

‘We needed help, but we weren’t helpless’: the community experience of community recovery after natural disaster in Australia

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This article shares key findings from a study of community recovery in rural and regional communities affected by fire, flood or cyclone across eastern Australia.

Overview

The study provides a much-needed vehicle for the voices of community members to share their experience of community recovery. It reveals that communities take action to support themselves and one another and that community leadership and action are underestimated in the current understanding of the process of community recovery. Participants include high-profile leaders of recovery, and affected community members. This article highlights some differences between the perspectives of these two groups. Significant lessons can be learned by listening to the experience of affected community members. These findings have significant implications for how governments, organisations and communities themselves might understand, prepare for, respond to and support community recovery in the future.

Introduction

The aim of this research was to identify whether communities demonstrate resilience in the face of natural disaster or crisis, whether community members experience themselves as leading that disaster recovery process and what factors support (or hinder) the recovery process.

We needed help, but we weren't helpless. We needed someone to come along and hold our hands, with the tools and support that we needed, but knowing when to take their hands away. We didn't want people to come in and take over. Part of going through the process was to feel that we had some strength.

Participant

‘Community-led recovery’ is advocated at all levels in the Australian government and non-government sector through disaster management policies and frameworks (e.g. *National Strategy for Disaster Resilience* (COAG 2011)). A systematic literature review however, revealed

little research focused on the community experience of leading disaster recovery.

Existing research increases knowledge and understanding of the social nature of disasters (Quarantelli 1978, Rodriguez *et al.* 2006, Raphael & Stevens 2007, Wisner *et al.* 2012). However, there are three significant gaps in the academic and policy discussion. Firstly, the voice of the community is missing. Frequently, research reflects the perspective of the ‘expert’ or the organisation with an official role in emergency planning or response. Secondly, the least addressed aspect of emergencies and disaster is that of long-term recovery. The focus of the majority of the literature is on the conceptual understanding of disaster, the phases of preparation and planning, or the crisis and emergency response. There is little research about how affected communities achieve long-term recovery. Finally, the focus of much of the literature is on the negative aspects; the human and financial costs (Deloitte Access Economics 2016) and the consequences such as increased domestic violence and mental health issues (Gentle *et al.* 2001). By focussing on risk and vulnerability, the existing research lacks a focus on community strength and action.

This study addresses these gaps by engaging with and listening to community members and by focussing on long-term recovery.

Research methods

The research occurred in three parts:

- reviewing the literature
- interviewing ten high-profile leaders of community recovery processes in Australia (Stage 1 of the fieldwork)
- interviewing 112 affected community members (Stage 2 of the fieldwork).

The crisis events included in this study are:

- bushfires in Coonabarabran and surrounds, NSW 2013
- bushfires in Dunalley and surrounds, Tasmania 2013
- floods in the Lockyer Valley, Queensland, 2011 and 2013
- cyclones Larry and Yasi that hit the Cassowary Coast in Queensland, 2006 and 2011.

Stage 1 participants were directly approached as a result of their public role as leaders of community recovery. In all cases they readily agreed to participate and to be named. Stage 2 participants were recruited by approaching local councils, community reference or recovery groups, community organisations and by local referral. Stage 2 participants were not directly approached, rather the researcher's details were circulated in the community and people sought inclusion. ABC Radio interviews in two communities resulted in community members volunteering to participate. Interviews were semi-structured, recorded and transcribed. They occurred in a place of the participant's choosing (public parks, cafes, homes, schools, etc). In each case the participant reviewed the transcript and authorised its use. Qualitative and quantitative data analysis used NVivo software.

Findings

Research findings were that:

- people within affected communities do lead their community recovery process in informal and practical ways
- a number of key factors influence the effectiveness of community recovery
- community leadership is particularly significant during and after crisis events.

Consistent with much of the literature, many participants described the crisis experience as initially being beyond the community's capacity to deal with; one filled with shock, loss and grief. It was complex and exhausting over time and, in some cases and at some moments, overwhelming (Raphael 2007, Rodriguez *et al.* 2006, Boon *et al.* 2011). For some it was liberating, rewarding and regenerating (Splevins *et al.* 2010).

The sense of community, and what people do, makes all the difference. There are people here who just work in the background, absolute pillars of strength in the community.

Participant

Essential components of a strong community recovery were identified in Stages 1 and 2:

- Community leaders emerge before, during and after the crisis and take action to help themselves and others. These community leaders are not always pre-existing or those expected to fulfil this role. Stage 1 participants tended to identify the Mayor or the CEO of the Council or other formal community

and business leaders. Stage 2 participants identified 'quiet achievers who got things done'. Both groups identified that emergent community leaders form an essential part of community recovery.

- Preparing and planning well for a crisis or emergency before it happens by community leaders, community groups and emergency services is important. Preparation and planning reduces the effects of shock and enhances the ability of the community to respond and then quickly move into the recovery process.
- A community with strong social and community capital that actively engages before, during and after a crisis is strong and connected. Members of such communities are more likely to plan and to care for one another before, during and after events.

A key component of community recovery not strongly reflected by Stage 1 participants, clearly emerged in Stage 2. People from affected communities frequently described their connection to 'place' as being core to their recovery. This included its natural beauty, the history or significance of the built environment or the history of the families within it.

Hundreds of examples of actions and activities were collected during this research. These included providing free temporary housing, clothing and food; organising an art show and donating the paintings to people who had lost their home; organising concerts or movie nights to raise money; organising a teddy bear's picnic and 'hospital' for families; the gift of a piano from a stranger provided to an affected family; establishing a Facebook page to facilitate support and shared information; organising photography and art shows to reflect the crisis and the recovery process; providing free haircuts or massages; providing free groceries or gift vouchers; providing free delivery of groceries to enable people to focus on rebuilding or repairing their home; helping to rebuild fences to secure properties and livestock; organising self-care evenings or weekends; providing handyman support; establishing a mobile laundry; establishing a community tool library; members of men's sheds rebuilding birdsnests and providing other support; Indigenous rangers helping to restore the natural environment; social groups springing up to provide opportunities and for community members to talk to and support one another.

Actions were initiated by individuals or groups from within the community and from elsewhere. People came to assist including plumbers, tradespeople, handymen, veterinarians, men and women who build fences or bring food; people who brought or sent money or who made personal gifts for those most affected (much loved homewares or personal items, baby gifts or packs, patchwork quilts or handmade Christmas decorations for children).¹

¹ It should be noted that donated goods sent to communities are often problematic and can be a burden and an unintended hindrance to community recovery. The gifts that are positive are not large-scale donations but are personal and thought through.

Actions occur at each phase of the disaster, although their purpose, focus and balance may change from one phase to the next. The focus expands from meeting immediate, individual survival and information needs, to a need for social connectedness and finally to creative expression or making meaning of the event and its longer-term consequences. Some communities are incorporating their experience into the ongoing identity and history of the community. This is reflected in the design of memorials and local exhibitions, the publishing of stories and books about the event and their inclusion in local histories of the area.

Discussion

It became clear through this research that community recovery is not about returning to 'normal' or even creating a 'new normal'. Community members described how the crisis changed their lives forever and how the concept of 'normal' was now foreign. They described community recovery as being about accepting and expressing their loss and grief in their own ways, of finding ways to adapt, to celebrate who they are and to incorporate the disaster experience into their individual and collective identity. These community members did not talk of recovery as a finite state or 'an end point' (i.e. being recovered); they talked about it as a long-term process (Norris 2008).

Initially this research appeared to indicate that these communities do not lead their own disaster recovery. Participants experienced and described recovery as 'other' led (either by governments or non-government organisations). Current consultation mechanisms and community reference groups are frustrating for many community members, even when established explicitly to facilitate community engagement and community leadership in planning, response or recovery. The most suitable community representatives were not always invited to join these groups and frequently they are chaired or led by government or non-government organisations. Community members feel disempowered and frustrated by this approach to community engagement.

However, communities *do* lead their own recovery in terms of the actions and activities that actually occur on the ground. When asked to describe what contributes most to community recovery, all participants in Stage 2 described extensive and detailed examples of community leadership and community-led action. Community leaders and members 'do what needs to be done'. They support one another and they understand a great deal about the complexity of their experience and of the recovery process. They integrate their losses into their lives and their community, renew their hope in a possible future and rebuild and renew their community socially, economically and physically. Community-led recovery is about what the community actually does in their (or another) community to enhance community resilience and support the long-term process of recovery.

Inevitably, participants shared what they believed worked against their community recovery process. Three factors work against community recovery, being loss of human life, the extent and scale of the crisis itself including its impact on the physical environment (both natural and built) and any suspected or proven human responsibility or intent in relation to the crisis.

Perhaps also inevitably, differing perspectives emerged about community leadership and community recovery. High-profile leaders of recovery processes do not necessarily share the same perspective as community members, and community members themselves vary. Further studies could identify complex and varied perspectives between the emergency management, government and community sectors working towards recovery. If a mature and nuanced understanding of community recovery is to be developed it will be essential to be open to complexity and difference, respecting varied perspectives rather than seeking to simplify or constrain understanding. It is also essential that voices of the communities be heard as they share their lived experience.

The community voice

A number of issues were repeatedly raised by community members. Firstly, community members in all sites expressed a desire to change the language of disaster. They advocated moving away from the language of 'recovery' to words such as 'renewal', 're-creation' or 'regeneration'. The term 'recovery' implies pathology, illness or weakness and the participants stated that this did not fit with their experience.

Participants expressed frustration about crisis events being described as 'unprecedented'. They pointed out that Australia has always experienced natural hazards and that preparing for and responding to these is a frequent occurrence. Although, there is evidence that the frequency and intensity of these events is increasing (Keen *et al.* 2003, Cox & Perry 2011). Affected community members would like all Australians to accept this as a shared reality.

Community members debated the concept of separating the community into those who are 'affected' and those who are not. Participants argued convincingly that anyone with a connection to a community is likely to be affected by what happens to that community. People from within the community and from elsewhere may be affected by the damage to the environment, the loss of or damage to property or the fear and trauma of the event itself. Participants argued that it is unnecessarily divisive to identify and label people as 'affected' or 'not affected'.

In fact, community members expressed discomfort about what they saw as the tendency of governments and large organisations to 'reduce real-life experience', label people and processes, and develop 'models' for understanding emergencies and disasters and recovery that label both the people and phases of any crisis. They

prefer direct and practical language when describing events and want a sophisticated, multidimensional and complex discussion that moves beyond such labels.

Finally, community members talked about the importance of not applying rigid phases or timelines to recovery, but of allowing affected communities to travel through the process according to their needs and circumstances. These communities demonstrated they are able to define what they need and when they need it. It seems reasonable that communities should determine their own phases and timing without the unnecessary complication of externally based judgement about whether their progress fits a predetermined 'one size fits all' timeframe.

Walk beside a person. Don't walk in front of them. Never push them from behind. People who think they are doing the right thing are often doing a totally wrong thing.

Participant

Implications and conclusions

This research reinforced the view that community recovery is complex and that the perspectives of community leaders and members need greater inclusion in the process of developing policy and planning, responding to crises and leading recovery. It also highlights that the view 'at the top' is not necessarily the same as the view within the community. While high-profile leaders of recovery, government and non-government organisations may believe they are working in an inclusive and empowering way, this is not the experience of many community leaders and members.

However, the resounding conclusion from this research is that the actions and activities of ordinary men, women and children, individually or in groups, do make the greatest contribution to community recovery after a crisis. This is particularly the case where these actions strengthen local community and social capital and demonstrate care and compassion for others. Responses and actions that focus on the expressed needs of the local community, rather than imposing processes or solutions onto that community, are the most powerful. Actions that incorporate an element of kindness and care are the most effective, whether the giver and the receiver already know one another or not.

In return for having received support in a time of need, affected individuals and communities are reaching out to others to share what they have experienced and learnt in the hope that their experience will help others. This research revealed an informal and emerging network of individuals, groups and communities actively reaching out to support one another. This network provides practical support combined with the expression of human kindness, care and compassion. There is clearly potential to strongly support this network of social and community capital across Australia.

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About the author

Dr Margaret Moreton is an independent consultant who works to build and enhance community resilience and disaster recovery across Australia.