## 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 PERTH WEDNESDAY, 21 MARCH 2012

#### **Members**

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

### Hearing commenced at 10.04 am

#### LANE, MS RUTH

State Manager, Emergency Services, Australian Red Cross, examined:

**The CHAIRMAN**: The committee hearing is a proceeding of Parliament and warrants the same respect that proceedings in the house itself demand. Even though you are not required to give evidence on oath, any deliberate misleading of the committee may be regarded as contempt of parliament. Have you completed a Details of Witness form?

Ms Lane: Yes, I have.

The CHAIRMAN: Did you understand the notes at the bottom of the form?

Ms Lane: Yes, I did.

**The CHAIRMAN**: Did you receive and read an information for witnesses briefing sheet regarding giving evidence before parliamentary committees?

Ms Lane: Yes, I did?

The CHAIRMAN: Do you have any questions relating to your appearance before the committee

this morning?

Ms Lane: No

**The CHAIRMAN**: Before we start, you have given us a submission. Is there anything else you would like to add to that submission before we start throwing some questions at you?

Ms Lane: Yes, I would, if that is okay. I would like to elaborate a little bit. The role of the Red Cross and state emergency services arrangements is to assist in the reunification of people separated in the event of a disaster, and also to provide psychosocial support for disaster-affected households and communities. Underpinning the Red Cross policy framework designed to support emergency services volunteers is the understanding that emergency service personnel may experience stress and trauma as a result of this work. Red Cross actively seeks to promote a culture that acknowledges this and encourages its emergency services personnel to access available support mechanisms. Red Cross currently has around 490 emergency services volunteers across the state and some of these volunteers are employees of the state government. Unfortunately, I cannot give you an exact number because we do not collect, as a matter of course, employee information when we sign up volunteers. However, I can tell you that I know of at least 10 or 20 that have been activated in the last two seasons that work in various sectors within the government including health, education and child protection. Clause 35 of the Public Sector Award 1992 allows state government employees who are volunteers of selected emergency services response agencies to seek unpaid leave from their employers in order to volunteer in a disaster response context. Red Cross is not currently listed as a recognised emergency response agency for this purpose. As a result, many Red Cross volunteers who are state government employees must take personal or annual leave in order to volunteer for us during emergencies. Red Cross believes that this lack of recognition may be a barrier for state government employees who volunteer with us wishing to access available support mechanisms. Red Cross also believes that this lack of support and recognition does not support a culture of acceptance and understanding of the trauma and stress that can result from working with people affected by disaster.

Red Cross also wishes to highlight that clause 35 of the Public Sector Award only recognises agencies that are directly involved in saving lives and minimising physical damage or loss as a result of disaster. These agencies are identified as hazard management agencies or combat agencies under current legislative arrangements. Red Cross and other agencies currently working under Westplan Welfare are actually identified as support agencies under current legislative arrangements. Red Cross believes that the work of Red Cross and the other agencies that operate under Westplan Welfare, in minimising the psychosocial impacts of disasters on affected communities, depends heavily on volunteers and is as fundamental as work undertaken by the hazard management agencies and the combat agencies. Red Cross believes that the work of agencies operating under the banner of welfare in current state emergency service arrangements should be given equal weight and consideration under clause 35 of the Public Sector Award. Red Cross hopes that the committee will consider any recommendations resulting from this inquiry supporting the inclusion of these agencies into clause 35 of the Public Sector Award so that the state government employees who volunteer with us may be given opportunity to access unpaid leave to volunteer in an emergency response context.

**The CHAIRMAN**: Do any of the other states include you under the award so that staff can access time?

Ms Lane: I am not aware of whether that is the case in other states, but I can certainly check that for you.

Ms M.M. QUIRK: It would seem to me that those people in that category would gain a lot in terms of their own personal development and training, which would be useful in their day job, if I you like. Certainly the protocols and procedures and how Red Cross acts in these circumstances is obviously the best practice, so you would certainly think that it would be correct to say that would have personal benefit—

**Ms Lane**: Definitely. Some of the people, as I said, work in related sectors such as social work, health and education. I believe that the training that we have provided would certainly contribute to their professional development.

**The CHAIRMAN**: Would those people not be deployed regardless to a disaster area if they work in associated areas?

**Ms Lane**: Not necessarily.

**The CHAIRMAN**: We will certainly take that on board, and we will check with headquarters to see what the position is in other states.

Before we go on Ruth, can we ask you to give us a bit of a scoping of the Red Cross and describe to us the scope of your operations in WA, and how you respond to emergencies and disasters?

**Ms Lane**: Are you interested specifically in our emergency services or more broadly?

**The CHAIRMAN**: I think in the emergency services.

Ms Lane: We work across preparedness response and also recovery. We have around 490 volunteers across the state that we depend upon. Our preparedness relates to a program called REDiPlan. We produce a lot of materials for households and communities to help them prepare for disaster, and we disseminate that through communities through a REDiPlan speaker plan, which involves people going out–hopefully volunteers–to speak to communities about how they can get prepared. Our response operations, as I mentioned at the beginning, focus on the reunification of people who are separated as a result of disasters. This means that we manage the national registration and inquiry system. This was set up following Cyclone Tracy when there was a lot of confusion and people were separated. The government recognised that there was a need to have a service that enabled people to be reunified in that context. We are responsible for managing the system, which basically means looking after the database and the interface for that, which is the

state inquiry centre. Our commissioning agency for that in WA is the Department for Child Protection, which means we would only set up a state inquiry centre and activate NRIS in the event that DCP actually request that from us. Basically, our volunteers staff the state inquiry centre, and the people being registered at evacuation centres—wherever they are located—the information is sent through to us at the state inquiry centre and we take calls from the general public about the whereabouts of loved ones. If we can locate them in an evacuation centre, we will provide them with information on where their loved ones are.

Ms M.M. QUIRK: In terms of recent history in this state, what recent disasters have you had a role in?

Ms Lane: Most recently, we had a role in Cyclone Lua over the weekend. Our team in Port Hedland was activated to help set up and then pack up the evacuation centre. We were heavily involved in Margaret River. We have been involved in the Cloverdale fires if you are aware of them. Last year we were involved in a lot of incidents—Carnarvon was probably one of the bigger ones—and the fires in Armadale. Most of the activations in WA we are involved in—not every single one—but it depends on the needs of DCP.

The CHAIRMAN: So you rely entirely on DCP to activate Red Cross?

**Ms Lane**: That is correct. Under the state legislative arrangements, that is the way it works for response context. For the preparedness and recovery work, that is not legislated, so we have a bit more freedom in those areas.

Ms M.M. Quirk: Do your workers work side-by-side with employed DCP people?

Ms Lane: That is correct.

**Ms M.M. QUIRK**: So do they impose on you any protocols or ways that you operate with your staff, or have you got a fair bit of autonomy?

Ms Lane: We have a reasonable amount of autonomy. Obviously it works better when we work in partnership, so we work with DCP during the course of the year leading up to the season to actually run evacuation centre exercises so that staff, both from DCP and volunteers from Red Cross, are aware of how things should work in an evacuation centre. There needs to be some processes and procedures in place in terms of registering people, but that tends to vary in the way they are implemented from evacuation centre to evacuation centre.

**Ms M.M. QUIRK**: What I am getting at is, for example, you would have some procedures in terms of fatigue management of your staff. Now, if they are effectively employed DCP people, you might tell someone to stand down, and they might refuse saying they have not got the authority to stand down until their boss says they should stand down; that is what I am after.

**Ms Lane**: No, we have complete autonomy in that respect. Our policies will basically guide what happens with our volunteers, and DCP does not have any say over those.

[10.15 am]

**The CHAIRMAN**: What is your policy in terms of people who are responding at evacuation centres?

Ms Lane: We do have a fatigue management guideline, and that looks at having shifts of no longer than five to six hours for public facing time. We would not ask anybody to work for more than four days in a row before having one or two days rest following that. Four days in a row we call a stint, and we would not ask anybody to do more than two stints in one activation without having a longer rest in between.

**The CHAIRMAN**: In your submission you say that all Red Cross staff and emergency services volunteers are required to undertake personal support training. Can you tell us what that involves?

Ms Lane: Basically there are four modules in personal support. The one that is probably of most interest to you is focused around the self-care module, but the other modules are looking at the state legislative arrangements. Module two looks at what Red Cross actually does in an emergency so that volunteers have a good understanding of the context that they are working in, and the third module focuses on communication with disaster—affected people, and then the fourth is looking at self-care, which is really trying to instil in our volunteers the ability to recognise their own signs of stress, to pre-identify—before they are activated—those signs, and mechanisms to deal with them. We also teach them to look out for particular signs of stress with other team mates and how to support them and, if people are not coping, how they can access assistance in the field. We have started to introduce a workforce wellbeing policy this year as a result of a national internal review. It looks at—for those longer term deployments in regional areas where people are removed from home—how they can make sure that before they leave, they will be able to remain in contact with loved ones. If they cannot do that, we see that they have appropriate arrangements in place to make sure that everything at their home is settled so they are not worrying about those sorts of things. They are the kinds of things that that particular module goes into. I can provide you with a copy of it.

**The CHAIRMAN**: Is that provided by Red Cross, or is that an externally provided—

Ms Lane: No we provide it ourselves.

**Ms M.M. Quirk**: And that is compulsory before anyone goes out in the field? And you talked about this national wellbeing program that you have just introduced; what does that contain?

Ms Lane: That is still under development. The workforce wellbeing framework looks at the provision of support to our emergency services volunteers "pre", "during" and "post" disaster. The "pre" is—and again looking at those pre-identified stress mechanisms—making sure they have adequate information about their deployment so that they know what they are going into, and what degree of uncertainty they can expect. The "during" looks at—there are a few tools in there—a workforce and wellbeing coordinator who oversees the wellbeing of the whole workforce that are in the field, and they also oversee an independent debriefer and work for some wellbeing officers as required. They may also look after peer support people who would actually be in the field at evacuation centres. The role of the coordinator is to oversee, and then the officers may also be out in the field as well, and they are really just conducting welfare checks on people out in the field to make sure they are coping.

**The CHAIRMAN**: Are they volunteers themselves or employees of—

**Ms Lane**: A mixture. We work under the AIIMS structure for responding—you would be familiar with that. We have worked those positions into the AIIMS structure. Currently, the recommendation is, which is what we have trialled this season in Queensland, that that particular workforce and wellbeing coordinator reports to a safety officer, who reports to the commander.

**Ms M.M. QUIRK**: One of the issues that we have found in our inquiries is that critical incident stress or post-traumatic stress tends to emerge some months or even years after the event. When you bring together a whole lot of volunteers for one event, and then they are dispersing, what sort of follow up is there?

Ms Lane: Within WA for example, we have an engagement policy. Immediately after an event we do a cold debrief two weeks down the track. We may have a group debrief, depending on the situation and whether that is practical, or we might just use an independent debriefer, but that would probably only be in the first three weeks after an activation. In the long term, we would have to rely on our volunteer engagement policy, which is about how we communicate and keep in regular contact with our volunteers. Currently, we have a team convener system in place, both in the metropolitan and regional areas, who all have particular volunteers who sit underneath them. In the metropolitan area that is currently under review, so I am not sure how that would work, but in the

regional areas it is quite strong and those teams meet regularly. I would hope that that would provide support in the long term.

**Ms M.M. QUIRK**: Presumably if they have got this, if you like, mental self-care training, they should be able to have the tools to self-monitor a bit as well.

**Ms Lane**: Yes, and in addition to that, they also have access to the employees assistance program, and that is reinforced at all trainings and briefings as well.

Ms M.M. QUIRK: Does that extend to the families of those volunteers?

**Ms Lane**: Yes, my understanding is that it does.

**Mr I.M. BRITZA**: I just want to go back to the stints. Several of our inquiries have shown that while the guidelines are excellent, in the middle of an actual disaster the volunteers have gone on and on working. Are yours guidelines, or are they actually enforced?

Ms Lane: They are guidelines.

Mr I.M. BRITZA: That would then bring about, if there are fatalities, which we are primarily dealing with, that the ongoing psychological or mental or whatever support of those volunteers afterwards is the issue that we have been wanting to deal with, especially with the ages. I would like to ask of your volunteers what is the age group—between what and what—approximately? You answered the first one—I wanted to know whether it was guidelines because in the middle of a disaster it is very hard to pull people back when they are really involved and are passionate about what they do. Volunteers are like that. I would imagine that your employees would be governed more strictly. Would that be correct?

Ms Lane: Yes, they would be, but I would say from last season that there were times when there were people working shifts beyond what is recommended in the fatigue guidelines—not in WA so much but in other states where there were prolonged periods of disaster. What we are starting to implement this year—we had a big internal review last year—is that people management system, which is a rostering deployment system that is a database that facilitates tracking how long people are working. It has the capability of setting up a red flag so the commander or safety officer can see when people are being continually deployed over a season so that consideration of that person and their circumstances can be made on an individual basis as the disaster season continues.

**Mr I.M. BRITZA**: And what about the age?

**Ms Lane**: I would say roughly our youngest is in his early 20s. I do not know the upper age bracket but we have a lot of Red Cross members who are in an elderly age bracket. The bulk of our volunteer workforce sits probably more in the age group of 40 to 60 or 70 years. There are a lot of retired professionals but also existing professionals as well.

**The CHAIRMAN**: Ruth, you mentioned the family. Can you tell us what sort of support goes to the family members when a volunteer or an employee is under deployment?

Ms Lane: This has been developed more recently under the workforce wellbeing framework. We are looking at how, for example, we can stay in contact with families of people who are deployed into a situation where they cannot actually contact home because phone lines are cut off. We work under the AIIMS system, so the operations coordinators are required to be in contact with those people every day. We are looking at setting up a system where, if that is happening—it does not happen too often in Australia but it could happen—we can actually maintain contact with those families to make sure that they know that their people are alive and well in the field and doing okay. In addition to that, as I said before, they can access the employee assistance program.

**The CHAIRMAN**: You also mentioned the hot debrief and the cold debrief. There seems to be a view across the world at the moment that that might not be a best way because you are putting

people through the disaster again. Has the Red Cross done any research on what is the best way to debrief or to talk down after an event?

Ms Lane: Currently we are looking at moving towards a psychological first aid model, but we are not there yet. I am not sure if we are undertaking any research—we have not done that in WA—but I would agree with some of your statements in the sense that hot debriefs are not necessarily always done in the field, if we are honest. With the best of intentions, if people finish late and do not feel like being debriefed, we do not force it. The best capture is the cold debrief a few days down the track, and possibly the independent debrief.

**Ms M.M. QUIRK**: Red Cross operates internationally and a lot of your practices and procedures would have been informed by Red Cross's experience on some large operations I suppose. Are you able to identify any particular events that have informed Red Cross how to treat staff and to deal with the issue of critical incident stress?

**Ms Lane**: We are certainly informed by the International Federation of Red Cross's psychosocial guidelines, but I would not say that any particular events recently have informed current policy.

**The CHAIRMAN**: Ruth, do you use any outside organisations? Some of the government agencies use an organisation called PPC to provide support to their staff. Do you use anybody like that?

Ms Lane: PPC.

**The CHAIRMAN**: Is there a particular reason you use PPC?

Ms Lane: I am not sure. That would be a question to ask HR, which I can do.

**The CHAIRMAN**: We have also been told that in many other jurisdictions retired staff are used as peer support people. Does Red Cross use any retired volunteers as peer supporters?

**Ms Lane**: Yes, we have done, and not just retired staff but staff who have moved onto other roles as well. We have brought them back in to assist.

**The CHAIRMAN**: How do you find that works? Is it better than bringing in somebody like PPC for example?

Ms Lane: I think they have different uses. I think peer support is useful particularly during activations because they can be there on the spot, particularly if they are there only for that purpose. They are not directly involved in the operation so they can maintain a step back from what is going on and not get involved in the stress of the incident. Whereas if a person does have ongoing issues, I think that is where the value of PPC comes in; to be able to help people through that.

Ms M.M. QUIRK: One of the issues and the whole premise of PPC is that you can go off, contact them independently, no names, no pack drill. I think the downside of that is that the employer or organisation the person is working for, in the case of volunteers, is that they do not have any overriding statistics about employee stress or the impact of a particular incident. Would that be an accurate assessment?

**Ms Lane**: I believe, and these numbers would go to HR, that we get numbers of people but we do not know their profile. As we have a lot of different services where volunteers work, I do not think it actually identifies emergency services, for example.

**Ms M.M. QUIRK**: From the literature, is there any figure that is commonly accepted as to the percentage of personnel that you anticipate would be subject to some level of critical incident stress?

Ms Lane: I am not aware of that.

**The CHAIRMAN**: Do you actually send staff or volunteers to other disasters to observe and learn about how other organisations or jurisdictions operate?

**Ms Lane**: We definitely send our volunteers and staff to other states, and we are deployed to other states to assist and to learn.

The CHAIRMAN: In your training, do you actually do models or mock disasters?

Ms Lane: Yes, we do exercises.

**Mr A.P. JACOB**: I have a bit of a left–field question but one I want to ask out of curiosity, mainly because you deal with volunteers, and these things are much easier to monitor at a staffing than a volunteering level, but there is evidence that would suggest that if anyone has some drug use or some alcohol issues that their response to traumatic incidents can be a lot worse. Is there any method where you would be monitoring those volunteers?

**Ms Lane**: Not in their personal lives—certainly when they are in the field, but not in their personal lives.

**The CHAIRMAN**: Can I go back to your guidelines for fatigue management? If you have volunteers in the field and one of your team leaders observes that somebody is over the limit and they are instructed to go, what is the process if that person says they are still needed and they want to stay?

[11.30 am]

Ms Lane: That team leader would need to call back up the AIIMS structure to the operations officer, in the first instance, and the commander if he needs to go that high. I have never come across an incident like this, but if we had to we would have to send someone from the IMT to the site to assist with that.

**The CHAIRMAN**: So you have a process in place even though you have never actually experienced it?

**Ms Lane**: No, we do not have a process in place but this is how I imagine it would work in the context of the AIIMS structure.

**The CHAIRMAN**: The Red Cross in New Orleans told us that they had a huge attrition rate post Katrina. Do you have any idea how things operate after disaster for your volunteers and staff? Do you lose many if it is a major disaster, bearing in mind that we have not had, in this state, a major disaster with a huge loss of life?

**Ms Lane**: I do not know numbers, but I have definitely observed a turnover of staff in WA and also interstate as a result. I am thinking of Queensland and the prolonged flooding there last year, and the volunteers as well. There is a turnover every year, but whether we can pin that down to the event or whether it is other things, it is difficult to say.

**The CHAIRMAN**: And in your follow up of volunteers and your staff, is domestic violence an issue that comes to the fore?

**Ms Lane**: Not that I am aware. I am aware of the literature around that but I have not encountered it with our volunteers and staff.

**Ms M.M. QUIRK**: I suppose this committee is focussing on the negative impact of volunteering, but you would have found from other experience that there are substantial personal benefits that people get out of volunteering; for example, they say that volunteers live longer and what have you. Do you have any personal experience with that or do you agree with that proposition?

Ms Lane: I certainly think there are a lot of positives to be drawn out of volunteering. We get feedback from our volunteers all the time that they find it an enriching experience and rewarding personally in terms of knowing that that they are having a positive impact on people's lives just through contact, whether it be in an evacuation centre setting or—we actually also do outreach post–disasters. We have done that in Margaret River recently where we go door-to-door and we

actually sit down and have conversations with people about how they are tracking and how they are getting on with things. We certainly get a lot of positive feedback from our volunteers on those—

**Ms M.M. QUIRK**: Are you doing that work in conjunction with the shire?

Ms Lane: Yes.

Ms M.M. QUIRK: What is the most common response you get from that door knocking?

Ms Lane: We get a lot of positive feedback from the community that they are happy to have somebody and somebody is still thinking of them. We did it in Margaret River one month after the event. Red Cross finds, based on literature available around this, that a month after an event is when people start to get their immediate practical needs met—so electricity, power, all of those sorts of issues—but those long-term creeping issues around insurance and those sorts of things are starting to arise for people, and it is also the point at which community fractures start to occur. So it is really the time that you need to start focusing on reconnecting people within the community and also just letting them know that the wider community has not forgotten about them, even though the disaster is no longer in the headlines. So people are usually quite grateful to—

**Ms M.M. Quirk**: As well as the residents are you talking to any of the people who were involved as firefighters that lived near—

**Ms Lane**: No. Well, in Margaret River, for example, one of our volunteers has a husband who is a firefighter, so we have instances like that where some of our volunteers are related, but that is anecdotal. We have not gone out and sought that information.

**The CHAIRMAN**: How do you deal with ad hoc volunteers when you respond to disaster? I know in the ACT, when they had the Victorian bushfires, there was a lot of ad hoc—people just showed up and said, "We are here to help". They had no training and no concept of how everything worked. Do you use them or do you say, "Thanks but no thanks"? How does all that work?

Ms Lane: On a case-by-case basis. Red Cross has been heavily involved in developing a spontaneous volunteer kit, which, if you are interested in, we can forward to you at a later date. It is a guide for agencies working within the emergency service sector around these issues and how to deal with these volunteers. Within WA last season, which was a particularly long season, we took on spontaneous volunteers and trained them. Obviously we could not deploy them until they had their appropriate clearances, but that did work because we would use them later on in the season when people were getting tired. In Queensland last year, they certainly used spontaneous volunteers there, but they still must meet all of our requirements and go to the required training before they can be deployed.

**The CHAIRMAN**: At a disaster it is quite emotional, and people show up and say, "I am here to help." They are at the evacuation centre and the Red Cross person is there and you have to divert them off to training—

Ms Lane: Okay, if you are talking about in the field when they present, no, in that case we could not take in a spontaneous volunteer. We would require the team leader within that evacuation centre to explain to them that Red Cross has particular processes around training and requirements for volunteers, and that if they wish to become a volunteer, we would welcome that. We would try to provide them with information on how to go about that but we do not take them on.

**The CHAIRMAN**: Just in relation to Cyclone Lua last week in Port Hedland, what was your response up there? How many people have you got and in what way was that structured? How was it pulled together because it was pulled together very quickly last week?

**Ms Lane**: We have approximately nine or 10 people in our team in Port Hedland. Only five of them ended up being activated. The procedure should have been that we were activated through DCP at state level, but that did not happen. We were actually in contact at the local level. They have good relationships, which is fine, at the local level. So the DCP welfare representative contacted our team

convenor and asked what availability there was. Our team convenor then contacted us and, because he was still working—he works in a mining company up there—he asked us to contact the team. We checked their availability, set up an availability roster, and let the welfare officer from DCP know what our availability was. She asked for particular staff at particular times. One of the rosters was overnight but none of our volunteers wanted to do that so we just helped on a roster before to help set up the evacuation centre, and then immediately after red alert was lifted. When we are at an evacuation centre we report to DCP.

**The CHAIRMAN**: Are you part of the state emergency management committee?

**Ms Lane**: No, Red Cross does not have representation on the state emergency management committee but we do have representation on the state welfare emergency committee, which again is headed up by the Department for Child Protection.

**Mr A.P. JACOB**: Who else is on that?

**Ms Lane**: All of the agencies that would be considered support and welfare agencies: the Salvation Army; ADRA—Adventist Development and Relief Agency; CWA—the County Women's Association, who do some of the catering; and a number of state government departments—FESA, the Education department, the Health department, WA Police—

**The CHAIRMAN**: From the welfare side, there is somebody at the state emergency management centre when there is a disaster in operation. Who coordinates—

**Ms Lane**: DCP represents at that level.

Ms M.M. QUIRK: Did Red Cross have any involvement in the Warmun floods?

Ms Lane: Yes, we did.

**Ms M.M. QUIRK**: Now that was quite a prolonged exercise. Were there any particular issues that arose there?

Ms Lane: I guess our major issue with that in particular—we were just talking about this yesterday because obviously Kununurra has been activated again in response to Kalumburu. Our volunteers up there were activated and they went along to help on the first day. I was in a different role at the point; I was the Operations Officer for Red Cross. I debriefed our team leader coming off shift, and I was not aware that she was going back to the centre the next day—that was not requested by DCP—so they activated locally. Now whether that was because our volunteer is self-activated—we actually have a DCP staff member who is also a Red Cross volunteer in Kununurra, so I think that may have had something to do with the issue. Effectively, there was a team deployed there from Red Cross, and we were not aware of it for a number of days, so we were not providing support to them. Usually we would be calling them to check that they are okay every day. At the same time, we were asked by DCP to provide some liaison support, so we sent in staff from our Broome office who had some familiarity with the Warmun community.

**The CHAIRMAN**: Thanks for coming in this morning. Before I read you a closing statement, is there anything else that you would like to say to us that maybe we should have covered, or is there anything we have not covered?

Ms Lane: No.

**The CHAIRMAN**: Just on the issue of government workers being able to take the time to fix it up as part of the award—that is in your submission, I remember reading that—we will have some discussions around that and see if there is a way that can be managed better. I will read you a closing statement and tell you what happens from here on. Again, thanks for your evidence before our committee this morning. A transcript of the hearing will be forwarded to you for correction of minor errors. Could you please make these corrections and return the transcript within ten working days of the date of the covering letter. If the transcript is not returned within this period, it will be

deemed to be correct. New material cannot be introduced by these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, please include a supplementary submission for the committee's consideration when you return your corrected transcript of evidence. Thanks for coming in this morning.

Ms Lane: Thanks for inviting Red Cross to provide evidence.

Hearing concluded at 10.42 am