



National Audit Office

REVIEW OF THE EXPERIENCES OF UNITED KINGDOM NATIONALS AFFECTED BY THE INDIAN OCEAN TSUNAMI

REVIEW BY THE NATIONAL AUDIT OFFICE ASSISTED BY THE ZITO TRUST
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National Audit Office

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CONTENTS

ACKNOWLEDGEMENTS	2
CONCLUSIONS AND RECOMMENDATIONS FOR GOVERNMENT	3
Introduction	3
Conclusions and recommendations	6
a) Planning and preparation in advance of disasters	7
b) Providing direct support with empathy	8
c) Communicating and handling information	11
d) Delivering long term support and aftercare	14
THE WAY FORWARD	16
ACCOUNTS OF THE FAMILIES AND SURVIVORS	17
Findings of the research undertaken by The Zito Trust	17

ACKNOWLEDGEMENTS

This report is an analysis of the experiences of UK nationals affected by the Indian Ocean tsunami which struck on Boxing Day 2004. Much the largest part is a summary by The Zito Trust of the accounts of survivors and of friends and family members of British nationals caught up in the tsunami.

We are extremely grateful to the 116 people who took part in the survey in order to help the UK learn lessons for handling disasters overseas in the future. Particular thanks are due to the thirty-two who were then interviewed in greater depth. We recognise that reopening memories of those traumatic events inevitably comes with an emotional cost, however carefully people are approached. It has been a privilege and a responsibility to hear these experiences, which have fed into our own recommendations to the UK Agencies. Beyond our recommendations, the accounts include many detailed observations and suggestions by those affected, which government and its partners will need to consider carefully.

We would also like to express our thanks for the work of the team led by Dr Vivien Norris, who maintained high academic and clinical standards against an exacting timetable.

CONCLUSIONS AND RECOMMENDATIONS FOR GOVERNMENT

Introduction

1 On the morning of 26 December 2004 an earthquake measuring 9.3 on the Richter scale occurred off the coast of north-west Sumatra in Indonesia. The earthquake triggered a tsunami (a large sea wave) that struck the coasts of thirteen countries, causing great devastation and loss of life. Countries all around the Indian Ocean rim were affected, from Thailand to Somalia, and from Indonesia to the coast of India (**Figure 1**).

2 The waves killed some 300,000 people, and left millions more without food, homes and livelihoods. In Thailand and Sri Lanka in particular, thousands of foreign

nationals were affected, expanding the impact of the tragedy to many other countries far away from the disaster-stricken regions. The implications for those affected extend far beyond the immediate period of aftermath, to the following months and years.

3 The disaster struck during a peak holiday season. It is thought that approximately 10,000 British nationals were in the affected region when the tsunami struck. As at the end of September 2006, there were 150 confirmed British dead and one highly likely to have died, a total of 151. Three of these were in the Maldives, 17 in Sri Lanka and 131, including the one unconfirmed and ten dual nationals, in Thailand. The number injured is not known.

1 Locations of main regions and FCO posts involved



Source: United Nations

4 Many government departments, agencies and other organisations were involved in responding to the immediate disaster in the affected countries and in the United Kingdom, or in providing long term “aftercare”. Those most involved are listed in **Figure 2**.

It is important to systematically gather the experiences of UK nationals affected by major disaster overseas

5 The National Audit Office is independent of government. It audits government expenditure, helps public service managers improve performance, and champions the interests of citizens who use public services. At the time the tsunami occurred, we were examining the Foreign and Commonwealth Office’s Consular Services to British Nationals.¹ Given the clear importance of the tsunami disaster and the evident need to identify early lessons, we undertook a joint review with the Foreign and Commonwealth Office.² The FCO responded with a programme of actions to improve its services to UK nationals in disaster situations. But it was clear to us from the outset that the joint review could only provide the perspective of those providing assistance services, and that it would be essential to also gather the views and experiences of UK nationals affected by the tsunami.

6 We commissioned The Zito Trust, an organisation experienced in dealing with, and supporting the families of victims of sudden or violent death, to gather and assess the views and experiences of support offered by government departments and agencies to UK families and survivors. In undertaking the review, we and The Zito Trust worked in co-operation with the main departments and agencies with a role in assisting families and survivors.

7 The Zito Trust’s work was led by Dr Vivien Norris, Consultant Clinical Psychologist, with support from Dr Jonathan Bisson, Consultant Psychiatrist, of Cardiff University, who brought invaluable experience in working with people affected by traumatic events. Also, given the particular sensitivity of this work, and the overriding need not to inflict secondary trauma on respondents through questioning, The Zito Trust submitted the research proposal for independent ethical review by an NHS ethics board. Fieldwork began once full ethical approval was granted in February 2006.

8 Those affected were invited to complete a major survey of their experiences which produced both quantitative evidence (broadly the number or percentage of people who held a view), and qualitative data (typically narratives drawn from their experiences). Further detailed qualitative data was gathered through interviews with a range of families and survivors.

9 Recruitment to the survey was complex and involved a number of stages. The most significant difficulty was about how to make contact with those affected, since no comprehensive contact list existed. After extensive discussion it was agreed to work from the Department for Culture, Media and Sport’s list of some 308 individuals, confirming first who wished to take part. Also, to publicise the survey as widely as possible, it was advertised on a range of websites including the FCO, DCMS, NAO, Tsunami Support Network, British Red Cross, charities providing support to the affected areas, and specialist websites used by many people visiting Thailand. This was in addition to contacting those severely affected on an individual basis. A total of 290 letters inviting participation were sent out as a result of these initiatives. 116 completed responses were received, giving a response rate of 40 per cent. Sixty-six (57 per cent) were in the affected areas when the tsunami struck, and fifty (43 per cent) were in the UK.

10 Additional information was provided by the completion of two short questionnaires to assess current levels of anxiety, depression and post-traumatic stress shown by respondents. Some 80 per cent of respondents expressed willingness to be interviewed. Detailed qualitative data was gathered through twenty face-to-face interviews, involving twenty-nine adults and three children. The interviewees were selected to represent the broadest range of experiences of those most severely affected from those currently living in the UK. A focus group of ten survivors and victims considered the preliminary findings to ascertain whether emerging themes corresponded with their experiences.

11 This report does not identify individuals, either those directly affected or those whose role was to provide assistance in traumatic situations, and contributions are therefore anonymised throughout. The confidentiality of respondents was protected by a procedure where responses to the survey could be anonymous, and only The Zito Trust has held details of those interviewed.

¹ The report on Consular Services was published in November 2005 and is available on the NAO website at <http://www.nao.org.uk/publications>.

² This was also published and is available from the NAO website, alongside the Consular Services report.

2 The main UK agencies involved

Department/agency ¹	Role/Responsibility
Foreign and Commonwealth Office (FCO)	Lead Department for government responses to crises overseas affecting British nationals.
Humanitarian Assistance Unit, within Department for Culture Media and Sport (DCMS)	<p>Since March 2005, the principal point of contact within government for those directly affected by the tsunami.</p> <p>Since July 2005 this role has expanded to ensure that the needs of UK nationals affected by all major disasters, in the UK as well as overseas, are understood and properly considered within government, in preparing for and responding to such emergencies.</p>
Department of Health, and National Health Service	Provision of health care services in England for those affected. Other Health Departments for Scotland, Wales and Northern Ireland.
Cabinet Office	Co-ordinating the liaison between the FCO and other government departments, where a joined-up response was necessary.
Police Forces	<p>The Metropolitan Police provide a back-up call handling service in the UK at its London Casualty Bureau.</p> <p>Police forces around the UK provide Family Liaison Officers (FLOs), to gather forensic evidence to support victim identification and also provide general support to the bereaved. Other officers were deployed to support victim identification in the affected areas.</p>
British Red Cross	<p>Provides relief to people in crisis both in the UK and overseas.</p> <p>Operated a telephone support line, with other specialist and voluntary organisations, for those affected from 1 January 2005, and deployed a psycho-social support team to Thailand from 3 January. Deployed volunteers to meet incoming returnees at Heathrow and Gatwick. With initial Government funding, the British Red Cross set up the Tsunami Support Network for UK Nationals who were affected. Established the Tsunami Hardship Fund in November 2005.</p>
Department for Work and Pensions	Dealing with the cancellation of benefits, pensions etc. of those who had died, with the provision of Bereavement Benefit to eligible next of kin, and giving benefits and pensions advice where appropriate.

Source: National Audit Office

NOTE

¹ Throughout this report the term "agency" is used as shorthand for any official organisation involved, and does not refer to "Executive Agency", which has a particular meaning in UK government.

12 Three types of data informed the findings; quantitative data from tick-box sections of the survey; qualitative information from the free-text sections of the survey, and verbatim transcripts from face-to-face interviews. Results from each source were compared to ensure reliability and consistency. Statistical tests were also undertaken to establish if there was any relationship between levels of Post-Traumatic Stress Disorder, anxiety and depression on one hand, and the experiences of quality of service on the other.

Drawing overall conclusions from the views of those affected

13 An extensive account of the varied experiences of the responding families and survivors, drawing on a detailed analysis of the findings from the survey and interviews, and assembled by The Zito Trust, is in the next section of this report. The material contained there is exceptionally valuable, and is in many places both powerful and distressing to read. It has been a privilege and a responsibility to hear the experiences of survivors

and of the bereaved. The overall balance of experiences was that the assistance provided in the aftermath of the tsunami, though good in parts, was perceived as piecemeal, inconsistent and inadequate. The accounts include many detailed observations and suggestions by those affected which government and its partners will need to consider carefully.

14 We believe that the points that have emerged from The Zito Trust's work with those affected are very consistent with lessons identified in the earlier joint lessons learned review by the NAO and the FCO, (paragraph 5). But the respondents' experiences extend far beyond the scope of the earlier review, which focused mainly on the FCO. They indicate how service delivery affects people, and identify a wider range of issues to be addressed.³

15 Given the nature of the subject matter, it was essential that people's participation in the review should be entirely voluntary. It is to be expected that voluntary surveys will tend to attract high rates of response from people who feel particularly strongly about their experiences, and lower response rates from those who have no strong feelings either way. Respondents' experiences are inevitably individual and personal, and their perceptions will reflect the extent of their own knowledge, and their recollection. But the findings, drawn from qualitative and quantitative work, appear consistent with previous assessments of lessons learned (paragraph 5), and represent by far the most complete and systematic basis of evidence available to the agencies to inform their decision-making moving forward.⁴

16 Crises affecting UK nationals overseas, and requiring their evacuation, come in many different forms, ranging from natural disasters, transport incidents, outbreaks of disease, terrorism and conflict. Major crises, that involve the deployment of resources from the UK or elsewhere, tend to range in scale from incidents such as coach crashes upwards. Most of the conclusions and recommendations in this report would be applicable to UK agency responses to all such crises, whatever their cause. But many of the lessons learned from the tsunami were a function of the massive scale of that event, and so some of the recommendations, such as those for telephone call handling, relate mainly to preparation for the very largest disasters.

³ This report is about the response to the tsunami. Survivors have also expressed the hope that measures can be taken to provide sufficient early warning of future tsunamis. The United Nations Organisation UNESCO is working with national governments to create a global early warning system similar to those already existing in the Pacific Ocean (www.unesco.org/tsunami).

⁴ Quantitative survey data provides evidence of the prevalence or frequency of a particular issue or experience. Where the sample structure, response rate and achieved sample size are sufficiently robust, it is possible to extrapolate the findings to the study population overall. Qualitative evidence, taken in this review from the focus groups and semi-structured interviews, cannot be assumed to reflect the proportion of the wider population that hold the same view. Its role is to provide greater depth and understanding of the experiences described by survey respondents. It can help identify the multiplicity of experiences that may need to be taken into account when considering changes to procedures or support.

Conclusions and recommendations

17 Despite the differences in the location and exact experiences of the families and survivors who responded, many clear and consistent messages emerge. Their views of the services and support offered range from very positive to very negative. Drawing on this evidence base, the recommendations are based on the key common messages emerging from the research and concentrate on what more the government and its partners can do to consistently address the concerns and unmet needs of United Kingdom nationals in the face of disaster. In many cases, this work is already underway.

18 Our conclusions and recommendations are structured around four main themes:

- Planning and preparation in advance of disasters (summarised in paragraphs 21-25);
- Providing direct support with empathy (paragraphs 26-30);
- Communicating and handling information (paragraphs 31-33); and
- Delivering long term support and aftercare (paragraphs 34-37).

Since the tsunami, the UK agencies have had work underway and have made progress in each of these four areas. The conclusions and recommendations in many cases reinforce and confirm the agencies' direction of travel, including the FCO's action plan (paragraph 5).

19 The conclusions and recommendations in Figures 3 to 6 are arranged according to the different stages of the tsunami crisis, to provide a more direct link to the way the detailed research findings are presented:

- Ensuring the most effective possible initial response in the affected area;
- Getting survivors out of the affected area;
- Supporting friends and family not in the affected area; and
- Supporting all those affected in the longer term.

20 The report refers in many places to the actions of “officials”. This is a shorthand term. The UK agencies deployed many different types of people to offer support; including people who made exceptional efforts in extremely difficult and chaotic circumstances. Some were full-time Consular Specialists with prior experience in helping nationals in distress overseas; but other employees of the Foreign and Commonwealth Office were volunteers from other diplomatic service backgrounds and with varying levels of relevant training or experience. Other volunteers were friends or family members of diplomats. And others volunteered in the affected areas and worked under varying degrees of supervision by FCO staff. The particular status of “officials” would not always have been evident to the people they had dealings with.

a) Planning and preparation in advance of disasters

21 Members of the diplomatic service, their families, friends and other volunteers worked really hard, through long hours over many days, to give all the help and assistance they could to the victims of the tsunami.

22 But the sheer scale and geographical extent of the tsunami in many respects overwhelmed the initial response of the UK agencies. Planning by all agencies had not assumed having to respond to such a challenge. For example, the incident happened over the Christmas period when police resources were already at critically low levels; and these were increased until over 2,000 police officers and staff nationwide were involved in some way in support of the effort. The experiences reported by survivors in the affected areas, and by relatives and friends in the UK, confirm and enlarge the picture of UK agencies struggling in the first few days and weeks to mount a response to match the unprecedented scale of the task. A minority of respondents had good experiences, and survivors overall were realistic that the UK agencies could not be expected to reach the affected areas before the second or third day. But many experiences reported by respondents were negative and included:

- Survivors not finding UK officials in affected areas to help them (some 39 survey respondents, just over half of respondents in the affected areas, reported receiving such help in the first few days);

- Lack of practical guidance from UK officials when they could be found, which would have enabled survivors to better help themselves;
- An inadequately advertised official evacuation flight;
- Their expectation that specialist paramedics would be deployed by the UK;⁵
- An FCO package to assist travel to the area which, though appreciated by loved ones, was not well communicated; and
- Loved ones in the UK being unable to get through on the overwhelmed emergency telephone lines, and to obtain subsequent updates on progress from the Casualty Bureau.

23 The evacuation of several thousand UK nationals from the Lebanon in July 2006, though much more localised than the tsunami and thankfully not involving mass casualties, illustrates that planning for mass consular emergencies is a permanent necessity. Agencies need to use major disasters such as the tsunami to inform their assessments of risk when making provision for future responses to major disasters overseas. This needs to feed through across all aspects of future disaster responses, including:

- Having clearly set-out agreements on the potential contributions various departments and agencies could make in responding to mass emergencies, including how such contributions should be funded;
- Putting in place well understood processes to co-ordinate the activities of departments and agencies, with clearly assigned leadership responsibility and authority;
- FCO’s ongoing work to establish and staff sufficient Rapid Deployment Teams at “hub” points around the world; supported by specialist skills on-call from voluntary agencies;
- A UK Missing Person Reporting and Casualty Reporting Telephone line of sufficient size and capability;
- A wider corps of experienced police Family Liaison Officers nationwide to help deal with major disaster situations; and
- Using the tsunami package as a framework for assistance package entitlement and benefits in mass disaster situations, which if deemed necessary can be taken off the shelf, modified as appropriate and made available without delay.⁶

⁵ It is not UK government policy to deploy medical specialists in other countries as a matter of course, though following the tsunami, the British Red Cross arrived to provide valuable emotional and practical support for the UK nationals by then left in the affected regions.

⁶ Government Assistance packages will not be an automatic part of all disaster responses. The Foreign and Commonwealth Office strongly recommends that travellers overseas purchase adequate and appropriate insurance cover, and check for any policy exclusions on injury or death through acts of terrorism or nature.

24 It is notable just how much more positive experiences were when relatives visited the affected areas some time after the tsunami. Although the Embassy personnel involved may have been selected for this role, it appears that having the time to plan and think about the respondents as individuals was also a significant factor. This aspect of interaction, being treated sensitively as an individual, was key to all positive feedback about agency contact.

25 Our detailed recommendations for better planning and preparation by the UK agencies are in **Figure 3**.

b) Providing direct support with empathy

26 Providing assistance to victims of disaster, in stressful circumstances, requires good “people-skills”. It can be difficult to ensure this is done consistently well, particularly when those providing the service are themselves under pressure. There were examples of best practice by officials that highlighted the benefits to those directly affected, of pragmatism, flexibility, initiative and competence delivered with empathy. But the experiences reported by survivors and by friends and family in the UK were very variable, with many reporting negative experiences, often relating to insensitive manner, in the first days and weeks. This indicates that the UK agencies still have more to do in their training, guidance and assessment of staff for such challenging work, particularly in the onerous roles performed by the FCO Consular teams and police Family Liaison Officers, to ensure that support is provided in a sympathetic and understanding manner. It will not be sufficient just to improve the training of the personnel involved, though this is clearly required. In such extreme circumstances, an official mindset based primarily on reliance on rulebooks can cause further distress for families. In some cases good practice guidelines already in place for such events were not evident in the actual face-to-face contacts reported by the responding families and individuals.

27 The research has also identified specific needs of survivors which were not found to be consistently met by UK agencies in the affected areas. There was a clear expectation that officials would be able to provide an emergency telephone link back to family in the UK, but this was not always the case. The provision of effective information was highlighted as a particular difficulty. Respondents also expected a more frequent and more visible presence by UK officials in hospitals and aid centres than they actually experienced. The research findings highlight the public expectation that officials will be available and easily visible on the ground in central locations which are convenient and readily accessible.

28 The evidence from friends and family in the UK also reflect varied experiences. The main area for the UK agencies to address is to work towards greater consistency in the following areas:

- Staff with the right people-skills deployed flexibly in front line roles, regardless of grade or qualification;
- A clearly understood and consistently applied definition of what Family Liaison Officers a) Must do and b) Can legitimately do, for those in their care;
- Advice on whether friends and family in the UK should travel to the affected areas to search for loved ones, and the extent of support they can expect from officials when they get there;
- What FLOs should do to initiate relatives gradually and with sensitivity, into the nature and purpose of the Disaster Victim Identification (DVI) process; and
- Arrangements for the return of remains to the UK and their reception.

29 There are also lessons to be learned by the private sector from many of the experiences reported in the review. Though the public agencies can help by making improved guidance available to victims in how they can deal with financial institutions and the media, there is scope for the private sector and the media to consider how their own processes and actions should be improved to reduce adverse impacts on disaster survivors or the bereaved, (as shown in the detailed findings, paragraphs 107 and 128 to 130).

30 Our detailed recommendations for providing direct support with empathy towards those affected are in **Figure 4 on pages 10 and 11**.

3 Planning and preparation in advance of disaster

Ensuring the most effective possible initial response in the affected area

- 3.1 At the time of the tsunami, there was not a coherent and co-ordinated plan in place for dealing with a disaster on this unprecedented scale. Key decisions such as providing flights, assistance packages, and deploying voluntary agencies overseas, were improvised as events unfolded.

The UK agencies must ensure that the principles are in place to enable an effective and flexible response to any major crisis abroad affecting thousands of nationals dispersed over extensive affected areas. The roles and responsibilities of respective agencies must be well understood from the outset.

- 3.2 Nationals in the affected area were realistic in that they did not expect to see a visible UK Government response on the ground until the second or third day.

In planning the speed of response to emergencies overseas the FCO and other agencies need to take into account that the public expectations for official deployment will be based on perceived travel time from regional centres and from the UK. Also that people will compare their experiences with the perceived speed of response from other countries.

- 3.3 In disasters on such a scale, FCO's own resources in affected areas will rapidly be overwhelmed.

So a key element of emergency planning by FCO Posts should include measures to help those affected help themselves in post-disaster situations. According to circumstances, this may include written guidance to be issued in the event of crises, in the most likely scenarios. This could include pre-prepared written guidance on the location of emergency facilities, the roles of key emergency services in country, or a short glossary of key words or phrases in the local language.

Getting survivors out of the affected area

- 3.4 Almost all survivors left the area through their own efforts or with the help of travel companies or airlines. Survey respondents reported difficulties in finding out what official flights were available and which were appropriate for the injured.

FCO needs clear guidance to consular staff on how best, and where, to advertise any evacuations, using a range of media.

- 3.5 *The FCO needs clear criteria, used to decide which groups of those affected would have first priority on evacuation flights or voyages, with flexibility allowed to officials to apply criteria compassionately.*

Supporting friends and family not in the affected area

- 3.6 Due to the sheer scale of the disaster, the UK-based missing persons reporting telephone line was overwhelmed. Most survey respondents found it almost impossible to get through during the first few days.

Measures have since been taken to expand emergency line capacity, including a new system to enlist capacity for police forces nationwide, but the UK agencies still need to think creatively about ways to manage overload situations in future crises.

- 3.7 Most families who responded report supportive relationships with their police Family Liaison Officer (FLO) The sheer scale of the tsunami meant that some officers were deployed in the family liaison role who were not experienced in it or who appeared to have limited aptitude for it.

This indicates a need for a wider corps of trained FLOs nationwide to help deal with disaster situations.

Supporting all those affected in the longer term

- 3.8 It is notable that FCO embassy personnel were seen as offering good support when relatives visited the affected areas some time after the tsunami. Being treated sensitively as an individual was key in all positive feedback about agency contact.

Although the personnel involved may have been selected for this role, it is likely that making the time to plan and think about the people as individuals is a significant factor in good practice.

- 3.9 The visits were highly valued and *the good practice shown by staff supporting visits by relatives should be reflected in disaster planning in the future.*

- 3.10 The assistance package provided by the FCO and the subsequent hardship fund provided through the British Red Cross were valued but perceived to be badly advertised, and there was uncertainty as to the eligibility criteria for assistance.

The FCO and any other agencies should maintain a framework for assistance package entitlement and benefits that can be modified as appropriate and deployed quickly when judged necessary.

4 Providing direct support with empathy

Ensuring the most effective possible initial response in the affected area

- 4.1 Of those respondents who had direct contact with UK officials, many reported negative experiences about their manner.
- FCO should further develop existing training so that all staff likely to be deployed to deal with the public in emergencies have received at least basic training in dealing sympathetically and flexibly with traumatised people, and have been assessed for their aptitude for such work at the completion of training.*
- 4.2 It is possible that some negative experiences were with volunteers rather than experienced FCO consular officials. Ideally, overseas posts should identify in advance groups of volunteers who would receive relevant training.
- The recruitment and management of volunteers should be a feature of FCO Post emergency plans, and tested during regular exercises.*
- 4.3 There was a clear expectation amongst survivors, many of them destitute, that UK officials would be able to provide telephone contact back home, and it is the FCO's policy to assist this. A high proportion of respondents had not managed to contact home.
- Assistance staff should be consistently equipped with mobile phones which should be made available for UK nationals, especially those immobilised in hospital, to establish initial contact with loved ones. Manual "wind-up" chargers should be provided to help maintain telecoms where local power supply is down.*
- 4.4 Respondents expected the UK to provide medical help, and came to believe that this did not happen for reasons of cost or inefficiency. There is a clear gap between this expectation and the FCO's position, which has not sought to supplant or duplicate the foreign emergency services responsible for disaster response in affected areas in their countries.
- The FCO has defined in its consular guide that it would not normally provide direct medical or psychological help to UK nationals in disaster areas overseas, and this limitation should be widely advertised, not least so that travellers ensure they are adequately insured.*
- 4.5 Those hospitalised should be visited as soon as possible by English speaking officials who should: check on their condition, put in place any necessary arrangements and enable them to register missing loved ones.

Getting survivors out of the affected area

- 4.6 Those who have severe or life threatening injury, and children in the affected areas whose parents who are missing or are known to have died, should be visited as soon as possible by an official, and prioritised for outgoing flights, in line with FCO's stated policy. Assistance should be given to a relative or close friend to fly out to join unaccompanied children.

- 4.7 Difficulties were reported in gaining flights for mixed nationality families and partnerships.
- FCO should ensure that its stated policy to assist all members of mixed nationality families is upheld, and that people caught up in disaster situations should be treated as a UK couple, irrespective of whether the UK partner had died, subject to complying with immigration law.*
- 4.8 Airlines need to consider that evacuees may be destitute and in acute need of food, blankets, and an aisle seat if injured.
- 4.9 Respondents who experienced the reception process at Heathrow Airport felt that it was well thought-through and well-managed.
- The arrangements provide a helpful basis for planning the response for future emergencies.*
- 4.10 However, a third of respondents did not report having received offers of support at all.
- There seems from this to be scope to improve the consistency of arrangements or at least the basic briefing of ground staff at airports where reception teams are not going to be in place.*

Supporting friends and family not in the affected area

- 4.11 Respondents reported a good standard of support from their police Family Liaison Officers but there was inconsistency in how FLOs perceived their role. Some limited themselves to the core role of collecting evidence and informing families on the progress on enquiries. Others did much more.
- There is a need for clearer guidance on what more an FLO should do, and legitimately could do, to assist a family in a disaster situation.*
- 4.12 Victim Identification processes are inevitably distressing, but relatives report that the intrusiveness of questions about the physical characteristics of the missing person came as a shock.
- Police Officers and others collecting such data need consistent training and to have demonstrated their ability to convey at the outset the sensitivity of the kind of data they are about to ask for, and the reasons why it is necessary.*
- 4.13 A substantial minority of survey respondents flew out to the affected areas to assist in the search for loved ones.
- Respondents report differing advice on whether to travel, and this needs to be more consistent. Where no support can be offered, this should be communicated.*
- 4.14 Improvements are needed in standards of support for those who decide to go out to the affected areas.
- Information could include material to assist in their searches, accommodation and travel, points of contact and the process for updating records of those missing.*

4 Providing direct support with empathy *continued*

Supporting friends and family not in the affected area *continued*

- 4.15 Repatriation of loved ones' remains is a highly sensitive matter in which individual preferences vary.

Staff need to follow the standard guidance that the wishes of the relatives should prevail wherever possible. For example, possessions should be gathered before caskets are sealed.

And though there are Security and Health and Safety reasons why it is difficult to allow relatives into airside areas of Heathrow and Gatwick airports to receive caskets, the report indicates that this can be an important unmet need.

The police and airport authorities should consider ways that would enable relatives to meet the casket off the plane, as was observed in other countries. If this is not feasible at major airports then depending on the circumstances of each crisis the UK authorities may wish to consider use of alternative points of entry to the UK.

Supporting all those affected in the longer term

- 4.16 Respondents report being overwhelmed by the number of administrative tasks associated with the consequences of a sudden death or serious injury abroad.

The FCO should complete and issue the guidance they are developing, making this easily accessible to all those affected and to FLOs.

- 4.17 While the media was recognised for its beneficial role in advertising missing people and giving a voice to peoples' own accounts, the majority of survey comments were negative.

Clear guidance needs to be made available to those affected, and their loved-ones at home, to help in coping with media intrusion where this is unwelcome. This should include their rights under the Press Complaints Commission code of conduct of August 2006.

- 4.18 The review has revealed significant negative feedback about banks, financial institutions and utility companies in their treatment of people following bereavement. The best companies recognised in the initial contact that the context was extraordinary, and allocated suitably experienced staff to deal with all related matters.

The private sector should learn from those companies which recognised the special needs of people bereaved in the tsunami, by moderating their normal procedures and information requirements.

- 4.19 It is clearly very important to the bereaved that those in the affected areas appreciate the importance of loved ones' possessions, and that any possessions found should be kept safe and returned if at all possible.

Where families are required to give personal effects to assist identification, care must be taken to explain that they will be returned, but although all attempts will be made to safeguard the effects, they may be damaged during the process.

c) Communicating and handling information

31 The experiences reported by survivors in affected areas and by relatives in the UK show that the most consistently difficult and frustrating aspect of their interactions with the UK agencies was the communication of information; mostly (though not exclusively) on missing or located persons. Many respondents involved in this review exhibit additional secondary trauma related to experiences of ineffective support. The most prevalent experiences were:

- Difficulties in finding UK officials in the affected areas who were equipped and able to record data on persons missing or found;
- Late or non-communication of the existence of the one official flight from Thailand to the UK, even where the survivors had previously registered their need for evacuation;
- Lack of access to the overloaded casualty reporting line in the UK despite constant efforts over the initial few days;
- Multiple requests from different directions to supply similar or duplicate information, reflecting in part a general practice amongst agencies not to pool or share their information, and in part informal data gathering in affected areas by volunteers;
- Failure to capture complete details of all people returning to the UK, which would have provided a better basis for planning and offering subsequent aftercare, starting with appropriate reception at UK airports;
- Successive attempts by the agencies to gather supplementary DVI information from relatives in the UK, after discovering that the DNA information initially gathered would not in itself be sufficient; and
- A need for better recording and understanding of complex family relationships of those missing or deceased, to be taken into account when dealing with loved ones in the UK.

32 We conclude that there are two priority areas where the UK agencies need to make further progress in the way they gather and provide information:

- One would be to agree between themselves a common data set for use in overseas disaster situations, and to ensure that mistaken or over-zealous interpretation of Data Protection legislation does not obstruct the sharing of data between agencies, to reduce inefficiency, delay, confusion and unnecessary distress. Although survivors filled in their details on a number of occasions (some evidently more than ten times), no centralised list became available

because the different agencies collecting the information felt unable to share this information with others due to Data Protection legislation.

- The other priority should be to provide additional ways, not just the current telephone based service, for relatives of missing persons to register details of their loved ones and to receive vital updates on progress.

33 Our detailed recommendations for improving the communicating and handling of information are in **Figure 5**.

5 Communicating and handling information

Ensuring the most effective possible initial response in the affected area

- 5.1 Survivors experienced considerable delay and distress in locating and travelling to a single busy central point in the affected area, to provide their details and those of the missing.

The FCO should examine the feasibility of supplementing this centralised method of capturing details of survivors and those missing in affected areas, by enabling data to be captured electronically at the initial point of contact in the field.

One solution, taking advantage of the FCO's upgraded crisis management software, could involve equipping mobile officials with handheld computers, regularly downloaded to main systems.

- 5.2 Survivors in affected areas reported that FCO staff frequently appeared less well informed than them about local conditions.

It is understandable that officials will take time to get up to speed but this will be expedited if exchanges with survivors are two-way. In addition to collecting contact details, FCO staff should be trained and equipped to collect and pool "intelligence" from survivors about conditions in the affected areas.

- 5.3 A standardised minimum dataset should be common for recording of casualties and missing persons by all agencies.

A new database being tested aims to achieve this.

- 5.4 The public have an understandable expectation that the agencies involved will share data and not have to collect it on successive occasions for their individual purposes. The tsunami response suffered from overly-cautious interpretation of the Data Protection Act.

The agencies involved should agree to apply new guidance from the Department of Constitutional Affairs that data can be shared as part of an emergency response unless it is clearly incompatible with that purpose. Resolution of this matter cannot await the next crisis.

- 5.5 *Where possible, and as quickly as possible, details of survivors and the missing should be placed on a single database and shared with other relevant organisations, while protecting confidentiality. There needs to be greater clarity as to what happens to the information that people give, and this should be communicated to those providing the information.*

Getting survivors out of the affected area

- 5.6 The one UK government flight back to the UK from Thailand returned mostly empty: survey respondents expressed strong disappointment that they had been uninformed about it.

- 5.7 *There should be a single point of contact in the affected area for use by survivors and officials on the ground, to provide information on the availability and booking of any UK government flights out of the area.*

The single point of contact should aim to give reasonable notice in excess of travel time to the airport. Those in the UK arranging evacuation flights should support this service standard by sending timely advance notice of outgoing flights.

- 5.8 *The Flights Point of Contact in affected areas should use a wide range of local media to publicise flights in sufficient time, and should work through lists of those registered for flights until flights are as full as possible.*

- 5.9 *Arrangements need to be in place to ensure that on departure from the affected area, details are sent to the UK of the medical and other needs of those on flights, to ensure effective and sympathetic reception on arrival in the UK. The travel operators, airlines and other government agencies have a key role to play in this, in co-operation with FCO staff at the outgoing airport.*

- 5.10 An opportunity was lost to collect complete lists of those directly exposed to the disaster at their point of return to the UK.

Arrangements need to be in place to capture contact details for returnees at incoming ports or airports, as a basis for subsequent aftercare.

5 Communicating and handling information *continued*

Supporting friends and family not in the affected area

- 5.11 We recognise that the FCO and police have acted to increase the capacity of the UK contact line to deal better with major crises.

The Line now has a filtering facility which provides the opportunity to redirect lower priority calls, such as people seeking travel information, away from the vital missing persons function. Operating this effectively will be important.

- 5.12 *The missing persons' line should be consistently referred to for its specific purpose to reduce the level of misdirected calls. The media have an important role in not describing it as a general "helpline".*
- 5.13 *The agencies should examine the feasibility of friends and families of the missing receiving on-line, password-protected read-only access to the official missing persons system to help them keep up to date.*

This should also help reduce pressure on the telephone missing person line.

- 5.14 *The FCO/Police should evaluate establishment of a parallel internet-based mechanism, separate from the official casualty system, to enable friends and families to register details of missing loved ones.*

This could also be used by those in affected areas to register that they are safe etc. There is a clear public expectation that such a facility should exist, and it would reduce confusion arising from leaving the public dependent on a range of unofficial sites of unclear status. It would also meet a vital therapeutic need in enabling friends and family to be more active participants in searching and registering.

- 5.15 *There needs to be an agreed process for updating families where loved ones are still missing (and a time-frame so that families know when to stop expecting any information).*
- 5.16 In the immediate aftermath of the tsunami relatives found that the UK authorities requested only DNA material. This proved insufficient to establish identity and relatives were re-approached to provide fingerprints and other evidence.

The authorities should collect a diverse range of identification data at the outset, and not make the presumption that one identification method will prove to be sufficient by itself.

- 5.17 Information was often not given to friends or family who were not the legal next of kin (NOK), when there was uncertainty over relationships between those bereaved or injured.

Agencies should go first to the next of kin. But where possible, agencies should work to a wider definition to include those other people important to the victim.

Supporting all those affected in the longer term

- 5.18 Families and survivors taking part in the survey and interviews displayed high levels of symptoms of Post Traumatic Stress Disorder (PTSD), anxiety and depression, although only half had obtained professional help.

Use should be made of the contact details taken from all those affected (either at home or in caught up in the disaster) to ensure that all those affected receive information to help recognise the symptoms of traumatic stress, anxiety and depression, and how to access support if needed.

- 5.19 Knowing how to access trauma services will not be sufficient if the service is not primed.

The experiences reported indicate that improved availability of such NHS services is required, and it must be recognised that many people who were not in the affected areas may also need help.

- 5.20 *Lessons can be learned from the way that the authorities provided support following the July Bombings in London.*

For example, a leaflet was prepared to advise victims and families how best to cope with traumatic stress and providing contact details for support organisations. This is being further developed for use after any disaster.

- 5.21 The memorial events were valued by respondents.

The main area for improvement is in the collection of a complete list of contact details and eligibility to attend, (also addressed earlier).

- 5.22 *In the case of relatives of the dead or seriously injured, FLOs, (or the DCMS HAU) should interpret the term 'family group' in its broadest sense, collecting details of key points of contact within each family, to ensure that all relevant people are kept informed.*

- 5.23 *Effective supervision needs to be in place for FLOs in particular those working with complex extended families.*

d) Delivering long term support and aftercare

34 The provision of aftercare experienced by respondents was very variable. Medical needs were largely met but the response to the emotional and psychological impact of the disaster on families was seen as inadequate. Families and survivors taking part in the survey and interviews displayed high levels of symptoms of Post Traumatic Stress Disorder (PTSD), anxiety and depression,⁷ although less than half had obtained professional help and this was primarily from the private sector.⁸ Those seeking help were reliant on GPs making appropriate referrals and then joined an overloaded NHS counselling and mental health service without a clear system in place to prioritise them. In addition, other traumatised respondents who had welcomed and benefited from psychological support provided through the Government assistance package still reported unmet needs after that support came to an end. Together, this indicates a substantial amount of unmet clinical need across the country, including people who are not tracked by the tsunami aftercare system. Arrangements need to be in place, not least at UK entry points, to provide basic information explaining access to future support, including the role of the Humanitarian Assistance Unit within DCMS as a “Gateway” to aftercare.

35 The central need for families is for continuity of care; that someone in the system gathers and communicates information about their circumstances and that the various agencies involved then work together with humanity to address unmet needs effectively and quickly, including help in dealing with the affairs of the deceased.

36 Those agencies that provided a supportive advocacy role, such as the Tsunami Support Network (TSN) and many Family Liaison Officers and GPs, were experienced as the most effective. The services and support provided by the TSN, delivered by the British Red Cross and part-funded by Government, has amongst the highest satisfaction ratings reported by the survey respondents. It provides a good model for use in the future. Learning points have included the way the Network moved quickly away from methods based on “experts talking at” those affected, towards approaches that allowed people real participation and ownership in the Network’s activities.

37 Our detailed recommendations for improvements in the provision of long term aftercare for those affected by disasters are in **Figure 6**.

⁷ Using the recognised clinical tests described earlier in this report (paragraph 6).

⁸ About half of those in the affected areas, and about a quarter of those at home, when the tsunami struck.

6 Delivering long term support and aftercare

Getting survivors out of the affected area

- 6.1 DCMS should work with other agencies to ensure arrangements are in place to provide basic information explaining access to future support, including the role of the DCMS Humanitarian Assistance Unit as a “Gateway” to aftercare, and written information about common emotional reactions to disasters. This may be most effective when placed at UK entry points (recommendation 5.10 above).

Supporting all those affected in the longer term

- 6.2 The Tsunami Support Network and phonenumber are highly valued by respondents, as providing a sympathetic source of support and information, independent from Government.

The lead Departments should have plans in place to establish comparable support networks (to be accessible via a variety of means) as quickly as possible following a major disaster.

- 6.3 Regard should be given to the good practice seen in the establishment and development of the Tsunami Support Network, particularly the way in which survivors and families acquire ownership of the Network over time.
- 6.4 Children, parents and their carers who were affected by the disaster generally reported that meeting with others affected by the disaster was beneficial.

Those organising events or support networks should ensure that provisions are made for children to take part, if they wish to.

- 6.5 *Individuals with high levels of mental health symptoms should be able to access appropriate treatment in a timely manner.*

- 6.6 General Practitioners were sent information on dealing with individuals following the tsunami, and this needs to be done in future comparable events.

- 6.7 When disasters involving British nationals occur overseas, UK local authorities do not have a specific statutory duty to respond. Respondents to the survey reported very little involvement with local authority services to meet their non-medical needs, and a feeling of isolation.

The DCMS HAU should discuss with local government ways of strengthening links with local authorities to enhance local support to deal with the non-medical consequences of the disaster such as bereavement services, housing and education issues, social services etc.

- 6.8 The review findings indicate that those without an FLO, the vast majority of people, need someone advocating on their behalf.

This is a real opportunity to address this significant gap. There is a particular need for agencies or groups to take responsibility for tracking and supporting people who do not have an FLO.

- 6.9 Bereaved respondents reported being inundated with administrative forms at this particularly difficult time.

Hardship Funds, including those administered by the voluntary sector, need straightforward and stable criteria for eligibility if valid applications for assistance are not to be deterred.

38 Despite the great efforts of many government departments and agencies in dealing with a disaster of unprecedented scale, what is apparent from this research is the extent of unmet expectations and needs amongst those in the affected areas and back in the UK. It is for Government as a whole to decide which of these expectations and needs it can realistically meet, working in co-operation with the private and voluntary sectors, and informing the public when it cannot. This includes having clearly set-out agreements on the potential contributions various departments and agencies could make in responding to mass emergencies, including how such contributions should be funded; and well understood processes to co-ordinate the activities of departments and agencies, with clearly assigned leadership responsibility and authority. Well-directed and effective training, improved collection and use of information, and steps to ensure that existing service standards are applied more consistently, should all contribute to better experiences for those affected.

39 The many detailed suggestions by those affected, taken in conjunction with our own recommendations, provide an evidence-based starting point for these vital decisions. The Department for Culture, Media and Sport has agreed to use the unique research evidence gathered in this review within their work programme to help it track how services and their impacts on people change in the future. Its role will include preparation of a co-ordinated response by all the UK agencies to the recommendations in this report, with a commitment to report publicly on progress within six months from the publication of this report.



ACCOUNTS OF THE FAMILIES AND SURVIVORS
Findings of the research undertaken
by The Zito Trust

CONTENTS

ACKNOWLEDGEMENTS	20
INTRODUCTION	21
THE EXPERIENCE OF THE TSUNAMI ITSELF	22
EXPERIENCES OF THE FIRST FEW DAYS – THOSE IN THE AFFECTED AREAS	24
Support sought in the first few hours and days	25
Practical help – including the provision of information	28
Psychological/emotional help	30
Getting on to a flight and the journey home	30
EXPERIENCES OF THE FIRST FEW DAYS – THOSE IN THE UK OR ELSEWHERE	34
Seeking information about loved ones	34
Flying out to affected areas	37
Searching for loved ones	38
The identification process	41
The Family Liaison Officer	41
Collecting identification information	42
Repatriation	43

SUPPORT FOR SURVIVORS AND FAMILIES AFTER RETURNING HOME 46

The types of support sought by survivors and families	46
Access to medical support	49
Securing emotional/psychological support	49
The role of family and friends	51
Help sought during repatriation and other tasks associated with the death	52
The role of the British Red Cross and the Tsunami Support Network	54
Issues around employment	55
Getting financial support	56
The role of spiritual support	57
Attending commemorative events	57
The role of the media	59

EXPERIENCES OF THE WAY AGENCIES WORKED TOGETHER 60

The experiences of children	61
Analysis of the current well-being of survey respondents and interviewees	65
The key elements needed to provide effective support in disaster scenarios	67

CASE STUDY 69**APPENDICES**

A Methodology	72
B Results Tables	74

ACKNOWLEDGEMENTS

The report that follows is an analysis, both quantitative and qualitative, of the experiences of UK citizens affected by the Indian Ocean tsunami which struck on Boxing Day 2004. The Zito Trust was commissioned by the National Audit Office to design and carry out a survey which would effectively convey these experiences in the first few minutes, hours, days, weeks and months after this dreadful disaster. It was clear early on to the research team that this work could not be planned (nor should it) without the input of the survivors and families themselves. We are particularly grateful to Edith Macgill, Christine Mackenzie and Dorothy Wilkinson for their invaluable support throughout the project, and for their confidence borne out of direct experience in convincing us that we needed to go further in asking some difficult but necessary questions. A larger group of ten survivors and family members met towards the end of the project to discuss our preliminary findings, and we are grateful to all of those who put aside the time and energy to give us their thoughts in such difficult circumstances.

The survey was completed by 116 people and, unsurprisingly, many found the experience difficult but were determined to take part in the hope that lessons would be learned for future disasters of this kind. We want to thank and assure each respondent that their efforts have provided invaluable data and feedback which we have incorporated in our findings. Such was the level of commitment to this work that the majority of people who completed the survey volunteered to be interviewed and we are grateful to them. We carried out twenty face-to-face interviews throughout the UK and spoke to thirty-two people, including three children. For many, this was the first time they had really spoken about their ordeal in such depth and their accounts are profoundly moving and disturbing. We are grateful to all those who took part in the interviews and to our interview team, Judy Aitkens, Dr Jael Hill, Sheila Webb and Jayne Zito, and to our transcribers, Julie Hennah, Deborah Williams and Eve Bowyer.

Research analysis of this kind requires dedication and expertise and The Zito Trust would like to pay special thanks to our principal researcher, Dr Vivien Norris, and for the support and guidance she was given by Dr Jonathan Bisson of Cardiff University, and to his colleagues Dr Ellie Davies and Catrin Lewis. Thanks also to Charles Kaye for his independent advice on an earlier draft, Pamela Dix of Disaster Action and to Claire Fisher at the National Audit Office for providing such an effective link between the two organisations and for keeping us all on track.

Michael Howlett
Director, Zito Trust

INTRODUCTION

The National Audit Office commissioned The Zito Trust to design a survey that would gather and assess the views and experiences of the support offered by Government departments and agencies to UK citizens directly affected by the Indian Ocean tsunami of 2004. Detailed qualitative data was to be gathered through interviews with a range of families and survivors and additional information was provided by the completion of short questionnaires to assess the levels of anxiety, depression and post-traumatic stress symptoms shown by respondents.

The Zito Trust was chosen for this work in recognition of the specialist skills needed to undertake this element of the review, in particular their experience in dealing with individuals and families who have suffered the sudden and violent loss of a loved one and their work as advocates for victims of disasters. A detailed description of the methodology and approach can be found in Appendix A and a full table of results can be found in Appendix B. The survey questions and interview schedules can be seen on the NAO website at www.nao.org.uk.

The focus of this section of the report is on the personal accounts of those directly affected by the tsunami; the experiences of the families and survivors, and their subsequent contact with agencies. We have structured the analysis broadly chronologically:

- The experience of the tsunami itself (pages 22-23).
- Experiences in the First Few Days – those in the affected areas (pages 24-33).
- Experiences in the First Few Days – those in the UK or elsewhere (pages 34-45).
- Support for survivors and families after returning home (pages 46-59).
- Experiences of the way agencies worked together (pages 60-61).
- The experiences of children (pages 61-64).
- The current well-being of respondents to the survey and interviewees (pages 65-66).
- The key elements of effective service provision in a disaster scenario (pages 67-68).

Each section begins with a list of key events and actions taken by United Kingdom Government departments and agencies. This information was collated by the National Audit Office in order to provide context. This is followed by a detailed analysis of the findings from the survey and interviews carried out by The Zito Trust.

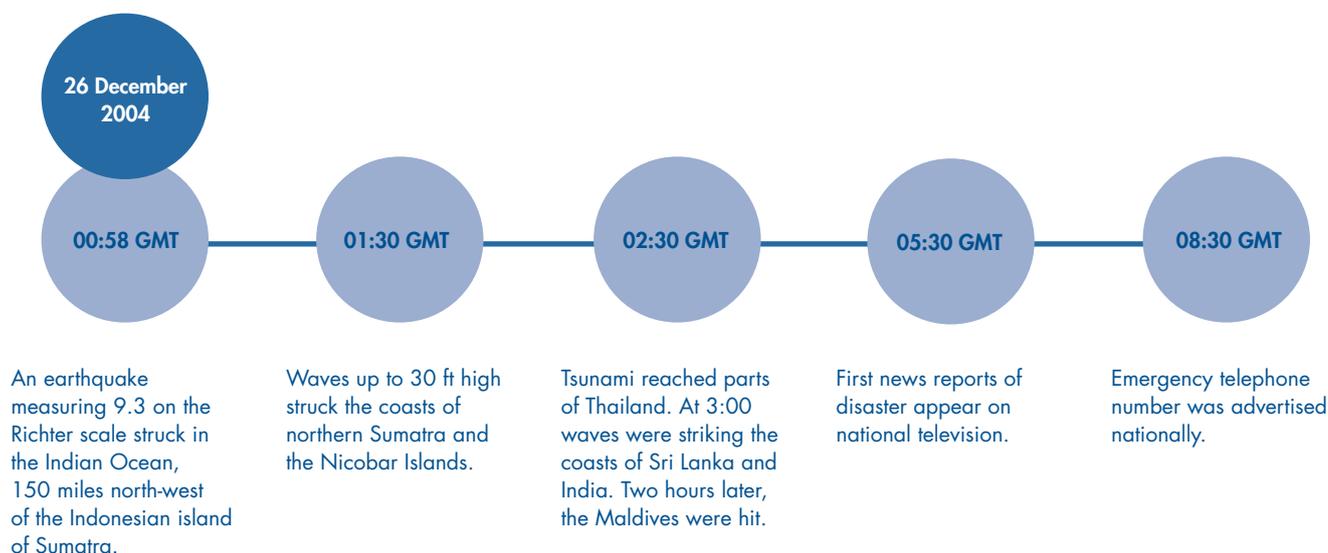
Where survey respondents were asked to rate the effectiveness of an agency or assistance received, the following scale was used:

- 1 As ineffective as I can imagine
- 2 Very ineffective
- 3 Ineffective
- 4 Neither effective nor ineffective
- 5 Effective
- 6 Very effective
- 7 As effective as I can imagine

The qualitative themes that emerged are illustrated by quotations. The quotations selected were those that most effectively represented the broader themes that emerged from the data analysis; however these form only a small proportion of the material gathered. The full analysis and a quotations report can be made available on request.

Many of the respondents to the survey and the interviews made their own suggestions for changes that they felt would improve service provision in the event of another disaster. These suggestions were collated and discussed with a group of survivors and families. Each section of the report includes a list of proposals and key themes that have arisen from the research. These proposals have informed the NAO recommendations, detailed in the first section of the report.

THE EXPERIENCE OF THE TSUNAMI ITSELF



Details of the actions taken by the various organisations involved can be found at http://www.culture.gov.uk/what_we_do/Humanitarian_assistance/indian_ocean_tsunami.htm

1 The tsunami was an overwhelming experience, for both the people involved and for the agencies. Many survivors were directly caught up in the wave(s) and some remained physically unsafe for hours, injured and surrounded by dead bodies and separated from their loved ones. Others watched from places of safety, helping others where they were able. Of those respondents who were in the affected areas at the time of the tsunami:

- ninety per cent were on holiday in the affected coastal areas, and most were with friends and/or family;
- of the majority of respondents who were directly caught up in the tsunami, over half were injured, twenty eight per cent severely so;
- over half of all respondents lost family, friends or relatives;
- approximately half of all respondents were separated from their loved ones when the tsunami struck and eight per cent discovered very quickly that loved ones had died;

- around half described having had a close escape, having seen others struggling, and having seen dead bodies in the following hours and days;
- nearly eight in ten witnessed badly injured people at some time.

2 The way in which the tsunami struck differed depending on geographical location. The scene was of terrifying speed, devastation and confusion:

“...Sixty feet or something... that was it really and it just came in and it was a huge, huge, huge black frothy wave making an enormous amount of noise. I have never heard noise like it, it was really, really loud...So we just stood there and watched it,...and then it just got a bit too close for comfort and he turned to me and said “run” and we ran.

Then there was – and this was all within seconds – the gush of water and we were under the water. I can remember thinking, “I’m losing [my loved one], I can’t keep up.” He’d gone.”

“She went into deep shock completely and she doubled over and she couldn’t breathe...her hands were clamped and we couldn’t open them and we had to lift, she was completely rigid, we had to lift her up onto the bar. I had to slap her as well to make her try and come round a bit...so yes, the second wave came and that was absolutely the worst thing, that was the worst because we knew what it was and...I know that two hundred people at our hotel died.

Very clear, very clear memories. Yes, very clear memories. It’s like watching a video and I can still see it all clearly and nothing has changed. The memory hasn’t changed, I haven’t thought and doubted it or changed it.

Although distraught, I don’t think it had hit me then. I was in severe shock, I couldn’t take it in, although I had lost [loved one] and I should have been inconsolable. There was so much to do, you know. Other people were dying...including very young, small children, including babies...They had lost so many people, the wailing and the screaming was, scary, it was frightening.

“No, we’ll all stay together mum, we’ll stay together until tomorrow”. Then she turned to me, there was a scare of another wave and we all had to move and she said, “Mum, I’m going to die aren’t I”? And I said, “No you are not, you’re not because you’ve got to work hard at this”. And she said, “If I stay here I am, aren’t I?” And I said, “Well I think you are love”. So she said, “Okay, if I get a chance I’ll go on my own”. And I said, “No ...the two of you stay together and dad and I will stay together and we’ll be okay.

I was severely injured. I had severed my left arm, broken my back and had a very deep laceration to the skull, so part of my skull was smashed and other lacerations along my ankles and knees, wrists were sort of poking out...I had lost a lot of blood. I was basically losing, when I got down from the tree, I lost consciousness quite a lot.”

3 During the tsunami and in the immediate aftermath, people tried to help others, sometimes at great personal risk, and made use of whatever resources were available to attend to the injured and to move them out of danger, to search for those reported missing and to recover bodies where possible. Almost without exception, the accounts describe innumerable acts of kindness and courage from local people and other visitors in the area:

“The Thai people were incredible - so generous and kind, although many of them had lost everything. They were the ones that went down to get blankets and they bought gas cookers and food so everyone had something to eat and water.

I am completely indebted to the amazing generosity of fellow survivor visitors, Sri Lankans and foreigners resident in Sri Lanka.

I think people did the best they could for each other in very difficult circumstances.”

4 Following survival of the wave, the immediate concerns expressed by the interviewees and survey respondents fell into three main areas, which in many cases were linked:

- **Ensuring personal safety.** People with injuries were given or sought medical attention by whoever was available. Those with any medical knowledge were highly valued. People were very shocked and concerned about an ongoing threat. People attempted to move to higher ground or safer areas in anticipation of further waves, and sought information about what had happened. Practical needs, such as the need for clothing, and comfort were provided by people in the immediate vicinity.
- **Ensuring the safety of loved ones.** Those separated from loved ones were in a state of extreme distress and immediately began searching, where they were able, and enlisting others to do the same. Some people discovered very quickly that their loved ones had died.
- **Making contact with others.** Those who were able to, and had access to phones, contacted friends and relatives quickly to let them know what had happened.

EXPERIENCES IN THE FIRST FEW DAYS – THOSE IN THE AFFECTED AREAS

26 December
2004

08:30 GMT: Emergency telephone number advertised nationally in the UK, and on the FCO's website.

Sri Lanka 12:00 local time: British High Commission in Colombo opened an incident centre at the High Commission and operated a help desk at the Sri Lankan emergency shelter.

Thailand: The British Embassy in Bangkok opened an incident centre and call centre.

Thailand 18:00: First evacuees arrive back in Bangkok.

27 December
2004

Thailand 01:00 local time: Emergency office was opened in Phuket (Thai Government's Emergency Response Centre).

Sri Lanka: FCO Rapid Deployment Team from UK arrives in Sri Lanka.

Sri Lanka: British High Commission in Colombo sent an officer to the Maldives and Galle.

28 December
2004

Thailand: FCO team in Phang Nga organised and accompanied one coach through the province to carry survivors to Phuket.

Sri Lanka: First aid post, staffed by volunteer British doctors, was set up at the High Commission in Colombo to treat injured British nationals.

Sri Lanka: Team from the Colombo High Commission visited the emergency shelters and hotels to carry out the registration and provide consular services.

29 December
2004

Sri Lanka: FCO Rapid Deployment Team in Colombo joined by four further FCO officers.

Thailand: FCO staff arrived in Khao Lak.

Thailand: FCO deployed fresh teams to Krabi and Phang Nga.

Details of the actions taken by the various organisations involved can be found at http://www.culture.gov.uk/what_we_do/Humanitarian_assistance/indian_ocean_tsunami.htm

1 Locations of main regions and FCO posts involved



Source: United Nations

29 December
2004

Sri Lanka: Four teams of Police Officers arrived in Sri Lanka.

30 December
2004

Sri Lanka: High Commission arrange for 48 British survivors to be carried on a Belgian aircraft from Colombo to Brussels. FCO arranges their travel on to the UK.

1 January
2005

Thailand: British charter flight from Bangkok, Thailand, returns to London more than half empty. The flight was advertised on TV, radio, newspapers, the web and text messages.

3 January
2005

Thailand: A team of British Red Cross volunteers deployed by the FCO fly to Thailand for two weeks to provide professional emotional support and signposting.

5 Respondents to the survey and those interviewed had no expectation of UK assistance on the ground in the first few minutes and hours. Over the next few hours and days the expectations and perceptions of external sources of support increased and this was heightened when representatives from other countries became visible. People in the affected areas expected UK assistance to have arrived by day two or three.

“There were no official groups helping in the first few hours after the tsunami. There was nothing left - it is ridiculous to think there would have been any kind of official help available.

There was nothing that anybody could have done at that time, we were basically trapped in a community that had been destroyed.

There is no way that... logistically you could have got there in the first few hours. I don't think anything could have been done.”

Support sought in the first few hours and days

6 The survey and interviews asked survivors about the kinds of support they sought in the first few hours and days. Eighty per cent of survey respondents sought information in the first hours and days. The type of information being sought was about the scale of the disaster, the most effective ways to search for missing loved ones, medical assistance, practical issues and getting home. Over fifty per cent of survey respondents sought medical attention and practical help, primarily from those in the immediate vicinity. Only a quarter indicated that they sought general emotional support at an early stage.

7 The survey asked respondents to assess the level of effectiveness of the help they received. **Figure 2** summarises the results. Broadly:

- respondents rated the quality of the information received in the first minutes and hours as *very ineffective*. Although there was a slight improvement, as the days passed, the quality of information was still perceived as *ineffective* in the following hours and days.
- medical and practical help, provided primarily by local people and services, was rated as *neither effective nor ineffective* in the first minutes and hours but this improved to *effective* in the following hours and days.
- the provision of emotional support over the first few days was rated as *ineffective*.

8 Interviewees and survey respondents were asked to provide information about their experiences of those organisations offering the support and how well the organisations met respondents' expectations. We divided support into four categories, each of which is considered in turn in the following paragraphs:

- Medical assistance (paragraphs 9-16);
- Practical help – including the provision of information (paragraphs 17-22);
- Psychological help (paragraphs 23-24); and
- Getting home (paragraphs 25-42).

Medical assistance

9 Due to the scale of the disaster, hospitals were overwhelmed. Survey respondents and interviewees who were injured reported that they were treated in local hospitals where conditions were poor. In some cases people were treated without anaesthetic, there was no-one available to translate consent forms relating to surgery and the general levels of hygiene with the overcrowding and heat caused concern. Within the parameters of this unavoidable situation, however, the overall feedback from injured survivors was that everything possible was done for them and they expressed their gratitude to the innumerable people who offered care at this time.

“The hospital did their very best with the resources they had.”

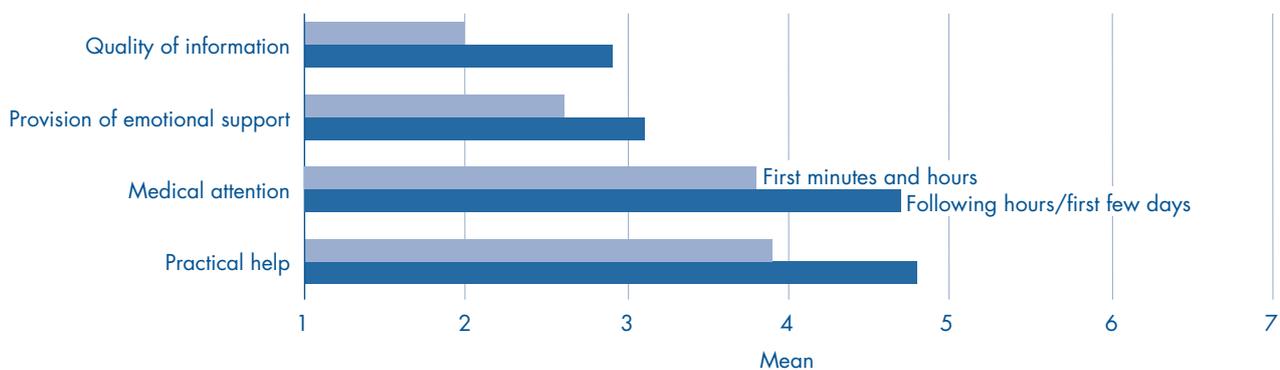
10 Difficulties were encountered in getting transport to hospitals.

“The most shocking thing was that The Red Cross had promised an ambulance. They'd been told about how serious it was. And they sent this team out with, you know, adequate facilities that just turned round and looked and said that they were here for first aid, and then they just went away, just left us.

It could have been something as simple as ...having someone at the hospital saying, you know, you are a tourist and you can go to this hospital and this hospital is just over there and ...you possibly could have been treated properly ...rather than you have to get, to make your own way, a ten-hour journey to Colombo risking losing your leg.

2 All sources of help were ineffective in the first minutes and hours. Medical attention and practical help became more effective in the first few days.

The rating of effectiveness was on a scale from 1 to 7 where 1 was 'as ineffective as I can imagine', 4 was 'neither effective nor ineffective' and 7 was 'as effective as I can imagine'.



Source: Survey Responses

I was later told that the British Government made the decision that it was too expensive to send paramedics, and that sticks in my mind.”

11 Many hospital experiences described were extreme:

“No. No anesthetic, no they gave me a piece of dirty blanket to put in my mouth and [the] nurse told me very firmly, “No screaming.”

The next morning I was rife with infection and they had to unstitch me.

So [I] walked to the toilet and I realised that I was wading through urine.

I had my right leg with the massive wound on it which was infected, so I had immediate attention to that and I had quite a lot of stitches put in me in various places as well. I mean very, very painful experience but again I had five doctors and nurses working on me, I was being taken care of.”

12 In a number of cases, injury was very severe and life-threatening. The quality and speed of medical attention was therefore crucial. Most people who participated in the survey reported that medical treatment was adequate or good though some were concerned by the delay in transferring them to better facilities:

“They [the Thai medical team] were transferring me to Bangkok which, to my relief, I really needed...but I think my infections were getting so bad, I was that delirious, I lost track of days so still no [UK] help.”

13 Local people and volunteers provided practical help; food, drink, clothes, toiletries and a great deal of comfort:

“I remember bottles of water then were handed out. So generous these people. And biscuits, packets and packets of biscuits.

They were just smiling, you know, just trying to do what they could do.”

14 Survivors described how reassuring it was to talk to people who spoke English, how invaluable individuals were who could translate and how indebted they felt to those who provided access to a phone to talk with loved ones:

“They had just pieces of card or paper around their neck saying ‘I am English’, or whatever, and that was quite comforting; you know, seeing people’s reactions to how I looked cause I had no idea really. I knew how I looked from what I could actually see but I didn’t know how my face looked or anything like that. But it was quite comforting just having people who spoke my language coming up and talking to me.

They hadn’t set up the free phone lines. And of course we didn’t have any money, we were in the nude.... nobody would let him use a phone. Now that would have been helpful if that had been done immediately.”

15 In terms of UK agencies at this time, the main theme was about wanting contact with ‘officials’ so that missing loved ones could be registered and arrangements could be made to get home. Difficulties were experienced in actually locating anyone to talk to. Many survivors interviewed or completing the survey had been bedridden, some alone, and they were reliant on officials visiting the hospital. When they managed to speak with officials some reported that their manner was cold and they had little information to share:

“I wanted them to know I existed.

A couple of days after what happened, I would have expected some...support from the British Government at this point...I was definitely aware that compared to other people from other countries I wasn’t really getting much attention. There were representatives, I think, for the Dutch, Swedish, French Governments wandering round.

Or even just some information from - you know - like the government knows you’re here. Or this is what the British Government is doing, we’re trying to arrange flights, that kind of thing. But there was just nothing.”

16 Those who were transferred to more sophisticated hospitals within the affected country described how their medical care was excellent but that in some ways they needed more contact with UK personnel as they felt isolated:

“But going to Bangkok, being in these amazing rooms in terms of health care, fantastic, but very isolated, very, very isolated and there was a feeling of, you know, do you know we’re here?”

Proposals made by survivors and families: While in hospital in the affected areas

Where injury is potentially life-threatening UK officials need to respond very swiftly.

People should be visited as soon as possible by English speaking officials who should: check on their well-being, put in place any necessary arrangements and enable them to register missing loved ones. Officials should engage in an empathic and sensitive manner.

A phone facility should be offered as soon as possible without charge.

Practical help – including the provision of information

17 Able-bodied survivors and many local volunteers immediately started searching the affected areas, hospitals and make-shift mortuaries. Contact was made as quickly as possible with relatives at home and posters were put up in central areas.

18 For many survivors, practical difficulties became a priority as their accommodation and possessions had disappeared. Initially people were helped in all respects by the local population and other tourists and a strong sense of resourcefulness and people ‘getting on with it’ was communicated.

19 After the first day or so, people described trying to make contact with UK Embassy officials to seek help with issues such as: accommodation, travelling to airports or acquiring new passports when they had no money. People’s experiences of resolving these practical difficulties were mixed, though generally negative. The positive comments predominantly commended the work of effective, compassionate individual staff members, rather than the staff as a group:

“The embassy staff when they got to Bangkok were wonderful. She sat and cried with me and I know for a fact that she was on holiday when this happened and came immediately back...they organised our passports. They tried to find out information and they always kept us up-to-date with as much information as they had.

The fact that I knew that somebody was going to help get us home, somebody who was there to help us, we weren’t left to our own devices, so knowing that somebody knew we were alive and cared about us.

The British Embassy in Bangkok made promises of assistance that were never delivered. They were ineffective/unhelpful and hindered my evacuation. I hold the British Embassy responsible for doing nothing when they knew of our plight. Words cannot describe how disappointing and useless the staff in Bangkok, and later in Phuket, were.

I know I have given my name to a million volunteers but I want to give it to the British Embassy and I want to know if my friend has given hers and, if not, I want to register her and I want to know that my parents can contact you if they need help, I want them to know where I am going.”

20 Many of the negative comments relate to the unhelpful manner of officials:

“[The FCO] were at best disappointing...lack of understanding and almost that we were just in the way. They were out of their depth and totally overwhelmed.

British Consulate members were on holiday in the area. After the tsunami they sat in our guest house which was just out of reach of the tsunami, they didn’t help anyone in any way, they sat there and got drunk until a minibus they had called for arrived. When it arrived they didn’t offer anyone else a lift to a safe area, they just left. Their conduct was disgraceful and made me ashamed to be British. I’ve never seen such a selfish and self-interested display, it was truly horrifying to see.

[I suggest we need] better trained professional British Embassy staff who do not treat the public as idiots and get rid of that superiority. To admit that they do not know if they do not know the answer and say they will find out, instead of just bluffing and giving wrong information. I was very close to changing my nationality. In fact I thought their whole attitude was appalling.

You know the consulate staff were not even able to interact with us in my opinion, when we got to Bangkok. They couldn’t even ask us how we were; they didn’t even ask us how we were.

The first time he went to the Embassy he was told, “no we’re closed”. Come back tomorrow. And when [he] did finally connect with the Government, with the Embassy, he was told to come back in twenty minutes. He asked for a passport, he was told to come back in twenty minutes. Not, “here’s a room you can sit in whilst you wait with a coffee machine in it or some drink in it”, you know, “come back in twenty minutes... it’s just small things that make a difference. If he had been told to sit in a room whilst “we get your passport”...I think he threw a wobbly at that stage. He did. He screamed, shouted. And he got his passport.

No help is better than bad help.”

21 The greatest need was for information and there did not appear to be a clear system in place for either gathering information or providing information about what people should do. In contrast to other nationalities, advertisements in local newspapers, TV and radio giving UK advice were not visible to those who commented on this. Many people reported that they could not get through by phone:

“It took far too long to speak to somebody and the person I did speak to had no idea what had happened, had no information to give us and could only record details that we provided. There was no offer to call us back or to offer any support.

Foreign and Commonwealth officers at Provincial Centre in Phuket - more interested in telling us their experiences (“flown over in a diplomatic helicopter”) – didn’t know who we were, didn’t tell us about phone service, didn’t know how we were going to leave Phuket, told us they knew far more about what was going on than the Thais. When we finally got the website, it told us the cricket scores!

The FCO did not seem to have information that had been given them in the UK. No connection seemed to be made.

I was able to find out more once I finally got communication with England, I got more news from England than I actually did from the disaster area in Thailand.

Really there is no excuse for that because this is more than twenty-four hours later. This was the afternoon of the twenty-seventh. There was no reason whatsoever, that they didn’t have some information. They didn’t even tell us there had been a tsunami, couldn’t even tell us where it had struck, couldn’t tell us anything.”

22 Some found the system for provision of accommodation and temporary passports to be managed well:

“But I do remember thinking we have been very well processed through their system. You sat down, you said you had nothing, you filled in a form, they gave you a bit of money, you signed for that, you then went to another desk, you filled in another form, you got your accommodation. And we did feel like something was happening.

It was all very efficient, it was all about filling in forms and identification, it wasn’t about there has been a tsunami...the Embassy had opened up the phone lines free of charge and it had been, well it had been three days. The Embassy had a list, a handwritten list of hotels in the area of the Embassy which were willing to put people up and some people had been put up in those hotels for free from the airport. We got put in the university.”

Proposals made by families and survivors: Embassies in affected areas – procedural issues

Embassies overseas should make more use of the internet. Details were taken repeatedly on paper and not shared effectively.

Consular and Embassy staff need to have procedures they can follow for disasters (these should not deprive them of using some initiative). This may have avoided conflicting information being given in the initial stages.

Officials on the ground need to recognize and make effective use of the fact that survivors may quickly have access to more detailed and accurate information on a range of issues.

Basic equipment such as photocopiers, laptops and mobile phones must be in good order and accessible if required by families. Officials should carry chargers with them, preferably wind-up chargers.

Officials should resist the pressure to announce casualty figures at an early stage and be open in saying they do not know.

Written instructions should be given on how to access information, listing websites, agencies and details of how and when entries are updated.

Basic guidance should be given to families on how to manage the media.

Consular and Embassy staff should take care to conduct themselves in a sensitive, caring and empathic manner when on duty and when off duty. Training should be provided to staff in these areas.

Mobile phones

Mobile phone companies should waive fees to and from the affected countries in the first few days. Some companies did this.

Officials should use the mobile phone system to send messages to those in the affected areas.

Psychological/emotional help

23 Survey respondents talked about the comfort they received from those around them. A few commented on the specific help of counsellors, both positive and negative, but the strongest theme was about the power of humanity – that help given when required and with sensitivity was deeply comforting:

“It was only at that point that I then broke down and realised that we were safe. And particularly it was the kindness of these people that affected me more than anything.”

Obviously, the dead were covered and you know obviously a prayer was said and they were left on the side of the road covered, there was no more that could be done for them. The injured and those that were in sheer terror and panic needed consoling, they needed help and this is where the Thai community, other people who had gone through what I had, could only console, help, cuddle and pray with these people.”

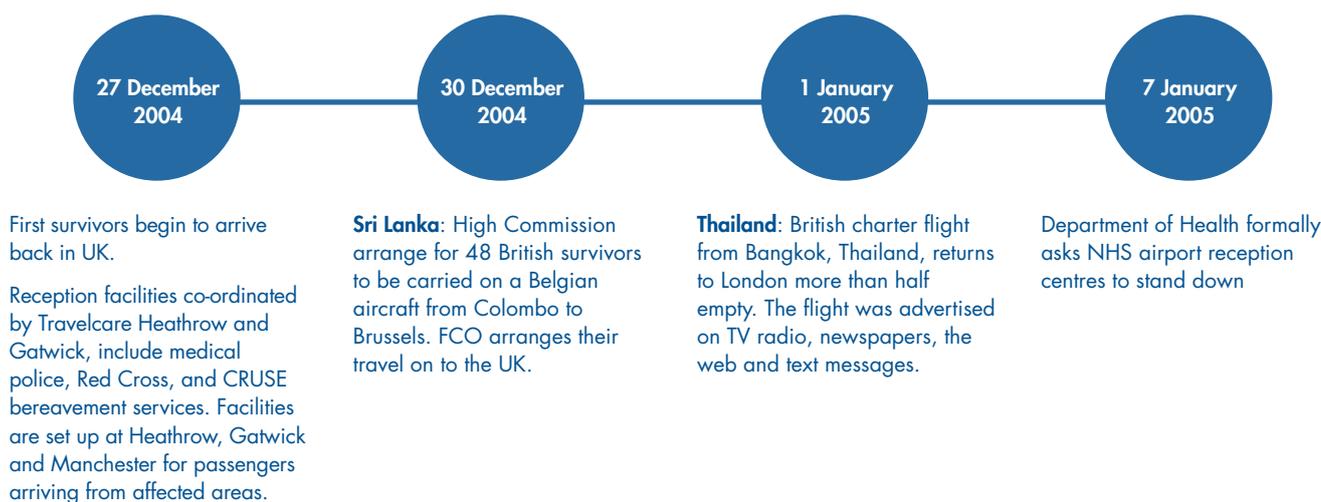
24 The finding that only a quarter of respondents sought emotional help in the first few days is supported by the feedback that, while in the affected area, people were still in a state of crisis and that the full psychological impact

of the disaster became more apparent once people had returned to a situation of relative safety at home. This suggests that individuals may need to deal with practical, pragmatic issues initially before addressing psychological ones. This is entirely consistent with a normal reaction to a traumatic event:

“The only time I felt safe was up in the aeroplane because I thought when the wave comes again, at least we are up, so I suppose you know, I just sort of felt I don’t know...how I felt. I think we were both in shock just for weeks and weeks afterwards. We couldn’t function and we were having flashbacks and things. I don’t know the first thing that happened when we got home...I’d never had one in my life...like a panic attack in the bath one night and I couldn’t breathe to the point where I phoned my friends...I think I am having a heart attack and she came straight over and I was sat outside on the stairs. I just couldn’t breathe. I had no idea what was wrong with me. I thought, I am going insane. I am going to end up in a mental hospital.”

There were so many dead. They were piled up four and five deep all around the hospital. And the morgue was obviously full. In fact that’s the thing that, certainly my son, still has nightmares about.”

Getting on to a flight and the journey home



Details of the actions taken by the various organisations involved can be found at http://www.culture.gov.uk/what_we_do/Humanitarian_assistance/indian_ocean_tsunami.htm

25 Interviewees and survey respondents were asked to describe their experiences of securing transport and their journey home. The experiences were very varied from those who made their own arrangements without contacting any UK agencies to those whose circumstances meant that they needed a lot of help.

26 From the accounts given, a central difficulty for all was in finding out what flights were available and which were appropriate for the injured. There appeared to be no single contact point where this information could be accessed. As a result people relied on word of mouth. A number of other countries placed large advertisements in local newspapers giving embassy contact details for survivors and details of imminent flights but the UK adverts were not seen by the majority of survey respondents or interviewees.

27 People who were in a fit state to travel described the difficulties in getting home: from trying to find out what flights were available to practical issues such as having no money or passports. Some helped in the aftermath; others moved inland and took their scheduled flights home. It is not known how many people made their own way home without contacting UK agencies, but it is likely to be a large proportion of those who were less severely affected.

28 For those who were injured or whose loved ones had died or were missing, the process was much more complex and many relied on help from UK organisations, in particular the UK Embassy in the affected country and the FCO in the UK:

“The Embassy did not give me any information about how to get home. Despite repeated questioning. They eventually arranged a flight for me but when I arrived at the airport the flight was not valid. There were so many different groups helping that every time I asked a question I received a completely different answer. About 30 people came round to take my name to put on the ‘safe list’ yet I still never got my name on the list.

They went to the Embassy the next day, or whatever, to get their passports and spoke to someone at the Embassy and said, “look are you going to do anything to help us get home, are you going to put us on a flight?” and they said “no, we don’t actually have any plans at the moment, what we will do, we will take your number at the hotel and...we will phone you if we are going to do that” so that’s fine, they give them the details and a couple of days later, my brother-in-law picked up a newspaper in

Bangkok, in English, and reads “British Government flies home survivors and a chartered British Airways jet flies home survivors.” I don’t know how many but (it was) way under capacity, it was virtually empty. It is absolutely outrageous. It is really outrageous.”

29 One family reported that a UK flight was refused to them because the surviving partner was not British, in spite of the presence of children. This seemingly rigid approach created great distress and they relied on government representatives from other countries who were persuaded to offer alternative flights:

“[Finally] transport was secured independently via Qantas Airways who flew us out with no charge and no questions.”

30 This was not an experience limited to flights out of the area. Similar difficulties were encountered by those people in mixed nationality partnerships, or families trying to register and search for missing loved ones.

31 Another factor which made the decision to return home especially difficult was where a loved one was still missing, or was known to have died. A number of families talked about their feelings of guilt and sorrow at having to return home without their loved ones:

“And I know he found it very hard to say...that he’d failed...he couldn’t do any more but he felt he’d failed. She didn’t blame him because she knew he’d done as much as he could...He found it hard to come and fail her.”

32 Comments were made on the lack of UK officials in the airports and how getting home seemed to depend on: survivors’ resourcefulness; having someone to advocate on an individual’s behalf, or making a scene:

“So it was, “Right, okay, just go and get me on a plane”. And they came back and said we haven’t got any more stretcher cases going up today. So I said, “It’s all right I’ll walk”. They said, “You can’t walk like that”. I said, “Get me on a plane and I’ll walk”.

Most embassies were there. When I say that, I mean Swedish, French or Australian, you know, and so we didn’t know what had happened. The Australian Embassy at that point took control of us and told us what was happening because the British Embassy hadn’t arrived. They were like, “we don’t know where your Embassy is, they should be on their way” but they were nowhere to be seen so we were like, “God, what’s happening?”

The three British Embassy people who turned up had no idea what to offer. They didn't have a clue. They had no emotional connection, no attempt to say "are you ok?" Actually, you are crying your eyes out, you are covered head-to-toe in mud and dirt."

33 There were some examples of the local airport staff providing good facilities:

"The staff at Krabi airport were amazing, there were trolleys of drink and food for us all and so you did feel a little bit more that there was organisation going on to keep the survivors fed and watered and...there had been some chairs set up by - whether they were real doctors and nurses I don't know - but they were people [so] that once you got to the airport, you could have your wounds redressed."

34 The media presence at airports in the affected areas was described as intrusive:

"And we were greeted with this wall of, it was like something out of a film, it was a wall of press that greeted us...and [it] was pretty awful really, it was horrendous."

35 The experience of the flight itself was again very variable. While some were upgraded and cared for well, others were left with insufficient clothing and no access to facilities:

"It was a direct flight home and I was concerned that we didn't have any door keys, the car, my husband's car was at the airport but of course we didn't have the car keys, we were just in clothes... just had airline blankets that we were allowed to keep but I was concerned, because we were landing back in the UK and...my husband's family didn't know anything because I hadn't been able to get in touch so I made myself known to one of the cabin crew. I explained our situation...so they were very good, they arranged...for the pilot to radio ahead when he could, when he was close to the UK, to make sure we were being met. So I had that reassurance and then he lent me his mobile, his personal mobile phone, and as we landed...he took me up the back of the plane to phone so I was able to get in touch with my brother-in-law. And that was that and then we got back. A taxi was waiting for us. Very discreet, nice gentleman who...drove us back here so we were home by one o'clock in the morning, Tuesday morning, so when I hear other people's stories since, everything was very straightforward for us coming back and we got back quite quickly."

We had got sawn-off trousers on, bandaged legs, we were freezing, absolutely freezing, they wouldn't give us blankets on the plane, we didn't get any special treatment at all, no extra food.

The airline refused to upgrade [him] even though they considered him unfit to travel in economy with his severe injuries. [A relative] paid for [his] upgrade and for his own ticket to be upgraded as it was impossible to leave...spent the night on the floor next to [his] seat."

Proposals from families and survivors: Getting home

Arrangements for getting home need to be more organised and clearly communicated.

Large advertisements should be placed in local and national newspapers giving details about who to contact and how to access the next flight. There are examples of this being done by other countries (e.g. Canada).

There needs to be a much greater degree of flexibility and compassion about who can access flights and about upgrading injured passengers.

36 The survey asked about who was at the airport when survivors returned and the kinds of support that was offered at this time. More than fifty per cent of respondents were met by family and friends at the airport in the UK and were offered support by the police. One in three was not offered any support at all.

37 Many people returned to the UK via Heathrow and Gatwick. The arrangements that had been put in place varied depending on when people travelled. Some survivors arrived in the UK within 24 hours, others up to six weeks later due to injuries. Some people described how difficult it was when there was no recognition of what they had experienced:

"Then...we got to the passport desk, the only thing that really annoyed me about the whole thing. I handed four passports in and he said, "I'm sorry they're very wet". He didn't even look at me, he said, "I suppose you've dropped them down a toilet have you"? And I said, "No, we've just been in Sri Lanka". And he just went, "Oh". It showed me how little staff had been briefed. It's something that we still remember. If it was twelve hours afterwards we could cope with that, but two and a half days afterwards and no-one...well this is the only time now I've nearly got emotional, sort of going through this whole interview, because that's the part that really made me maddest."

38 A number of people described the arrangements at Heathrow which were explained on board the flight by a police representative. When disembarking, survivors could choose one of two routes through the airport, via the ordinary exit, where the Red Cross Team were waiting, in addition to the media, or via an alternative route where they could meet relatives in private and leave the airport, often to be transferred to hospital, by a separate exit. For those who experienced this process, the feedback was that it was well thought-through and well-managed:

“And they were good about actually trying to make sure we went a route where we didn’t see the [media].

In hindsight, I know this sounds daft, but I wish they had been a bit more forceful with me in respect of when you are in shock, you decline things you probably need and... you say “I’m ok” when really deep down, you are not ok.”

39 A disadvantage of choosing the private route (which applied to all severely injured people) was that they did not receive any information about access to psychological help. Although people described clearly that they were still in crisis and not in any position to engage in counselling at this stage, they did feel that being introduced to someone who would visit them later or receiving basic information and contact details relating to the likely impact of trauma might have been helpful at this stage.

40 The arrival of survivors back into the UK was the most obvious point at which to collect contact details, in order to have a record of those affected and for potential future service contacts.

41 A recurring theme to emerge from the qualitative data was the experience of having to provide personal details at many different stages, including on the plane or at the airport, but that people did not know what happened to these details. Respondents assumed that other relevant agencies would be passed their details and they would therefore not be required to supply them over and over again to seemingly no purpose.

42 This is a central issue as no comprehensive and accessible record of those affected was compiled. The information was scattered among different agencies and due to concerns over data protection legislation, the sharing of important details was not the norm. This has had many consequences, for instance; problems relating to invitation to events and official communication regarding support packages and access to potential services.

Proposals from families and survivors: Support at the airport

People should be given information about common emotional reactions to trauma and how to deal with them, including when and how to obtain further help if necessary.

Methods for increasing awareness of existing services

The process of collecting, collating and making use of contact details must be improved. More use should be made of computers.

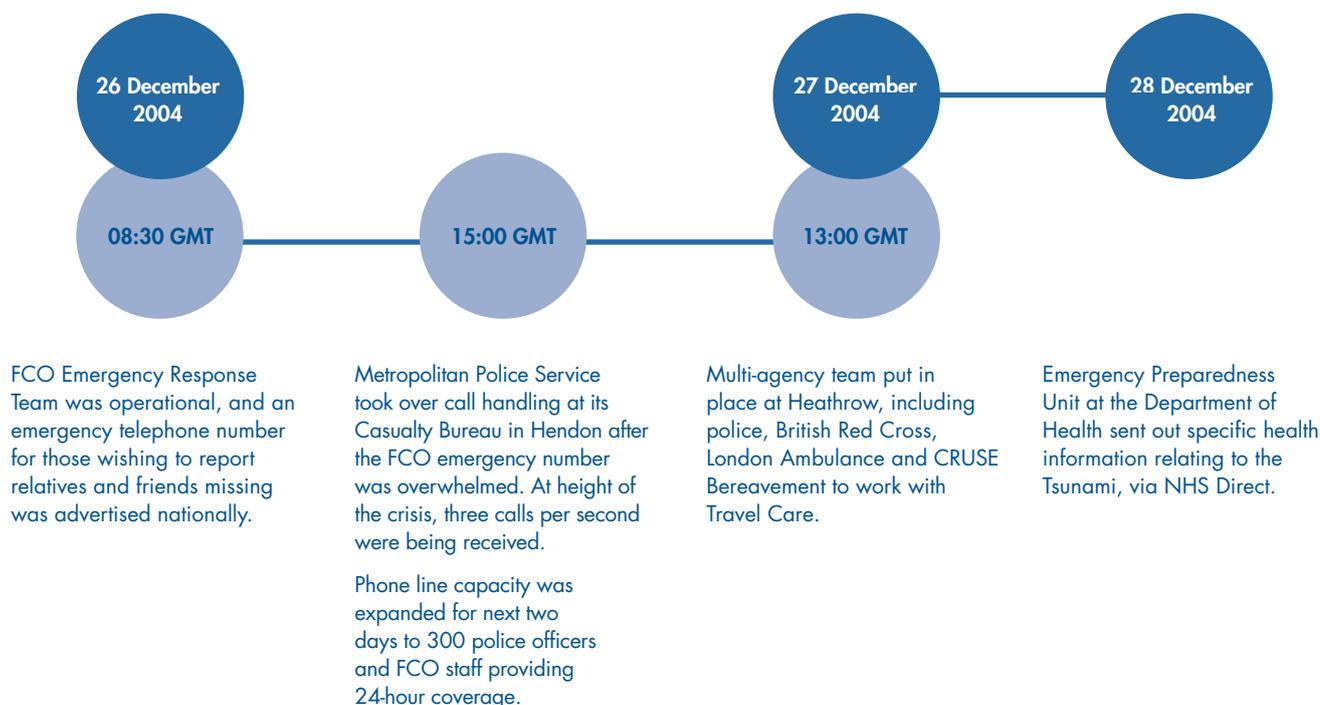
There needs to be greater clarity about what happens to the information that people give.

A system needs to be in place so that agencies can share important information. This was clearly the expectation of survivors.

When contact details are taken at airports, some kind of permission needs to be sought for contact to be made in future, for instance to communicate what services are available.

The range of services available needs to be collated and communicated directly to individuals shortly after their return.

EXPERIENCES IN THE FIRST FEW DAYS – THOSE IN THE UK OR ELSEWHERE



Details of the actions taken by the various organisations involved can be found at http://www.culture.gov.uk/what_we_do/Humanitarian_assistance/indian_ocean_tsunami.htm

43 The survey and interviews asked those in the UK (or elsewhere in the world) about how they tried to contact their loved ones; who they sought help and information from, and to assess how effective that help and information was to them. Respondents were also asked to provide details of any practical or emotional support that would have made a difference at this time. There was also a section of the survey which asked about the experiences of those who flew out to the affected areas to search directly for loved ones. Where this was relevant, this was also part of the interview schedule.

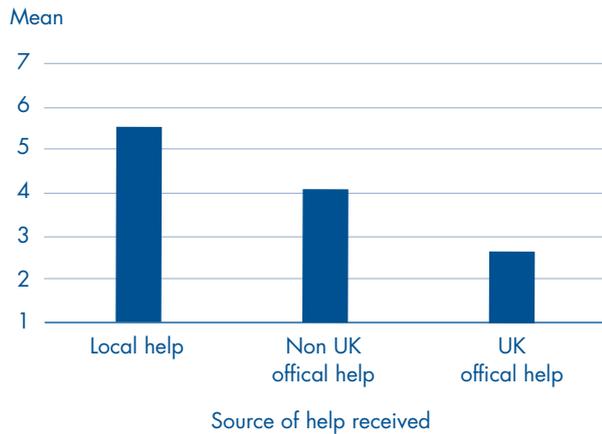
Seeking information about loved ones

44 Unsurprisingly, the main concern was about locating loved ones. Almost immediately after the tsunami had struck, people in the UK had made their first contact with any agencies they could think of: the police, the Foreign

and Commonwealth Office and the Red Cross. Ninety per cent of the survey respondents sought help from the advertised emergency phone line. People also tried to reach loved ones by phone or internet: seventy eight per cent tried to locate loved ones directly in this way. People wanted to register loved ones as missing as quickly as possible and establish a central point for communication. Over fifty per cent of survey respondents had no information about loved ones for several days.

45 As **Figure 3** shows, information received from contact with local people and other tourists was felt to be *effective or very effective*. Official UK help in the form of: the UK emergency helpline, the Embassy/Consul of the relevant country, and the FCO in the UK were rated as providing *ineffective* support. In contrast, government agencies of other countries were rated as providing support that was *neither effective nor ineffective*.

3 Effectiveness of help received in the UK or elsewhere in the following hours and first few days



NOTE
The rating of effectiveness was on a scale from 1 to 7 where 1 was 'as ineffective as I can imagine', 4 was 'neither effective nor ineffective' and 7 was 'as effective as I can imagine'.

46 Survey respondents and interviewees were asked to describe their experience of waiting for news of their loved ones and what, if anything, helped make this process more bearable. From the accounts given in the qualitative data, the organisational shortcomings which prevented efficient communication with families created significant distress. This included both difficulties in registering loved ones as missing and difficulties experienced in accessing updated information.

47 All respondents who realised, either immediately or after some time, that their loved ones were missing and unaccounted for, described the process of waiting and searching as unbearable:

“It was a living hell.”

48 In common with those in the affected areas, friends and relatives in the UK and elsewhere were desperate to know more about the scale of the disaster. They wanted to know what had happened, which areas were affected, and the likely numbers of people who had died.

49 The qualitative data highlighted the crucial need respondents felt to be active in trying to find their loved ones. In terms of communicating with officials:

“We wanted to be sure they were still looking.”

50 As more information emerged, relatives in the UK and elsewhere described watching television and accessing the internet constantly to try and establish how likely it was that their loved ones were in the affected areas. Announcements began being made about likely casualty figures, and estimates were dramatically different. A number of people expressed their relief at low UK figures that were announced but that their false hopes were subsequently dashed. From different contexts, people talked about their anger at British underestimation of the scale of the disaster. Communication difficulties also led to errors being made about missing loved ones:

“And yet you had your hopes raised a number of times. A number of times. Yes. And.... it's just part of the communication difficulties I guess, and that was the hard bit really wasn't it? We got all this conflicting information and then, no they were missing and then, they were buried in a mass grave but before that, they were buried in the grounds of a bungalow next to the hotel.

The attitude that disturbed me most was that there was a deliberate attempt to minimise the extent of the disaster. This I know from a conversation I overheard. I am sure that if officials had talked to survivors from Phi Phi or Khao Lak or visited those places they would have had an entirely different picture. I also believe that the fear of 'sticking their necks out' or disturbing senior officials during the holiday week between Christmas and New Year contributed to the initial underestimation (by a factor of 10) of the extent of the disaster and to delays in relief work and assistance to victims and their relations.”

51 People who were waiting for news in the UK described their experiences of using the emergency phone line to seek information or to register a missing person. Although a few interviewees and respondents said that they got through quickly and found the staff helpful, those who did not described the helpline as utterly overwhelmed and some spent over 48 hours of constant phoning before they were able to get through. The consequence of people being unable to get through was that frightened relatives were left for many hours unable to register loved ones as missing:

“It was a nightmare, a nightmare. Trying to get through, phoning, phoning, phoning. Phoning all the mobiles, phoning all the landlines and we just tried and tried and tried.”

We felt completely isolated and helpless. Over 24 hours to get through to emergency helpline. Cut off every time we got through to the British Embassy.

The contact numbers available were jammed and when I did get through, nobody knew anything. Nobody could provide any information. All the agencies could do was take details of the missing persons from me. The exception to this was the travel company who bent over backwards to help and provide information in any way they could. They put every other organisation to shame.

I can understand why the helpline was completely flooded with calls but it was dreadful. I can't begin to describe how it was.”

52 In the early hours and days the contact with the person on the helpline was often the first and only point of contact with ‘officials’. Although people were issued with an ID number, many found themselves repeating information each time they spoke to someone. An issue which was highlighted repeatedly was that there was no facility for being updated. Some were told they would be called back but weren’t and because the remit seemed to be that follow-up calls were not made, people then tried to call back for more information:

“We were told not to phone this number again and to wait to be contacted. Having heard nothing, and having no other means of communication...phoned back the emergency number on Thursday 30th and was told not to bother them as they were only able to take details and assign a number but not to follow up.”

If there had been a telephone number to call who could have answered questions or at least updated us on search activities. As it was, there was absolutely no support, or if there was any we were not made aware of where to go. When I phoned the helpline I was told all they were doing was collating information.”

53 The feedback also commented on the process of being asked for identification information. Though people understood on reflection why this information needed to be taken, they felt it was done without explanation:

“When we got through to the helpline, it was quite a shock really because we weren't really expecting the questions we had to answer.”

And the questions were kind of hard hitting weren't they really? Age, date of birth, height, eye colour, hair colour, any distinguishing marks. I mean, we just hadn't...I realised, oh gosh, we knew it was serious, didn't we, when we couldn't get through? But we thought that the phones were down and when they were asking us those kind of questions... I don't know what I really expected. I just wanted to register her as in the area really.”

54 Alternative methods for trying to trace loved ones were also used, for instance, via the scrolling messages on Sky News and via a number of web-sites that were quickly set up. There was a lot of praise for the facility provided by Sky. Not all, however, had access to Sky and some commented that they had been directed to Sky by the helpline without it being established whether they had access to it or not. A number of specific internet sites were mentioned by families as extremely helpful, particularly the advice about collecting key identification information, and they couldn't understand why the official bodies did not learn from their methods or refer people to them:

“When asked where we could get more information we were told to watch Sky News or go on the internet. At that time we had neither. You felt isolated not knowing where to go or what to do and if you did phone anyone you felt it was a waste of time.”

The seeming reluctance of Police/FO to tell people about Thaicareyou, which I think has been fundamental in people finding relatives – certainly for us.”

55 Even after some time, lines of communication with UK officials were described as very difficult:

“We were unable to have a meaningful conversation with someone in the UK until the tenth of January 2005: that is, fifteen days after the disaster.”

Proposals from families and survivors: Communicating relevant information to families

People need to be able to register their loved ones as missing and access up-to-date information easily. The process would have been much more effective had the agencies worked together and contributed to a centralised information source.

Two main sources:

Website

Central (interactive) website where people can:

Access information which is regularly updated by all relevant agencies (all new entries must be dated).

Register their loved ones as missing.

Place information which may be of help to others.

Even where there is no significant new information, updates should be posted about what is being attempted.

Person to communicate with/helpline

Any helpline which is set up needs to be able to cope with the volume of calls.

What is needed is a way of quickly separating general enquiries from definite reports of people in danger. If relatives could fill in a missing persons form (standardized Interpol form) on the internet on an official site (easily accessible even under saturation conditions) this would ensure that the report could be classified into categories and urgent cases be followed up immediately. Such a site was set up by the Thai authorities.

It may be worth considering setting up separate helplines to cater for information-seeking and emotional support.

A coordinated approach between the agencies is required so that families do not repeatedly have to give information.

There needs to be the capacity for family members to be able to talk to an ‘official’ who is able both to access any records relating to the family and access relevant and up-to-date information.

More training is needed for people who man a helpline. The helpline is often a family’s first and only point of contact in the early days and sensitivity is needed in the manner of requesting and giving information.

For those whose loved ones have been confirmed as missing for some time, a specific officer should be allocated with a direct contact number.

Flying out to affected areas

30 December
2004

The Family Assistance Package (FAP) was made available to the bereaved families. The details of the FAP were given to the Police for Family Liaison Officers to discuss with their families. Details were also published on the FCO web-site and on the BRC web-site.

Details of the actions taken by the various organisations involved can be found at http://www.culture.gov.uk/what_we_do/Humanitarian_assistance/indian_ocean_tsunami.htm

56 Over twenty five per cent of survey respondents in the UK and elsewhere flew out to the affected areas, mostly within the first week, to search for loved ones. Most respondents made their own arrangements to travel; some sought advice from the FCO. Nearly a quarter of those were met by UK agency personnel at the airport and a quarter were not met at all. Some were met by friends or overseas contacts. Friends and relatives also flew out to look after injured loved ones.

57 A few people were dissuaded from joining the search and later regretted not going. Others decided not to go because they felt they would hinder rather than help:

“Reports from the FCO were confusing. We were told not to travel to affected areas due to risk of infection yet saw others on TV that had done so, finding their loved ones dead or alive.

There was no sign of [loved one] so I thought, well I’ve got to go out there and look.

It was...futile, in the end it was futile. One saw it on the television, I think I would not have been of any help and I would have got in the way.

And I just feel that I would just hamper the rescue effort and I still feel that it would have added to the confusion and that there would not have been facilities for receiving people under situations like that, because there weren’t. It would just add to confusion.”

58 The experience of arriving in the affected areas was very varied. In some cases people described being met at the airport by a member of the embassy and having transport and accommodation successfully arranged, but there were several accounts where people were offered support which then did not materialise:

“But there was nobody there.

And I had a phone number and that was all I had.... So, basically having run the gauntlet of all the people holding up boards and not finding anybody holding up either a British Embassy Flag or anything for me...I eventually got through and we got to the taxis I said, “yes, I want a taxi”, and was taken off.”

Proposals from families and survivors: Flying out to affected areas

People should not be advised to stay away unless there are very clear reasons for doing so and the advice needs to be consistent. This would not have created a situation where many more people flew to the affected areas than actually did, but would have prevented the distress and regret for the few who acted on this advice.

The system for supporting those who go out to assist in the search must be improved. Where support cannot be offered it is better to say so.

There should be a method for survivors and families to share information they have quickly with officials.

Searching for loved ones

59 The interviews and survey asked respondents to describe what they went through while trying to find loved ones in the affected areas. The survey asked specifically about views of different aspects of the search and how effective or helpful these were: the process of registering a loved one missing; quality of information or advice on ways to search; the UK police service role in identification; the provision of practical and emotional support. Those who travelled from the UK, or elsewhere, to search, were asked about who they sought help from and how effective or ineffective they found the help they were given.

60 From the qualitative data, we found that advice and support was sought in the following areas:

- Advice and level of support that would be available regarding flying out to search and the availability of accommodation and travel once in the affected areas;

- Advice about the most effective way to proceed with the search;
- Hospital addresses, contact numbers and maps;
- Mortuary sites and advice about whether it was possible to look at bodies;
- Location and process of liaison with UK officials in the affected areas;
- What identification information was needed, how to go about collecting it and who to communicate with;
- How to access updated official information and how to update official records most effectively;
- Practical support such as access to photocopiers and computers.

61 During the search for loved ones, families rated local people and organisations as more effective than UK agencies.

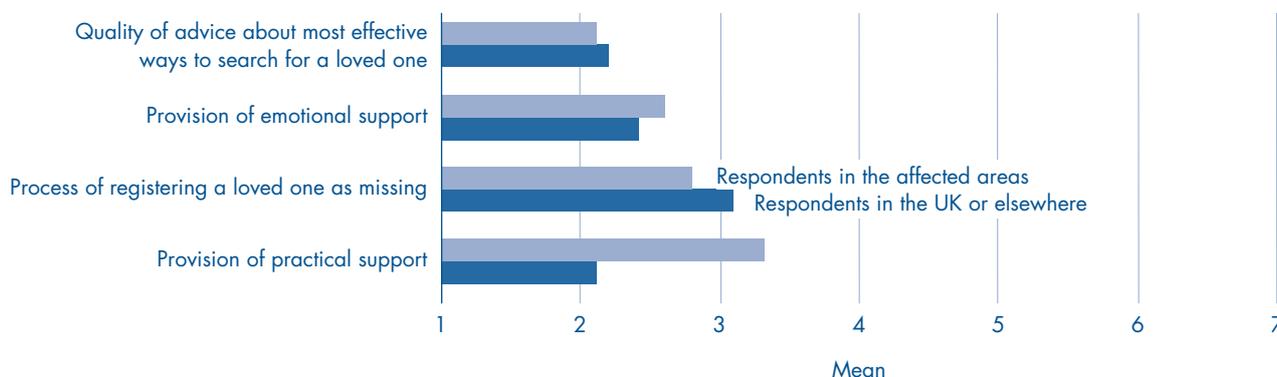
62 **Figure 4** shows that the survey found that all aspects of support whilst searching for loved ones were rated as ineffective or very ineffective, in particular the quality of information available and the support for people who travelled to search.

63 In the qualitative data, people talked about the desperation of searching as time went by, their experiences of horrific sights and, in many cases, a tragic ending:

“I knew that my husband must be badly injured or dead as we had had no contact or news of him for over 24 hours. From the Thai shelter I was able to hitch lifts on mopeds and trucks to move between shelters and hospitals looking for my husband’s face. It rapidly became apparent when I had exhausted all the beds in all the hospitals and shelters that I would have to start looking at the dead. I found my husband after an extensive search amongst the makeshift burial grounds after a day of looking over countless others who had perished. No system had been established for the bodies and a Thai bystander was sticking post-it notes on the dead. I had no choice but to leave him where I’d found him.

She might be there in a hospital unconscious, not knowing who she is, what she is. ...So I thought, it was winning the lottery type odds but, it had to be checked though. So I thought we’d go back to Phuket and check more hospitals and that’s what we did.”

4 Help provided whilst searching for loved ones was very ineffective



64 From the qualitative data, people described the search for loved ones as a complex process involving many practical tasks: locating a central office for advice and information, getting lists and maps for hospitals and mortuaries, finding out about how to proceed most effectively and about what identification information would be most helpful. Many people described the chaos of the situation, some of which was inevitable given that people began arriving within 48 hours. However as days passed people described the lack of a system or an effective means of communication. Those searching felt they quickly came to understand the main problems and some of the solutions on the ground, but that any feedback to the Embassy was not welcomed. Many people also experienced insensitivity from embassy officials:

“It was like the vicar’s tea party in a crisis.

Lots of people were putting up pictures of their missing loved ones...and pictures and descriptions that were pretty painful, seeing the little kiddies. A lot of Swedish children were missing and a lot of distressed Swedes there. Anyway we checked through all the sides...and then a French man said “have you been upstairs”? There were no signs. This is day four. No people directing you. “Have you been upstairs?” Well what’s upstairs? “The embassies have got teams upstairs”. That’s nice, right let’s go upstairs. We wanted to give [loved one’s] details. They said “We’d like you to go over, we’ve set up a temporary office over the other side of Phuket”. They had no equipment there, no computers. I don’t think they even had a telephone to be honest. ...there wasn’t a sign downstairs saying “Embassy Teams upstairs, please report in”, or anything like that.

I totally and honestly...I believed that your government with all its immense resources, after about I would say 24 – 48 hours, would be there in some force to help you. And I found that wasn’t so.”

65 The actual experience of searching, witnessing severely traumatised and injured people and, for some, looking at innumerable bodies, was described by most as something that ‘just had to be done’ and the traumatic impact of this was felt later:

“They were all very dirty. I thought at one stage I wasn’t sure about one body, thought that’s the right size, the hair was right, not sure, it doesn’t really look like her, but the face was all swollen and then I looked and fortunately this women was wearing gold rings and I knew it wasn’t She never wore jewellery like that, which was a relief to me. I knew that I hadn’t seen her because that would have been a worry to me if I’d have looked at her and not recognised her.”

66 People commented on the invaluable role of volunteers in a range of tasks: updating lists, sitting outside hospitals, moving bodies, and providing practical help and comfort:

“The most help you got, I think, was from volunteers. They made that trip bearable, I think, don’t you? I think they helped you more. Well certainly there weren’t any officials of any sort of shape or description.”

67 A number of people commented on the more effective organisation of other countries. For instance, that they congregated in a central location rather than expecting people to travel to them:

“Every country had a team at the City Hall emergency centre where people reported missing relations and friends. We were told by the British official of the “emergency team” that we would have to go to an office in town to do this, without being offered any means of transport. Under normal circumstances this would just seem ‘officialdom’. For people in extreme state of shock the word I used and maintain is that this was callous. We had to report [our loved one’s partner’s] disappearance to the German consular officials next door and they kindly offered to take care of reporting [our loved one] as well.”

68 In the qualitative data an aspect of the search which was frequently mentioned was that it was important to relatives to try and find out where their loved one was at the time of the tsunami. People went to significant effort to try and understand as much as possible. One aspect of this involved retrieval, if possible, of any belongings. Any items that were retrieved, or found later and returned to the families, became extremely important as lasting treasured possessions. Those who were sent items by others were deeply grateful:

“To find the exact location where the bungalow had been located in which [they] were staying. We also found a backpack...some 200 metres away, keys for their flat, some travel documents and some... clothing. We also located the lake where most of the remains of the bungalow ended up, and quite likely their bodies.

We had the camera returned...and that was like a message really. All the photographs of the two of them, all their photographs. So we could see what they had been doing. We have got all the photographs...the German team there said “no, this would be important” and so they developed the photographs they found. But that was just such a gift. That was so important. And the last photograph was taken in the sea wasn’t it...a picture of her feet. Yes, they were lovely.

So I phoned up the Embassy in Bangkok and he said “yes, we have got a plastic envelope with some dollars, some US dollars and some Thai bahts and a copy of her passport”, because we had always said to [her] “when you go abroad, keep a photocopy of your passport in a plastic wallet and then if your backpack gets wet, it’s safe.”

69 A few people who were supported by either contacts in the area or by employment organisations described how invaluable the help was, and how the strain and distress for those having to manage alone was very clear:

“[The company’s] Crisis Emergency Team were tremendous and took us under their wing and organised transport and accommodation. Accompanied us to the Town Hall in Phuket when we went first to the British Embassy Desk which was totally unprofessional and inefficient and the staff had no idea of the situation, nor in Khao Lak, and were giving out disinformation – we felt, thanks to the...Emergency Crisis team, we knew far more than the British Embassy staff...The head of the crisis team ...realised that psychologically it was very necessary for us to visit all the hospitals in Phuket, even though there was little hope of finding them alive.”

Proposals from families and survivors: Searching for missing loved ones

Embassy officials need to provide as much information and support as possible to individuals joining the search. Some of this could be prepared prior to a future disaster.

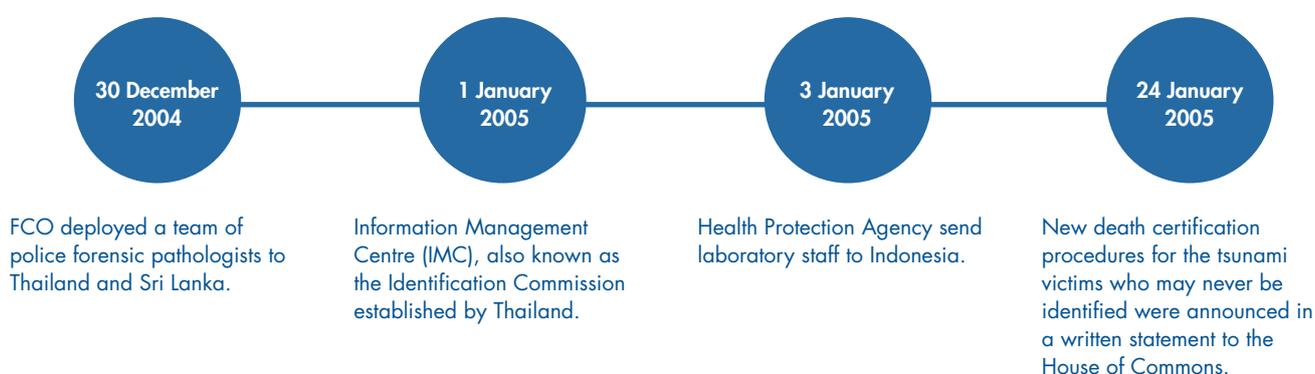
Officials need to listen to those who have been in the affected areas and update their information and advice accordingly.

Embassy officials should base themselves in an accessible location.

Checks should be made to ensure that individuals newly arriving in the area can locate the officials easily.

Teams involved in the search should be aware of the importance of retaining and offering to return personal possessions.

The identification process



Details of the actions taken by the various organisations involved can be found at http://www.culture.gov.uk/what_we_do/Humanitarian_assistance/indian_ocean_tsunami.htm

The Family Liaison Officer

70 As the days passed it became clear that collecting identification information about those who were still missing was essential. In the UK those whose loved ones were still missing were allocated Family Liaison Officers (FLOs) by the Metropolitan Police Service.

71 Those completing the survey were asked to give their views on their first contact with a Family Liaison Officer and, where relevant, this also formed part of the interview schedule. From this qualitative data we found that for some the first they knew of the FLO was when a police officer knocked on the door. People described the shock of seeing an officer and the assumption that it meant there was news. Others felt relief at the official recognition that their loved ones may have indeed perished. A number of people commented that this first contact could have been more sensitively handled, for instance by phoning beforehand or by arriving within ordinary work hours.

72 Another issue that some experienced as abrupt and as a shock was the detailed and personal identification information that officers came to collect. Although on reflection people appreciated why this information needed to be gathered, at the time some felt they needed the process to be managed more gently as they were still hoping to find their loved ones alive:

“And I remember the bizarre situation of one minute leading a normal family life, the next minute being in the kitchen being asked questions about “your daughter’s [personal details]”.”

73 Although a few people reported very negative experiences of their FLOs, this appeared to be related to individual issues. The majority described forming quick and extremely supportive relationships with their FLO, who frequently became their contact person and mediator from this point on:

“Our Family Liaison Officer provided the most support and the most effective support. It felt like he was actually doing something to help find my parents and therefore was practical help at that time. He provided emotional support as well as he’s easy to talk to.”

The Family Liaison Officers were very helpful - they kept us informed, answered our questions and helped with practical issues, e.g. trying to cancel our daughter’s mobile phone contract.

Our FLO again. He’s just very good at his job. Knows the right thing to say, when to talk and when to listen, would find out anything we wanted to know and kept us informed of progress in the search, then subsequently regarding the inquest (which he attended with myself and my youngest daughter).

But that was a huge relief to me. For the first time I felt I had a conduit for...getting information and receiving information and somebody I could ask, it was a person. I think that was terribly important.”

Proposals from families and survivors: Family Liaison Officer role

More care needs to be taken when introducing FLOs to families.

A preparatory phone call may help. A more sensitive explanation of the role and the purpose of collecting personal details is needed.

Amendments should be made to the investigation form used to take personal details. The current form was designed for criminal investigations and some questions are insensitive.

Families at the outset should be given details regarding who to contact if they have a complaint or want to change their FLO.

Consider whether extended families could share an FLO. If this is not possible due to geography the FLOs involved need to communicate very closely. It is very important that family members receive the same information.

Some FLOs were able to access information more easily than others. Where FLOs were working with different members of the same family this became very divisive.

The FLO needs to establish who has the key relationships with the missing loved one to prevent later mistakes. This is a very sensitive issue and FLOs must be aware that they may only know one part of the family story. Remaining non-judgemental is essential. Official next of kin information is insufficient. The provision of effective supervision is very important.

All sensitive new information should be communicated to key family members promptly by the FLO. Family members should not be put in the position of communicating difficult information to estranged family members.

Collecting identification information

74 Arrangements were made for the FCO to register the death overseas and issue a certified copy of the register entry for missing British nationals where no body has been found. This was announced in the House of Commons by then-FCO Minister Douglas Alexander on 24 January.

76 Where appropriate, the interview schedule and survey asked about details of the information and evidence that was requested to assist in the identification of a loved one. From this qualitative data we found that at an early stage people were advised that providing DNA of the missing person and their close relatives would be the most effective in assisting identification. People provided whatever material and items they could and enabled officers in the UK to collect personal belongings, sometimes treasured items, for DNA collection. Some individuals reported giving DNA samples several times. At the time, relatives were prepared to do anything necessary to help in the search.

77 It became clear, however, that DNA evidence was in fact of less use than fingerprint and dental records (which were requested later), and people expressed their anger at the wasted opportunity to collect really helpful information. Some also expressed their significant distress at losing irreplaceable personal items which were provided for DNA evidence and destroyed by the chemical treatments:

“(She) was identified through ThaicareYou. The identification set up by this man was incredible. Where possible, pictures were taken – identification such as clothing, jewellery, tattoos were noted. The identification was greatly helped by this information and should have [been] used earlier.

It would have been quicker if the police had immediately collected finger prints, dental records etc until waiting for the body to be found. The original numbering had been changed on the bodies.

Another issue is the amount of personal belongings treated with health hazard chemicals to find fingerprints. These documents have now mostly been destroyed and many precious sentimental memories including a travel diary.

The emphasis on the importance of collecting DNA evidence was vastly over-stated. Many families spent days collecting evidence which would be useful for DNA but were not told that fingerprints and dental records would be far more immediately useful. When relatives were reported as being missing and having been seen in the wave there should have been immediate requests and attempts to locate dental and doctor’s records, fingerprints and other items necessary for the identification process. The delay in requesting, locating and sending these details caused great distress to numerous families.

There was no international database compiled until mid-February.”

78 In a number of instances misinformation and confusion led to potential mistakes in identification. One example reported was that the labelling system was changed:

“There was a time when the body was lying there and could have been identified...The body [was] lost within the refrigeration and re-numbering system and the Metropolitan Police...said it could take up to 16 months for identification to be complete. We [were] stuck in a nightmare.

[He] found a picture of [loved one] with the words ‘found dead 12/30/04’. It took him almost an hour before he was told that this body had already been claimed by an Australian family.

Over the next weeks we were subject to innumerable problems trying to locate this body, difficulties with AM and PM data and constant questions and misinformation which caused extreme distress to all the family. It took weeks for [loved one’s] fingerprints, once obtained, to be sent to Thailand.”

Proposals from families and survivors: Collecting identification information

Relevant expertise regarding the identification process should be sought. This should be used to develop official guidance.

All forms of identification information should be collected until it is clear which is most helpful.

Once it is clear which approach is most effective, this should be clearly advertised to families.

Updates about the identification process should be given to families on a regular basis, even where there is no progress.

Those collecting information need to be sensitive to how intrusive the process is for families and need to take account of how important personal possessions are.

Repatriation



First bodies to be repatriated arrive back in UK.

Last body positively identified flown home.

Coroner’s Inquest held for 93 dead.

Details of the actions taken by the various organisations involved can be found at http://www.culture.gov.uk/what_we_do/Humanitarian_assistance/indian_ocean_tsunami.htm

79 Families and survivors told us that when loved ones were confirmed as having died, the sheer number of tasks and negotiations that they had to engage in was overwhelming. Many painful decisions had to be taken quickly, such as whether to transport a loved one’s body home or whether to have the cremation take place in the affected country, and the sensitivity or otherwise of the agencies people were in contact with had a significant impact on how bearable the process was:

“Once someone is identified, right, what do you want, do you want her buried, do you want her sent home, do you want her cremated, her ashes out there or home and I am awfully sorry but you have to decide “like now”.”

75 For those who discovered very quickly that their loved ones had died, what was important was to understand quickly the procedures so that decisions could be taken about bringing them home:

“Just to be kept informed about every little detail I think is important.

But I think more information about the procedure, about how he was being brought back. I knew then he was taken to the coroner’s...But I didn’t ask, I didn’t ask for information and I don’t know what information I could have asked for.”

80 The repatriation of loved ones' bodies took place over many weeks and months. It did not affect all families who lost loved ones since some lived overseas and others decided to cremate in the affected areas. The survey showed that, where repatriation to the UK took place, fewer than one in five respondents who lost someone was able to meet the plane. Over fifty per cent of the respondents were not able to acknowledge the coffin or have their loved one's possessions returned to them. The qualitative data from the interviews and survey highlighted that people wanted these options.

81 People talked about their desire to have been able to meet the plane and were upset when they saw the sensitive ceremony that other countries had organised regarding repatriation (notably Sweden). There appeared to be an inflexible approach to this issue and some practical arrangements were clearly not thought through sensitively:

“The repatriation was extremely upsetting. I spoke with [my] FLO and [the] FCO but we were told we were not allowed to meet the plane (terrorist threat, no facilities, no viewing areas-would be part of cargo). This was Mothering Sunday. My [loved one] was a mother and her child was still missing – so very poignant day. We had to wait until the Monday afternoon to view the coffin through glass in the mortuary. Our FLO was supportive but the police officer at the mortuary was insensitive.

The support to allow me to go outside would have made things so different. I wasn't allowed to go outside, so had to watch the screen to see when the flight landed instead.”

82 Other issues raised were that coffins were sealed before families had been asked whether they wished to see the body of their loved one or, for instance, for a lock of hair to be removed. Some also wanted more information about how and where the body had been found:

“The coffin was sealed in Phuket. We should have been asked if we wanted anything prior to the sealing. [Loved one's] mother wanted a lock of hair. She never got it.

We were desperate to find out where our family were found and in what circumstances. We knew some bodies had already been buried and some were put in refrigerated containers but we still, to this day, know nothing about their final place of death.”

83 People talked about the symbolic value of personal items such as rings. Often these items represented the last treasured memory of their loved ones and the inability to retrieve these or the significant delays and negotiations involved were highly distressing. When the items were returned this was usually done with great care:

“Delay in repatriation of the body. The delay in returning jewellery - it should have been returned with the repatriation of body.

We had to wait a further month for the jewellery to be returned. On the plus side... the identification team was especially kind and bought the jewellery all cleaned in beautiful boxes to us...All the identification team took time to come and speak to us, which helped enormously.”

84 Some practical issues were raised relating to poor communication or mistakes being made:

“After several days...I was informed when the coffin would be dispatched...and should arrive at the funeral parlour...Unfortunately when I phoned to make arrangements to visit the funeral parlour I was told the coffin had been delivered to the wrong place...I would have to wait another two days to see my son's coffin. This caused me a great deal of distress. It was difficult enough being told that I couldn't see his body without also knowing that it still wasn't finally home.”

85 Those involved in the identification process were particularly praised:

“Though the return of my daughter’s body...was devastating for me, as I felt I went back to the period in late Dec-Jan when the loss was so shocking, I felt the agencies handled it well.

Those guys deserve a medal, I hope they get one. Everybody who went out and served on...the Victim Identification Unit.”

Proposals from families and survivors: Repatriation

The whole process of repatriation should be focused on the families’ needs and families should be kept informed about the process.

Families should be able to have the choice to meet the plane and to watch as their loved one’s coffin arrives home if they wish. Arrangements to this effect were made by other countries.

If possible, families need to be consulted prior to the sealing of the coffin about whether they would like jewellery or a lock of hair to be sent to them.

Family members should be asked whether they wish to have personal possessions of the deceased returned and, if so, this should be done promptly and sensitively.

86 Five UK citizens are yet to be identified, (in four cases the fact of death was certified but the body was not yet identified, and one was still missing). Although family members have accepted that their loved ones probably never will be identified, the desire to be kept informed about what happens next was expressed.

Proposals from families and survivors: Where loved ones are still missing

Many tasks cannot proceed without a death certificate. Is there a stage during an ongoing search where something interim could be provided to help families start the process of dealing with matters? There was no clear policy as different families had different experiences. Procedural guidelines need to be clarified on this issue.

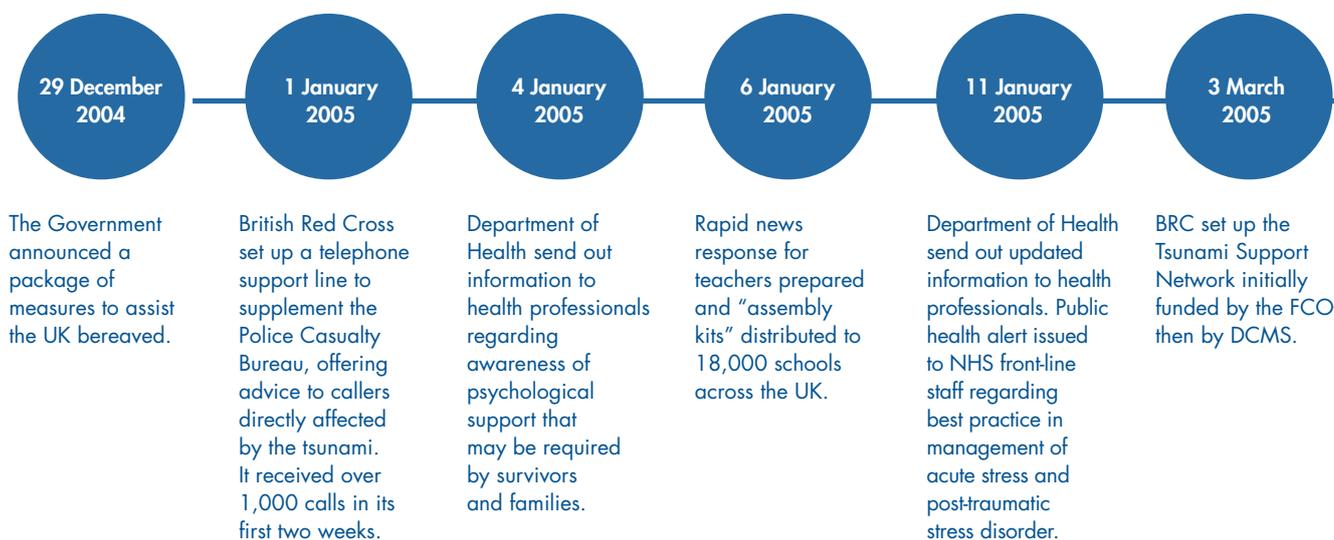
There should be a process in place for updating the families where loved ones are still missing about what is happening.

87 FLOs continued to have a role with families and survivors after the loved one had been confirmed as having died. In most cases this support was considered very significant. However, difficulties were experienced by extended families where more than one FLO was involved. And, in a number of families, painful issues were raised about relationships between family members when dealing with matters about a loved one who had died. The narrow definition of next of kin exacerbated this situation. In a few cases FLOs became aware of issues from one side of the family and were described as becoming involved in a judgemental and unhelpful way. Differences in the timing and quality of information that was accessed by different FLOs added to the potential difficulties:

“Do you want to go and watch the plane coming in? Do you want to look at the body or the coffin? But again, instead of the police coming to see me, it was the police at my dad’s house and my dad phoning me which just wasn’t right at all. And that was a massive, really big error and I don’t understand quite why it was made.

Whatever the reason that people feel they want to do one thing with their loved one, there shouldn’t be any judgement or I think aspersions cast upon it.”

SUPPORT FOR SURVIVORS AND FAMILIES AFTER RETURNING HOME



Details of the actions taken by the various organisations involved can be found at http://www.culture.gov.uk/what_we_do/Humanitarian_assistance/indian_ocean_tsunami.htm

The types of support sought by survivors and families

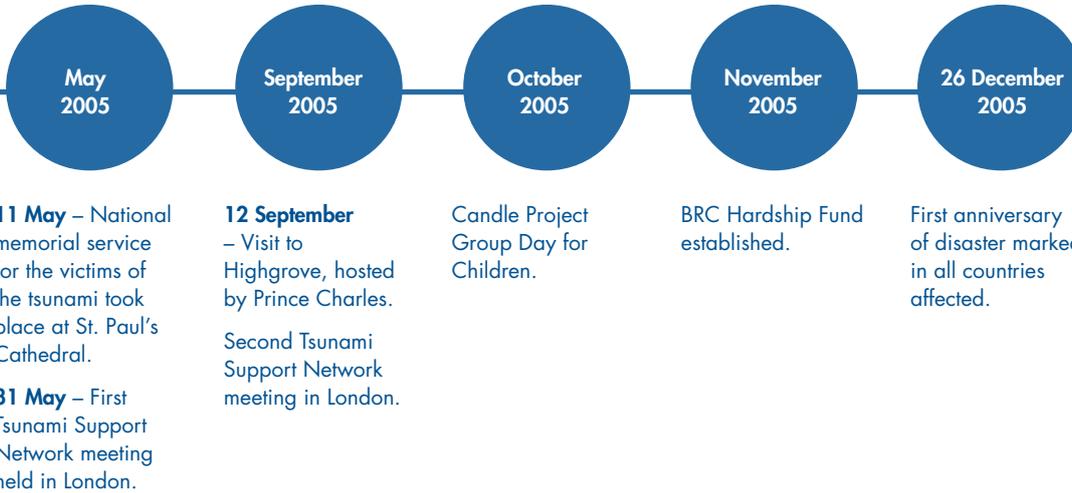
88 The survey asked about the types of support sought by survivors and families and their views of the effectiveness of that support. Respondents were asked to think about their experiences in the first two months after their return and then asked to consider the time from after the first two months to the present. The questions were asked to both those who had been in the affected areas and those who had been in the UK or elsewhere.

Figures 5 (opposite) and 6 (on page 48) summarise the results and show that, whilst in overall terms the numbers seeking support reduced after the first two months, the relative importance of the different types of support sought have remained constant. In particular:

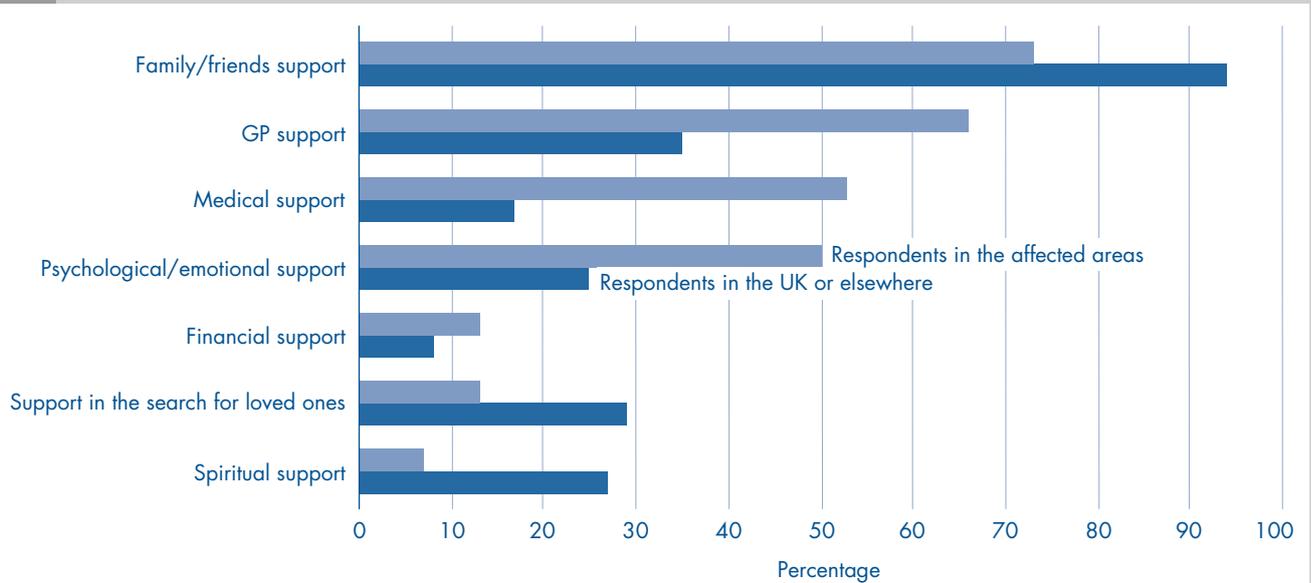
- the most common source of support was from family and friends;
- half of the respondents who had been in the affected areas sought medical and/or some kind of psychological/emotional support. These proportions are significantly higher than for those who were in the UK and elsewhere at the time of the tsunami;

- in the first two months support in the ongoing search for loved ones was sought by twice as many people who were in the UK as were in the affected area; and
- a difference between the groups, particularly in the first two months, was spiritual support which was sought by over a quarter of respondents in the UK or elsewhere, in contrast to less than one in ten of those who were in the affected areas.

89 The survey also asked for views about the different services or agencies that people may have had contact with, and asked respondents to indicate how effective these were. **Figure 7 (on page 48)** shows that the effectiveness ratings rose over time in almost every case, although few services were rated as effective. The services which were perceived as most effective were provided by: the Tsunami Support Network, Family Liaison Officers and the Police Service, the memorial service organised by the Department for Culture, Media and Sport, local GPs, the FCO assistance package and privately-funded therapy. Over both time periods, help or support provided by local social services was perceived as very ineffective.

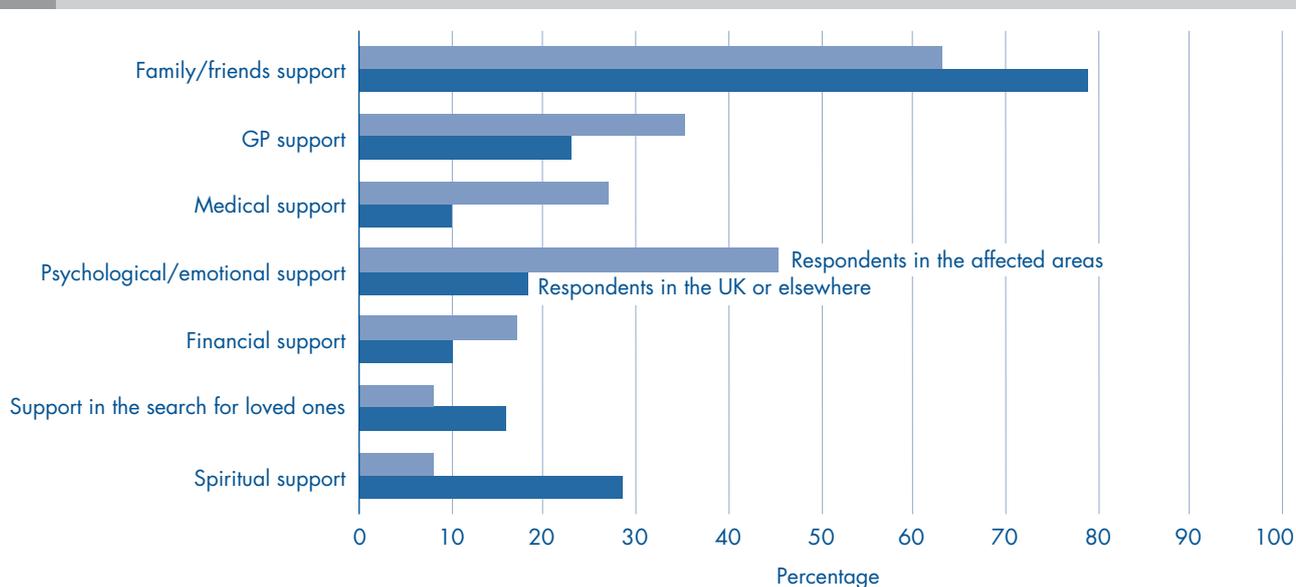


5 The most common sources of support sought in the first two months were family and friends



Source: Survey responses

6 Sources of support sought after the first two months to present



Source: Survey responses

7 The effectiveness of the response of different Government Departments and Agencies

Very few organisations or services were rated as effective

Average scores on effectiveness of different agencies	During the first two months	From first two months to present
The Family Liaison Officers from the Police Service	5.1	5.2
Tsunami Support Network via the Red Cross and Foreign and Commonwealth Office	5.1	5.6
Local GP	4.8	4.9
Police Service	4.8	5.0
Privately funded counselling/therapy	4.6	4.7
Local hospitals - physical care	4.4	4.1
Foreign and Commonwealth Office assistance package	4.9	5.5
Foreign and Commonwealth Office staff in the UK	3.5	*
Experience of how well agencies worked together	3.5	3.7
Department of Work & Pensions	3.1	3.9
NHS funded counselling/therapy	2.8	3.8
Local hospitals - emotional/psychological care	2.8	*
Voluntary agencies such as Disaster Action, Cruse	2.5	3.7
Local social services	2.1	2.3
The memorial service organised by the Department of Culture, Media and Sport	*	5.2
Foreign and Commonwealth Office assistance to return for anniversary	*	4.4

Source: Survey responses

NOTES

* Question not asked.

The rating of effectiveness was on a scale from 1 to 7 where 1 was 'as ineffective as I can imagine', 4 was 'neither effective nor ineffective' and 7 was 'as effective as I can imagine'.

90 The qualitative data gathered provided more detailed information about the type of help needed and the quality and accessibility of the help available. The responses covered a range of issues each of which are considered in turn in the following paragraphs:

- access to medical support (paragraphs 91-93);
- securing emotional/psychological support (paragraphs 94-98);
- the role played by family and friends (paragraphs 99-103);
- help sought during repatriation and other tasks associated with the death (paragraphs 104-108);
- the role of the British Red Cross and the Tsunami Support Network (paragraphs 109-114);
- issues around employment (paragraphs 115-116);
- getting financial support (paragraphs 117-119);
- the role of spiritual support (paragraphs 120-121);
- attending commemorative events (paragraphs 122-127); and
- the role of the media (paragraphs 128-130).

Access to medical support

91 The provision of medical support drew a varied range of comments in the qualitative data. Some comments were made on the excellent medical care and the accompanying relief they experienced on their return to the UK:

“When I actually got into the bed there they could have done anything to me and I just felt so safe, and so cared for, and so looked after that they literally could have done anything to me. And they were fantastic in there.

I was very weak physically, and the local district nurse was very helpful. My GP was also very supportive and although the treatment was not straightforward, they did a fine job and were always there when needed.

My local GP and nurse gave me a great deal of physical and emotional support. I saw the nurse three times a week for the first six months and she gave me advice on looking after my injuries without her help, and gave me emotional support when I needed it.”

92 Conversely, those who experienced poor medical support found it impossible to ‘fight for services’ and relied on their friends and relatives:

“Everybody thought thank God they are home and now it will all get seen to properly... but unfortunately, it didn’t, not at all”

93 Others described a powerful sense of isolation. Having moved from a crisis situation where they were surrounded by others in a similar position, they were often the only tsunami survivor in an ordinary medical ward. It was at this stage that some began to experience quite severe psychological symptoms. There did not seem to be a system for following up individuals in hospital. Where some attention was paid, it was described as piecemeal and at times unhelpful.

Proposals from families and survivors

An appropriate and consistent system needs to be developed to follow people up in hospital.

Securing emotional/psychological support

94 Of those taking part in the survey and interviews, many told us that they were not contacted by anyone official after their return:

“I think ultimately what would have helped would have been some form of communication and...even if it had have been a week later, if someone had contacted us and said, “We now realise you’re back in the country, is there anything thing that needs to happen, or arrange, or anything that could be done?”

The fact that we’ve had no contact from anybody... the lack of continuity and follow-up.

So I think it would have been useful for departments to share information much more efficiently than they did or for those people’s details to be passed on to one specific department and for that department to then liaise and then make sure the follow-up care was happening. So that was really where the hole was in my opinion, having seen it from the beginning to the end...”

95 Descriptions were given of the onset of a range of frightening symptoms: nightmares, flashbacks, uncontrollable crying and shaking. Some suggested that it would have been helpful to have been given information that these responses were common following severe trauma:

“So that I didn’t think I was just going mad

I think it came over me in gulfs really.

I have had difficulty getting to sleep and...I had dreadful nightmares...waking up and screaming, searching...if I didn’t have (partner) to get me out of bed in the morning, I wouldn’t.

Like when I went on a bus...if it happened right here in the city centre, how would I get out? It was constant, wanting to have an escape route for everything, no matter where I was, I had to have an escape route for it.

I still can’t go anywhere near the sea, I’m still completely terrified of the sea.

It has always been those two little ones and I couldn’t change anything for them, they had died and I could not change things for them...my nightmares have always had those two little things.

Forgetting things is the biggest problem.

Advice for those supporting survivors on what kind of reactions they might experience [and] what kind of support might be helpful. I have been concerned about the psychological well-being of my friend...I can tell that the tsunami has had a catastrophic impact on her life...It has been difficult to know how best to help.”

96 From the accounts given, some people recognised that they needed specialist psychological help and most approached their local GPs first. Their experiences were mixed. Some GPs responded sensitively and others failed to recognise the need for, or request, specialist help:

“My doctor never suggested counselling, which we needed. He gave us sick-notes for three weeks. My partner’s work organised/funded private joint counselling for a few months afterwards. This was terminated when my partner was better but I needed further support which I still did not receive from my GP.

My GP at the time told me to pull myself together and be glad to be alive.”

97 From the qualitative data, the most prevalent difficulty was that of accessing the support needed. There were accounts of being put on a waiting-list for treatment, some are still waiting, and the low effectiveness rating of the NHS service provision relates primarily to this (see Figure 7 above). Rather than waiting, some people arranged private treatment which was judged to be of significant benefit. Identifying appropriate counsellors or therapists was done in some cases by word of mouth. People who were eligible were grateful for the FCO funded package for private therapy but described the process of claiming money back as complex:

“I was on a waiting-list for counselling for most of 2005. I needed therapy/counselling for PTSD and felt this should have been available to me. My GP refused to allow me therapy through the Foreign and Commonwealth Office funding route. I currently feel that the help I have received has been ineffectual.

I was eventually referred to a private trauma therapist by the NHS Psychiatrist, but the NHS would only fund the first approx. £200. The [Foreign and] Commonwealth Office support package was used but, again, diminished very quickly. Now, The Red Cross are continuing to fund my therapy but I am told there are now questions over this. The therapy has got me this far - I would not be here today if it wasn’t for it.

Blair announced that all would receive psychological [support] and that GPs would be informed etc. This was not forthcoming. Trauma psychologists should have been immediately sent to Thailand and back-up to help families here. Those who witnessed piles of babies’ bodies and dead and rotting bodies everywhere and identification of loved ones in traumatic circumstances need quick and specialist help. I spent hours on the phone trying to get appropriate help for family and friends. No mechanism was in place to fast track these distraught people.

We needed emotional support from a professional body (without having to wait for weeks). Nothing was offered at the time of my return to the UK, or ever since.”

98 In the process of this review, the inadequate provision of specialist psychological support has been raised by those affected a number of times. Some people are only now coming forward to seek help. In a number of cases, specialist support has not been forthcoming even where individuals have been explicit in informing services that they are not coping:

“I told the doctor that I had...severe mental problems at the time, that I couldn't come to terms with what was happening...I had terrible feelings of guilt, feelings that I should...have died too. Why was I still living and other people had died? And basically I feel that although I wasn't diagnosed with it, I feel that I was suffering from what they call post traumatic stress syndrome and...I know that I am still suffering terribly and need proper psychiatric help to come to terms with it but it hasn't been provided and at this moment in time, it's still not available.

My real concern is that...people who thought they weren't injured have been. Mentally.”

Proposals from families and survivors: access to specialist support

Access to professional psychological support should be offered more actively by those in contact with families, in particular GPs.

NHS specialist mental health and counselling services need to take a key role in provision of services. Provision needs to be in line with treatment that is known to be effective.

Psychological services need to be much easier to access and there should be a self-referral facility.

The role of family and friends

99 People described the incredible support that was provided by family and friends in the first days and weeks. Even those most directly affected talked about protecting other family members:

“They were tremendous...the rest of the family, they were there the next day and then my friends, they were all supposed to be away for Christmas and New Year but they all came back. I was never ever alone a day, never.

It was incredible; this food just kept appearing from somewhere. We had never met him, you know, and he said “you come to eat with me and my wife”, and we said “yes, thank you very much”. They were lovely people, lovely people. Yes. They made us so welcome.

You want a bit of mothering. You want someone to come along and say, “Look I know what you need. You need a cuddle or you need a hot drink”...or, “I'll do the shopping, I'll do the ironing”.”

100 For a few families, the strain in the aftermath of the tsunami led to family breakdown.

101 People quickly differentiated between those who were ‘real friends’ and those who ‘just wanted to hear the gory details’. This voyeuristic desire to hear about the drama of the event was also experienced in some contexts with officials:

“Personally I don't want to be regarded as a freak show...and I also don't want to have to go through what happened.

She went to see him and again he was just too interested in her story. Instead of doing the counselling bit he was asking her a lot of very private questions about what happened and it wasn't about how much she wanted to say, it was about how much he wanted her to tell, and that worries me. The story is bigger than you? Yes, yes, totally.

For two or three weeks I was sort of repeating it. And all the way through some people were generally concerned, and you could tell, and other people were just wanting to hear gory details and you didn't want to speak to them.”

102 Some family members and friends took on a longer-term role in protecting those who were bereaved and became advocates and mediators in the many difficult tasks which had to be negotiated:

“It enabled me to say...it's done, it's not going to happen to you any more and it's been seen to and you now don't have to worry for six months because he has arranged a mortgage deferral for you, you are not losing your home.”

103 As time passed many increasingly felt the need to connect with others who had shared something of their experience and new friendships developed. Some were aware that they needed to keep talking about what had happened and were concerned about ‘wearing out’ their friends. It is from this need to communicate with others ‘who know what it was like’ that the Tsunami Support Network, and the events where people have gathered together, appear to have been so valued:

“We seem to need each other.”

Help sought during repatriation and other tasks associated with the death

104 During the process of repatriation of loved ones and the subsequent tasks associated with a sudden death, families made contact with a wide range of organisations and services. The survey asked respondents to indicate those they had contact with and how effective they found them to be. **Figure 8** summarises the responses. In general, support from undertakers, voluntary agencies and Family Liaison Officers, the memorial service, airlines, airports, the Coroner’s Inquest and the process of registering a death were rated as effective or better. Although, in all of these cases the wide range of responses indicates that some experiences were less positive. People’s experiences of how well the relevant agencies worked together were on average considered to be ineffective.

105 Relatives of the deceased were faced with a huge number of difficult tasks to negotiate, some of which were still outstanding at the time of the research. People told us that support during this process was provided by their FLOs, by friends and family and by the TSN network and The Red Cross. Nonetheless, it was still described by many as extremely difficult. For example, some practical affairs could not be resolved without a death certificate, which for many families was difficult to obtain and not available for many months.

106 Relatives interviewed (and those who responded to the survey) gave a substantial amount of information about the ways in which institutions dealt with them. A few examples were given of institutions that dealt with families sensitively. The most supportive responses were by those institutions that recognised in the initial contact that the context was extraordinary, and from that point on allocated a senior person to deal with all related affairs:

“The minute I said why I was dealing with my daughter’s affairs, she had disappeared in the tsunami, and I didn’t know, you know, I had no death certificate. The minute I did that, they gave me another number and I never spoke to anyone except that woman from then on...if she wasn’t in, there would be a really nice person, usually a man who said, “Oh don’t worry, whoever it was is not at her desk but she will phone you when she comes in, I can’t answer your question, she is dealing with your file.” And that was really such a relief because you didn’t have to keep telling the same story. That was good.”

8 Help sought with repatriation - Those who had to deal with the death of a loved one were asked about the effectiveness of a range of organisations and services

	No.	Min.	Max.	Mean
The undertakers	26	1	7	6.2
Voluntary agencies such as Disaster Action, Cruse	6	5	7	6.0
The Family Liaison Officers from the Police Service	30	1	7	5.6
The memorial service organised by the DCMS	28	1	7	5.5
The airline	7	4	7	5.4
The process of registering the death	19	1	7	5.3
The Coroner’s Inquest	21	1	7	5.1
The airport where the body arrived	7	2	7	5.1
Department of Work & Pensions (Benefits Agency)	2	2	6	4.0
Your experience of how well the different agencies worked together	21	1	7	4.0

Source: Survey responses

NOTE

The rating of effectiveness was on a scale from 1 to 7 where 1 was ‘as ineffective as I can imagine’, 4 was ‘neither effective nor ineffective’ and 7 was ‘as effective as I can imagine’.

107 However, many experiences were negative.

A dominant theme was that many banks, mortgage and utility companies demonstrated a lack of sensitivity when dealing with families. There were accounts of having to repeat the same information on numerous occasions to junior members of staff, of bills being received repeatedly in the deceased person's name, of having threats of bailiffs to recover minimal debts, of the threat of repossession of family homes due to unpaid mortgages without time to make alternative arrangements. Unsurprisingly these experiences added significantly to the strain already experienced.

“I think...threatening me with the bailiffs was extremely negative. I was raging and ...the letters were being generated in wherever the head office was...and I was phoning that number but the system was taking me through to [X] and when I started again to tell this man all this story that he didn't know, he said “that's bloody ridiculous, you shouldn't have been getting these letters, I'm stopping this right away.”And all the letters magically dried up, but by this time, you know, the payments, the red payments, the fact that this could go to a debt collectors or whoever they are, and then the bailiffs... I thought good heavens above...what is this all about? What are they trying to do? And then they would say, “Oh it was the computer”, but you would think there is somebody who has to programme this thing.”

108 A number of those who were bereaved have commented that they have found the time since the first year anniversary more difficult. It appears that it is only once the innumerable tasks have been addressed that people have been able to start grieving:

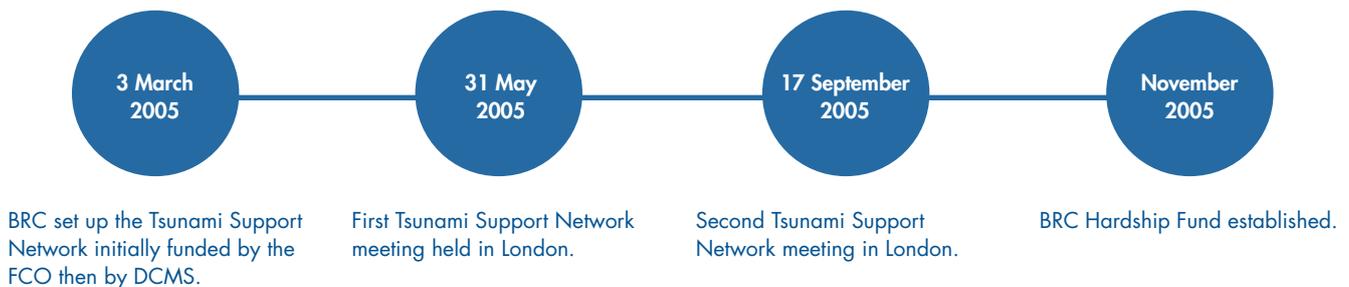
“A lot of it was getting through and it was more hurdles, more barriers to be conquered and overcome.

We had had the crisis, but our conversations were around you know February, can we cope with [loved one's] service? Do I need to take medication to get through the service, that became a focal point...I mean it took us six weeks to plan it, we had every hymn book out, we had every reading. I mean that was the focus of the conversation for April. And with May it was [loved one's] birthday. June was slightly easier but then I couldn't have predicted my reaction to [another family member's] birthday. It was dreadful, just dreadful...July was easier. August, our very good friends booked a holiday, scooped us up and took us to France and looked after us.”

Suggestions from families and survivors: Dealing with the tasks associated with the death of a loved one

- Properly planned procedures need to be in place before a disaster occurs.
- Information about the large number of processes and tasks that the family may need to negotiate may be helpful (a list of these and information about what is involved could be compiled and given to families by the FLO. This list would include: repatriation, employers, utilities, probate, banks and mortgage companies, funerals and memorials).
- When organisations are informed of the sudden death of one of their customers a procedure should be put in place to ensure that matters are dealt with as sensitively and quickly as possible.
- Families should not be in the position of having to explain repeatedly the situation to junior staff or negotiate about negligible unpaid bills.
- Where significant financial difficulties arise, institutions need to show compassion in building in a delay to allow family members time to plan.
- Institutions should learn from examples of good practice: for instance where enquiries are immediately transferred to an individual in a bereavement team who then manages all correspondence personally.
- More detailed information about managing the press should be given to families.

The role of the British Red Cross and the Tsunami Support Network



Details of the actions taken by the various organisations involved can be found at http://www.culture.gov.uk/what_we_do/Humanitarian_assistance/indian_ocean_tsunami.htm

109 The British Red Cross provided a number of services. They operated the Tsunami Support Line, ran regional support groups, administered the hardship fund and developed and ran the Tsunami Support Network:

“I would like to be able to say to somebody in the future that maybe, God forbid, found themselves in a similar situation, I would like to be able to say...that your first port of call must be The Red Cross because they are fantastic, but I would also have to say but I do warn you that it depends on who you get and what role they are taking within The Red Cross.”

110 The Tsunami Support Network was rated as the most effective source of organisational support following the return to the UK, (see Figure 7, on page 48). It was set up with funding from the FCO, although this responsibility was subsequently taken up by the Department for Culture, Media and Sport. The running of the Network, at www.tsunamisupport.co.uk, has now been taken over by survivors and families themselves. The main feedback about the Network was that people felt they were talking to others who were competent and caring. If they were not able to provide the requested information, they said so, found it out and called back:

“They [The Red Cross] have helped us gain information on e.g. the inquest, memorial services, [the] psychological support package. The meetings have helped greatly in meeting others with similar experiences and have provided the opportunity to liaise with other organisations e.g. FCO. The Red Cross have also helped greatly with how to deal with

press attention and have given me specific advice in relation to talking to a journalist who I gave a statement to.

As I undertook the role of advocate (with no experience) for two surviving friends The Red Cross support was invaluable as they supported both the survivors and myself. They have been a lifeline and continue to support as some matters are still ongoing.”

111 The Network has a helpline, a regular newsletter, accessible online, and has held a number of meetings:

“Getting their newsletters and being able to know that I’m not the only one, you know, it is so hard to put into words but you know this is the help I need.

The Tsunami Support Network and their newsletters have helped me and my brother immensely. I just found that they understood the grief, the randomness of it, and were great at keeping me in contact or sending info that we had requested.

Walking into a room and people just knowing...I just ring her and say something ridiculous to her like, “it’s really raining heavily” and she’ll go, “I know” and she’ll just know that’s a trigger.”

112 One important aspect of being with ‘others who were there’ appears to be that it is not only more possible to share grief but also humour:

“And it was so valuable to share experiences with others who are affected. Knowing that other people understand what happened is very important.”

We can talk about it amongst ourselves and we do. And sometimes we’re quite candid about it, sometimes we’re quite jokey about it.”

113 The main negative feedback received was that some people did not know about the Network for many months, that the first gathering (organised by the British Red Cross) was badly managed and that meetings were difficult to attend for those outside London:

“Oh they set up their first meeting of victims and bereaved etc, put a huge table up...all the great and good sat behind it, with The Red Cross and the police and then each one introduced himself and gave us a lecture on why they felt they were qualified to help us, by which time a number of people in the audience were very upset and angry and told them so, and we decided we would like to organise meetings how we would like them to be in future, and I mean it was unbelievable... there is a sense of being patronised... You needed to be informal and you needed to have shared tables, you needed someone on each table who would make themselves known.”

I mean I have another three and a half hour journey down that road to get to here before I can get to anywhere else. And I know there is a thing about if you go to a support group, you kind of go buoyed up that you are going to feel good but then, if you don’t get that it’s a long way to go back for a second visit and the drive home would be so despondent. So it was almost as if I didn’t want to risk it.”

114 Negative feedback was received about the British Red Cross hardship fund: that it took too long to be organised, that it wasn’t communicated properly to families and that it was very bureaucratic to access.

Proposals from families and survivors

Support should be given to develop effective self-help groups quickly. Other opportunities for survivors and family members to meet up should be developed quickly and funded.

Those living outside London should be given financial assistance to attend meetings.

Issues around employment

115 People described an expectation, both internal and external, that after some time they would start to resume some semblance of ordinary daily life. Some attempted to return to work quite quickly. The response from employers was very mixed. Some were extremely sympathetic and thoughtful, others appeared cruelly rigid:

“Everybody has really tried to help, you know, employers...they have. I’ve adjusted my hours. They said, “how could we help?” so I’ve reduced my hours so I could stay there but still have more time because obviously I need more time to cope with things. Everyone has been really helpful.”

I spoke to her tutor who was just incredible. She contacted the Chaplain. We contacted the landlord and made him aware of what had happened...We have given him pre-dated cheques and he sent them all back...and then we phoned again and talked to (the Chaplain) about what was the best thing to do because we wanted to get into [her] room to bring her things back. And he said, “I had somebody who was killed in a car crash and their parents came and emptied everything straight-away and the other students were devastated and he said, “so what you are thinking of is absolutely the right way of doing it”. He said “let the others say goodbye”.

This guy basically said, “you’ve got to get back on the horse and get on with it...put this thing with your sister behind you”. This is three weeks after it happened. I wanted to drive down there and ...I just wanted to sort him out. I was so angry. So angry.

He was told he would have to take the St Paul’s day as annual leave, not as compassionate leave.”

116 Due to injury, some people have been unable to return to work. This has had a dramatic impact on their income and lifestyle. The support from The Department for Work and Pensions has been variable, with some reporting very negative experiences:

“I wasn’t able to work was because I wasn’t up to it. All I wanted was, I didn’t want anything from the Government other than enough money for me to get by. I didn’t want anything, I wasn’t trying to screw the system but it was a nightmare you know, I was sent...for medical exams. I understand, you know people, that there are a lot of people who screw the system that do need to be sent but they...should have a record of me being there, you know, it’s ridiculous...it really was, it was like getting blood from stone, it was outrageous.”

And the way they were made to feel, like beggars... that he was a nuisance to people and people thought he was skiving from work. He was called up by the DWP for a medical and they decided at that point that he should be at work. They didn't have his medical information. He wasn't asked to remove his shirt, they couldn't see what had happened to his back and what has subsequently been done to put that back together again...He had his benefits removed instantly. And it has just left such an awful taste in their mouth.”

Proposals from families and survivors: Going back to work

Employers need to be aware that all of those involved in the disaster may be significantly affected and may need support to get back to work.

Constantly having to repeat the account of what happened can be very difficult and thought should be given as to how the individual wants this to be managed.

Employers and colleagues need to be aware that the impact of the disaster on the people involved is likely to be long-lasting and may be triggered in unexpected ways.

Getting Financial Support



British Red Cross Hardship Fund established.

Details of the actions taken by the various organisations involved can be found at http://www.culture.gov.uk/what_we_do/Humanitarian_assistance/indian_ocean_tsunami.htm

117 From the survey we found that financial support had been sought by nearly twenty per cent of those who were in the affected areas. The qualitative data revealed that some people had radically changed work and living circumstances. People also talked about the financial impact of the weeks immediately following the tsunami. Money was spent on phone calls, flights to the affected areas, travelling

to see loved ones and to attend meetings and events. Those who sought private counselling often paid for it personally and then claimed it back, where possible:

“British travellers should be made aware that the facilities which they fondly expect to be available overseas, should they get into trouble, are in fact totally inadequate, and that they need to have the best travel insurance they can afford.”

118 Those who benefited from the packages were very grateful for the financial assistance. However, feedback about the FCO assistance package and The Red Cross hardship fund indicates that many were not eligible for, or did not know about, the packages. They were also difficult to get information about and find out about eligibility.

“The most important thing was the fact that we got reimbursed. That package was really good.

It was just unfortunate that the package wasn't made available for the people being sent as representatives of the family...lots of people were very confused about what help they could get and what they couldn't and goal posts seem to move depending on who made the phone call and who answered the phone at the Foreign Office. It was very difficult to make one jacket fit all but there were people clearly saying at some of the meetings that...there are six of us in our family, you know, there are four adults and there are these children whose parents are missing and we can't go without them...and the Foreign Office decide they can turn two business class seats into four economy seats but it still didn't fit six people. So I know that [the] experience of what we had of trying to get people to use that package was widely experienced. It just didn't seem to be us and I think it very much left a pretty bad taste in people's mouths.

I think it was an awful response to make to people who had actually been begging for help since January 2005, to respond to them in July and say “we haven't been able to deal with you because of the bombings”, was bizarre and it was a lie and it was an unforgivable thing and it made people feel they shouldn't be applying or asking for help because they were not as badly off as some other people were... And all concerned were very, very pleased to see that those victims of those atrocities were financially and medically helped immediately. We just felt that should have happened for other people as well. [Red Cross Hardship Fund]”

119 The experience of hardship that some people have faced seems in stark contrast to the tremendous financial generosity of the UK population following the tsunami:

“I really, really need the funding to attend the meetings. It is so hard to be done on £80 a week income support and still try and run a normal life. You know, that’s why I get so upset sometimes.”

I was told about the tsunami support group and that they would have regular monthly meetings [to] which I intended to go, but through lack of finance I haven’t been able to do it.”

Proposals from survivors and families: Applying for financial help

Families should be informed officially about packages they may be entitled to via a clear route and at a similar point in time.

A great deal of care needs to be taken in deciding criteria for entitlement, taking into account complex families, difficulties regarding next of kin and mixed nationality families. These decisions do, however, need to be taken relatively quickly so that delays are minimised.

Help needs to be easy to access and funding easy to apply for. Some people were unable to access the help required as they had no support to help them through the bureaucratic process of applying for the funds.

The role of spiritual support

120 From the qualitative data we found that much of the spiritual support sought appears to have related to the importance of ritual in marking a loved one’s death. People described the personal significance of events and specific emotive dates such as memorials, funerals, birthdays, Mothering Sunday, the visit to Highgrove and the first year anniversary. Where concrete events were not in place, people described putting time aside and marking the loss in personal ways:

“They had saved some ashes...and that touched me memorably and...I practically wet them with my tears, then...scattered them and then everyone kissed and shook hands and we got in the car and we drove back two and a half hours through the countryside. So it was a wonderful spot and we stopped on the way at a garden centre and I bought a little pine tree. It marked where her ashes were scattered.”

121 For those whose loved ones had been missing for some time, people expressed relief that once the death was confirmed, the loss of their loved one could now be marked.

Attending commemorative events



National memorial service for the victims of the tsunami took place at St. Paul’s Cathedral.

Visit to Highgrove, hosted by Prince Charles.

First anniversary of disaster marked in all countries affected.

Details of the actions taken by the various organisations involved can be found at http://www.culture.gov.uk/what_we_do/Humanitarian_assistance/indian_ocean_tsunami.htm

122 A number of formal commemorative events were organised. In particular, the memorial service at St Paul’s Cathedral organised by the Department for Culture, Media and Sport, a visit to Highgrove hosted by Prince Charles and anniversary visits to Thailand and Sri Lanka. Feedback from those who attended these events was almost universally positive. People valued enormously the opportunity to be together, and the sensitivity with which the events were arranged:

“I think what helped, what was useful for us, for me, was the fact that you could go [to Highgrove]. Other people would be there who were similarly affected but there was another focus...to look around the gardens. So you didn’t have to speak if you didn’t want to. You could look around the gardens and you could meet people without the pressure and that’s why we had never been to The Red Cross groups because I couldn’t cope with the pressure. I don’t think I could cope with the pressure of sitting in a room, feeling that I have to talk.”

And I just felt that I had got [my loved one] at my side.”

123 The only negative comments made about the St Paul’s memorial service were that it appeared to be a PR exercise due to the presence of so many officials and the media:

“All the good and the great sit at the front and...it was just repugnant. It was then all these politicians in the tent afterwards...going around glad-handing and appearing for the press.”

125 The qualitative data showed that the main concern about these events involved the invitation lists and lack of clarity over eligibility. Some bereaved family members were not invited and were very distressed about this. Others talked about the sensitive issue of entitlement, asking what one had to have suffered in order to be eligible for inclusion:

“For some reason I didn’t get an invitation to that but I should have done and I don’t know why I didn’t. My dad got an invitation and my sister’s boyfriend did but I didn’t and this was mentioned to my FLO and he sort of said, it’s not right obviously, I’ll try and sort it out but I didn’t hear anything about it. Heard from him after and he said, “did you go”? I sort of said, “well no, I didn’t have a ticket so I couldn’t go.”

So yes a feeling of exclusion... You know when you have to fight tooth and nail to go to a memorial service, I mean, that’s not right is it? It’s not.”

126 The feedback illustrates that well-meaning initiatives can add to the distress if they are not administered extremely carefully.

“I received a letter at the end of January... saying I understand this time of year is very difficult for you because it’s the anniversary, you know, the search for your loved one is still continuing but unfortunately I got it exactly a month after it was dated. So it was meant to get to me on 22 December so I get it before Christmas and the anniversary. The date on the letter was 21 December but I got it on 21 January. So I got it a month late.”

124 Some decided for various reasons not to return for the anniversary and commented that it was important that officials don’t assume everyone will want the same thing:

“I just felt it would happen again and I didn’t want to put my daughters through that. I just didn’t feel it was right so we didn’t take advantage of the package, no. But I know that lots of people... have and I hear it’s marvellous.

We were up on some cliffs, looking down on the sea and watching some surfers and things, and I suddenly got this horrible feeling come over and I was watching these huge waves come in and these little matchstick men being tossed. Of course, they got back on their boards again, and I thought no, I don’t want to go to Sri Lanka. I don’t want to look

at the sea and think that. So, I said “no” but it was something that I had to come around to. You knew all along it wasn’t right for us.

I thought it was probably safer not to go.

They were really very helpful but I sort of decided, you know, I was away in these hills and that was more her place. She always came back and the things she did, tramped and climbed most of the west coast and... that was just the place she was. I don’t think it has got a great significance in her life. She was leaving that day. I did think actually that maybe they were on the sea... so I don’t think I will go.”

127 A number of people travelled to the affected areas at other times and were supported while there by embassy staff. Although the visits were at times extremely painful, people praised the wonderful care they received from UK embassy officials:

“I wasn’t as positive about going as you were and when we got to Phi Phi I just felt - I can’t even think of any words to describe how I felt - angry, betrayed, robbed, but I didn’t want to communicate that... because I knew how important it was for you to go. We had some lunch at this bar on the beach, music blaring out and you could see the memorial garden and I thought I don’t think I can stay. I thought I can’t tell you and you said, “I don’t think I can stop here”.

“I’m really sorry, we are coming back, we are coming back a day early” and he said “it’s no problem, I’ll meet you there” and took us back to the hotel and met us the next day to take us to the airport to go back to Bangkok. It was just hard and I said “you don’t have to, honestly please don’t do this” and “no, no I insist”.

That was my big barrier I think for going. How could I go and leave her there?

We were particularly appreciative of the help and support that the Embassy staff in Thailand provided for us when we went to Thailand for the first time in January 2006. Nothing was too much trouble. The level of care and attention provided to support this difficult journey was remarkable.

I would like to comment here that I did not expect that the FCO would provide all the help and support and I am still quite amazed that it was so.”

Proposals from families and survivors: Commemorative Events

Memorial services and other events should be organised in discussion with survivors and families.

The issue of invitation lists and entitlement is extremely sensitive and must be thought through with great care.

Effective administration of events and communication with families about them is essential.

The role of the media

128 The qualitative data showed that the media was experienced as both beneficial and intrusive; however the prevalent perceptions were negative. Their role was seen as beneficial in helping people to understand the scale of the disaster, advertising missing people and presenting people's accounts when they felt they could not communicate with officials. Some commented that the media could have played a more significant role in passing on helpful information:

“We had a lot of help from...the...reporter from Bangkok who actually eventually found my wife on a road.

We had the BBC news on the internet and TV which gave us a continuous update as events unfolded. As my son was an independent traveller, it was hard to know how to make contact or with whom...I felt the BBC reporting [and] contact with family and friends was all the support we could get at the time.”

129 Some commented that they were shocked to see their loved one's pictures in the press without being asked and that families need to be warned if the media is going to have access to personal details left on a helpline, or use photos given for other purposes:

“It would have saved a lot of heartache and insecurity later on if more advice/warnings about how the media works had been provided from the very beginning: the fact that information/photos you give in good faith initially can be released to news agencies and re-used later without permission, alongside intrusive news articles.

What I hadn't realised was, when I sent the photograph out, there were different places you could register people as missing and of course, as soon as you do that it's available for the media to use. I hadn't realised that.

On the second page...there was this enormous, full page article with a picture of [loved ones]...and the quote was “the sea has taken them and the sea won't give them back” ”

130 The most negative aspect expressed about the media was that once loved ones were found family members wanted to be left alone. This was a particular difficulty for those whose relatives were identified quickly. Intrusion at the family home and in the local community, and potential intrusion at events and funerals caused significant strain and distress. Media presence at airports was also described as intrusive:

“Once back at home, media intrusion definitely made things worse. I am only aware of a couple of journalists actually approaching the house during the first week, but that was enough to increase our feelings of insecurity. Our privacy was eroded, we felt like public property. I had to become very guarded. Due to the intense media interest, I was fearful of media presence at my husband's funeral and memorial service. Thankfully it didn't happen, but I resent the fact that it was something I had to take into account, when I should have been allowed to grieve in private.

I found the media aspect of the situation desperately intrusive. Journalists turning up at the gate at my parents' house was just awful. I know they need their story but my whole family found it intrusive.

Because as well as the whole death being very public, everybody knowing us, then suddenly everybody knew our total business and then we felt totally, I felt totally vulnerable...it...virtually gave our address, the village. It was totally irresponsible.

But I just wish somebody had said, “just remember whatever you give can be used for years ahead. You can do it but you might regret it if you do.”

Proposals from families and survivors: Media

Stronger guidelines need to be developed to protect families and to help journalists develop appropriate reporting methods.

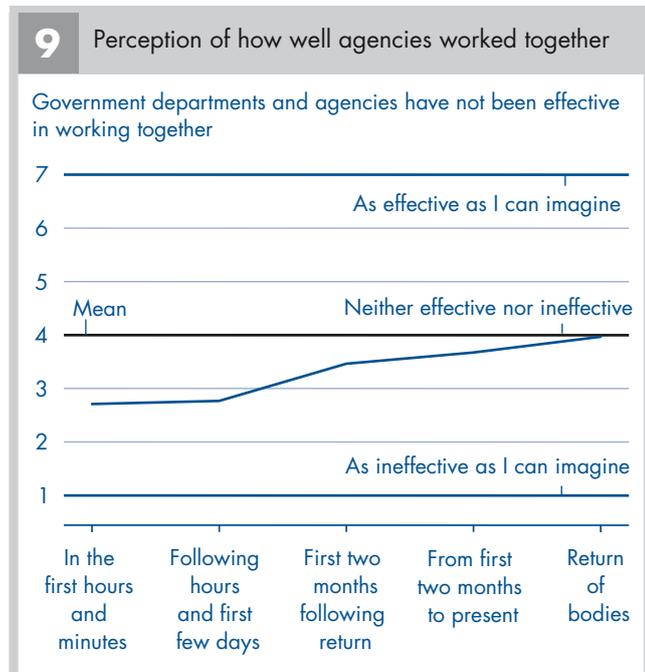
Clear advice needs to be given directly to families and police support offered when difficulties are encountered.

EXPERIENCES OF THE WAY AGENCIES WORKED TOGETHER

131 The survey asked people to rate how well they felt that Government Departments and Agencies worked together to provide support, at each different time period. As **Figure 9** shows, the results show that although things improved over time the overall conclusion was that government departments and agencies have not been effective in working together.

132 From the qualitative data, people felt that government departments and agencies did not appear to have a clear remit and did not communicate effectively with each other. While this was more understandable in the first few days, the problems continued in the following months. People found it difficult to understand who was doing what and found the process of negotiating a path through the official machinery confusing and exhausting. Much expertise about how to access support was acquired through contact with others in a similar position:

“If you have got a contingency plan, however big (the disaster) is, you put it in Place...I don't think they did, I really don't.”



We needed somebody who could pursue the relevant government departments with regards to housing, social security, counselling etc. We nor our families know who we should contact, because neither has ever been in the position where you have to start your whole life again.

The one thing that rang true through all the stories was this...lack of coordination and help and many people were just on their own, just completely on their own.

I think that they're very, very, still, very deeply hurt by the treatment they did receive and didn't receive back here and that really has to be very seriously addressed and it's not a matter of one single department. I think the major thing that I would want to be saying on my behalf and their behalf, really, that none of it was even near the standard of care that would be expected given that it was so long to provide it. It wasn't like that the people expected it within twenty-four hours or even two weeks, it went on for months and months and still couldn't be accessed properly.”

133 People said that they didn't know various services existed. Others were put off trying to access services following negative experiences on their first contact with agencies:

“You want to be helped. You would swear, on a stack of bibles, that you would never ever require that help or assistance. But believe me, it is needed and it is something that ought to be in place and the responsibility of the UK Government ultimately lies with them. Guernsey, Jersey, Sark, Alderney, the Isle of Man, the Isles around Scotland, they all could have had someone that was in that situation and I could guarantee that there wouldn't be a procedure in place to help those people when they returned. I would be very surprised.

You can't ask for it. You can't ask. You need to be given it.

I did not think of going to The Red Cross until much later, so I missed the memorial service.

We were unaware of any help available.

I had no knowledge of help we could receive

I did not know until this questionnaire about the Tsunami Network.

I did not contact any organisations. I did not know who to talk to.

I haven't got the energy to fight – I don't want to ask because I don't want to feel let down again.

I don't think I would be disappointed any more. My expectations are very low.”

**Proposals from families and survivors:
Agencies working together**

A central agency needs to be given responsibility for contacting people after their return, for checking on their aftercare and for following up where there are difficulties accessing services. This is an advocate role which would be of particular importance to the very many people who would not have an FLO or for those who are experiencing difficulties with the FLO support.

Work needs to be done to develop a co-ordinated plan for the future that includes procedures/protocols for the range of issues that will inevitably be encountered again.

Any plan needs to facilitate agencies working together in a coordinated way, with a central point of contact for survivors and families.

Lines of communication between agencies must be improved. Legislation which prevents the effective exchange of information needs to be addressed.

Governments and agencies need to resolve the issue of mixed nationality families and unmarried partners now so that pre-planned agreements are in place.

The Experiences of Children

15 October
2005

Candle Project Group Day for Children organised by the Candle Project based at St Christopher's Hospice in London.

Details of the actions taken by the various organisations involved can be found at http://www.culture.gov.uk/what_we_do/Humanitarian_assistance/indian_ocean_tsunami.htm

134 Parents and carers were asked in the survey and interviews to give details of the experiences of their children at the time of the tsunami, the help provided to them since their return and the quality of this help and what might have made a difference. Twenty-three survey respondents commented on the experiences of their dependent children. Six adults who were interviewed had young children. Three children who had been less severely affected by the tsunami also took part in interviews and others made short comments. Although it is not possible to generalise from such a small group of children, their comments clearly indicate that more could be learned by paying attention to their perspective.

135 People described the anguish of not being able to protect their children of all ages:

“All the way through all this I think as parents you have these children and you want to always protect them from whatever pain you can and it's the feeling of being completely, totally helpless that you can't change anything and you can't put anything right.”

136 Children's experiences of the tsunami itself were varied. Some experienced very traumatic events such as being caught up in the wave, being injured and separated from parents. Some subsequently discovered that one or both of their parents had died. Other children's experiences were less severe. Children showed initiative and in some cases played a part in helping others. Some

parents commented on the change in their children's behaviour. From being terrified and/or hysterical, they then became quiet and undemanding for many hours:

“At this stage we were telling the kids it would be okay. But the water just kept coming up and coming up...At one stage I can remember thinking, “No it's not going to stop”. We're telling them that it's going to be okay but you don't know it's going to be okay.

My eldest daughter [13yrs] was literally being sick with fear. At that time, I assumed my husband was going to be ok and would just turn up.

My children had to survive a horrendous experience, surviving in the jungle, surviving the debris. They were brilliant given we were stranded for five hours. My daughter was badly hurt. My son and daughter had operations in the first hospital without anaesthetic.

I just remember running and I couldn't see where they'd gone and I was just saying, “Has anyone seen my son?” And that was like a horror story and that's the bit that comes back to me, running and looking for him.

The children...from being absolutely hysterical for almost nearly 24 hours didn't speak to one another or to us. Just clammed up and didn't say a word at all and just sat there like little zombies really for the rest of that day into the next day.

They were just very scared. Very scared. I just tried to reassure them as much as possible but they were very scared, but they were very brave as well and they...didn't panic...they trusted other adults, they were very grown up about it. I said to people that my oldest daughter literally grew up overnight. So they just coped at the time, they just accepted it.”

137 From the children's accounts, the most distressing experiences were about being separated from their parents. What helped them most was when adults were calm, when someone took charge and there was a plan, when they were given small jobs so that they felt helpful, and most of all, when they stayed together as a family group:

“When [the man] took me to the entrance area he just dropped me and when I looked round I didn't know where he'd gone, he ran off somewhere. And I was just standing there all alone outside the hotel.

Hundreds of people were running around panicking and speaking in different languages, and things, and I was just left there thinking. Well I'm not sure, I was a bit afraid...I was just separated from my parents.

Well when we got to the rooftop [we]...were absolutely scared. And dad had to go back and get all the stuff...I didn't want to lose my dad.

And that made me feel a lot better. Because I thought, “They're actually making a plan. If this goes wrong, I think I'm going to be safe because they seem to have got quite a good plan.”

138 People described the differing needs of members of the family group, for instance the adults' desire to go back to the beach to help, while the children wanted everyone to stay together. The adults around intuitively protected the children. Strangers grabbed children to carry them to safety; adults distracted and calmed children and people covered children's eyes so that they would not see bodies. Some adults described how having a child to care for helped them manage their own fear:

“And then I thought, “The girls, I've got to look after them, I've got to tell them”...and I just sat there and I thought, “I just can't tell them, I just didn't know how to tell them”. So I sat there for a while. Whether they picked it up, I think my eldest daughter picked up the vibes that there was something seriously wrong, and then after a little while, the rep came along and mouthed, “Have you told them?” and I said “I don't know how to” and I was just totally, again, helpless, so she said, “Do you want to come with me?” So we went back in the room, she came with me with another rep and the girls, so I told them...(then I) immediately leapt in to survival mode and “ok, that's happened, I can't help him but I have got to look after these girls, I have got to protect these girls, whatever”, and I suddenly was fighting...and thought, “right, I've got to get you off this island, I've got to get you home”.

And I think that actually helped me because at that point when the second wave hit, you know, I kind of went into a role where I was able to hold onto this girl because she didn't have anyone else to hold her, you know, she didn't have her mother anywhere so I think that helped me.”

139 Two groups of children were orphaned by the tsunami. Although their experiences were quite different, in both cases it was several days before British Embassy officials visited the children. Financial issues were also raised about relatives being able to access flights quickly to join the children, in addition to longer-term implications following the children's return to the UK.

“It took them a long time.

The [children] were not visited by anyone from the FCO until they reached Phuket, three days after the tsunami. Initially they were rescued by a Frenchman and his English wife, who took them to hospital in Khao Lak. After three days they were taken to a Phuket hospital in transport organised by the French Government. At this point they were visited by someone from the FCO.

I think that had an official of the Embassy contacted the boys on the day of the tsunami, or the day after, a message could have been relayed to the relatives and one of them could have flown out sooner. It would perhaps have helped in a small way to be with people they knew rather than strangers.”

140 On returning home people described how helpful schools were in supporting the children who had been affected by the tsunami:

“And then we knew playtimes would be difficult because she would get surrounded by friends: “what happened, what happened?” all that sort of thing, so she was able to stay in with a couple of friends doing little chores so she didn't have to go through that. So gradually they were eased back.

When she feels it's all getting too much for her, she will go and see her and she's also got a card, just a green laminated card that she can just hold up in class, show to the teacher, she doesn't have to say anything, if she is overcome with an emotional upset about something. She can show it to the teacher and the teacher knows that means she is not feeling good and she is allowed to go out. So it's a brilliant system.

School was informed and were ‘watchful’ and understanding.

I think each of us respond differently. If something bad, something really bad, had happened to me or like my family while I was there I wouldn't have wanted to talk about it and I wouldn't have wanted to be on the display board, I would have just wanted to be left alone. But I think because...nobody who I knew had died or anything, and I wasn't injured...I was quite happy to talk about it.”

141 Unanimously the adults thought the tsunami had affected the children, though some more than others depending on their experiences. A number of children who were in the UK at the time were also significantly affected.

“[The tsunami] left them with a burst bubble. Horrific memories. Nightmares. Taken away a lot of their childhood naivety.

My children were traumatised by the events that they witnessed, mainly seen through nightmares and the sound of the sea that night.

He appears to be coping well and it is important not to overplay the situation. He did not sit the exams he was due to take in January 2005, and this has thrown his exam schedule out.

I feel he is not deeply scarred by this, although he will always remember it. A few months ago we went to a photographic exhibition by a charity, part way around he started crying. This was the first time he cried about the experience. If we had left Sri Lanka quickly I feel there would have been more emotional damage done to him. I think the fact that we spent time with fellow survivors was incredibly valuable, he even spoke to many of them without us his parents being present. I think that was important as it gave him a chance to express his fears (such as his feeling that he was going to die) without fear of upsetting us more. I think it would be great if agencies could put fellow survivors in touch with each other, as only those who have experienced such an event can understand the mixture of emotions we feel, e.g. guilt at surviving and putting my child in such danger, and also a sense of terrible wonder at witnessing such an event.

So you know, why a year afterwards she suddenly wets the bed. So at the time it hit all four of us were actually up and that was a difficult time as well too.”

142 While some adults did not think that their children needed any outside help, or that it would not make a difference, there were others who clearly would have welcomed the offer of professional input.

“We were offered no professional help of any kind.

They have been offered no counselling and still have nightmares.

Our child remains concerned about tsunamis and has vivid memories of the experience...I doubt any external counselling can change this

And I said...“What would you tell the lady if you could?” And he said, “I’d want to tell the lady that Boxing Day was the worst day of my life”, and then he cried.”

143 The most valued support was the opportunity to meet with other children who had been similarly affected. Parents and carers wished that children’s needs had been considered more in the planning of events:

“They particularly benefited from the day that was set up just for the bereaved children. They really did and they wanted another meeting. They wanted regular meetings.

So I think if they could have been got together sooner...if more children had gone to the meeting. But adults went thinking it wasn’t something for children.

My...daughter suggested, they wanted a support network, a forum between the children so they could email each other but that didn’t quite take off. Perhaps it should have done, perhaps...from meeting each other they could have exchanged email addresses when they all met and done it like that. I think a couple of the children do email, a couple of the older ones...but nothing formally was set up for them.

I think if there was a future tragedy and children were involved, then get those children together because they need each other.”

144 A number of comments illustrated how different children’s perceptions may be from the adults involved. When children felt safe they showed curiosity about the strangeness of the event:

“It was very strange because everyone was practically sitting on each other. So it was very cramped.

Loads of my friends thought I was dead. And when I returned they saw I was alive. That was a bit painful.

She’s swimming home, my grandson said. Swimming home, it was lovely.

I suddenly realised that this had been a really big global thing and I was in it.

There were some strange things...with the nativity set the only piece which wasn’t completely destroyed was Jesus. You’d find cards: there were only two cards from our playing card thing that was found, and it was the King of Spades and the King of Hearts and we found them outside our hotel. And like a fish fell out of the tree and nearly landed on someone.”

Proposals from families and survivors: Children

Where children are in an affected area and their parents are missing or known to have died, they should be prioritised and visited by an official as soon as possible. A relative or close friend should be immediately flown out to be with them.

Every support possible needs to be mobilised to help children, and carers in this position, when they return home.

Age-appropriate information should be communicated to children by all adults involved so that they know what is happening.

Children, parents and carers affected by the disaster should have the opportunity to meet with others similarly affected if they wish. People organising events need to be more proactive in making it clear that children are welcome.

Access to specialist psychological treatment should be readily available if required.

Schools should be supported in the crucial role they have to play in helping affected children.

Initiatives which are known to be helpful, for instance initially protecting children from having to manage playtimes, should be communicated to schools. Appropriate advice could helpfully be collated and given to schools where children have been affected.

Initiatives that facilitate communication between children, either events or for instance an interactive web-site, should be developed quickly.

Analysis of the current well-being of survey respondents and interviewees

145 The long term psychological impact of the tsunami on individuals was measured using two standardised questionnaires, the Revised Impact of Events Scale (IES-r) and the Hospital Anxiety and Depression Scale (HADS) both commonly used by clinicians to ascertain the impact of trauma. (Both these questionnaires can be viewed on the NAO website.) **Figure 10** shows the percentage of respondents who scored higher than the cut-off score, recognised as indicating clinically significant symptoms.

146 At the time respondents completed the questionnaires (16 months after the tsunami) the overall scores on both tests were high. On the IES-r, over one third of both groups of respondents scored above the level that is thought best to predict Post Traumatic Stress Disorder (PTSD). Almost half of both groups showed clinically significant anxiety. Approximately one in six of those in the affected areas and one in four of those in the UK and elsewhere had clinically significant depression scores. Those respondents who lost family, friends or relatives to the tsunami scored slightly higher on the Impact of Event Scale questionnaire but not on the HADS.

147 The results indicated there were no significant differences in the scores between males and females or whether respondents were in the affected area or in the UK or elsewhere. The latter finding indicates the need for effective psychological services to help the large number of people, including relatives who were not in the affected areas, who are likely to be experiencing significant symptoms.

148 We examined the data for correlation between PTSD symptoms and the experience of support in the first minutes and hours following the tsunami - this was not found to be significant. However, the ratings of support in the following hours and first few days were found to be highly significantly related to scores on the IES-r. Lower ratings of support were associated with higher scores on the IES-r, suggesting that in future it will be important to ensure that individuals are given the support they need in the first few days.

149 One aspect which made the early contact with officials so important was that it marked for many the fact that they had survived and would now be safe. People described the relief at reaching this point and that they needed some sensitive recognition of what they had been through:

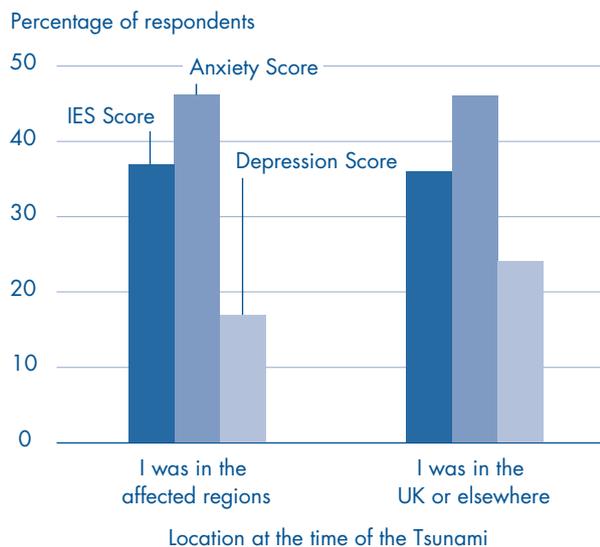
“It was so lovely to see an English policeman. You suddenly felt safe.

And getting into the British Embassy was fantastic, that was fantastic. There was a man on the gate, there were revolving doors. And that was brilliant.

I’ll never forget it, there was a huge Union Jack at the back of the room and this really tall, official guy with a clipboard and a badge around his neck and...that just choked and it chokes me now because I just remember thinking thank God, somebody British who obviously knows and has come to rescue us and I made a right beeline for him and almost gave him a hug and he wasn’t having any of that, he was quite cold. He hadn’t got a clue what had happened

I think what was so wrong was like, you’ve just made it, you’ve lost everything and this is your first point of contact with them. I have no passport, I have no money, I have no credit card, I have nothing, I just have the clothes on my back, help me and I think you have only got to take that further and say ok, what’s happened to you? Come in and see us.”

10 Percentage of respondents who scored higher than the standard clinical cutoff on the well-being tests



Source: Survey responses

150 The finding that those who did not receive initial support were liable to greater levels of stress and depression later on is not surprising. The experience people described was of having felt uncared for, abandoned or forgotten at a time of desperate need. For some this experience continued and is ongoing. The lack of perceived social support after a traumatic event has been found to be associated with the development of traumatic stress symptoms in several other studies:

“I would just like to say that I do feel very alone in all this. I feel, not ostracised, that’s the wrong word but I feel very lonely...Since I returned back to England, and was interviewed on the aeroplane by the police and the immigration service, nobody really, apart from you know, things that I have contacted, or yourself, you know for this interview, I feel that perhaps knowing that I had been out there and I had gone through this and I had returned home alive, I feel that...I would have benefited from say some Government agency contacting me. You know, just to say, we are aware of your situation, we understand...the terrible things you went through, we are trying to do what we can, is there anything we can do to help you? That would be of great benefit, but it’s not happened. I guess there were just too many. I don’t know. I am just hoping that by doing this interview, the Government will fund some sort of disaster back-up group in the future that will help people like me.”

151 The qualitative data highlighted the resilience and dignity of those affected by the tsunami. People drew on the resources around them and found comfort in a wide variety of ways. People described just trying to keep going, although many continue to suffer:

“I have woken up loads of times in a cold sweat thinking that wave, I mean it’s so hard to describe unless you are in it. I still have this thing of us running away from the beach and me turning round and seeing wooden boats thirty foot in the air coming through palm trees...I don’t know...I have to pinch myself and maybe it’s never fully gone in because it happened in such a quick, such a whirlwind of a thing. To be honest, I think I wanted not to forget it but log it and move on.

I found that I didn’t want to talk to other people about it really and I don’t want to hear other people’s grief. I can cope with my own but not other people’s.

If I had told him, I would have just burst into tears. Wouldn’t have been a lot of point in that really, so I haven’t...We buy Nytol and take that if we can’t sleep.

It was a week later when suddenly everyone went back to work and people stopped coming round and I just woke up one morning and didn’t want to get out of bed at all...and my parents did the best thing really, literally pulled me out of bed and said “we are going for a walk, let’s walk to the supermarket instead of driving and we’ll buy some groceries”, and that was absolutely the best thing because if I had started off on that note, I would have been there for a while.

But people keep saying, “you’re alive.” Yes, but there’s alive and there’s alive.”

152 A number of people whose situation did not fit with the majority expressed particular vulnerability: for instance where they lost loved ones who were not UK citizens, where they lived a long way from core services, where they were severely traumatised but not bereaved. The common theme is that their considerable needs were not recognised.

Proposals from families and survivors: longer term after care

Officials need to be aware:

- that people’s experience of the initial contact with them may be very heightened, particularly if they have survived extreme conditions.
- that people may not always be aware of what support it is they need to ask for as they have not been in this situation before.

There needs to be an effective means for detecting individuals who are not coping or who would like help and for offering appropriate services to them in a timely manner.

Support and advice needs to be available for those many friends and relatives who are offering ongoing support to those affected.

The key elements needed to provide effective support in disaster scenarios

153 The quantitative data from the survey provided information on the types of support that families and survivors sought and received and how they rated the effectiveness of the help or support. Analysis of the qualitative data gave more detail on why services were experienced as generally ineffective. We found that those organisations or services considered to have provided effective help were those able to give a **pragmatic and competent intervention carried out sympathetically**. We also found that where an **advocacy/gatekeeper role** was taken on, this was considered to be most effective. These issues are discussed in more detail below.

154 Any improvement in provision of support after a disaster will have to address both the need to establish procedures, strategies and the capacity for agencies to work in a coordinated manner and the personal interaction between agency members and families. Particularly in the first few days, when the agencies involved were overwhelmed, there were many examples of both ineffective systems and individuals responding defensively. The need for improvement applies to the structure of aftercare provision as well as support in the immediate aftermath.

155 Many comments were made about the unhelpful manner of some officials in the first hours and days. A defensive culture was described where many individuals seemed unable to behave spontaneously and with real empathy.

156 From the time of the tsunami up until the present individual personnel from different agencies were described as being: indifferent, rude, defensive, reluctant to hand over information, unwilling to acknowledge limits of competence or knowledge, insensitive to individual circumstances and treating survivors and families as if they were a nuisance. This manner could be tolerated if personnel were carrying out an essential task but otherwise caused significant anger and distress. It is examples of insensitive and thoughtless interactions which have stayed most vividly in people's minds.

157 Much has been written in the literature about how individuals behave in the face of anxiety¹. An unexpected and devastating event such as the tsunami undoubtedly will have impacted on the personnel involved as well as on the families. Any personnel training will need to explore this further so that the individual staff involved are more able to respond to, rather than react to, the people seeking their support.

158 It is notable that embassy personnel were able to offer good support when relatives visited the affected areas some time after the tsunami. Although the personnel involved may have been selected for this role, it is likely that having the time to plan and think about the individuals as people was a significant factor. This aspect of interaction, being treated sensitively as an individual, was key in all positive feedback about agency contact.

159 One of the most supportive roles to be identified was that of a gate-keeper or advocate who sought and filtered information on behalf of an individual or family.

160 In the first few days, this role was taken on by a wide variety of people and was experienced by those affected as crucial. As time passed many of the bereaved were supported in this way by FLOs or friends and relations. The role was very intense involving: contacting a wide range of organisations, seeking answers to queries, following up when people didn't return calls, finding out about how to find information or access support services and often managing the bureaucratic processes of form-filling required for the plethora of tasks that had to be achieved.

161 When done successfully this role was experienced as of central importance. It allowed families to direct concerns to a central person with confidence that issues would be followed through and enabled them to spend energy elsewhere, such as supporting their remaining loved ones. The impact of being a friend or relative in this position was significant, both in practical and emotional terms. People described the very long list of tasks engaged with, the constant sense of responsibility in terms of emotional strength needed, and the impact of this on their own lives. It is significant that some of the FLOs who took on this role were described by relatives as like friends and that their withdrawal at the end of their contracted remit was experienced as difficult.

1 Hinshelwood, R.D. & Skogstad, W. *Observing Organisations: Anxiety, Defence and Culture in Health Care* (2000) Routledge.
Seminal article by Menzies, I.E.P. (1960) Social systems as a defence against anxiety: an empirical study of the nursing service of a general hospital. In E. Trist and H. Murray (Eds) *The Social Engagement of Social Science, Vol 1: The Socio-Psychological Perspective*. London Free Association Books, 1990.
Brewin C R, Andrews B, Valentine J D Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of Consulting and Clinical Psychology* 2000;68:748–766. and Ozer, E.J., Best, S.R., Lipsey, T.L., et al (2003) Predictors of post-traumatic stress disorder and symptoms in adults: a meta-analysis. *Psychological Bulletin*, 129, 52-73.
Agazarian, Y. M. (2004) *Systems-Centred Therapy for Groups*, Karnac Books.

162 Extreme frustration at the complexity and unrelenting negotiation with outside institutions was expressed by the many who had no one in this role. This included those with inconsistent or no FLO input, and many others who were highly traumatised but not bereaved and therefore found themselves returning home without contact from any formal organisation. Many people expressed that they had no idea various services existed until they were told, usually by word of mouth by others affected, and this was often too late to be of any help.

163 In the feedback the UK organised service perceived to be most supportive was the Tsunami Support Network. The central quality was again that of gatekeeper. The organisation quickly accumulated a wealth of important and detailed information from others directly affected and was able to provide sign-posting to appropriate services. They responded to requests to find out information, returned phone calls promptly and dealt with people sensitively, clearly illustrating that this crucial role is not restricted to supportive individuals around affected families but can and should also be taken up by organisations.

Proposals from families and survivors: training

More training is required to help people in official positions who may be under significant strain to relate sensitively to traumatized people. There may be implications for recruitment. Some commented that there were few female officials present.

Training needs to be put in place to ensure that individuals are able to:

- listen properly
- acknowledge that they don't have information or facilities if that is the case
- find out information if requested and provide feedback
- appreciate the impact of trauma on people, that they may experience unpredictable reactions such as anger and guilt
- avoid behaving in ways that will exacerbate the situation
- respond to the needs of the individual
- respond with humanity, avoiding elitism and rigid adherence to protocols
- keep the families' experience in mind.

All staff coming into contact with families and individuals need to be briefed properly. Many examples were given of thoughtless comments and the lack of appreciation about what people had been through. These exchanges, which were often brief, stayed vividly in people's minds.

CASE STUDY

This is a summary of the contact one person had with agencies over time. The person (a woman) was in an affected area and in the water at the time of tsunami in a group of four; her partner and two family members. Two members of the group died; two were injured but survived. The individual described her contact with agencies as generally good. Where experiences were poor she repeatedly tried to understand short-comings in the context of agencies being overwhelmed. Her account nonetheless provides an illustrative example of the number of agency contacts and the cumulative effect of these.

The First Few Hours

When the tsunami struck she was out at sea in a group of four. After the first wave had passed, she saw her mother dead in the water and other members of her group were not in sight. Further waves followed. She was injured and attempted to get to safe land for five hours, fighting for personal survival.

After five hours she made it to a safe beach and was found by tourists and local people. She received excellent emergency care and was informed that her partner had survived. She was reunited with him and was able to tell people about her missing relatives. A search by local people for them began.

Tourists made radio contact with the local hospital. Local families provided clothes and comfort. She was then transported on a makeshift stretcher to a boat. She was met by Thai army soldiers who provided excellent help and she was taken to the local hospital.

Days One and Two

The local hospital provided basic medical care and met her immediate needs. The hospital was overcrowded and overwhelmed but did its best in the circumstances. The main difficulty was the language. A number of volunteers as well as Australian and British medical professionals were present in the hospital. The most useful was a

person who could translate, and therefore give consent to treatment. She experienced 'being left' in corridors but felt it was understandable in the context. Lots of local people offered help.

End of Day One: Her hotel realised the group had not returned and became involved by reporting them as missing, providing a photocopying facility, keeping possessions safe and, later on, packing and returning possessions. Staff provided assistance to her partner in starting the search for the loved ones' bodies. They were extremely helpful.

The response to what was provided in the first couple of days was that everything that could have been done, was done, and with a great deal of care.

Days Two and Three

An increasing number of tourists visited the hospital, some with signs indicating they spoke English. This was very comforting. Also, government representatives from other countries visited, including Dutch, Swedish and French officials. In contrast, there was no UK Government presence. She started to feel this absence and wanted some kind of official UK contact, so that the Government would be aware of their situation and provide assistance and advice about how to register people as missing. She wanted to know what the UK Government was doing, how to arrange flights, what the scale of the disaster was. She felt acutely that they had to fend for themselves.

Local people and tourists brought in food parcels containing less spicy food, as well as drinks and toiletries. This was very much appreciated.

Her partner continued to be assisted by hotel staff in the search for bodies. The process of being actively involved in the search was experienced as very important. Eventually, both loved ones were confirmed dead but it is not known where the confirmation comes from, particularly since one of her relatives has still not been found.

She became aware, through word of mouth, of an imminent Thai military flight to Bangkok. She was desperate to get on it. An embassy official from Nepal, who was on holiday in Thailand at the time, managed to secure places on the flight and consent from the doctors was negotiated. She was very grateful to this official. The flight had a nurse and an American Doctor on board and she received good care.

In the meantime her partner contacted the insurance company in UK who arranged hospital admission in Bangkok. On arrival in Bangkok, the hospital was full. The insurance company identified an alternative.

Because of her injuries she was unable to access a phone at any point. It would have meant a great deal to her to have spoken to relatives and friends in the UK personally.

In the UK relatives tried to organise flights out as there was considerable confusion in Bangkok about when the couple would be flown back to the UK.

Day Four

She was treated at a private hospital in Bangkok from where she attempted to make arrangements to fly home. Her partner read in a newspaper, in very small print, that there was to be a UK evacuation flight. She met FCO officials in the hospital and asked them about the flight. They took her details. She was not sure who made the actual arrangements. Although medical facilities in the hospital were excellent, she and her partner felt very isolated and would have appreciated a more personal response. There were further negotiations with doctors for permission to fly.

Day Seven

She was transported to Bangkok airport in a hospital ambulance. She was met by someone from the UK, the police and possibly the Red Cross. She was handled well and quickly taken to a private space. She was accompanied throughout and a porter guided her through airport in wheelchair. Her only negative experience at this point was the media presence at the airport, which created unnecessary and unhelpful delays.

The Flight to the UK

Her experience of flying back to the UK was excellent with mature and experienced staff who were very comforting. She was in a lot of pain. There was a nurse on board and attention was paid to detail, so that her needs were met.

The police took details of everyone and their personal situation on the plane so that on arrival at Heathrow the teams meeting the plane were aware of priorities. She described this process as well-managed and impressive. There were two routes out of the airport: either a public meeting area with media intrusion, or a private area for reunion with family and relatives, and exit. This procedure was explained clearly on the plane for arrival at Heathrow and was well thought-out.

On Arrival

On arrival she received immediate and excellent medical care. She was reunited with members of her family but there was no emotional support or information about counselling or contact information for future reference. Looking back she feels this would have been the right time to give out information on the psychological impact of trauma and to be approached briefly by a qualified person whom she could follow up later. She was still very much in 'survival mode'.

She was transferred to hospital and found herself to be the only tsunami survivor in the hospital. While she received good medical care, she was completely isolated. Now that she was in a safe place, the impact of what had happened started to sink in. She was supported by relatives and visited by a priest who seemed 'so shocked, he didn't come back'. The absence of emotional support was felt very keenly. She began to experience quite severe psychological symptoms of trauma.

Three Weeks after the Tsunami

She was discharged from hospital to her home and was given a letter about accessing psychological help, but soon after she moved to a different area.

She visited her local GP and was referred to the NHS psychology service. She had her first appointment two months later. She found the experience unhelpful and didn't continue. She saw her GP a few times but found there was insufficient time to talk. The message was clearly that 'you're coping well'. She then found a private counsellor through a friend. This was of great help to her.

Eight months after the Tsunami

She moved back to London. She had attended a Tsunami Support Network meeting but hadn't sought help from any other agencies. She met other survivors and heard about the FCO support package and is currently in the process of trying to have her counselling fees reimbursed.

She was contacted by letter about the St Pauls Memorial service. While very positive about the service, she felt that people's day-to-day well-being was given insufficient consideration.

She did not receive tickets to the event hosted by Prince Charles at Highgrove. Her Family Liaison Officer (FLO) agreed to sort it out, but failed.

Continuing Search for Loved One's Bodies

The search for her sister's body is ongoing. She feels that contact from her FLO is insufficient and receipt of information is constantly delayed. More regular contact providing detailed, timely information would make the process easier.

Repatriation

The repatriation of her mother's body was not handled well. Her mother's ex-husband was contacted about identification of the body rather than the correct next of kin, and this caused great upset. A complaint regarding this error has been passed to the police. There has been no response.

There was no direct contact with anyone regarding the arrival of the body. She chose not to meet the coffin at the airport.

Inquest

She was informed about the inquest by letter but given no details about where and when it would take place. She contacted the Red Cross who arranged for the FLO to phone with the details (Two to three days before the inquest started).

Death Certificates

Her mother's death certificate was issued in error to her ex-husband. She does not know the position regarding the issue of a death certificate for her sister.

Positive Response about the Agencies

She identified the Red Cross as having given a positive response as they were the first agency to offer support and to maintain continual contact. The Red Cross arranged meetings and brought people together. They provided a good source of information about events and other agencies. They helped deal with media inquiries and were friendly and organised.

Negative Response about the Agencies

The Police and FLO were identified as giving a poor response. She felt unsupported by her FLO as there was not much effort to make contact with her and this experience was exacerbated by being made aware of other survivors having more positive experiences, and forming a bond with their FLO.

The police were, however, praised for identification work abroad and for the support they provided on the plane.

Information about psychological support in the first few months would have been helpful.

Outstanding Needs

She feels the need to be kept more informed about the ongoing search for her sister's body. An ongoing contact and process would be helpful.

She is now receiving adequate psychological support. Contact with other survivors is proving helpful.

METHODOLOGY

Data was gathered through both quantitative and qualitative techniques, with a web-based survey, semi-structured interviews and a focus group.

The design and implementation of the data collection and analysis undertaken by The Zito Trust are outlined below.

Methods employed

Survey

The survey was developed with significant input from survivors and experts in the field. Its aim was to generate qualitative and quantitative data on the experiences and perceptions of the effectiveness of support from various agencies after the tsunami. It contained a mix of open-ended questions, multiple choice questions, and analogue scales ranging from one to seven to rate perceptions. Two separate versions of the survey were designed to collect the views of those who were in the affected areas at the time of the tsunami, and those who were in the UK or elsewhere. Respondents were also asked to complete the Revised Impact of Event Scale (IES) and the Hospital Anxiety and Depression Scale (HADS). These are validated self-report measures to determine Post Traumatic Stress Disorder, anxiety and depression symptomatology. The survey and questionnaires were available either on-line or as a hard copy.

Semi-structured interviews

Twenty face-to-face interviews were carried out involving twenty-nine adults and three children. A purposive sample of individuals living throughout the UK was selected to represent the broadest range of experiences of those most severely affected. The interview schedule can be seen on the NAO website (www.nao.org.uk).

Focus group

Preliminary findings were shared with a group of 10 survivors and family members to determine whether emerging themes corresponded with their experiences. Additional qualitative information was provided in writing by a number of respondents.

Response rate

116 people completed the survey (giving a response rate of 40 per cent from those contacted by letter). 66 (57 per cent) were in the affected areas, 50 (43 per cent) were in the UK or elsewhere when the tsunami struck. 63 (54 per cent) were female and 53 (46 per cent) were male).

Age of respondents ¹	Responses	%
18 - 24	7	6
25 - 34	15	13
35 - 44	31	27
45 - 54	27	24
55 - 64	28	25
65 - 74	4	4
75 +	2	2
Total	114	100

¹ Figures do not total 116 as information not supplied by all respondents.

93 survey respondents (80 per cent) volunteered to be interviewed. 29 adults were chosen purposively from this group.

All those interviewed described how important it was to be able to talk in detail about what had happened and the difficulties they faced. For some, the interview was the first time they had spoken to anyone in depth outside their family. Although some clearly found the interview distressing, they expressed their determination to do it and felt validated by it. The fact that so many people offered to be interviewed indicates how motivated they were to communicate their experiences. Their principal motivation was to improve service provision in the event of future disasters.

The focus group consisted of 10 survivors and family members who had already participated in the survey.

The reasons for not participating are only known in a few instances and included scepticism about the impact the survey would have; frustration that views were being sought belatedly; and/or a reluctance to look back at what had happened. It is anticipated that many people who were less severely affected by the tsunami will not have known that this survey was taking place.

Analysis

The information that informs the findings was in three forms: quantitative data from the tick-box sections of the survey, additional written material from the free-script sections of the survey and verbatim transcripts from the face-to-face interviews. The report triangulates all of the data sources and uses the qualitative material to interpret and build on the quantitative data.

The quantitative data was analysed by statisticians at the NAO using a statistical software package (SPSS). Primarily, standard exploratory data analysis techniques were used. Statistical tests were also undertaken to establish if there was any correlation between levels of Post-traumatic Stress Disorder, anxiety and depression and the experiences of the levels/quality of service.

The qualitative data was analysed by two researchers based on an interpretative phenomenological approach and using the N-vivo 7 software package. The qualitative analysis involved developing and coding themes which emerged from repeated readings of the data and organising the themes into analytical hierarchies where appropriate. Any new information, for instance from discussions with survivors and families, was fed into the iterative analytic process. There was a high level of consistency in the findings of the two qualitative researchers.

For the write-up of the findings, a sample of verbatim quotations were selected which best represented the themes and the overall balance of positive and negative comments. These were then checked against the quantitative findings to ensure consistency.

Confidentiality and ethical approval

All aspects of the survey were formally assessed by an external ethics committee.¹ This was to ensure that the well-being of those taking part was given sufficient consideration, as well as to approve the research methodology. Participant confidentiality was considered as part of the ethics process. Where there was a risk of identifying individual respondents because of their particular circumstances, these individuals were contacted during the write-up to confirm that they still wished their material to be included.

1 Oxford Research Ethics Committee reference: B06/Q1605/6, Researcher Dr. Vivien Norris, Clinical Psychologist.

RESULTS TABLES

The appendix includes all tables that relate to charts in the text. The figures in the tables do not always add up to the total number of respondents (116) because information was not provided by all of them to each question. At times, fewer than ten individuals responded to a particular question.

Figure 2 – Effectiveness of general help received in the affected areas in the first few minutes and hours and over the first few days

	First minutes and hours		Following hours/first few days	
	Responses	Mean score	Responses	Mean score
Practical help	44	3.9	42	4.8
Medical attention	48	3.8	45	4.7
The provision of emotional support	42	2.6	46	3.1
Quality of information about getting home	47	2.0	59	2.9
Quality of information about searching for loved ones	34	1.9		

Figure 2 – Effectiveness of help received in the affected areas in the following hours and first few days

	N	Min	Max	Mean	Std. Dev.
I was helped by local people	50	2	7	6.3	1.1
I was helped by tourists	37	1	7	5.7	1.5
I was helped by local community/voluntary groups	28	1	7	5.3	2.1
I was helped by friends/contacts in other areas	27	1	7	5.0	2.5
I was helped by the local health service	35	1	7	5.0	2.2
I was helped by my hotel	34	1	7	4.6	2.6
I made use of the local emergency phone/internet systems	24	1	7	4.0	2.5
I was helped by my travel company/airline	41	1	7	3.9	2.6
I was helped by non-UK agencies (see below)	19	1	7	3.8	2.5
Your experience of how well the different agencies worked together	30	1	7	2.8	2.0
I was helped by UK Foreign and Commonwealth Office staff	39	1	7	2.6	2.2
I was helped by officials but I don't know who they were	20	1	7	2.6	2.5
I was helped by the UK Police	22	1	7	2.4	2.1
I was helped by the British Red Cross	21	1	7	2.3	2.3

The rating of effectiveness was on a scale from 1 to 7 where 1 was 'as ineffective as I can imagine', 4 was 'neither effective nor ineffective' and 7 was 'as effective as I can imagine'.

Figure 3 – Effectiveness of help received in the UK or elsewhere in the following hours and first few days

	N	Min	Max	Mean	Std. Dev.
Local people in the affected areas with whom you had contact	24	1	7	6.0	1.7
The people travelling with my loved ones	21	1	7	5.0	2.2
Government Agencies of other countries	18	1	7	4.3	1.8
The Red Cross	17	1	7	3.9	1.9
The hotel that my loved ones were staying in	14	1	7	3.6	2.2
The Embassy/Consul of the relevant country	32	1	7	3.1	2.1
The airline that my loved ones travelled with	14	1	6	2.8	1.9
The Foreign and Commonwealth Office in the UK	38	1	7	2.7	1.9
The UK emergency phone line	48	1	7	2.4	1.9

The rating of effectiveness was on a scale from 1 to 7 where 1 was ‘as ineffective as I can imagine’, 4 was ‘neither effective nor ineffective’ and 7 was ‘as effective as I can imagine’.

Figure 4 – Effectiveness of general help provided whilst searching

Searching for loved ones

	Respondents in the affected regions		Respondents in the UK or elsewhere	
	N	Mean score	N	Mean score
Provision of practical support	20	3.3	10	2.1
UK police service role in gathering identification information	15	3.2	-	-
Process of registering a loved one as missing	17	2.8	7	3.1
Provision of emotional support	19	2.6	9	2.4
Quality of advice about most effective ways to search for a loved one	17	2.1	9	2.2

The rating of effectiveness was on a scale from 1 to 7 where 1 was ‘as ineffective as I can imagine’, 4 was ‘neither effective nor ineffective’ and 7 was ‘as effective as I can imagine’.

Figure 4 – Effectiveness of general help provided whilst searching continued

Effectiveness of specific help received whilst searching for loved ones in the affected areas

	N	Min	Max	Mean	Std. Dev.
Local people in the affected areas	7	3	7	5.3	1.4
I was helped by officials but I don't know who they were	4	4	6	5.3	1.0
Local community/voluntary groups	7	2	7	4.7	2.1
Local hospitals or medical services	9	1	7	4.7	2.1
The hotel my loved ones were staying in	2	4	4	4.0	0.0
Tourists who had remained in the affected areas	4	2	5	3.8	1.3
Your experience of how well the different agencies worked together	9	1	6	3.4	1.6
The Red Cross	5	1	7	3.4	2.5
The UK police service there gathering identification information	5	1	6	3.2	2.2
Government Agencies of other countries that were there	6	1	6	3.2	1.9
The airline my loved ones travelled with	3	2	4	3.0	1.0
The people travelling with my loved ones	6	1	5	2.7	1.6
The UK Embassy/Consul official in the country	9	1	6	2.7	1.9
The Foreign and Commonwealth Office back in the UK	9	1	5	2.4	1.7

The rating of effectiveness was on a scale from 1 to 7 where 1 was 'as ineffective as I can imagine', 4 was 'neither effective nor ineffective' and 7 was 'as effective as I can imagine'.

Figure 5 and Figure 6 – Sources of support sought by those who were in the affected areas

	First two months		Afer first two months to present	
	Response	per cent	Responses	per cent
Family/friends support	45	73	39	63
GP support	41	66	22	36
Medical support	33	53	17	27
Psychological/emotional support	31	50	28	45
Support in the on-going search for loved ones	8	13	5	8
Financial support	8	13	11	18
None of the above	7	11	14	23
Other	5	8	6	10
Spiritual support	4	7	5	8

Percentages do not add to 100 as multiple responses were allowed

Figure 5 and Figure 6 - Sources of support sought by those who were in the UK or elsewhere

Sources of support sought in first two months and present time

	First two months		Present	
	Response	per cent	Responses	per cent
Family/friends support	45	94	38	79
GP support	17	35	11	23
Support in the on-going search for loved ones	14	29	8	17
Spiritual support	13	27	14	29
Psychological/emotional support	12	25	9	19
Medical support	8	17	5	10
Financial support	4	8	5	10
None of the above	3	6	8	17
Other	3	6	6	13

Percentages do not add to 100 as multiple responses were allowed