in the agency.

10. The recovery agency therefore is subject to processes of displacement, where the attitudes and emotions attached to one object that is not available are displaced onto one that is and tend to carry many of the reactions of those affected.

**Strategies which support the relationship between community and recovery agency.**

Community reactions are only partially accounted for by the actual actions of the recovery agency, and they are taken symbolically as part of the damaging effects of the disaster. On the other hand, there are many strategies that counteract the damaging effects of viewing the recovery agency as the problem and maximise its symbolic value as supporting recovery.

1. Community representation in advice, policy and decision-making.
2. Two-way communication and feedback between agency and community.
3. Access to key figureheads and decision makers so community feel recognised, understood and close to decision-makers.
4. Detailed information and explanation about the context for decisions, policies, relevant regulations and various jurisdictions.
5. Community identity and access to community members to feel part of a larger social unit.
6. Information and education opportunities to assist members to make more informed decisions.
7. Flexibility in policies and processes to help people feel they have had the opportunity to make the decision they want under the circumstances.
8. Individual case coordination or support to help stressed and anxious community members negotiate the unfamiliar regulations and make plans and decisions.
9. Outreach to contact those members who are reluctant to come to the agency or who feel lacking in trust, understanding or confidence.

**Taskforce Services and Approach.**

The range and structure of support and assistance offered by the Taskforce is in line with these strategies.

1. The Community and Expert Reference Group gives a “link to those affected ... allowing the Taskforce to explore the issues with direct input from those impacted.”
2. The website offers a range of information and technical detail about the whole project.
3. The website has clear opportunities for two-way communication, feedback and complaints with a phone contact service.
4. The Personal Support Team is clearly identified and accessible with a range of qualified staff.
5. Case coordinators are available to assist community members for both technical and personal needs.
6. Outreach services have been offered by the Personal Support Team.
7. Counselling services have been available on request.
8. Community groups and meetings have been provided.
9. Facilitated community support groups are in consideration.

The overall design of the Taskforce program with the Personal Support Team meets the requirements of an effective recovery agency. These initiatives have been of great benefit to affected community members.

However, as mentioned in the previous report, some community members reported strong feelings of distrust in relation to the Taskforce and its decisions. Their reasoning was not always rational, but this did not lessen the sense of injustice, isolation and helplessness. While there will always be individuals who feel aggrieved and displace blame onto the available agency, it does suggest that enhanced communication opportunities may have been of assistance. In this context some individuals indicated they felt the lack of opportunities to speak directly to senior decision-makers and hear from them about the decisions that were made. Personal contact with the Head of the Taskforce was acknowledged and appreciated, but it was not clear how widely this was used by community members.

Opportunities to attend meetings and hear and speak to senior decision makers is an important symbolic activity which has been shown in Victorian and New Zealand disasters to successfully recruit community trust and good will. However to do this successfully, strategies are required to design the meeting format and manage the emotions that may be expressed. Recent Victorian experience indicates attendance of senior emergency management and recovery figures at community meetings provides a unique symbolic expression of commitment and interest in the affected community.

From my limited exposure at community meetings, it was evident that as in other disasters, moving into the new house is the beginning of a new phase of recovery rather than the conclusion. It will be important to ensure that information is available about this aspect and to publicise support arrangements as people arrive at this phase. It is likely reactions will include depressed mood, loss of direction and social isolation. These responses have been described as identity issues as people establish the “new normal” and seek to establish new routines while at the same time coming to terms with this unwanted and potentially destructive disruption to their lives. It is also often associated with a deep sense of fatigue as they emerge from the protracted stress state. Since there are few direct links to the disaster, there is the risk people do not recognise their reactions are still part of recovery.

Research on resilience shows that those communities that recovery best are those with rich and varied community networks and organisations (Aldrich, 2012) The website lists the walking group and there are other advocacy groups, but it may be important to facilitate other forms of community groupings which enable people to keep in touch, share information and have a place where their experiences will be understood and respected. It is frequently observed that unaffected people who are otherwise supportive say tactless or misguided things and those affected stop talking about their experiences with them. If they are their main sources of support it will mean a sense of isolation and inability to resolve some issues. Therefore there is a unique value in having access to those who have been through it too.

As noted in the report, there was little reference to the threat of mesothelioma. However, it is possible that a series of publicised cases especially affecting younger people will cause a groundswell of anxiety which is likely to be displaced into anger at the recovery agency. It will be important to ensure that a strategy is developed to prepare for the management of such an event.
is likely to re-ignite much of the emotion about the whole event even if some years hence. A valuable resource in managing such an event will be community groupings or contacts that have been developed in these latter recovery stages to serve recovery needs after people have moved into their new houses. The health monitoring study will be an important focus but will not replace community support among those affected or at risk.

Available psychosocial supports may also be important at this time such as medical advice, counselling and legal advice. The transition from the formal Taskforce as it winds down to community agencies will be important, since they are often stretched and have other priorities. The sense of support and recognition are important symbolic processes that enhance people’s capacity to cope with adversity. The transition to community services will need to be designed so that Mr Fluffy community members feel their continuing needs are still recognised by agencies.

The asbestos problem has provided a unique challenge to the ACT, and the response by the Taskforce has been impressive and has provided valuable learnings for the emergency recovery field. All recovery is painful for those involved and those most affected often seem like people without a skin and in fact the “skin” consists of the security of predictability of routines and environment and when this is lost, any contact however sensitive is painful. Unfortunately, there are some people whose life experience or temperament makes it difficult to accept what is happening. The opportunities offered by the Taskforce Personal Support Team are an important symbol of care which even when it does not change the situation for people will give them the confidence to have their say and express their views to the Taskforce. This is an important assistance to their recovery.

Overview.

The Taskforce program is responsive and has many features of recovery programs for natural disasters in Australia and New Zealand. Outreach, case coordination and community information have all been valuable. There is evidence of the inevitable displacement of anger and frustration of community members onto the Taskforce with consequent distrust and suspicion. However the provision of support and communication has been appreciated by most people attending community meetings.

The next phase of recovery will occur when people have moved and need to establish their “new normal” which will mean coming to terms with the identity implications of the whole event and to understand the fatigue often associated with it. It may be important for there to continue to be facilitated opportunities for affected people to meet, share experiences and gain support from time to time over the next several years. In the case of the Taskforce concluding its work, it will be important there are arrangements for transition to community agencies and they provide appropriate recognition for affected people.

Such arrangements will be particularly important if there are a number of people contracting mesothelioma and this is featured in the media. It is likely to evoke high levels of anxiety in the affected community and will need a community strategy to manage the resulting emotions.

Recommendations.

1. Support for people to clarify the identity issues and understand recovery from long term stress. They need not be frequent but can provide a sense of validation and recognition.
2. Support groups for those still feeling in need of social support and wanting a venue in which to discuss their experiences.
3. Opportunities for community meetings should they be required to discuss developments.
4. Continuing availability to discuss and understand health related information from the health monitoring project and a strategy to manage community anxiety if there are publicised mesothelioma cases.


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